The national Community Pharmacy IT Group's response to the Parliamentary Health and Social Care Committee's consultation about 'Digital transformation in the NHS'

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Introduction

This is the Community Pharmacy IT Group's formal response to the Parliamentary Health and Social Care Committee's consultation about "Digital transformation in the NHS".

About Community Pharmacy IT Group

The group is formed of community pharmacy sector representatives. It works to outline the sector's digital priorities and to encourage the sector to engage with upcoming digital changes.

The Group was formed in 2017 by the Pharmaceutical Services Negotiating Services (PSNC), National Pharmacy Association (NPA), Royal Pharmaceutical Society (RPS), Company Chemists' Association (CCA) and the Association of Independent Multiple Pharmacies (AIM). The group's meetings are attended by members from these organisations and from pharmacy clinical IT system suppliers, NHSBSA, NHS Digital, NHSE&I, and the NHS Transformation Directorate. Further information about the group is available on the CP ITG webpage.

The objectives of the group include:

- developing and communicating a shared vision for the optimum use of digital technology within community pharmacy in England;
- providing a forum to discuss new digital technologies which may have impact community pharmacy practice in future;
- supporting the development of user-led recommendations to be considered by suppliers;
- providing a credible, respected forum for sector-wide engagement with NHS organisations and other national bodies on the vision, strategy and operational plans for delivering optimum use of digital technology in community pharmacy;
- developing an implementation strategy for delivering optimum use of digital technology in community pharmacy and overseeing a joint work-programme to deliver this; and
- through its member organisations, providing recommendations and advice to community pharmacy and other healthcare organisations.

About the consultation

The Parliamentary Health and Social Care Committee launched an inquiry focused on digital transformation within the NHS in May 2022 and requested evidence be submitted to this inquiry by June 2022. The inquiry explored the current use of digital technology and examined how it needed to change to deliver an improvement in services and outcomes for patients. The inquiry considered key aspects of NHS digital transformation such as digitalising health and care records for interoperability so that they can be accessed across primary, secondary and social care. The inquiry also looked at legacy IT systems in the NHS, and the interaction between digital transformation and clinical research. Finally, the inquiry considered how to prevent digital health inequalities and inform patients about the benefits of digital approaches to healthcare. The consultation set out 11 questions.

About CP ITG's consultation response

The CP ITG response relates only to those areas concerning NHS community pharmacy as the other areas discussed in the inquiry – such as clinical research - were agreed to be beyond the remit of the CP ITG.

Summary of CP ITG responses to consultation questions

Some of the key points relating to the consultation questions are included below. The group's full answers to each of the questions can be found from page 5.

Q1 Communicating benefits of digital health records / developments and relevant security:

Marketing about digital health records must simply state the benefits of these records. The NHS App login screen should include messages communicating the benefits of digital health records. NHS/healthcare Privacy notices must be simple i.e. written in plain English. Patients assume that there is more data sharing between the different primary care providers than occurs in reality currently.

Q2 Progress with legacy IT:

Referrals

Ensure that Booking and Referral Standards (BaRS) is expanded and aligns with other referral IT standards such as GP Connect referrals;
ensure BaRS is used across community pharmacy, the GP sector, other health care sectors and the NHS, and by all health IT suppliers, so that messages and referrals flow smoothly within and across sectors and patients have a seamless and safer experience.

Pharmacy clinical systems

There is not a framework in place for pharmacy IT, as there is with General Practice (i.e. GP IT Futures). The NHSE&I Transformation Directorate, along with other departments at NHSE&I, NHS Digital and the NHSBSA, must be adequately resourced to conduct work to enable community pharmacy IT professionals to have sufficient IT infrastructure in place ahead of the launch of new NHS services. Doing so will free-up more time for pharmacists to spend with patients, which will help ease the pressure on other parts of the health service in the long run.

Old authentication

The current Smartcard and password system used by many NHS and clinical systems is quite burdensome for health and care workers. For example, pharmacy teams report having to login to dozens of systems each day. The CP ITG welcomes NHS Digital's Care Identity Service (CIS) 2 programme work. However, group members agree that this should be expanded and then rolled out across the entire community pharmacy sector. Contact information can be connected with the CIS2 profile.

The aim should be for as many NHS and clinical systems to integrate with CIS2 as possible to allow staff to login to multiple systems using one, unified profile. An acceptable interim step for some systems is the 'login with NHSmail' option. This option allows users to login with their NHSmail credentials across various NHS applications.

