

# *Community Pharmacy IT Group*

Quarterly meeting: Summer 2022



# Topics

	Sessions at 8th June 2022 meeting
1.	Discharge Medicines Service (DMS) Manage Your Service (MYS) API
2.	Community Pharmacy Contractual Framework (CPCF) IT: Toolkits
3.	GP Connect: Records
4.	Supplier letter regarding working with NHS to improve pharmacy IT
5.	Impact of technology in pharmacy
6.	Parliamentary call for evidence regarding health IT development
7.	Smartcard identity checking process to be digitized
8.	IT related to Serious Shortage Protocols (SSPs) and other Drug Tariff reforms
9.	Electronic Prescription Service (EPS)
10.	Post-meeting CP ITG communications and messages & upcoming events
11.	NHSmail and multi factor authentication

# Discharge Medicines Service (DMS) Manage Your Service (MYS) APIs



# DMS MYS APIs

- DMS was introduced as an Essential service last year.
- There is an objective to progress the specification work further
- NHSBSA will share API to suppliers within a few days.  
Comments from suppliers to be welcome
- Supplier engagement needed to comment onto draft and suppliers will be able to consider timelines
- This API document could be used as a starting point for others

# Community Pharmacy Contractual Framework (CPCF) IT: Toolkits



# NHSE&I Pharmacy Digital Policy Updates



## Technical Toolkits

- Prior Information Notice (PIN) notice released regarding this [Market Engagement – CPCF](#)
- Feedback outside of focussed sessions requested by 17 June 2022 – all comments welcomed.
- Focussed sessions taking place w/c 13<sup>th</sup> June and w/c 20<sup>th</sup> June
- Plan on coming to next CP ITG to present feedback if attendees welcome this?

NHS England and NHS Improvement



# Digital PODAC - Pharmacy

## GP Connect HTML in Pharmacy

Presented by: June Nicholas



# Access to GP information within your clinical

https://uk1-pdlzorgmprod.lgn.hccp.thirdparty.nhs.uk/ - LORENZO - Internet Explorer

Help Back Forward Wizard

Action My work Patients

Standard LORENZO

Patients

Enter Identifier to search

EPR Enquiry

View SCR

Patient lists

Find record

Manage PDS consent

Grant Access

Add patient to list

Convert to full registr...

Linked records

Details

Manage summary

Perform PDS trace

Registration based ...

Record death

Void record

Print patient details

Create merge requ...

Create unmerge re...

Review merge

Manage merge sett...

First patient Previous patient Next patient Last patient Seen(1) Remaining(0)

XXTESTPATIENT-TDPO ,Donotuse (Mr) DOB: 13-Jun-2017 4 Yrs Patient ID: RGM585184 NHS No: 999-052-6869

Encounter context: No Encounters Available

EPR filtered by: (None)

Information is only available from your own organisation until Legitimate Relationship controls are operating.

External Links

GP Connect HTML	Thor	Renal Drug Database
ICE - order tests	VitalPAC Obs	Uptodate
ICE - view results	BNF	Attend Anywhere
ICE - View Summary	CUH EPIC	EDMS
Medical Calculators	Micro Guidelines	
Pathos	NEWT Guidelines	
RSSC	Pubmed	

Sum		
PAS		Previous merge
NHS		Do not merge
Reg		Address type
Title		Address
Sur		
Suf		
For		PAF key
Middle name		
Gender	Male	Telephone (home)
Date of birth	13-Jun-2017 ( Age: 4 yrs )	Telephone (mobile)
Estimated DOB reason	No	Telephone (work)



# GP Connect

**GP Connect – Access Record** allows authorised Health Care Professionals to access GP patient records held on their clinical system. Access Record has two methods of retrieving data from the patient record, though HTML will be the normal method of access. Both are presented here but this slide set will refer to HTML when referencing 'GP Connect'

1. HTML enables a read-only view of a patient's record regardless of the practice clinical system. The record can be viewed within another care setting including another GP practice, an urgent care call centre, or an acute care organisation via an accredited system or application.
2. Structured provides access to a patient's record in a machine-readable, structured, and coded format. Structured data allows the consuming system to import and process patient data provided that it's only used for direct care, and the system meets the specified GP Connect consumer requirements, including information governance and clinical safety standards.

# Sharing GP Data

**GP Connect – Access Record** can help people share, view or act on information that they are legally entitled to access, but cannot do so easily because they are using different IT systems.

GP Connect APIs can only be used legally for direct patient care, not for planning or research.

