

Agenda for the Community Pharmacy IT Group (CP ITG) meeting

to be held on 9th March 2022 by videoconference

commencing at 10am and closing by 12.40pm


About CP ITG: The Group was formed in 2017 by [PSNC](#), [NPA](#), [RPS](#), [CCA](#) and [AIMp](#). The meetings are attended by members representing these 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](#).

Members: Matthew Armstrong (Chair), Steve Ash, David Broome (Vice Chair), Darryl Dethick, David Evans, Nick Kaye, Sunil Kochhar, Fin McCaul, Graham Phillips, George Radford, Ravi Sharma, Craig Spurdle, Iqbal Vorajee and Heidi Wright. Darren Powell (Weldricks Pharmacy / RPS) is a new member.

Secretariat: [Dan Ah-Thion](#).

Zoom meeting

Attendees are encouraged to:

- Join early using a webcam to test access; and use a large screen to view the slides.
- Use the 'raise hand' feature to seek the attention of the Chair.
- Use the chat box to share comments, queries and to respond to each other (Note: time constraints will unfortunately prevent all comments from being addressed during the meeting, but comments will be saved to aid the group's work).
- Mute any devices logged into the meeting whilst not speaking (using the Zoom mute button , the device's mute option, or *6 on the phone for toggling mute/unmute).
- Make use of [PSNC's quick reference Zoom guide](#).
- Note: those attending the meeting can extend the invite to colleagues within their organisation so that they can dial-into the meeting at the stage relevant to them.
- Please use the Zoom 'rename' feature so that your display name looks like this: <First name> <Surname> (<organisation>).

Social media: To tweet about the group/meeting (excluding anything confidential) use the hashtag, *#cpitg*

Meeting format: The meeting will be divided into two sections, with a twenty-minute break from 11:10-11:30.

1. **Welcome from Chair** 10.00-10.05am
2. **Member apologies for absence**
At the time of the agenda being finalised, apologies for absence had been received from Graham Phillips.
3. **Minutes of the last meeting**
The minutes of the meeting held on 17th November 2021 were emailed to the group with this agenda.
4. **Actions and Matters Arising**
Outstanding actions have been carried forward within the workstream updates appendix.

Actions (session 1 of 2)

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|----|---|---------------|
| 5. | Next Generation of Electronic Prescription Service (EPS) (page 3) (Appendix CP ITG 01/03/22) | 10:05-10:35am |
| 6. | Intro to NHS Booking and Referral Standards (BaRS) (page 4) (Appendix CP ITG 02/03/22) | 10.35-11.00am |
| 7. | CP ITG workstreams for group comment: CPCS IT (page 5) (Appendix CP ITG 03/03/22) | 11.00-11.10am |

Break **11:10-11.30**

Actions (session 2 of 2)

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|-----|---|----------------|
| 8. | CP ITG workstreams for group comment: Learning network (page 5) (Appendix CP ITG 03/03/22) | 11.30 -12.00pm |
| 9. | CP ITG workstreams for group comment: Recommended minimum transfer dataset for pharmacies switching from one patient medication record (PMR) system to another (page 6) (Appendix CP ITG 03/03/22) | 12.00-12.10pm |
| 10. | CP ITG workstreams for group comment: Supplier letter about working with the NHS (page 6-7) (Appendix CP ITG 03/03/22) | 12.10-12.20pm |
| 11. | CP ITG workstreams for group comment: Virtual Visits: How it works (page 8) (Appendix CP ITG 03/03/22) | 12.20-12.30pm |

Report

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|-----|---|---------------|
| 13. | Updates on other CP ITG workstreams projects (pages 9-16) (Appendix CP ITG 04/03/22) | |
| 14. | Post-meeting CP ITG communications and messages | 12.30-12.35pm |
| 15. | Any other business | 12.35-12.40pm |

Upcoming pharmacy/healthcare IT events

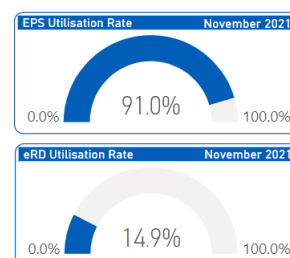
- More listed at: psnc.org.uk/itevents; and
- [digitalhealth.net/upcoming webinars and events](https://digitalhealth.net/upcoming-webinars-and-events).