Newly registered pharmacy trainees and qualified staff should be granted with work identities as a matter of course. The regulators should be privy to this process (the regulator for pharmacists and technicians is the General Pharmaceutical Council (GPhC)). During the pandemic, the FFFFF Smartcard code was automatically associated with NHS Smartcards with a pharmacist or technician role attached to it. This innovation should continue beyond the COVID-19 specific Control of patient information (COPI) notice time-limited arrangements (which is anticipated to end at the end of June 2022).

The Smartcard/CIS Registration Authority (RA) procedures should be standardised across England.

Paperless

We welcome NHS Digital's work and that of the NHS Transformation Directorate to support the next generation of the Electronic Prescription Service (EPS), and their work to explore ways to facilitate less paper use within community pharmacy.

The Group agrees that the Department of Health and Social Care (DHSC) should fast track its work to find a digital solution for patients who are required to provide an ink signature for a paper prescription e.g. to confirm they have paid a patient prescription charge.

With this end in mind, DHSC should keep exploring the potential for patients to provide a digital handshake in future to confirm/authenticate their identity instead of an ink signature. This feature could be added to the NHS App. The same system could be used for multiple purposes.

Pharmacies and other healthcare providers should also be granted access to clinical systems that make use of digital handshakes. At present, healthcare workers waste a significant amount of time adding patient's details to clinical systems. Other potential uses for this functionality within the NHS should be explored by NHSE&I.

Q4. Co-operation between the NHS and the private sector:

IT should not be treated as an afterthought when it comes to community pharmacy. Rather when the NHS is defining standards and processes, they should engage community pharmacy IT suppliers at the earliest possible stage and keep these suppliers up to date on any relevant developments.

Q5. NHS App suggested future features:

Suggested future features:

- Access to additional records for patients
- Alignment of information with Electronic Prescription Service (EPS) Tracker so that medicines statuses visible
- EPS Phase 4 digital tokens
- Dates that medicine regime will end
- Nominated dispensers to view reorder requests made via the NHS App
- Coordination with clinical systems including pharmacy systems
- Link to the Yellow Card Scheme for patients
- Family/carer functionality
- Coordination with clinical systems including pharmacy systems
- Medicine reminders and data
- Notification to pharmacy when patient sets nomination to pharmacy

Q6. Digitising health and care records for interoperability

Records progress

There is currently limited use of Shared Care Records (ShCRs) within pharmacy. However, the processes and IT across ShCRs and the GP Connect Access Records standards programme need to be standardised.

Standards

The Professional Record Standards Body (PRSB) has completed work on the ShCR Core info standard. This work needs to be expanded and coded. PRSB has also worked on Community pharmacy info flow standard for notifications from pharmacy IT system to GP system (e.g. where a community pharmacy confirms to a GP system that the pharmacy has administered an NHS flu vaccination to a patient). This standard should be expanded so that pharmacy can also send or receive other referral types. The PRSB standards for medication dose and timings is not yet used within prescribing and dispensing systems. NHS services delivered by community pharmacy should be delivered after the appropriate technical standards have been outlined e.g. NHSBSA Manage Your Service (MYS) APIs and other technical specifications.

Consultation questions

Q1. 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?

The benefits of digital approaches in healthcare can be communicated in a variety of ways.

a) Differentiate data sharing for the purposes of direct care, data sharing for planning and research and data sharing for other reasons.
b) Communications to the public need to be in clear concise language, and clearly explain how patient data is being used.
c) Simple and clear TV and social media marketing.
d) The introduction of messages on entry to the NHS App circling through important messages about the NHS.
e) The communication should not manifest in long privacy notices but through short, concise information. The notices from central bodies, local systems and individual health and care organisations should explain security and data issues in layman's terms.
f) The continued case should be made within communications that the NHS needs to reform its IT to enable a more seamless experience for patients and that those providing direct care e.g. community pharmacy teams will have the ability to access or write into records, so that patients do not have to repeat themselves or receive care from clinicians acting without access to appropriate information.
g) Shared Care Records (ShCRs) systems should seek to agree a standardised privacy notice so that there is less complexity and variation across geographical areas – which can be confusing for patients.
h) The Government should communicate to ShCR project teams that pharmacy access to records is critical – progress is being made within some areas of England, but there is a long way to go before all NHS community pharmacies have quick and consistent access to ShCRs.
i) Explain that appropriate security measures are in place to enable data sharing for direct care purposes (though patients should not necessarily be expected to understand the details behind layers such as the Smartcard system etc).