Direct patient care is defined as a clinical, social, or public health activity concerned with the prevention, investigation, and treatment of illness and the alleviation of suffering of individuals. It includes:

- supporting individuals' ability to function and improve their participation in life and Society
- making sure care and treatment is safe and of high quality through local audits, managing when things go wrong, and working to improve satisfaction by measuring patient outcomes

# Information through GP connect html

## 1 SUMMARY

HTML Summary view is a standard view in all GP Connect implementations. It is populated from information recorded within the patient record and contains:

1. active problems and issues
2. current medication issues
3. current repeat medications
4. current allergies and adverse reactions
5. last three encounters

## 2 CONSULTATION - ENCOUNTERS

For GP Connect, an encounter is an interaction between a patient and a health care professional that's recorded on the patient record.

## 3 PROBLEM

Any issue that is significant to a patient that impacts their health or wellbeing. It includes disease, surgery, and social issues such as bereavement or unemployment.

## 5 MEDICATIONS

**Current** medication issues including **repeat** dispensing and medication **history**. May also include PRN occasional use medication.

## 6 ALLERGIES AND ADVERSE REACTIONS

Description and date only

## 7 REFERRALS

Request for transfer of care or requests to provide assessment/treatment or clinical advice on the care of a patient

## 8 IMMUNISATION

Vaccinations and immunisations. May also contain vaccination-related information such as flu vaccine declined.

## 9 UNCATEGORISED

Coded record entries not associated with a main clinical area of the record. These are split across three views:

1. Administrative items
2. Clinical items
3. Observation

# Use case approval

In October 2021 the GP IT committee confirmed supported the use of GP Connect for Pharmacy.

GP Connect Access Record :HTML Profile	Historical period	Further detail
Summary	Last 3 encounters and current key information	Covers last 3 encounters, active problems and issues, current medications, current allergies. Free text notes are viewable if present
Allergies and adverse reactions	No historical restriction	Does contain free text notes relevant to allergies and adverse reactions
Medications	No historical restriction	There may be very historical free text notes relating to prescribing
Referrals	5 years	Contains free text notes relevant to referrals
Immunisations	5 years	Contains free text notes relevant to immunisations
Observations	1 year	Contains free text notes relevant to observations (note observations are not included in the summary view)

# Understanding the solution



## Improved access to clinical information

- GP Connect makes patient information available to all appropriate Health Care Professionals when and where they need it, to support direct patients care, leading to improvements in both care and outcomes. HTML includes free text and coded entries but excludes documents and attachments.



## Access where it is needed

- HTML enables a read-only view of a patient's record regardless of the practice clinical system. The record can be viewed within another care setting including another GP practice, an urgent care call centre, or an acute care organisation via an accredited system or application.



## Access by role agnostic of IT solution

- GP Connect can only help people share, view, or act on information that they are already legally entitled to access but may not easily view because they are using different IT systems or set-ups.
- It is controlled by role-based access control (RBAC). How this is managed is dependent on the system in use.



## Systems already deploy GPC capabilities

- Multiple Consumer/Sender systems have developed and deployed GP Connect capabilities that are ready to use GP Connect. These can be found at the [NHS Digital website](https://www.nhs.uk/digital-website)

# GP Connect Access Records vs SCR/ShCR

Product Feature	GP Connect	SCR	ShCR
<b>Real Time Access</b> — Data is up to date at the point of request for consumption	✓	✗	✓
<b>Access From Within Clinical System</b>	✓	✗	✓
<b>Patient Summary Page</b> — active problems and issues, current medication, current repeat medications, current allergies and adverse reactions, last three encounters	✓	✗	✓
<b>Consultation</b> — Encounters	✓	✓	✓
<b>Problems</b>	✓	✓	✓
<b>Clinical Areas</b>	✓	✓	✓
<b>Current/Repeat/Past Medications</b>	✓	✓	✓
<b>Allergies and Adverse Reactions</b>	✓	✓	✓
<b>Immunisations</b>	✓	✓	✓
<b>Uncategorised</b> — Administrative Items/Clinical Items/ Observations	✓	✓	✓
<b>Documents</b> — available through GPC where supplier has developed 'Access Documents' specification	✓	✗	✓
<b>Info direct from sectors beyond GP?</b>	✗	✗	✓

# What is not shared in GP connect html

## 1 CONFIDENTIAL

Parts of the record marked as sensitive or confidential by the GP are excluded from sharing

## 2 RCGP EXCLUSIONS

Royal College of General Practitioners (RCGP) exclusion set is respected, and no data shared

## 3 SENSITIVE

Sensitive information - 'S' Flag rules are respected, and no data shared

## 4 OBJECTION

If a patient has indicated that they do not want information shared for direct care, this should be considered on a case-by-case basis to see if it should be applied to this sharing. Where a GP Practice has 'opted out' of sharing their data via GP Connects, patient data associated with that practice, will not be shared.