Future meetings

Weds 8th June 2022	Weds 21st September 2022
Weds 16th November 2022	Weds 8th March 2023 (to be confirmed)

Subject	Next Generation of Electronic Prescription Service (EPS)
Date/time of meeting	9th March 2022: 10.05-10.35am
Status	Public
Presenters	Ann Slee (Associate CCIO for Medicines, NHSE&I), Fintan Grant (Associate Director for Interoperable Medicines, NHS Digital) and Dawn Friend (EPS Product Specialist, NHS Digital)
Overview	Further work is planned this year and beyond to keep improving EPS
Proposed action	The group is to be updated and is to discuss developments.

- NHS Digital EPS and eRD utilisation rate statistics (for the November 2021 dispensing month) are set out on the right.
 - NHS Digital's ESP team are continuing with their assurance work for EPS prescribing and dispensing systems for current and Next Gen EPS.
- NHS Digital EPS (Next Generation work):
 - Secondary care system suppliers are developing against the prescribing API, and more suppliers are engaged – both prescribing and dispensing systems.
 - Development of APIs for dispensing and prescribing system suppliers.
 - Discovery work is ongoing around use of EPS for secondary care outpatients to homecare.
 - Prioritisation of technical developments and potential EPS enhancements continues – considering the value/benefits and technical feasibility.



CP ITG action:

Ann Slee, Fintan Grant and Dawn Friend will update the group. The group is to discuss developments.

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Subject	Intro to NHS Booking and Referral Standards (BaRS)
Date/time of meeting	9th March 2022: 10.35-11.00am
Status	Public
Presenters	Adnan Riaz (NHS Digital BaRS team), and Libby Pink (both NHS England and NHS Improvement (NHSE&I))
Overview	BaRS is an IT interoperability standard to enable booking and referral information to be sent between NHS service providers in a format more useful to clinicians. BaRS is intended to be available in all care settings over time.
Proposed actions	The group is to be updated and to discuss developments.

[NHS Digital's Booking and Referral Standard \(BaRS\)](#) aims to enable booking and referral information to be sent between NHS service providers in a format useful to clinicians. The intentions are that it will eventually be available in all care settings. Pharmacy use cases are currently being considered – including the potential for referrals from NHS 111 to community pharmacy.

NHSE&I is developing a [standards roadmap to go live in April 2022](#) which will provide a list of proposed and developing data, information and technical standards, including potential changes to existing standards. BaRS is listed as a major priority.

CP ITG actions:

The BaRS team will set out:

- What BaRS is.
- Why the sector and suppliers may wish to integrate with BaRS.
- How BaRS works in relation to other booking and referral standards.
- Opportunities for engagement.

The group will discuss developments concerning BaRS.



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Subject	CP ITG workstreams for group comment: CPCS IT, Learning network, Recommended minimum transfer dataset, PMR supplier letter, Virtual Visits
Date/time of meeting	9th March 2022: 11.10-11.30 and 11.30-12.25
Status	Public
Overview and proposed actions	An update will be provided on some of the group's workstreams with the opportunity to comment on these. Comments or feedback that support progress on the priority areas can also be emailed to Dan Ah-Thion (it@psnc.org.uk).

[CPCS IT \(11:00-11:10\)](#)

NHSE&I and PSNC previously announced that a national procurement model would be in place to support community pharmacy contractors with the delivery of the Community Pharmacist Consultation Service (CPCS). This was originally scheduled to end on 1st October 2021 but was [extended](#) to the end of March 2022. Given that the contractual arrangements from 1st April 2022 will be solely between the supplier and pharmacy contractor, contractors should make the necessary preparations as soon as possible. Contractors need to consider their choice of CPCS IT supplier and either confirm to their existing supplier that they will be staying with them or inform a new supplier that they will be using their system. Contractors will be able to transition to their own contractual arrangements with one of the four assured IT providers¹: [Cegedim](#); [Positive Solutions](#); [Sonar Informatics](#); or [PharmOutcomes](#). NHSE&I and NHSX published the [CPCS IT Provider 'Switching' guide](#) and the [CPCS IT Buyer's Guide](#) with inputs from partner organisations including PSNC.

CP ITG action:

- Contractors are encouraged to make their decisions well in advance of the upcoming deadline. Group members are asked to communicate on this topic to their networks and can use the upcoming communications copy to be distributed via the NHSE&I *Primary Care Bulletin* and *PSNC News*.

[Development of a Learning network \(11:30-12:00\)](#)

As part of its work to develop a pharmacy digital strategy, the NHS Transformation Directorate has been tasked with exploring options to develop a 'learning network', whereby 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. The NHS Transformation Directorate has commissioned Kaleidoscope Health and Care to assist with this learning network discovery work.

CP ITG action:

- The group will be asked to join breakout rooms. Each breakout group will be assigned two questions and will have 15 minutes to discuss these. The six questions in all are:
 1. What would a successful learning network look like for you?

