

Community Pharmacy IT Group (CP ITG): Consultation on the Standards and Interoperability Strategy

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 [NHS Transformation Directorate](#). Further information on the group can be found on the [PSNC website](#).

NHS Transformation Directorate (previously NHSX) has called for views via interoperability survey in relation to draft strategy. CP ITG answers have been submitted.

1. What do you see as the main benefits of interoperability?

- The use of 'standards' within the health sector enables people, devices and systems to communicate in a more efficient and electronic manner. The growing use of standards should improve patient care and should also help to improve centralised records as well as enable improved analysis.
- Standards can also reduce the need for health and care workers to 're-key' information and for patients to need to repeat themselves about their experiences.
- Interoperability refers to systems that interoperate with each other using shared technical standards.
- The technical standards used within pharmacies and by pharmacy systems are sometimes developed and defined by a variety of stakeholders. NHS Digital and Professional Record Standards Body (PRSB) have had a large role with setting standards using feedback from stakeholders including patients, pharmacy teams and others.

2. What do you think are the main barriers to interoperability?

- Being able to create standards, release these, provide supplier guidance, iterate these over time, accept comments across iterations from relevant parties including system suppliers and Community Pharmacy IT Group.
- System suppliers within pharmacy IT environment being able to find genuinely viable and long term return on investment from their perspective.
- Appropriate levers and incentives.
- The plan is not yet filled out in terms of long term plan for improved service provision and the journey to get there and prepping IT and standards ahead of new NHS service launch.

3. To what extent do you agree the following aspects of the strategy will address barriers and help achieve the benefits of interoperability:

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	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Don't know
The creation of consistent content models using CEN 13606 or openEHR	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The publication of a standards road map	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
The introduction of a mechanism to identify which vendors' systems are conformant with standards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
The introduction of an end-to-end process for the lifecycle management of standards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
The creation of a standards directory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Enforcement of NHS number and exclusion of other patient identifiers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Our decision not to develop central services to translate data from one format to another	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
That we should develop a system to provide notifications to interested parties when key patients' health and care events occur.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

4. What is missing from the strategy?

- **Share Care Record (ShCR) interoperability standard** – might be introduced building on the Professional Record Standards Body (PRSB) Core info standard (<https://theprsb.org/core-information-standard-v2-0/>), and might involve further coding so that a clinical IT system supplier integrating with one ShCR system could easily integrate with any other. Standards would also help pharmacy organisations which operate nationally to better be able to use ShCRs.
- **Pharmacy Info Flows (PIF) standard – expansion.** The current PRSB standard (<https://theprsb.org/core-information-standard-v2-0/>) and related NHS Digital coding is limited to pharmacy to GP system structured messages. Expansion could enable structured messages in other ways e.g. enabling info to flow from pharmacy to other settings and into pharmacy from other settings.
- **Booking and Referral Standards (BaRS):** Applying to all sectors including community pharmacy. I.e. so that referrals can move around and within any sector. At present different parts of different sectors could use different referral methods e.g. phone, email, NHSmail, fax, letter, BaRS, GP Connect, e-RS, CareConnect standards etc
- **Community pharmacy outputs via MESH** to help more structured messaging (<https://digital.nhs.uk/services/message-exchange-for-social-care-and-health-mesh>)

5. Any other comments

Interoperability and strategy :

- The interoperability strategy must be shared across NHS Transformation Directorate, 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. Increasing numbers of sectors and health and care organisations are starting to be able to access these as are patients.
 - To date NHS community pharmacies have lacked access to live information relevant to medicines dispensing.
 - In some areas e.g. Dorset and East London community pharmacies are accessing ShCR to better provide care.
 - Technical NHS standards are needed so that a supplier or pharmacy organisation that integrates with one ShCR system can integrate with any.
- **Referrals:** Pharmacy should be able to receive and send referrals digitally. This could involve alignment to Booking and Referral Standards (BaRS).
- **Logins:** Pharmacy teams are burdened by too many logins. How can 'one pharmacy team member login' be utilised? Can login with NHSmail and use of Care Identity Service 2 for Virtual Smartcards ease the login burden.
- **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:

- Standardised process for integration of services such as Discharge Medicines Service (DMS) and Community Pharmacist Consultation Service (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.

Pharmacy IT system 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.

Contact Daniel.Ah-Thion@psnc.org.uk to discuss this document.