Pharmacy system roadmap: for use and development of systems

This Community Pharmacy IT Group (CP ITG) briefing for pharmacy system suppliers and pharmacy contractors focuses on development of pharmacy systems (e.g. Patient Medication Record (PMR) systems) and the system features which are frequently requested by pharmacy contractors and their teams.

CP ITG may continue work to develop views on these four digital priority areas and the continued alignment of these with the Five-Year Community Pharmacy Contractual Framework, the CPCF grid, View on the next generation of EPS, and Digital priorities list.

Background

Pharmacy contractor – getting the best from your system

Pharmacy contractors and their teams frequently report that they do not yet use their systems to the fullest extent. To support the efficient operation of pharmacies, it is therefore important that they learn about and make best use of existing features. Practical steps that pharmacy contractors could take include:

- learning about and using settings and customisation options within their system that could assist their pharmacy workflows;
- asking questions about system functionality and providing feedback to your system supplier, as this helps to shape their plans for development of their system;
- making best use of system training opportunities so you become familiar with the system and can optimise use and benefits obtained from it; and
- ensuring the hardware and software within the pharmacy is appropriate, as recommended by your system supplier and NHS Digital (e.g. the Warranted Environment Specification (WES)) and that software updates provided by suppliers are applied in a timely manner.

Development of systems

System suppliers may comply with NHS minimum specifications e.g. EPS suppliers align to EPS minimum standards[1]. The following list includes features of systems over and above the minimum requirements, which pharmacy staff frequently identify as being desirable, in order that systems efficiently support the provision of community pharmacy services now and in the future. Many systems already have much of this functionality and it is recognised that:

- suppliers have finite resources and must carefully consider which changes are feasible and a priority;
- suppliers will follow their own long-term development roadmaps and making quick/complex/unexpected changes won't always be viable;
- variation amongst the systems can help to ensure there is innovation and healthy competition in the pharmacy IT market; and
- some of the requested features listed below cannot yet be developed by suppliers until there are suitable NHS IT standards, or technical changes to underlying NHS IT. The CP ITG will continue to push for those NHS IT changes necessary to support progress.

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[1] E.g. Electronic Prescription Service Release 2 (EPS R2) systems suppliers have already successfully met those minimum standards outlined within NHS Digital EPS specifications. Those specs explain what systems must do, as well as make some recommendations about what can be done.

The list below will be updated and pharmacy team members, and PMR suppliers are encouraged to provide feedback on the content. Features are categorised into four areas that align with CP ITG mission areas: *Interoperability and security*; *Reducing burden*; *Good use and enhancement of digital*; and *Patient tools*.

The items will be given an estimated priority (low/medium/high) and feasibility rating (easy/medium/hard).

1. Requested PMR features: Interoperability and security
Priority: Ensuring people's health and care info is safely and securely accessed, wherever it is needed.

Interoperability and security overview

CP ITG's overall digital priorities set out records and standards priorities: records and standards

Records: Community pharmacies require records such as appropriate access to Summary Care Record (SCR) with Additional Information (with one-click functionality), Local Health and Care Records (LHCRs), national records locator service integration and integration with other needed records information. Pharmacy teams also need read and write ability linked to records. The read and write ability, once set-up should be:
- set-up in a structured manner; and
- enable pharmacy teams to auto-view diagnosis to assist pharmacist and patient discussion.

SCR with Additional Information (one-click) should be the default SCR and patients should be able to continue to opt out of SCR but be reassured by the existing auditability of the system.

Standards: Pharmacy Patient Medication Records (PMR) systems and other pharmacy systems should use standards (e.g. those which Professional Record Standards Body have agreed with stakeholders and published). Standards should include but not be limited to the national standards for the items below.
- Notifications from pharmacy systems to GP systems with flu vaccination data, emergency supply information, Community Pharmacist Consultation Service, New Medicines Service and so on.
- Interoperability with hospital systems enabling receipt of structured discharge information.
- Computable dose standards (dose syntax).
- Appointments, referrals, signposting and medicines statuses standards.
- Growth of PRSB pharmacy information flows datasets.
- A common Local Health and Care Record transmission standard so that system suppliers that have integrated into one LHCR system have ability to easily integrate with another.

PMR features that fit into the Interoperability and security are set out below.