¹ Some suppliers have a solution which is already validated and available whilst others are working towards readiness or planning to get ready on or after 1st April 2022. Some suppliers' solutions will only work as part of a Patient Medication Record (PMR) system. Some contractors will opt to use more than one system e.g. one system for CPCS NHS 111 referrals and another for CPCS GP referrals.

2. What gaps currently exist in sharing learning and best practice between different Pharmacy stakeholders?
 3. What are the disadvantages with learning networks?
 4. What sort of topics would you like to discuss in a network like this?
 5. What would make the learning network as engaging as possible for you?
 6. How can we ensure a learning network is sustainable?
- After the breakout rooms close and all return to the virtual main meeting room, the scribe from each group will be asked to provide a summary of the key points discussed.
 - CP ITG pharmacy representatives should also have received an invitation to a workshop on the 17th March 2021, from 10.00-11.30am. Please contact it@psnc.org.uk if you have not yet received the digital invitation and you would like to attend.

[Recommended minimum transfer dataset for pharmacies switching from one patient medication record \(PMR\) system to another](#) (12.00-12.10)

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 dataset is not comprehensive for all those records within pharmacy systems, but the dataset is intended to be a starting point as a means to strengthening the data quality. Suppliers recently requested changes, including:

- arranging the data into tables instead of within a data block (via JavaScript Object Notation (JSON) format); and
- categorising the data by Medicines, Patient, Prescriber and Prescribing Organisation.

CP ITG action:

- Suppliers are asked to send comments to it@psnc.org.uk by the end of March 2021.
- The secretariat will arrange a joint call with suppliers to talk through the detail of the updated dataset.

[Supplier letter](#) (12.10-12.20)

A group of system suppliers prepared a letter addressed to NHSE&I, the Department of Health and Social Care (DHSC) and other pharmacy IT policy makers to explain the benefit of advance IT project planning. The letter explains *“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 ahead of changes being made to ensure the best possible running of pharmacy IT systems and changes.”* The letter also proposes 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.

CP ITG action:

- The group will not be asked to consider endorsing the letter given that the letter was prepared by suppliers rather than for the wider group. However, the group and suppliers may discuss the letter and provide their views on it.

9th March 2022

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 ahead 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/NHSTD). 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.

