

# Minutes of the Community Pharmacy IT Group (CP ITG) meeting held on 17th November 2021 via videoconference

**About CP ITG:** The Group was formed in 2017 by [PSNC](#), [NPA](#), [RPS](#), [CCA](#) and [AIMp](#). The meetings of this group are attended by members representing these five organisations along with 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	Ghalib Khan, Written Medicine
Dan Ah-Thion (Secretariat), PSNC	Jason Lestner, Living Care Pharmacy
Dane Argomandkhah, Cohens	Dave McNamara, Proscript AAH
Julia Bailey, Positive Solutions	Darren Powell, Weldricks Pharmacy and NHS Digital
Yvonne Baffour, NHSX	George Radford, Lloydspharmacy / system
Gemma Binns, Cegedim	Layla Rahman, PSNC
Rachel Clements, Cegedim	Rupal Sagoo, Tesco Pharmacy
Darryl Dethick, PCT Healthcare Pharmacy	Anoop Seera, NHSX
Matthew Ellis, Positive Solutions	Jeff Shelley, Invatechhealth
David Evans, Daleacre Pharmacy and NPA	Gabriele Skieriute, PSNC
Stephen Goundrey-Smith, RPS	Ian Swales, Pharmacy2U
Martin Hagan, NHSBSA	James Taylor, Cegedim
Jo Hendry, Boots/Colombus	Nick Thayer, CCA
Claire Hobbs, NHSE&I	Iqbal Vorajee, Cohens and AIM
Sima Jassal, EMIS	Andy Wilcock, Rowlands
Gareth Jones, NPA	Jon Williams, RxWeb
David Murphy, NHS Digital	Janson Woodall, Well Pharmacy
Nick Kaye, NPA	Heidi Wright, RPS

Apologies for absence from voting members: Steve Ash (AIM), Sibby Buckle (RPS), David Broome (PSNC), Sunil Kochhar (PSNC), Fin McCaul (PSNC), Graham Phillips (NPA), Ravi Sharma (RPS) and Craig Spurdle (CCA).

## Introductions, minutes of previous meeting and matters arising

The minutes of the previous meeting were agreed. Remaining actions were carried into the [agenda papers](#)' 'next steps' for this meeting. Several outstanding actions are listed within the minutes.

**Introduction from the Chair:** The Chair commented that there has been a positive drive from NHS organisations to move the digital agenda forward within pharmacy.

## CP ITG Work Plan items

1a

### Supporting the development of interoperability/integration

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

**NHSBSA/NHSE&I update on pharmacy services IT integration:** Claire Hobbs (NHSE&I Project Delivery Manager for Digital Pharmacy) provided an update. Funding is to be made available for those suppliers that can prepare application programming interface (API) integrations for the following services: Community Pharmacist Consultation Service (CPCS), Discharge Medicines Service (DMS), Smoking Cessation Service, Contraception, New Medicine Service (NMS) and cardiovascular disease (CVD). The secretariat will email suppliers with detailed information after the meeting.

**Actions:** Suppliers that want to register their interest must contact NHSBSA by 3rd December 2021. Suppliers can contact Rob Hills and Ben Tindale (NHSBSA) for further information.

**Closure of the Shielded Patient List (SPL):** NHS Digital previously added a 'Shielded Patient Flag' (SPF) to patients' records. Following [Government announcements](#) regarding the end of national shielding, the SPL for England will be closed and changes to patient risk status have now stopped being applied. Information contained in the SPL was last updated at the end of September 2021. Following the end of shielding, NHS Digital plans to change the high-risk flags in medical records, associated with previously clinically extremely vulnerable (CEV) patients, to a moderate or low-risk flag. This is part of a managed closure of the list. The group supported the ability to reinstate the SPF within clinical systems if shielding is reinstated at a later date. Suppliers that display this SPF are 'pulling' from the SCRa application and therefore the closure of SPL and SPF will have a limited impact on supplier development and suppliers will be able to reinstate SPF if necessary.

**NHS Profile Manager:** Anoop Seera (NHSX commissioner of the NHS Profile Manager project) provided an update. 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 from March 2022 subject to the necessary work being completed in advance. NHSX/PSNC and others are members of the NHS Profile Manager comms working group, which has issued an initial round of comms about the project. A cross sector pharmacy data working group including NHS Digital, PSNC, NHSE&I and NHSBSA has also been meeting frequently to discuss the possibility of rationalising the central lists of pharmacy data used within NHS systems. Much of this work is expected to continue throughout 2022. The workstream is also helping to identify future NHS Profile Manager enhancements, some of which are being added to the roadmap.

**Actions:**

- Group members to use the [example communications copy](#) to update their networks after the meeting.
- The group will be invited to see a demonstration of the new system during a CP ITG subgroup call (expected on the 7th of December 2021 at 3pm (maximum 60 minutes)) and to provide feedback on the system. If this session is well attended, an additional session (for early February 2022) will be organised to demonstrate the product to the group before it is 'released' for use by pharmacy teams.
- NHS Digital will update the multiples about the plans concerning the NHS website and DoS API, during the call on December 7th 2021.
- PSNC/NHSX will explore with the NHSmail team if a process can be created to give head office staff profile editors access to NHSmail.