## 5 ACCESS RECORD

Elements of Access HTML cannot be saved into the viewing (consuming) system record

# Implementation checklist

## 1 Health and Social Care Network (HSCN)

The provider organisation ('consumer' of GPC information) will need to be able to access the Health and Social Care Network (HSCN).

<https://digital.nhs.uk/services/health-and-social-care-network>

## 2 EPR System Supplier

The provider ('consumer' of GPC information) must be a user of an Electronic Patient Record (EPR) system that has been approved to access GP Connect. Systems that currently have full roll-out approval are listed below.

- TPP – SystmOne
- EMIS – EMIS web

A full system list can be found at <https://digital.nhs.uk/services/gp-connect/supplier-progress> detailing software and versions accredited.

## 3 Data Security and Protection Toolkit (DSPT)

Under the DSPT assessment, the provider ('consumer' of GPC information) must have achieved 'standards met'.

<https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/data-security-and-protection-toolkit>

## 4 UK GDPR Legislation

All organisations sharing information need to have a data protection impact assessment (DPIA) in place. DPIAs should be updated to include the use of GP Connect capabilities.

## 5 Privacy Notices

The provider ('consumer' of GPC information) must update their Privacy Notices to include the use of GP Connect.

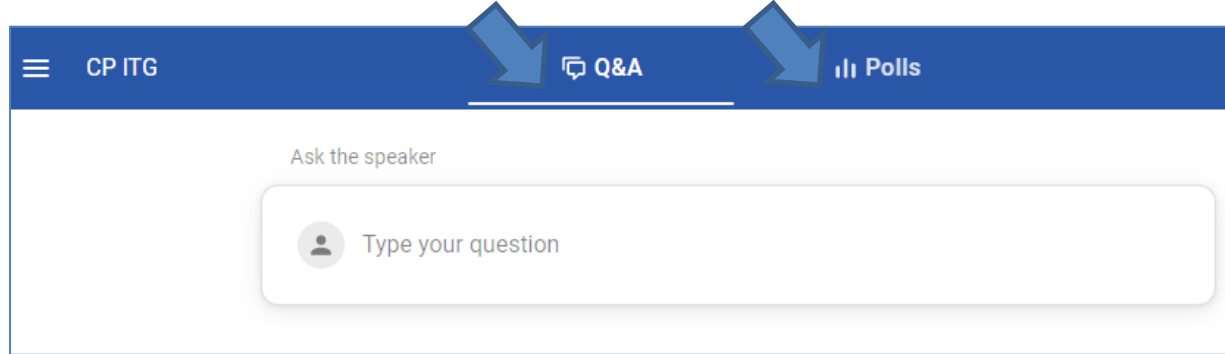
## 6 End User Organisation Acceptance Policy

The provider ('consumer' of GPC information) must have in place an 'End User Organisation Acceptable Use Policy'. End users must be aware of and comply with this policy. <https://digital.nhs.uk/services/operations>

An end user can be any clinician, GP, Nurse or allied health professional working in primary, secondary or social care settings, providing care to NHS patients within England for direct care purposes.

# 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



The screenshot shows the Slido interface. At the top, there is a blue header bar with a menu icon, the text 'CP ITG', and two tabs: 'Q&A' and 'Polls'. Two blue arrows point to these tabs. Below the header, the 'Q&A' tab is active, showing a text input field with the placeholder 'Type your question' and a user icon. Above the input field, the text 'Ask the speaker' is visible.





## Take part (additional methods)

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

Please now go to [www.slido.com](https://www.slido.com).

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



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**Where within community pharmacy  
do you see the benefit of 'GP Connect  
Access Records'?**

① Start presenting to display the poll results on this slide.

**slido**



**How do you feel suppliers should be approached about GP Connect Access Records?**

**Do you have views on a Public Information Notice requesting suppliers expressions of interest?**

① Start presenting to display the poll results on this slide.

**slido**



**How do you feel suppliers should be approached about GP Connect Access Records?**

**Supplier engagement through a webinar capturing expressions of interest? Or any other options?**

① Start presenting to display the poll results on this slide.

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## Thank You



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digital.nhs.uk

Supplier letter regarding working with NHS to  
improve pharmacy IT, and responses



# Supplier letter regarding working with NHS

- System suppliers previously fed back that many projects were ongoing or forthcoming within the NHS
- System suppliers sent a letter addressed to NHS policy makers to explain the benefit of advanced IT project planning for pharmacy teams, patients' experiences & NHS IT.