Note: A challenge from a communications perspective is that many patients assume that the pharmacy which they have nominated to process their NHS electronic prescriptions (via the NHS Electronic Prescription Service) and the pharmacy processing their prescriptions or delivering another NHS service, has access to the appropriate parts of their medical record, when this is frequently not the case.

Q2. What progress has been made in dealing with the proliferation of legacy IT systems across the NHS?

a) **Records**: <See answer to question 6>

b) **Referrals**: Progress has been made with regards to ensuring that more pharmacy referrals are made in structured manner. However, a large number of referrals to pharmacy are still being made by phone, written letter, post or via unstructured email.

i. Ensure that the Booking and Referral Standards (BaRS) is expanded and aligns with other IT referral standards including GP Connect referrals.

ii. Ensure that BaRS is used across community pharmacy, the GP sector, other health care sectors, the NHS, and by all health IT suppliers, so that messages and referrals can flow smoothly across sectors and patients have a seamless and safer experience. This will help standardise referrals into or from community pharmacy, helping pharmacists to provide better patient care.

iii. Example: Pharmacy staff experience an issue with the NHS Discharge Medicines Service (DMS): there is a lack of hospital electronic medical record systems in place affecting the ability for hospitals to send info via DMS in a structured manner - this has a knock-on effect for the operational processes in pharmacy, leading to the adoption of more burdensome paper processes. Funding has been made available to hospitals, but this funding is only for a limited period of time.

iv. There is not a framework in place for pharmacy IT, as there is with General Practice (i.e. GP IT Futures). The NHSE&I Transformation Directorate, along with other departments at NHSE&I, NHS Digital and the NHSBSA, must be adequately resourced to conduct work to enable community pharmacy IT professionals to have sufficient IT infrastructure in place ahead of the launch of new NHS services. Doing so will free-up more time for pharmacists to spend with patients, which will help ease the pressure on other parts of the health service in the long run.

c) **Old authentication**.

i. The established Smartcard and password system used for multiple NHS and clinical systems can be burdensome for health and care workers, with pharmacy team members reporting having to log into dozens of systems each day.

ii. The CP ITG welcomes NHS Digital's work on the Care Identity Service (CIS) 2 programme. This work should be expanded with the aim to roll out CIS2 across the entire community pharmacy sector

iii. Newly registered pharmacy trainees and qualified staff should be granted with work identities as a matter of course. The regulators should be included in this process (the regulator for pharmacists and technicians is the General Pharmaceutical Council (GPhC)).

iv. Contact information should be connected with the CIS2 profile.

v. Arrangements to work at multi pharmacies can be unnecessarily burdensome involving the request to get the multi-site 'FFFFF code' linked to the NHS personal Smartcard identity profile. During the pandemic, the FFFFF was automatically associated with cards with a pharmacist or technician role attached. This innovation should continue irrespective of the pandemic and irrespective of the COVID-19 specific Control of patient information (COPI) notice time-limited arrangements.

vi. The smartcard / CIS Registration Authority (RA) policy and procedures must be standardised across England. At present, different local RAs use different rules and policies. This results in confusion for healthcare workers operating across boundaries.

d) **Paperless**: We welcome NHS Digital's and the NHS Transformation Directorate's work to support the next generation of the Electronic Prescription Service, which includes work to explore other ways to facilitate less paper use within pharmacy.
   i. DHSC should fast track its work to find a digital solution for patients who are currently required to provide an ink signature on paper prescriptions e.g. to confirm that they have paid a patient prescription charge.
   ii. DHSC should keep exploring the potential for patients to provide a digital handshake in future to confirm/authenticate their identity instead of an ink signature. This feature could be added to the NHS App. The same system could be used for multiple purposes. The NHS previously set out its ambition to go entirely paperless at the point of care, thereby supporting the digital evolution of the NHS. Whilst the target dates for a paperless NHS have been extended previously, the ambition to go paperless remains. NHS community pharmacy has not yet been able to make all processes paperless. Read more here: Paperless within NHS community pharmacy (pharmacy-facing information).

e) **Regarding use of old software** e.g. older versions of Microsoft Windows within the sector. Some guidance for community pharmacy teams is available at https://psnc.org.uk/windows. Past issues had led the sector to jointly work on guidance to encourage appropriate standards. NHS Digital also maintains Warranted Environment Specification (WES), this specifies when certain software loses free support e.g. when Windows versions will reach end-of-life.