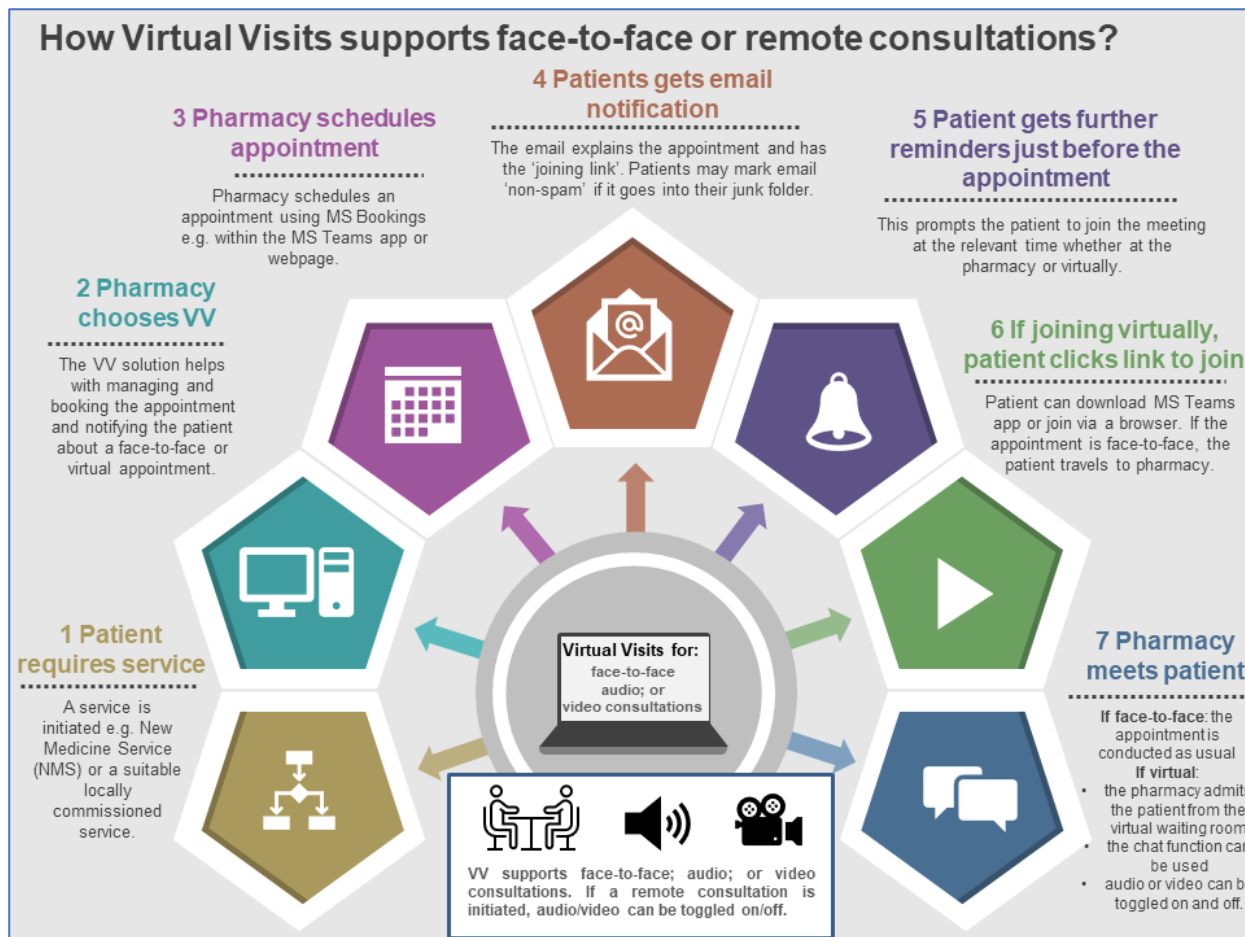
Yours sincerely

Pharmacy Patient Medical Record IT system suppliers

[Virtual Visits: How it works](#) (12.20-12.30)

The [Virtual Visits tool](#) provides pharmacy contractors with an appointments system so that pharmacy teams can notify patients and better manage appointments. Pharmacy teams can also use the Virtual Visits tool to conduct face to face or virtual patient consultations (audio or video).

The tool works in conjunction with NHSmail Microsoft Teams and the Microsoft Booking platform. To participate in the pilot, you must have: an active personal NHSmail account; access to a shared NHSmail inbox; MS Teams installed on a computer or tablet; and a computer or device with a webcam.



NHSmail support pages outline the benefits of the NHSmail Teams “Virtual Visits” patient consultation platform – namely, this platform enables appointment booking and video consultation. The NHSmail team previously provided a demo of the tool to PSNC and CP ITG representatives. Several contractors amongst the small alpha pilot group have now begun to successfully use and pilot Virtual Visits.

CP ITG action:

- Pharmacy contractors within the group who are not already participating in the pilot are encouraged to take part by [completing the volunteer form](#). The second round of (beta) piloting is due to start from early March 2022.
- The group will be asked to provide feedback about the Virtual Visits email address naming convention: e.g. for MediGood a recommended format such as:
 1. *pharmacy.MediGood.ODScode.appointments@nhs.net* and display name “MediGood (NHS Pharmacy)”.

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Subject	For report: Updates on other CP ITG work streams
Date/time of meeting	9th March 2022
Status	Public
Overview	This appendix provides a progress report on other work plan areas which will not be covered in detail during the meeting due to time constraints. The group members are asked to consider the reports, take appropriate actions on the next steps and provide comments on these by emailing Dan Ah-Thion (it@psnc.org.uk) before, or after the meeting, or by commenting during the 'any other business' section of the meeting, if time. The group is also asked to send concerns about any of the next steps proposed before the meeting by emailing it@psnc.org.uk . If no objections are received, the group will move forward under the assumption that the members agree.

1a	Supporting the development of interoperability/integration
	Relevant webpages include: /interoperability and /dosesyntax

NHS Profile Manager

- Currently, community pharmacy contractors use two different NHS systems to ensure their pharmacy details are up to date in the Directory of Services (DoS) and on the NHS website: the NHS website profile editor and the DoS profile updater.
- A new tool, [NHS Profile Manager](#) is scheduled to replace both the DoS Updater and the NHS website editor in March 2022. During late 2021 and early 2022, NHS Digital reviewed all the existing users of the NHS website profile editor and any users who are not using an email address ending with nhs.net received email instructions on how to update their login details.
- A CP ITG sub group attended two demo meetings, both of which have been recorded and posted online: [CP ITG Profile Manager Demo and meeting video 1](#) (December 2021); and [Demo and meeting video 2](#). The group also discussed future enhancements with the NHS Profile Manager team.