# NHSE&I Pharmacy Digital Policy Updates: Supplier letter

- Joint organisation letter sent 1st June to suppliers (in papers) to provide clarity on ambitions and expectations up to the end of the current CPCF contract.
- We are inviting feedback, questions, comments. Opening up the conversation.
- Separate session to be confirmed to discuss the letter in detail.





# Digital Technologies in Community Pharmacies

Ursa Alad

MSc candidate, Digital Health Leadership, Imperial College  
London

Head of Community Pharmacy Commissioning, NHS England and  
NHS Improvement

# Context

- CP ITG members' views and experiences
- Understand how digital technologies in community pharmacy have improved or hindered
  - staff experience
  - patient experience
  - quality of care
- Interested in both positive and negative aspects

Participation in the discussion is voluntary and any data used for the study will be anonymised and not attributable to individuals.

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## Participant type

① Start presenting to display the poll results on this slide.

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**Do you consider your role to be more:**

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**In 1-3 words how would you describe technology in community pharmacy?**

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# What impact does technology have on staff?

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**What impact does technology have on patient experience of receiving the care they require?**

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# What impact does technology have on patient outcomes?

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**Does your organisation have a budget for technology?**

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**Does your organisation have a strategy for technology?**

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# Thank you

To contact Ursa Alad about the  
study contact [it@psnc.org.uk](mailto:it@psnc.org.uk) so  
you can be put in touch with Ursa

# Parliamentary call for evidence regarding health IT development

Session timing: 11.50-12.00





# “Apply for Care ID”

(new NHS Digital product in pilot to digitise the identity checking process)

Presented by: Francis Gresham, Will Turner and the ‘Apply for Care ID’ Squad  
7th June 2022

Session timing: 12.00-12.10



# Apply for Care ID

## Introduction

- Apply for Care ID is about an individual strongly verifying their Identity without the need to travel to visit a Registration Authority
- Circa 15k new identities are created on the Care Identity Service every month by face to face with a RA
- This Service has been in pilot since 4th April
- We are asking for different types of organisations to join our pilot to understand where we can help with the greatest need; NHS Staff in remote locations, Pharmacies, Ambulance Services, Social Care, 3rd Party and 3rd Sector service provision.

An individual needs a strongly verified Identity on the NHS IT infrastructure in order to access the sensitive data held on national services e.g. EPS, PDS, SCRa

# Why Apply for Care ID?

[This short video on our web site best sums up what we are about :](https://vimeo.com/711693250/69217b92b0)  
[vimeo.com/711693250/69217b92b0](https://vimeo.com/711693250/69217b92b0)

Further: The NHS implemented emergency policies during the pandemic. Amongst which was to allow video conferencing for individuals proving their identity to an RA.

- This does not provide a strong enough standard
- The emergency policy will come to an end
- Apply for Care ID will provide an alternative to face to face ID proving in appropriate cases

# What is the Pilot About ?

- Participating organisations inviting individuals to prove their identities for access to national data
- Participating organisations can access our demo environments to see how the services can work for them before committing users to Live ID Proofing
- Participating organisations can take part in our prototyping where research lead change to the service are tried out
- Technical enablement: Device standards, Browser standards, Public Cloud access
- Research, Research, Research – Understanding you and your people



# Q&A

[iampatforms@nhs.net](mailto:iampatforms@nhs.net)

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# Thank You

 [@nhsdigital](https://twitter.com/nhsdigital)

 [company/nhs-digital](https://www.linkedin.com/company/nhs-digital)

 [www.digital.nhs.uk](http://www.digital.nhs.uk)

Session timing: 12.00-12.10

# Parliamentary call for evidence

- Parliamentary Health and Social Care Committee seek input about health IT, and how it should change to improve services and patient outcomes.
- Feedback can relate to records, interoperability and legacy IT

**slido**



**How can the Government communicate the benefits of digital approaches in healthcare to the public and provide assurances as to the security of their data?**

① Start presenting to display the poll results on this slide.

slido



**What progress has been made dealing with the proliferation of legacy IT systems across the NHS?**

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**slido**



**How can the Government effectively foster co-operation between the NHS and the private sector to develop and implement innovation in healthcare?**

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**slido**



**What progress has been made in digitising health and care records for interoperability, such that they can be accessed by professionals across primary, secondary, and social care?**

① Start presenting to display the poll results on this slide.