This illustration below sets out some of the required next steps so that there is less reliance on legacy IT (or even absence of IT) for NHS service delivery:

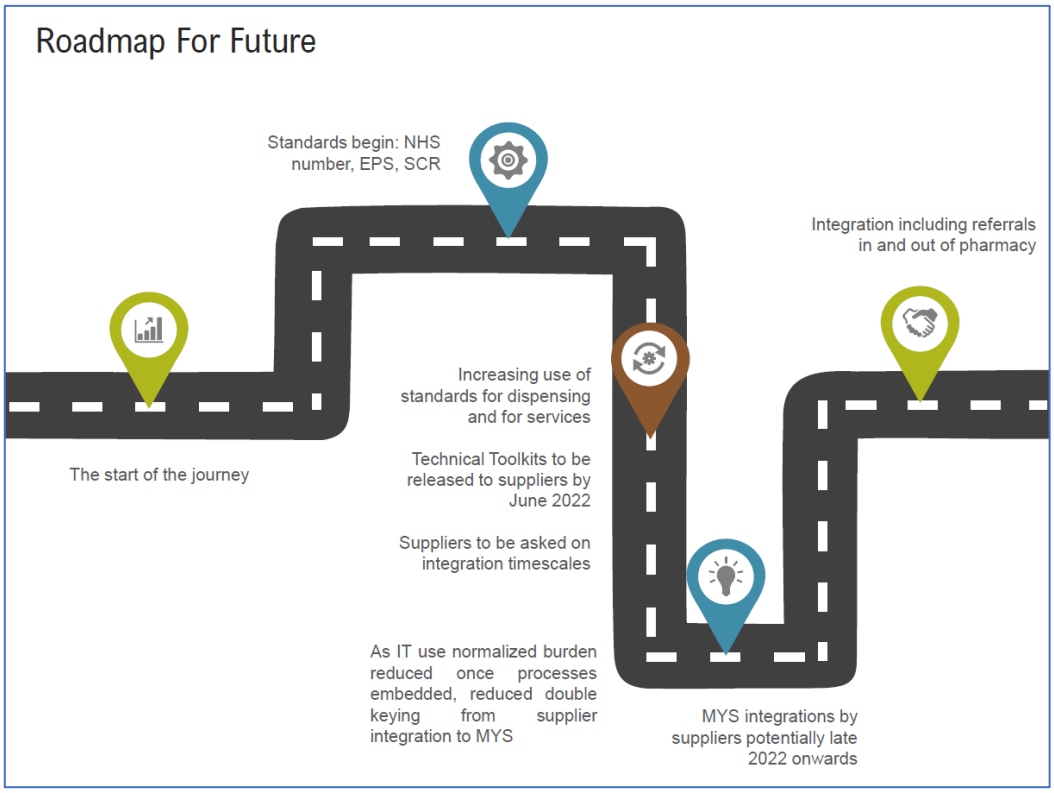

Figure 1: Roadmap for future for community pharmacy IT

This illustration below sets out potential progress for NHS service delivery via community pharmacies. As of 2022 the pharmacy sector is still in the growth stage.