**Interoperability and NHSX strategy:** NHSX's [update on interoperability](#) set out five planned priorities and next steps. The group discussed within breakout rooms: implementation preferences; and pharmacy interoperability priorities that aligned with NHSX goals. The group broadly supported the principles set out. The breakout groups provided the below additional comments.

Interoperability and strategy comments from the group:

- The interoperability strategy must be shared across NHSX, NHSE&I and NHS Digital. Relevant teams must feed in, e.g. PODAC teams (digital pharmacy, optometry, dental, ambulance and community teams).
- With many different clinical systems in use by clinicians, full interoperability is not yet sustainable, but standards have the power to allow better sharing of information to patient benefit.
- Integrated Care Systems (ICS) use of standards can improve integration across multiple sectors.

Interoperability priorities comments from the group:

- Shared Care Record (ShCR) interoperability is crucial. Technical NHS standards are needed so that a supplier or pharmacy organisation that integrates with one ShCR system can integrate with any.

- Pharmacy should be able to receive and send referrals digitally.
- Pharmacy teams are burdened by too many logins. How can 'one pharmacy team member login' be utilised?
- App marketplace in which suppliers can co-work or enable apps.
- New and existing pharmacy services must be digitised via standards (see below).

Pharmacy services comments from the group:

- Pharmacy services IT such as reporting, and referral functions should be prepared and planned prior to the start dates of new services. The lack of IT available when services are initiated means these services do not 'hit the ground running'. The long-term reputation of services could be improved if more IT planning is done prior to the initiation of new services.
- IT roadmap items should be included in Community Pharmacy Contractual Framework (CPCF) and negotiations to allow time for changes, e.g. supplier integration into Manage Your Service (MYS) APIs.
- Direction from the NHS regarding contract and services would be helpful.
- Standardised process for integration of services such as DMS and CPCS.

Interoperability communications comments from the group:

- Improved communication in advance is key so that pharmacy contractors and IT suppliers can make relevant preparations and decisions.

Supplier comments about interoperability:

- One questions that needs to be answered is 'How do suppliers gain accreditation and how can it become viable for suppliers to be able to add specific integration plans into their roadmaps?'
- Developing standards may be preferred by those working at system suppliers but integration can only be done if a viable return on investment is possible, given the costs associated with developing to specific standards.
- Make standards open source and easily accessible.
- Adequately resource NHS technical assurance teams (there are severe bottlenecks presently).
- IT system suppliers do not receive adequate notification to put standards onto their roadmaps.

Actions:

- Collated feedback will be shared with NHSX post-meeting by the CP ITG secretariat.
- Contractors and group attendees may individually feed back to: [interop.standards@nhsx.nhs.uk](mailto:interop.standards@nhsx.nhs.uk).

1b

## Supporting NHSmail

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

**NHSmail and Teams adoption:** NHS Digital has tasked an Accenture project team with exploring and boosting NHSmail and NHSmail Teams usage, including within the community pharmacy sector.

The following is a list of comments and questions from the group about NHSmail email:

- Increase usage for the right reasons.
- Some pharmacy contractors are receiving an overload of non-pharmacy information into their shared NHSmail inboxes, including from local NHS bodies.
- Not using NHSmail for service provision.
- Are there any plans to migrate from *send.nhs.net* to *smtp.office365.com* by NHSmail? Some system providers have a wizard to link the PMR to shared mailboxes and use *send.nhs.net* when setting up in the wizard. Do suppliers need this on their roadmaps?

Group comments about NHSmail Microsoft Teams:

- Some pharmacies have low bandwidth connections. A significant number of pharmacies may not have all the necessary equipment.
- NHSmail Teams conference or instant messaging is best used for professional-to-professional discussions and will be useful for communication between pharmacy teams and practice staff.
- Audio discussion may be easier than video discussion when you do not need to see anything.
- NHSmail Teams and email could help discussions amongst Primary Care Networks (PCNs).

- Windows Teams app (i.e. not the web browser version) is memory hungry and can cause the computer to run slower if the Teams app is left running in the background.
- The group are now able to request that a Team is created by contacting the pharmacy admin NHSmail helpdesk, e.g. a Team of NHSmail-using staff within the pharmacy.
- Make creation of “channels” and “teams” easier.
- Limited funding for extending cover to compatible portable devices is a barrier to increased Teams usage among pharmacy staff.
- Can new services be designed with audio/video consultation elements allowable?
- Make audio/video calls part of service specifications if a service is done remotely.

**Pilot for NHSmail Teams “Virtual Visits”:** NHS Digital and PSNC would like to invite community pharmacy contractors that are interested to take part in research trialling the new NHSmail Virtual Visits booking and consultation platform. The tool works in conjunction with NHSmail Microsoft Teams and the Microsoft Booking platform. Pharmacy teams piloting Virtual Visits may retain Virtual Visits access even after the pilot is complete.