# IT related to Serious Shortage Protocols (SSPs) and other Drug Tariff reforms





# Serious Shortage Protocols (SSPs)

- NHSBSA continues to identify a significant percentage of SSP claim messages that do not meet the endorsing requirements
- SSP HRT items recently issued

# Drug Tariff (DT) reform & HRT IT matters

- DHSC proposed and consulted on DT reforms re:
  - discount deduction scale;
  - DT pricing for some categories
  - inclusion of non-medicinal products;
  - ‘specials’ arrangements and pricing;
- Conservative MP for Lewes publicly confirmed “*an annual PPC for HRT items, from April 2023 enabling annual access with 2 single charges (£18.70.)*”

**slido**



**Suppliers will be asked to comment about their level of interest with supplier/BSA/DHSC workshop meetings on: implementation of SSPs**

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**slido**



**Suppliers will be asked to comment about their level of interest with supplier/BSA/DHSC workshop meetings on: future Drug Tariff reforms**

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**Suppliers will be asked to comment about their level of interest with supplier/BSA/DHSC workshop meetings on: HRT IT**

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# EPS

June 2022



# EPS and the future

CP ITG June 2022

Presented by:  
Rebecca Jarratt & Dawn Friend



# Agenda

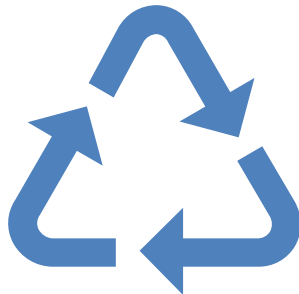
- What we are doing to transform EPS and why
- Citizen prescription tracking in NHS App
- Certificate 1b expiry



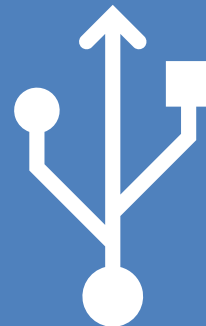
# Case for change



**Improved  
patient  
experience**



**Further reduction in  
paper**



**A modern,  
flexible service**



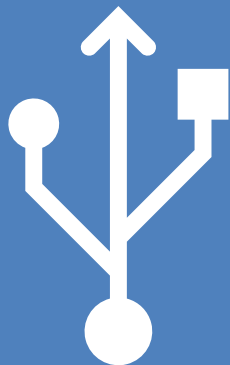
## Improved patient experience

- Convenience of prescriptions from other settings (e.g. hospital outpatients) electronically sent to the pharmacy
- Ability to track your prescriptions (e.g. via NHS App)
- Opportunity for pharmacy to support patients with more flexible options at item level – e.g. out of stock items



## Further reduction in paper

- More care settings can benefit from EPS (e.g. hospital outpatients)
- All prescription types (e.g. FP10MDA, homecare) can be sent via EPS
- Lays a foundation for a paperless prescribing and dispensing process supporting 'Greener NHS'



## A modern, flexible service

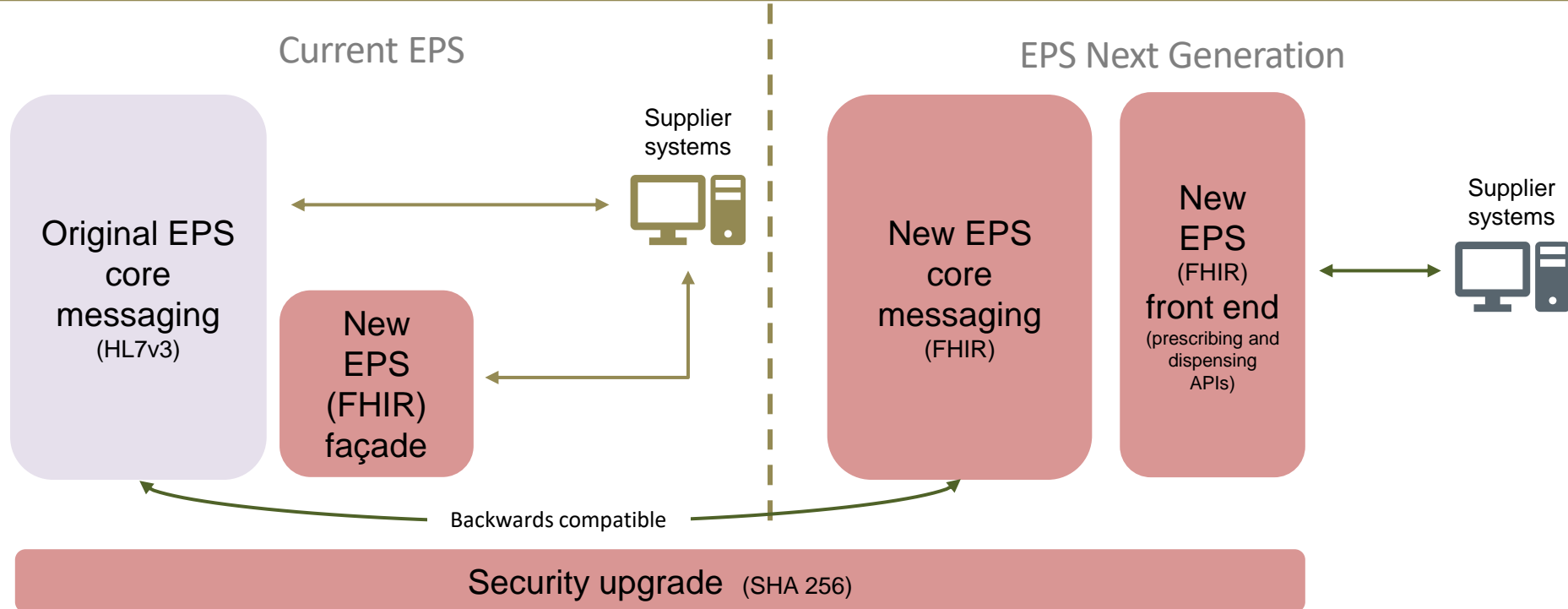
- Simplified, modern messaging standards to ease the development for system suppliers
- Reduces the burden on suppliers to keep up with upgrades
- Ability to make more timely enhancements to meet user and policy requirements
- A platform for innovation - offering improved flexibility for system suppliers to enhance the user experience