Next steps:

- In February, PSNC published [communications](#) about progress with the launch and further communications are imminent. The group are encouraged to support the cascade of messages.
- Multiples head office staff needing to use NHS Profile Manager should create a personal NHSmail account if they have not already done so. Advice is at the '*NHSmail personal accounts: creation and linking*' section of PSNC's [NHSmail](#) webpage.
- NHS Digital will also be working with pharmacy multiples regarding the NHS website and DoS Application programming interface (API).

Shared Care Records (ShCR) update

LPCs and/or local contractors can continue to take steps to gain pharmacy access such as:

- identifying the ShCR project team from the [List of records systems](#) (recently updated);
- learning about case studies such as [Dorset Care Record ShCR pharmacy access case study](#) and the [East London Patient Record \(eLPR\) pharmacy case study](#);
- contacting the ShCR project team and other local partners to find out how to get involved;

- using the '[Planning pharmacy access briefing](#)' and [frequently updated ShCRs webpage](#); and
- reviewing the previous [PSNC/RPS ShCRs/SCR letter to NHS orgs about records access](#).

Other updates:

- PSNC continues to work with NHSX and other relevant stakeholders on the actions set out within the [Shared Care Record \(ShCR/LHCR\) NHSX and pharmacy outputs](#) document.

Local Pharmaceutical Committees (LPCs), ShCR project teams and other parties supporting ShCR pharmacy deployment are encouraged to contact it@psnc.org.uk with technical ShCR information so that supplier and IT support helpdesks can whitelist several ShCR domains at the same time.

Records

- NHS Digital supported by PSNC carried out user research into pharmacy preferences about the Summary Care Record (SCR) Alert Viewer to inform some adjustments to the tool.
- The BMJ explored [the barriers and challenges to better access to personal health records](#).
- [BMA expressed concerns about timing for NHS App patient record access rollout](#).
- Digitalhealth.net published a [special report on ShCR and ICS progress](#).
- [The Greater Manchester Care Record has begun receiving information from an app](#) used by local care home staff for Covid management.

Standards and interoperability

- NHSE&I is developing a [standards roadmap to go live in April 2022](#) which will provide a list of proposed and developing data, information and technical standards, including potential changes to existing standards. BaRS is listed as a major priority. NHS Transformation Directorate are seeking feedback on the roadmap structure and content. If you think there is anything missing from their standards roadmap list, or you have a query the Standards & Interoperability team can be reached at: interop.standards@nhsx.nhs.uk.
- NHS Digital published an [Information Standard to support improved medication and allergy/intolerance information sharing](#) across healthcare services in England. It does not currently apply to EPS but could relate to pharmacy services IT.
- [NHS Digital blogged about their API sunseting process](#).
- Digitalhealth.net published [special report about how the Medicines and Healthcare products Regulatory Agency \(MHRA\) would help improve interoperability](#) nationally and internationally.
- At a previous meeting, the group 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 (CPCS) could be added. If you would like to help with this work, please contact it@psnc.org.uk.

Standards case study

- Case study: [How NHS Digital used API Management to support APIs at scale](#). NHS Digital implemented an API management platform to help them roll out digital healthcare services more quickly and consistently. The team at NHS Digital set an API management vision with goals to make it easier for suppliers engaged with the project team to:
 - *onboard*, by only asking developers to do things that are needed;

- *learn*, by making documentation available online;
- *design and build*, by making APIs internet-facing and using open standards;
- *test*, by providing developers with sandbox environments for early and easy testing; and
- *get help and support* with self-serve support and reliable help resources.

NHS Digital has bronze, silver, gold and platinum service classifications. Early in the project, the API was initially classified as a bronze service which meant, among other things, support was limited to within office hours. The team switched to platinum and were able to offer a rolling out 24-hour support. The team set up an on-call rota; the rota makes sure someone is available to respond to emergencies and provide backup support. The outcomes of the project were improved lead time, improved supplier rating and engagement.

1b	Supporting NHSmail
	Relevant webpage(s) include: /NHSmail

- The NHSmail team will be stopping the hard-copy postal one-time passcode (OTP) option currently used to authenticate new users registering for NHSmail, a paperless method is scheduled to be used from late March 2021.
- [PSNC communicated NHSmail Teams guidance.](#)
- Survey results suggested [Microsoft Teams is helping many health and care staff save time.](#)

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. Additional user testing is also planned. If you would like to get involved with this user testing, please contact it@psnc.org.uk.
- NHS Digital may update contractors about the availability of the initial Toolkit version. However, we strongly recommend that contractors hold off accessing the Toolkit until the planned improvements have been finalised and PSNC releases its updated guidance. Contractors will still have adequate time to complete the Toolkit before the submission deadline on 30th June 2022. We will keep contractors informed of any developments.