1a Interoperability

General

Summary	Item	Priority [lo/m/hi]	Est. feasibility [easy/m/h]
PMR transfer process	**Can allow full transfer of patient records to a new PMR system, if the system is to be changed** to support safe care	**H**	**H**
Patient records info	**The patient transfer record would ideally include:** allergy status, intolerance status, hospital discharge summaries, acute vs repeat medicines lists and New Medicine Service (NMS) records	**H**	**H**
Service data share	**Can share anonymised service data with PSNC and other appropriate organisations for the purpose of evaluating the impact and outcomes of pharmacy services** (e.g. NMS, and flu vaccination)	**M**	**M**

SNOMED doses	**Can use coded (SNOMED clinical terms (CT)) dose instructions**	M	M
Clear doses	**Can print patient dose instructions in a user-friendly manner,** e.g. ONE tablet to be taken FOUR TIMES a day	L	E
SCR 1-click	**Can access Summary Care Record (SCR)[2] information speedily (via 'OneClick' or message integration)** reducing the need for pharmacy staff to require Smartcard re-authorisation or 'clunkier' SCR access	H	M
LHCRS/ShCRs	Can integrate or interoperate with: **local health and care records (shared care records)**	H	H
National Record Locator (NRL)	Can integrate with NRL	M	H
DoS	**Can provide a link to the Directory of Services (DoS)** to enable the pharmacy to obtain the information required to send Interoperability Toolkit (ITK2) messages	M	M
ITK2 receipt	**Can enable community pharmacies to receive Interoperability Toolkit (ITK2)[3] messages from other care settings, e.g.** to support the secure transfer of information from community pharmacy to other settings	H	H
ITK2 sending	**Can enable community pharmacies to send Interoperability Toolkit (ITK2) messages to other care settings,** e.g. to support the secure transfer of information from urgent care to community pharmacy. Messages from pharmacy to primary care may include interventions and information on advice provided to patients	H	H
API-led	**API-led connectivity[4]** to allow easier interoperability	M	M
GP integrations	**Can be directly or indirectly compatible with GP systems** so structured clinical information can be shared with GPs	H	H
Service provision	**Can support the provision of services** and recording of clinical data, e.g. support for NMS, flu vaccination	H	M
NHSmail	Can integrate or interoperate with: **NHSmail** and can notify pharmacy staff of new NHSmail, e.g. audible or screen alert	L	H
EPOS	Can integrate or interoperate with: **Electronic point of sale (EPOS) systems**	M	M
NHS App	Can integrate or interoperate with **the NHS App and other patient apps** including data input by the patient into their app, e.g. 'dose taken at [time]',	H	H
Stock control	Can integrate or interoperate with **stock control system**	M	M
eRS	Can integrate or interoperate with **NHS e-referral service (eRS)**	M	M
Service system integration	Can integrate or interoperate with **web-based pharmacy service clinical systems**	M	M
CD register	Can integrate or interoperate with: **Electronic controlled drug registers**	M	M
Patient messaging	Can integrate or interoperate with: **patient messaging systems** e.g. notifications that medicine is ready for collection – via email, SMS text or app notifications, or NHSmail text notifications	H	E
Smartcards	Can integrate or interoperate with: **all Smartcard software**, e.g. Gemalto middleware, Oberthur middleware and the Smartcard Care Identity Service (CIS) 1 and 2	L	E
Robots	Can integrate or interoperate with: **dispensing robots and smart devices** e.g. smart fridge and its temperature	M	M
4 nations alignment	Can be ready for alignment to **legislative changes introduced to any of the 4 nations**: England, Northern Ireland, Scotland and Wales	H	H

[2] SCR is an electronic record of important patient information, created from GP medical records. It can also be seen and used by authorised staff in other areas of the health and care system involved in a patient's direct care, with their consent.

3 The ITK aims to standardise interoperability within both health and care. It is a set of common specifications, frameworks and implementation guides to support interoperability within local organisations and across local health and social care communities.