# The approach

What we already have

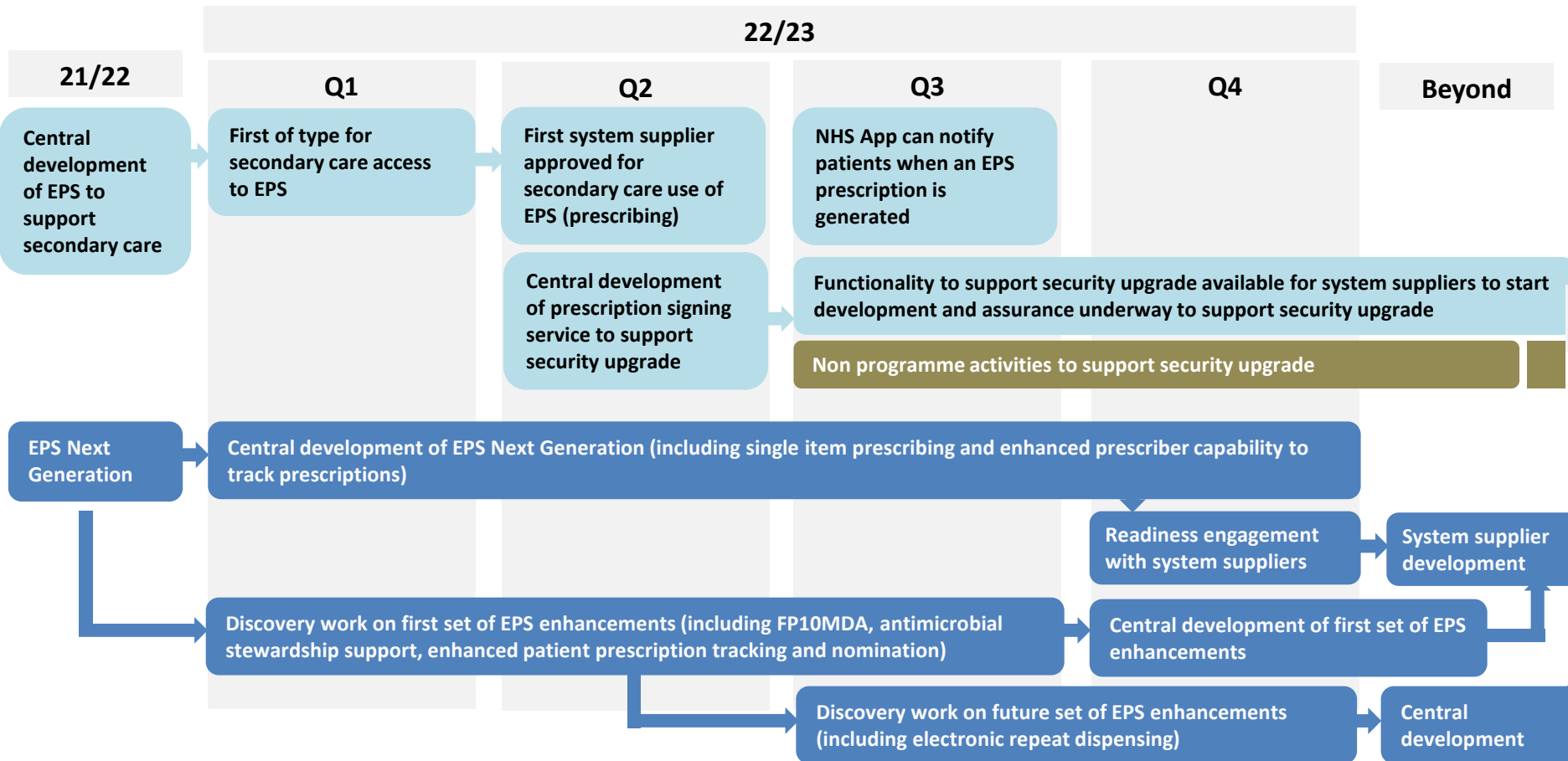


What we are developing



# EPS roadmap (22/23)

Current EPS  
EPS Next Generation



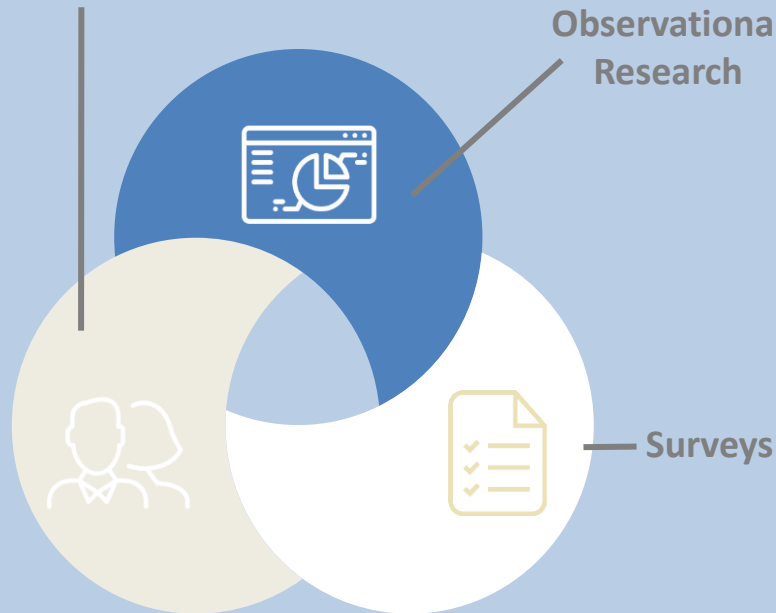
# Working with

- Ongoing discovery underpinned by user research
- Want broad input from a range of users (e.g. patients and pharmacy staff)
- Collaborative approach with key partners (e.g. system suppliers and NHS Business Services Authority)

## User research

121 Interviews

Observational  
Research



# How to get involved

The User Research Team are building a list of users to participate in research over the coming months

**Please access the following link** and leave your details. We will get in touch with you when a user research activity is going to take place:

[https://feedback.digital.nhs.uk/jfe/form/SV\\_eu4jQRNbJooQxoO](https://feedback.digital.nhs.uk/jfe/form/SV_eu4jQRNbJooQxoO)