[Other data security updates](#)

- NHS Digital published a feature about [how ransomware can affect organisations and what is being done to combat it](#). *“On 14th May 2021, the IT systems of the Health Service Executive (HSE), (Ireland’s equivalent of the NHS), were hit by a cyberattack. The perpetrators, suspected to be a Russian-based criminal gang, had used software to infiltrate systems.”*
- Cyber expert guidance was issued about [how far cloud adoption can help the NHS](#).

1d	Connectivity, business continuity arrangements and dealing with outages
	Relevant webpage(s) include: /itcontingency ; and /connectivity

- [Microsoft announced Windows 11 plans](#). Many Windows 10 users are currently eligible for a free upgrade to Windows 11, provided that the computer meets the strict minimum system requirements (e.g. 64-bit processor and 4GB RAM). Pharmacy contractors are advised not to update their machines without the agreement of or supervision from their IT support. Read more: [CP ITG: Windows briefing](#).
- [NHS website crashed when large volumes tried to book Covid booster jabs during December 2021](#).

2a

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

Relevant webpages include: [/itworkflow](#)

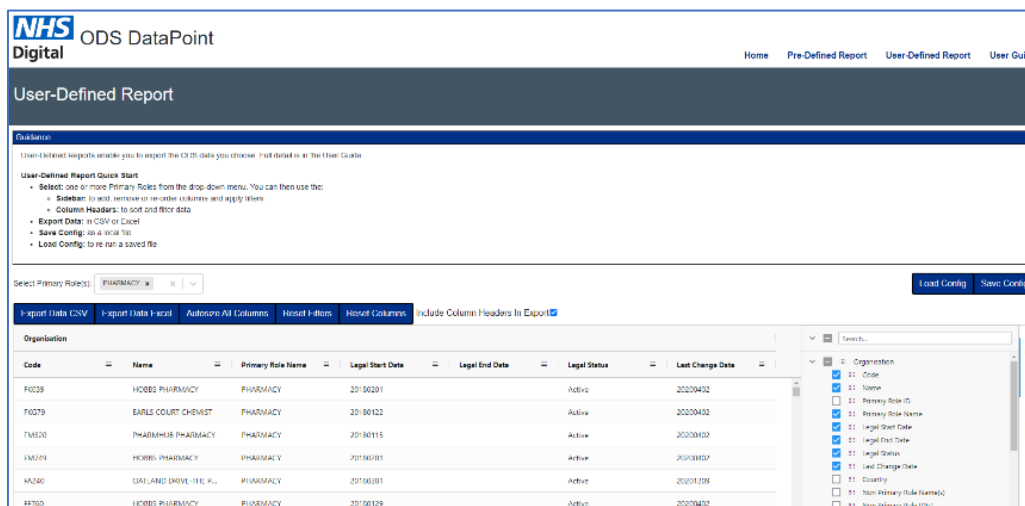
- NHS Digital previously added the multi-site 'FFFFF' Smartcard code and SCR rights onto Smartcards with the pharmacist or pharmacy technician role, because of the COVID-19 pandemic. The initiative was supported by PSNC and NHS England and NHS Improvement. [NHS Digital previously confirmed to PSNC that assignment codes will be further extended until 31st March 2022](#).

Paperless

- 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 the '[Going paperless](#)' webpage is now available.
- For the April 2022 dispensing month onwards the [NHSBSA Manage Your Service \(MYS\) system will be the route for monthly FP34C submissions instead of the legacy paper submission method](#).
- [NHS Digital published its Annual Sustainability report](#) including case studies highlighting the system-wide environmental impacts of some of its 2020-21 technological interventions such as provision of NHS App.
- Eight executives opined about [whether hospitals could go 'too digital'](#)?

Data

- NHS Digital [Organisation Data Service \(ODS\)](#) team has launched the new [ODS DataPoint](#) service enabling you to quickly download customised reports relating to ODS and pharmacy data.



- NHSX, NHS Digital, PSNC and others are supporting an initiative to rationalise central lists of pharmacy data used within NHS systems and datasets. This will help align data, reduce pharmacy workload, and improve accuracy and data quality. The workstream is also helping to identify future NHS Profile Manager enhancements, some of which are being added to the roadmap.
- The [NHS Digital Terminology Server](#) now includes data from the NHS Dictionary of Medicines and Devices (dm+d), through the Terminology Server’s web API. The old method of downloading XML files from the Technology Reference Update Distribution (TRUD) is still available. NHS Digital plan to add Global Trade Item Numbers (GTINs, the numbers used on barcodes) and information about ingredient strength for multi-ingredient products in April 2022.