**Action:** Additional piloting may begin from early 2022. [Contractors can register interest via this webform.](#)

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 the need to incorporate processes related to the use of devices for the Hypertension case-finding service. Additional DSPTK user testing is planned. If you would like to take part in this user testing, please contact [it@psnc.org.uk](mailto:it@psnc.org.uk).

2a Support reduced burden through tackling issues related to the practical use of pharmacy IT and promoting good IT practices

Relevant webpages include: [/itworkflow](#)

**Discovery work about patient digital authentication:** The Prescribing Policy and Charges team at DHSC are carrying out related discovery work.

**Action:** Contractors that would like to speak with DHSC to input into the work can contact [it@psnc.org.uk](mailto:it@psnc.org.uk).

3a Supporting the development of pharmacy systems

Relevant webpages include: [/systems](#)

**Community Pharmacist Consultation Service IT:** The national procurement model which is currently supporting contractors’ delivery of the Community Pharmacist Consultation Service (CPCS), ends at the end of March 2022. Time is running out for contractors to complete their transition to their own CPCS IT systems. It is imperative that contractors planning to continue to deliver CPCS, select and arrange their system no later than February 2022. Failure to do so may impact referrals and service continuity.

**Actions:**

- Contractors are encouraged to make their decisions well in advance of the upcoming deadline.
- Group members to communicate on this topic to their networks and can use the following [CPCS IT communications copy](#) to help them do so.
- Suppliers offering CPCS IT solutions are encouraged to set-up web forms to enable interested contractors to register their interest.

**Original Pack Dispensing (OPD) and IT implications:** The [consultation](#) relating to this topic will close on 13th Dec 2021. System suppliers working across England and Scotland noted that they may use Scottish learnings to help inform possible OPD changes being considered for England.

**Actions:** Comments to help inform the PSNC response can be sent to [it@psnc.org.uk](mailto:it@psnc.org.uk). Group members and contractors may also wish to respond.

3c

### Signposting to the Community Pharmacy Patient Safety Group (CPPSG)

Relevant webpages include: [CPSSG](#)

**NHS Digital Clinical Safety Strategy:** NHSX, NHS Digital and NHSE&I recently published a [Digital Clinical Safety Strategy](#). This strategy aims to improve the safety of digital technologies, now and in the future, and includes specific recommendations that can be implemented by pharmacy teams, suppliers and policy makers. The group were largely supportive of the key recommendations. Systemwide learning may require more networking across suppliers and the NHS, considerations of reporting templates and interrogation of the recommendations set out within the strategy. Scanning barcodes has great potential to improve safety. Suppliers which are large enough generally have clinical safety officers but collaboration across suppliers regarding digital clinical safety has been limited to date. [Shared Care Records \(ShCRs\)](#) should form a part of the digital safety strategy given the clinical benefit with the pharmacy workforce having instant access to relevant information. Prescribing and dispensing system supplier use of the [Computable dose instructions standards](#) should additionally form part of any pharmacy digital strategy.

**Actions:**

- Collated feedback will be shared with the Community Pharmacy Patient Safety Group (CPPSG) post-meeting. CPPSG are to be contacted regarding the network and strategy.
- The secretariat and CPPSG are to explore setting up a network of digital safety pharmacy supplier representatives. This network will explore in detail how the relevant recommendations from the Digital Clinical Safety Strategy could be implemented within the pharmacy sector.

4a

### Consider the development of apps, wearables and technologies in healthcare

Relevant webpages include: [/apps](#)

**Artificial intelligence (AI):** NHSX are developing an AI strategy for health and care. PSNC and RPS are feeding into this strategy and the CP ITG welcomes additional inputs. To feed into this work, please contact [it@psnc.org.uk](mailto:it@psnc.org.uk).

5a

### 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.

**CP ITG IT infrastructure survey:** The infrastructure survey was reviewed by the group at previous meetings and via email.

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

### [Any other business](#)

**CP ITG meeting evaluation and planning:** The group considered how the structure and content of future meetings could be improved, to support the group to carry out its work and to achieve its aims. The group conducted some polls and the results suggested support for:

- A start time of 10am instead of 11am.
- A meeting duration of 2 and a half hours to three hours (including the break and 10-15 minutes for any other business (AOB)).
- Breakout sessions and use of Slido polling.
- The briefing sections to continue.
- The continuation of remote meetings (although there was also some support for one face-to-face meeting per year subject to pandemic related guidelines).

The majority of the group felt the meetings were not tipped too far towards briefings, and most of the group valued the briefing sections. However, meetings will continue to require participation and discussion. Most members did not favour a higher number of shorter 'main' meetings taking place within 2022. Members broadly supported the continuation of opportunities for subgroup meetings and working group meetings between the main quarterly meeting. [The full results can be seen here.](#)

**Actions:**

- Meeting invites for 2022 are to be issued to the group in due course.

**Future meetings:**

Weds 9th March 2022

Weds 8th June 2022

Weds 21st September 2022

Weds 16th November 2022 (to be confirmed)