4 API-led connectivity is a methodical way to connect data to applications through reusable and purposeful APIs.

PRSB	Can **align to Professional Record Standards Body standards** including pharmacy information flows standard, where these standards have been endorsed by RPS and PSNC	H	H

1b Resilience

Summary	Item	Priority [lo/m/hi]	Est. feasibility [easy/m/h]
Downtime	**Should use arrangements to ensure down-time is minimal**	H	M
Service levels	**Can have availability % service levels independently assessed and published** e.g. by NHS Digital	H	H
SLAs	**Can publish service level agreement (SLA) options involved** if there is a connection or broadband problem and explain the SLA options (e.g. across weekends and bank holidays) and offerings of any third-party provider	H	H
Compensation arrangements	**Can clearly explain the compensation process online or within contracts** in case an outage significantly impacts a pharmacy's operation e.g. discounts against future monthly payments	H	H

1c Connectivity

Summary	Item	Priority [l/m/h]	Est. feasibility [e/m/h]
Connectivity quality	**Can have contract provisions that ensure connection speeds will improve over time**, e.g. at minimum, in-line with the national average improvements over time	H	H
4G backup	**Can have a business continuity offering for connectivity, e.g.** a 3G/4G/5G dongle in case the wired connection fails	H	M
HSCN	**Can be associated with N3/HSCN connection and connectivity benefits, e.g.:** ☐ security/protective software/processes which protect pharmacy data and systems; ☐ internet telephone options to replace or sit alongside the typical landline option; ☐ a line of non-HSCN broadband for online usage not involving sensitive data transmission; ☐ use of secure mobile devices within the pharmacy connected to HSCN; ☐ back-up 3G/4G or dual connection to protect business continuity if the local wired internet connection is lost; and ☐ wide area network (WAN) – i.e. a shared connection across multiple pharmacy branches.	H	H

1d Security and accuracy of information

Summary	Item	Priority [lo/m/hi]	Est. feasibility [easy/m/h]
Security	**Can be increasingly compliant with data security principles -** recognising achieving data security compliance is a journey	M	M
Patient record copy	**Can support generation of an appropriate copy of the patient's record (digital or paper)** for those patients that may request access	H	M
Privacy notice	**Can have all uses of data explained** within a published privacy notice	H	E
DSPTK compatibility	**Can have technical questions within the Data and Security Protection (IG) Toolkit auto-populated** i.e. PMR suppliers have been invited to auto-insert answers against relevant questions for pharmacy contractors	L	H
ISO270001 ETC	**Can align with best practice standards equivalent** or in alignment with recognised standards such as ISO27001[5]	M	M
PDS	**Can align patient information held within the system** with the Patient Demographic Service (PDS) and other available information to ensure the information is accurate	H	H
PDS death date	**Can inform the pharmacy team about the death of a patient-** registered patient after the death date has been updated on the Patient Demographics Service (PDS)	M	M
Antivirus	**Can have anti-virus updates applied automatically and** auto-flagging of terminals which may be inadvertently missing virus updates	H	E
Locked PCs	**Can provide physically 'locked-down'** PC terminals less easy to remove	M	E
Encryption	**Can provide encrypted hard disks**	H	E

2. Requested PMR features: Reducing burden

Priority: Use of digital technology to reduce the burden on pharmacy teams, so they can focus on patients.

Reducing burden overview

CP ITG's overall digital priorities set out priorities for easy authentication and usability and reduced burden.

Easing authentication E.g. single-sign in systems and master log-ons, Smartcard alternatives, single interfaces to gather various info needed etc. System developers should look towards smarter authentication options such as log-in with Athens, log-in with NHSmail and login with Care Identity Service (CIS) 2.

Ensuring future technology is usable: Technology should:
- *Continue to be user-tested* involving CP ITG and pharmacy teams testing new tools or features (dummy or real login credentials should be used so comments are passed to developers for consideration).
- *Support workflow prioritisation* to ease rather than add to workload. Systems should increasingly integrate notifications/emails/appointments, to support the increasing messages and increasing referrals coming into community pharmacy from other sectors (Hospital, GP, NHS111 etc).
- *Enable elimination of paper* (e.g. with Real Time Exemption Checking (RTEC), good practices, more mobile devices, guidance explaining how to access Spine services on mobile devices etc).

PMR features that fit into the 'reducing burden' are set out below.

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[5] International Organization for Standardization's (ISO's) information security management system standard 27001.