3a

Supporting the development of pharmacy systems

Relevant webpages include: [/systems](#)

- The group previously published its “Use and development of pharmacy systems - Suggested features list v1.0”. Additional feedback has led to this document being significantly updated. Suppliers and the group are encouraged to share final comments, by emailing it@psnc.org.uk during March 2022. The updated list will be published shortly after the March 2022 meeting. See: [“CP ITG- Use and development of pharmacy systems - Suggested features - comments.docx](#).

3b

Supporting Electronic Prescription Service and its enhancements

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

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 at: [RTEC](#). Feedback from RTEC users (PSL/EMIS/Cegedim/Titan/Lloyds/RxWeb systems) has continued to be positive.
- NHSBSA, DWP and the RTEC steering group plan have allowed the expansion of the DWP RTEC functionality to additional pharmacy contractors since the last meeting – from fifty to one hundred sites.
- The NHS Business Services Authority (NHSBSA) said that [Real Time Exemption Checking \(RTEC\)](#) had performed 100 million checks.

[NHS Digital seeking pharmacy user research volunteers to support digitising the Valproate form](#)

The [Valproate Annual Risk Acknowledgement Form \(ARAF\)](#) helps to confirm the necessary Pregnancy Prevention Programme (PPP)² for those patients being prescribed sodium valproate. A specialist completes the ARAF with the patient and the ARAF information goes back to the GP practice usually by post. NHS Digital are doing discovery work about:

- How to digitise the form?
- Which parts of the form might digitally flow into the GP practice system?
- What bits of information within the form are the most relevant to pharmacy professionals?

NHS Digital are seeking pharmacy user research participants to look at the [ARAF](#) and comment about which bits seem the most relevant and why. The research is expected to be undertaken via polls and 15-minute interviews. Contractors that wish to take part may contact it@psnc.org.uk. PSNC will forward volunteers' details to the project team. CP ITG has also signposted the project team to the [Community Pharmacy Patient Safety Group \(CPPSG\)](#).

[NHS App](#)

- [NHS App](#) reached [more than 22 million users](#) by end of 2021 with over 16 million new users since the COVID-19 vaccination status service was added in May 2021. The NHS App is available on the Google Play store and the Apple App store. More than [28 million people have registered with NHS login](#) - over half of the English population.
- The NHS App team are working on [further features](#) including:
 - *Personal Health Records (PHRs)* integration with NHS App.
 - *Notifications and messages* direct to the NHS App: being piloted in 7 GP practices as of February 2022. Messages could include reminders for referral appointments or online consultations.
 - *NHS account*: personalisation. Since January 2022 NHS App team have been trialling updated service journeys on NHS website and are exploring how to enable users to easily update their account contact details.
 - *Access to GP health records*. From April 2022, patients with online accounts such as through the NHS App will be able to read new entries in their health record. This applies to patients whose practices use the TPP and EMIS systems. PulseToday reported on [progress](#).

² Background and related information: A 2018 [independent review](#) was conducted into how the health system in England responds to reports from patients about side effects from treatments. This included whether any further action was needed relating to the complaints around sodium valproate. The government published its [response](#) in July 2021. This led to the Medicines and Healthcare products Regulatory Agency (MHRA) changing the licence for valproate medicines in 2018 so these must no longer be prescribed to women or girls of childbearing potential unless they are on a Pregnancy Prevention Programme (PPP). [Pharmacy team guidance](#) proposes that teams use a pathway in which they check whether a PPP is in place (although the pathway sets out that supply should still be provided and other actions taken, even if PPP confirmation is not possible). [General Pharmaceutical Council \(GPhC\) guidance](#) also suggests checking whether a PPP is in place.

- [NHS App team blogged their work enhancing the patient messages features](#) to better satisfy the growing appetite of users to receive their communications digitally.
- [NHS Login is now being hosted on Amazon's AWS cloud service](#).

Apps and tools

- [NHS Transformation Directorate offered thousands of blood pressure monitors](#) to patients which allowed them to monitor their BP at home and send readings to their GP via phone, email or digital platforms.
- [The government is piloting an anti-obesity app](#).
- [The Lancet analysed GP consultation methods](#) and amongst its findings were: face-to-face appointments in England decreased from 9m in February, 2020, to 3m in two months later, they have since increased by 90% (5m in August, 2021). Simultaneously, telephone consultations trebled during this period (from 2m in February, 2020, to 6m 18 months later). The growth in remote consultations has seemingly allowed for a substantial increase in the number of overall consultations, compared with pre-pandemic levels.