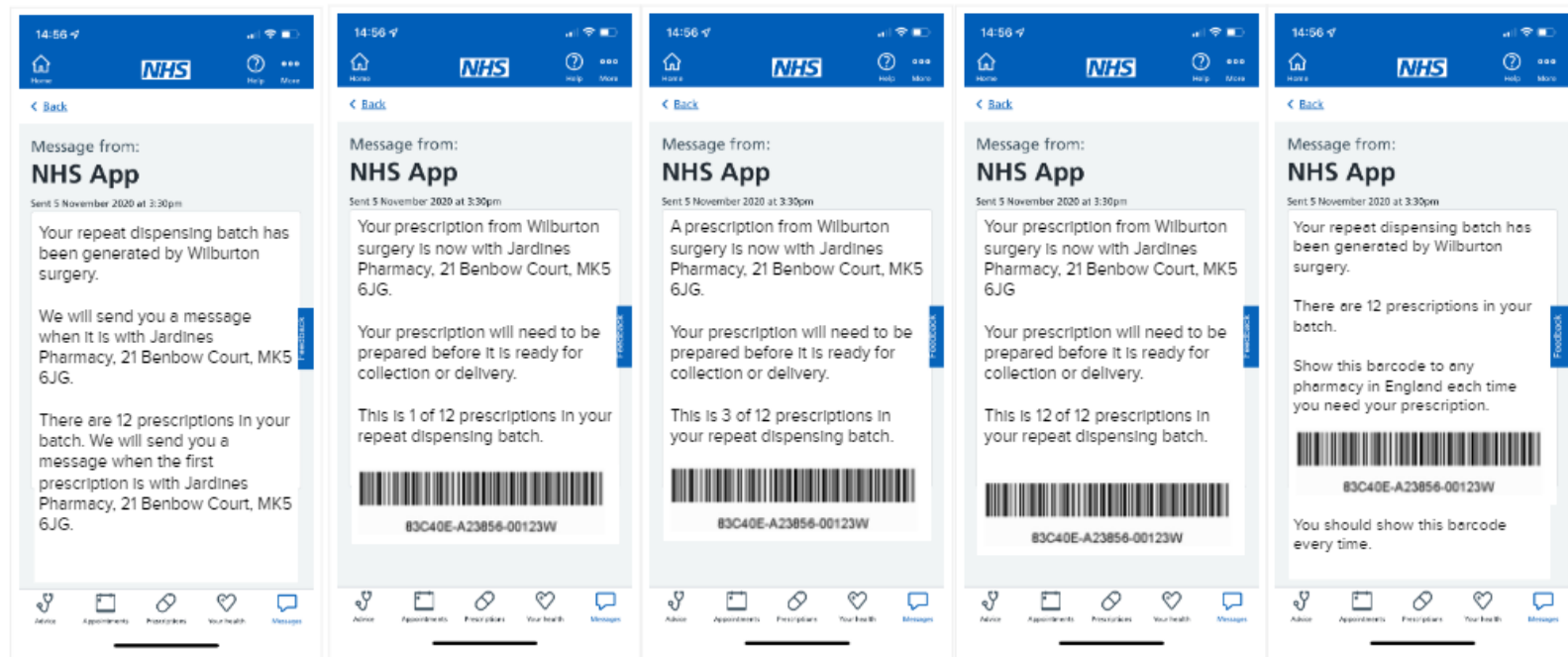


# Citizen Prescription Tracking via NHS App

- NHS App new messaging capability is targeted for December 2022
- This will enable prescription tracking messaging using existing EPS Spine messages (existing HL7v3 prescription process)
- Three scenarios have been identified as useful updates for patients
- This will need to be carefully researched and tested with all users, including pharmacy

# Citizen Prescription Tracking via NHS App

Draft Mock Ups to show iterative User Research approach



**Scenario 1** - A nominated prescription has been generated by the prescriber and is sent to Spine - Status: "To be dispensed"

**Scenario 2** - A nominated prescription has been downloaded from Spine by the dispenser - Status: "With dispenser"

**Scenario 3** - A non-nominated prescription has been generated by the prescriber and is sent to Spine - Status: "To be dispensed"

# Smartcard renewal

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1B security certificate on Smartcards will expire on **27th June 14:55**

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**129k** Smartcards are due for renewal, a significant number have prescribing rights/clinical roles

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All dispensing systems have undergone or are undergoing testing to ensure no disruption to EPS (in test environment)

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# Key Actions

## Suppliers

- Complete testing in test
- Implement fixes and deploy changes ASAP
- Complete live testing on the 27<sup>th</sup> June at 15:00

## Contractors

- Renew smartcards ASAP to avoid service disruption, delays and backlog
- Download prescriptions first thing or ASAP on 27th June

**Any issues on 27<sup>th</sup> June to be  
reported ASAP to  
Supplier/NHS Digital**

# Getting in touch

**Get in touch with us**

interopmeds@nhs.net

**Visit our website and sign up to our bulletin**

[www.digital.nhs.uk/services/interoperable-medicines](http://www.digital.nhs.uk/services/interoperable-medicines)



# EPS Q&A / discussion

e-mail for questions  
[medicinestandards@nhs.net](mailto:medicinestandards@nhs.net)  
[epsonboarding@nhs.net](mailto:epsonboarding@nhs.net)

# AOB: NHSmail and multi factor authentication



# AOB: NHSmail and multi factor authentication

- Multi-Factor Authentication (MFA) provides additional security in order for digital access
- Good data security practices include need for use of individual logins for different persons and consideration of MFA where needed
- Microsoft enables MFA for Outlook as an option
- NHS Digital are considering the impact of MFA on more NHSMail users, e.g. a recognised phone confirms the access at a relevant interval (not necessarily for every login)
- The group is asked to share views about MFA and any associated pharmacy requirement if this is to be introduced



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**The group is asked to comment regarding the proposed intro of multi factor authentication to enable use of NHSmail**

① Start presenting to display the poll results on this slide.

Close

Thank you!

*Post meeting queries: [it@psnc.org.uk](mailto:it@psnc.org.uk)*