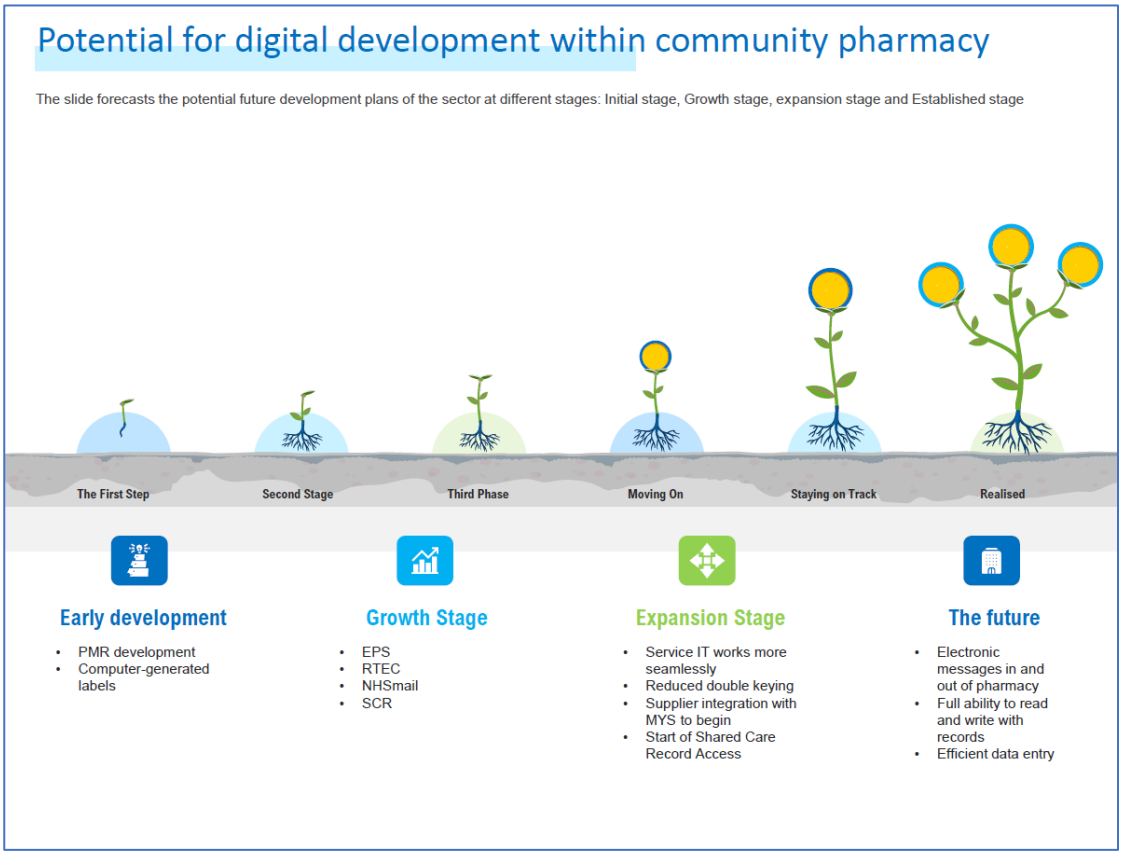

Figure 2: Potential for digital development for community pharmacy IT

The illustration below outlines the digital vision of the CP ITG and the groups suggested key focus areas concerning the planned move away from legacy IT.