Artificial intelligence (AI) and robotics

- [Microsoft and Babylon Health are co-working](#) with the aim of using machine learning to improve accessibility of healthcare worldwide.
- [Office for Artificial Intelligence \(OAI\) plans to set out a national approach for AI regulation](#).
- The [Alan Turing Institute was selected to lead on the piloting of a new AI Standards Hub](#).

5a	To support useful and usable IT beyond pharmacy PMR systems and EPS
	Relevant webpages include: /itfuture

IT policy: priorities and reports

- [NHSE&I announced its 2022/23 digital priorities in wider planning guidance](#). Healthcare IT News reported [on the priorities](#).
- Group of Seven (G7) (the inter-governmental political forum) working groups produced [international reports on: access to health records; digital health progress](#); standards and interoperability.
- The [House of Commons Committee of Public Accounts highlighted challenges with implementing large scale government digital programmes](#): “Ministers generally spend a relatively short time in any one post, while Permanent Secretaries typically only serve five-year terms. Neither is likely to remain in post for the entire duration of a major digital change programme. Digital change planning therefore needs to be a core activity for Whitehall to deliver as “business as usual”, as some programmes could take up to 20 years to deliver fully.” The Committee have made a series of recommendations.
- [NHSX published its review of adult social care technology and digital skills](#).
- DHSC published the [People at the Heart of Care: adult social care reform white paper](#) which sets out a 10-year vision for adult social care and provides information on funded proposals to be implemented by 2025.
- Digital healthcare leaders [reacted to NHS IT funding pledges](#).
- Chief Technology Officer, Mark Reynolds, [highlighted the sustainability challenges facing the digital sector and explored how NHS Digital plans to tackle them](#).

- Public Accounts Committee's report published a paper: [Challenges in implementing digital change](#). Digitalhealth.net reported that [reported on the topic](#).
- The HSJ reported that [NHSE&I has launched review into digital tools in primary care](#) (login/subscription required).
- The [House of Commons Health and Social Care Committee recommended](#) "NHSE&I publishes its [evaluation of digital tools in primary care](#) at the earliest opportunity and uses it to produce clear guidance on best practice in reducing bureaucracy and day-to-day IT administration tasks, including those associated with referrals, and follow-up appointments."
- [A European case study](#) set out how five European countries effectively used technology and Shared Care Record systems before and during the pandemic.

IT policy: NHS organisational changes

- Wade-Gery's review [Putting data, digital and tech at the heart of transforming the NHS](#) was published with its focus on progressing technology within the NHS by having the having the right capabilities and set up at NHSEI, NHSX and NHS Digital.
- DHSC announced that [NHS Digital, NHSX and Health Education England will be absorbed into NHS England and NHS Improvement \(NHSE&I\)](#) as part of plans to develop the workforce and improve technology across the NHS in England. This followed the Wade-Gery review into digital within NHS including co-working amongst the NHS bodies. NHSX has become the NHS Transformation Directorate digital strategy directorate within NHSE&I, and NHS Digital will become the Chief Information Officer's directorate within NHSE&I. NHSX and NHS Digital branding is anticipated to eventually be phased out. [NHSX blogged about the changes](#).

IT policy (general)

- An industry insider opined on the, [future regulatory landscape will look like within digital health](#).
- [Health tech suppliers made predictions about the rest of 2022](#).
- Health & Social Care Committee urged the government to ['further progress' NHS digitalisation](#).
- New data showed [patient-led digital adoption from the start of the pandemic is being sustained](#).
- A recent [case study indicated continued demand for digital appointments](#): 89% of NHS Trusts had delivered new digital appointment services as a direct response to the Covid-19 pandemic and the remaining 11% already had digital appointment services in place and further expanded their use. A YouGov survey of GB adults (18+) showed that 48% prefer digital communications for healthcare providers, which increases to 69% if you include telephone communications.
- Research indicated [the lack of digital skills in NHS staff could be slowing the rate of digital transformation in the health system](#).
- NHS Providers published a guide aimed at trust boards about ['Making The Right Technology Decisions'](#) as part of the Digital Boards Programme.
- CP ITG published its [Pharmacy IT quarterly round-up](#) after the group's previous meeting.

Innovation

- A King's Fund policy leader made a case for [the importance of culture and leadership to drive forward digital innovation within the NHS](#).
- The DigitalHealth London Accelerator programme [welcomed 21 digital health companies](#).
- [NHSX's Digital Productivity Programme is using evidence-based research to identify the greatest benefit-realising digital technologies](#) e.g. in chronic wound management - where without removing the bandage an electronic 'tag' can provide doctors with vital information about how a wound is healing.

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