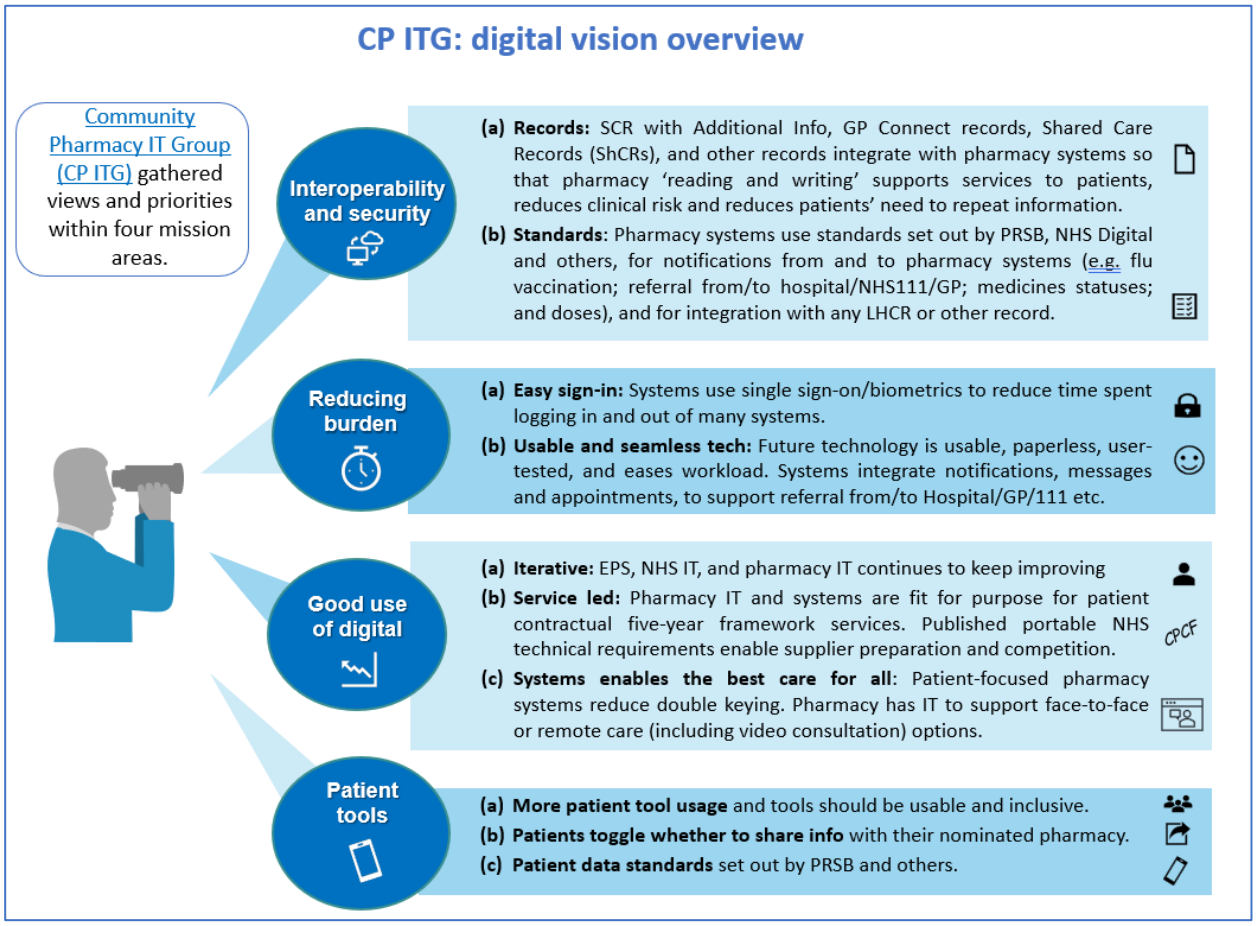

Figure 3: Digital vision for community pharmacy

Q3. How do IT platforms used in NHS hospitals in England compare with those used in hospitals in the United States?

N/A. This question is not applicable for the CP ITG.

Q4. How can the Government effectively foster co-operation between the NHS and the private sector to both develop and implement innovation in healthcare?

a) Early engagement is key - especially from an IT system supplier perspective. Early engagement will be critical to the planning of NHS development work.
b) Creation of IT standards: The NHS Transformation Directorate should be appropriately resourced to support the interoperability strategy (https://www.nhsx.nhs.uk/blogs/an-introduction-to-standards-and-interoperability-at-nhsx/). to be rolled out and implemented with support from others.
c) Appropriate levers and incentives for healthcare organisations and their system suppliers must be put in place.
d) A Pharmacy IT framework must be drafted to help suppliers align to NHS standards.
e) Community pharmacy medication record system suppliers sent a letter to NHS policy makers in March 2022. The response from NHS policy makers (NHSE&I Pharmacy policy team), NHSE&I Transformation Directorate, Department of Health (Pharmacy policy team), NHS Business Services Authority Digital development team and NHS Digital Medicines and PODAC programmes) can be read here. The supplier letter and the response set out principles which to foster enhanced co-operation between pharmacy IT suppliers and the NHS.

Q5. What other functions could and should be performed on the NHS App?

Community Pharmacy IT Group (CP ITG) have collated their views about the key priority items which could progress the benefits of the NHS App. The technology should be iterative and keep improving to support patients. The CP ITG has set out what it considers to be the priority items categorised into four areas (these align with the NHSE&I Transformation Directorate's four mission areas : *Interoperability and security*; *Reducing burden*; *Good use and enhancement of IT*; and *Patient tools*.

1. Interoperability and security

Feature	Status or next steps
1a. **Access to additional records**: Is it anticipated that the NHS App will provide access to additional health records beyond summary information or the GP record, e.g. future local health record projects which may include input from health and care	Relies on progress with records and ShCR development and standards.
1b. **Alignment of information with NHS Electronic Prescription Service (EPS) Tracker**: The NHS App could align with EPS Tracker information such as prescription statuses..	EPS terminology for various EPS prescription statuses can vary across systems and pharmacies making meeting patient expectations challenging. NHS Digital EPS Next Generation team are doing discovery work on this.

2. Reducing burden

Feature	Status or next steps
2a. **EPS Phase 4 tokens**: The NHS App could show EPS Phase 4 electronic prescription token barcodes via smartphone. However, the CP ITG and NHS Digital EPS team recognise that patients usually get more benefits from the use of nominated prescriptions vs non-nominated Phase 4 prescriptions. Despite this, some prescriptions are still issued as non-nominated Phase 4 ones.	NHS Digital are doing early work on digital tokens – the progress should be incorporated into NHS Digital's EPS Next Generation work programme.

3. Good use and enhancement of NHS App

Feature	Status or next steps
3a. **Dates that medicine regime will end:** the app should show the dates which medicines are finishing and provide push notifications to support patients needing to reorder	We believe this may not currently be included in the roadmap.
3b. **Nominated dispensers to view reorder requests made via the NHS App**: Visibility will ensure that pharmacy staff confirm that they can fulfil requests effectively and reconcile items as needed. Patients assume that community pharmacy already has access to is the medicines ordered and may query with the pharmacy where they have ordered a medicine, but it has not yet been prescribed.	CP ITG fed back to NHS App team. Item is not yet being developed due to other development features being progressed.

3c. Coordination with clinical systems such as pharmacy ones: The group requested that pharmacy patient medication record (PMR) systems explore the opportunity to align with the NHS App: NHS App and pharmacy system interoperability should be considered?	CP ITG to explore how pharmacy systems should integrate
3d. Link to the Yellow Card Scheme for those patients that wish to report medicine problems	CP ITG fed back to NHS App team. Item is not currently being developed due to other development features being progressed.

4. Patient tools

Feature	Status or next steps
4a. Electronic Prescription Service nomination: A free and fair ability to choose any dispenser for Electronic Prescription Service nomination. Ability for patients to check which pharmacy is nominated.	Completed
4b. Family/carer functionality	Being worked on currently
4c. Coordination with clinical systems such as pharmacy ones: Medicine reminders and data: Could the App provide medicine reminders to patients that would like these (again app notification or text alert) and feedback information into a central health record, so that pharmacy staff better support patients' medicines needs?	NHS App notification work is ongoing but no confirmation of pharmacy system integration so far.
4d. Coordination with clinical systems such as pharmacy ones: Could community pharmacies one day be able to send push app notifications or SMS text alerts to NHS App users which ask to receive these relating to for example 'your medicine is ready for collection'. Some patients report to pharmacy teams preferring text message alerts rather than app notifications.	NHS App notification work is ongoing but there has been no confirmation of pharmacy system integration so far.
4e. Notification to pharmacy when patient sets nomination to pharmacy relating to for example 'your medicine is ready for collection'. Some patients report to pharmacy teams preferring text message alerts rather than app notifications.	NHS App push notification work is ongoing but no confirmation of pharmacy system integration so far to enable this feature.

Q6. 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?

Within NHS community pharmacy:

a) **Records**: Community pharmacy professionals require connection into: Summary Care Record (SCR) with Additional Information; Access to relevant parts of the GP record; Access to Shared Care Record (ShCR) and other relevant records. Some progress has been made; community pharmacies are now accessing ShCRs in some areas of England, including Dorset.

- i. The NHS Digital 'GP Connect' IT standards system (and GP Connect Access Record programme) was originally setup for use within the GP Sector but its scope has been broadened and other parts of health and care can now integrate with these records. GP Connect should be re-branded e.g. as Healthcare Connect or equivalent.
- ii. GP Connect records IT standards should be aligned to those IT standards used by Shared Care Record (ShCR) systems.
- iii. The Professional Record Standards Body should be commissioned to further outline the Core info standard relating to the ShCR standard and a community pharmacy subset and to enable GP Connect and ShCRs to align under the same IT standards framework. The CP ITG welcomes the work by PRSB to develop the Core Information Standard, which aims to create a standard that others could use when setting out electronic health record structures.
- iv. The Professional Record Standards Body should with partners, including the NHS Transformation Directorate interoperability team and NHS Digital, seek to code the ShCR standards so that suppliers can more easily align and integrate into ShCRs.
- v. Shared Care Records (ShCRs) systems should follow aligned IT standards that should be mandated to follow the expected PRSB and coded standards.
- vi. Shared Care Records (ShCRs) systems should follow aligned processes and health, and care workers should follow the same IG processes, training and sign-up procedures regardless of the geographic setting of the Shared Care Record (ShCR). A community pharmacy and NHS Transformation Directorate event identified some key outstanding items to enable more community pharmacy ability to link into Shared Care Record (ShCR) systems. At present, local processes and variation make governance and technical implementation unnecessarily burdensome for contractors and this is affecting implementation timescales. Related actions:

  vi 1. NHS and others responsible for producing ShCR security guidance should emphasise the duty to share information and standardise the framework for ShCR use.

  vi 2. NHS to explore the creation of a pharmacy authorizing mailing group/process. NHS with the pharmacy sector and CP ITG support looking at opportunities to streamline the authorizing process so that any ShCR project team can get their ShCR authorized for pharmacies easily e.g. template proformas.

  vi 3. NHS to set out a widely agreed sign-up process which each ShCR could use to reduce variation.

  vi 4. NHS Transformation Directorate to consider the creation of common import/export technical standards for ShCRs and system suppliers.

  vi 5. NHS should maintain a centralised list of the current ShCR and their status. This list should be updated at least every month.
- vii. A clinical system supplier that integrates with GP Connect or any ShCR should in turn be able to link into any other ShCR using the same technical route. At present variation means each integration requires significant work for IT developers. IT standards being properly established and used could help with this.

viii. Summary Care Record (SCR) with Additional Information should immediately become the standard SCR. This innovation was used during the pandemic in relation to the COVID-19 specific Control of patient information (COPI) notice time-limited arrangements. However, there is a justification for SCR AI to be used for direct care purposes without reliance on COPI. As of June 2022, NHSE&I were considering whether the policy change and pandemic innovation could be made permanent. The CP ITG continue to support and press for a permanent change.

ix. The Government should mandate a date by which Shared Care Records systems should have rolled out into community pharmacies and work with all Electronic Prescription Service and Community Pharmacy Contractual Framework (CPCF) pharmacy IT suppliers to roll out GP Connect integrations within their systems.

x. Example ShCR pharmacy case studies: Dorset Care Record ShCR pharmacy access case study and the East London Patient Record (eLPR) pharmacy case study. Read more about pharmacy and ShCRs: PSNC's ShCR webpage.

b) **Standards**:

i. The Professional Record Standards Body (PRSB)'s standard, 'Community Pharmacy Info Flows standard' has facilitated more structured notifications passing from pharmacy to GP practice systems. For example, pharmacy NHS Flu vaccination notifications and Community Pharmacist Consultation Service (CPCS) notifications into the GP record via Message Exchange for Social Care and Health (MESH) transmission method. This has enabled pharmacy to populate the patient's record held within the GP system in an efficient manner to confirm an NHS service has been delivered. These notifications have also saved time for the GP practice team. These messages also reduce duplication or wasted resource e.g. a patient inadvertently receiving the NHS flu vaccination twice within a short period of time.

ii. 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. The standard could also be used to enable structured messages from one pharmacy to another. The PRSB should urgently be commissioned to expand the ambition of the standard.

iii. Computable dose instructions standards: Professional Record Standards Body has worked with NHS Digital, PSNC, health and care workers and other stakeholders on its standards for medication dose and timings e.g. re medicines "*Take two tablets three times a day.*". However, this is not currently used within clinical IT systems by suppliers. Use of the standard would improve patient safety by standardising the way that dosage instructions are communicated and reduce the potential for misinterpretation.

iv. Pharmacy services IT standards: NHS services delivered by community pharmacy should be delivered after the appropriate technical standards have been set out e.g. NHSBSA Manage Your Service (MYS) APIs and other technical specifications to be used by IT suppliers.

v. Read about other use of standards at: Pharmacy IT standards list.

c) **Referrals**: [See question 2].

Q7. What progress has been made on making data captured for care available for clinical research through digital transformation?

N/A. This question is not appropriate for consideration by the CP ITG.

Q8. Specifically, have lessons been learned from the success of the streamlined and accelerated nature of the RECOVERY trial, as pioneered during the pandemic by Professor Sir Martin Landray?

N/A. This question is not appropriate for consideration by the CP ITG.

Q9. What should be the timescale for incorporating genomic data into patients' medical records?

N/A. This question is not appropriate for consideration by the CP ITG. However, the group supports technology use, but has not finalised its position on the timescale for this.

Q10. What are the principal considerations that should be taken into account in this context and what additional training of the workforce will be needed to achieve this?

N/A. This question is not appropriate for consideration by the CP ITG. The group supports technology use but has not finalised its view on the genomics data rollout plans.

Q11. How can the creation or exacerbation of digital inequalities be avoided when implementing digital transformation?

a) Create a standardised method to ensure adequate testing amongst health and care workers and patients, check what digital inequalities the new project could introduce, and consider ways to try to mitigate this.
b) A few example models:
    i. Putting patients first: championing good practice in combatting digital health inequalities
    ii. https://www.nhsx.nhs.uk/blogs/transforming-care-pathways/

If you have any queries about this submission, please contact the CP ITG secretariat: **Daniel.Ah-Thion@psnc.org.uk.**