2a Usability

Summary	Item	Priority [lo/m/hi]	Est. feasibility [easy/m/h]
User testing principles	**Can be user-tested** on an ongoing basis to support development of the system, e.g. they can be user-tested for clickability to minimise clicks and to ensure the user interface is intuitive for users within pharmacies and head offices	H	E
Intuitive	**Can be intuitive and speedy** to use	H	M
Touch screen	**Can be touch-screen compatible**	M	E
Secure mobiles	**Can be used on secure mobile devices** within the pharmacy	H	M
Dashboard (bespoke)	**Can provide a customisable dashboard/user interface**	M	H

2b Supporting accurate reimbursement for dispensed prescriptions

Summary	Item	Priority [lo/m/hi]	Est. feasibility [easy/m/h]
Claim amend	**Can enable 'claim amend'** of an EPS prescription after it has been sent for pricing	H	E
Spine acknowledgments 1	**Can confirm those EPS prescriptions which have been sent to the Spine** to reassure contractors that the NHS BSA receives each EPS prescription	H	E
Spine acknowledgments 2	**Can notify pharmacy staff about those prescriptions which were not successfully sent to the Spine**, to reduce need for manual reconciliation	H	E
EPS deadline warning	**Can alert pharmacy staff of EPS prescriptions approaching their 180-day claiming deadline**, e.g. warnings about numbers of scripts approaching 180-day limit	H	E
eRD reminder notifications	**Can alert pharmacy staff of eRD prescriptions approaching their eRD 365-day deadline**, e.g. warnings about numbers of eRD issues approaching the deadline (365 after the original signed date)	H	E
Endorsement checking	**Can enable efficient checking of endorsements** so the pharmacy team member that reviews this can easily satisfy themselves that other pharmacy staff have made electronic endorsements correctly including where an invoice price is required by the pricing authority	H	M
Notification of missing required information	**Can alert pharmacy staff before allowing submission of non-Part VIII prescription items that are missing required information/price endorsement** to reduce the risk that the NHS BSA need to contact the pharmacy team for clarification	M	E
Flavour	**Can alert pharmacy staff** if multiple flavours are dispensed but the GP assorted flavours (AF) endorsement is missing	L	E
Reconciling packs	**Can reconcile against pricing data to the pack level**, e.g. by integrating with pricing software	H	H
MYS	**Can integrate with the Manage Your Service system**	H	H
Endorsement of packaged dose	**Can enable endorsement of 'Packaged Dose' (PD)**	H	E
Aligned to new FP10	**Is adapted in line with the new FP10 stationery** introduced from 2020.	H	E

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Summary	Item	Priority [lo/m/hi]	Est. feasibility [easy/m/h]
Exemption support	**Can reduce the risk that a form level exemption is not wrongly applied**, e.g. prevents a form-level free of charge' status being applied if the prescription has both a free of charge item (e.g. contraceptive or 'FS') and a non-free of charge item	H	E

2c Feedback/reporting

Summary	Item	Priority [lo/m/hi]	Est. feasibility [easy/m/h]
Feedback system	**Can use a feedback system so pharmacy staff can report issues or ideas** via phone or online and in each case a helpdesk reference number is provided	H	M
Helpdesk	**Can be supported by a helpdesk** open during usual office hours but ideally longer to more closely match typical pharmacy hours	H	E
Ticket responses	**Can be supported by transparent response times** for dealing with problems when they occur, e.g. standard ticket response times	H	M
Clear service route	**Can be supported by a transparent helpdesk escalation process** if staff cannot resolve their question with the first-line support	H	E

2d Sorting prescriptions easily

Summary	Item	Priority [lo/m/hi]	Est. feasibility [easy/m/h]
Prescription information	**Can filter/sort prescription information on-screen effectively**, e.g. prescriptions by: ☐ newest and by oldest ☐ patient name (and grouping to reduce some of the risk of 'split scripts') ☐ Release 1 and Release 2 ☐ dispensed from those that are awaiting collection ☐ endorsed and ready to claim ☐ those with actions outstanding ☐ monitored dosage systems (MDS) ☐ controlled drugs	H	E
Warning alerts	**Can warn if there are multiple prescriptions** for the same patient at the time of processing one of that patient's prescriptions	H	E

2e Ready for change

Summary	Item	Priority [lo/m/hi]	Est. feasibility [easy/m/h]
Agile	**Can be agile enough** so that enhancements can be made to support changes to the community pharmacy contract and other service developments	H	H

2f Submission reconciliation

Summary	Item	Priority [lo/m/hi]	Est. feasibility [easy/m/h]
Report for FP34C	**Can generate a report to support the monthly submission form (FP34C) completion**, including the report considering the EPS five-day window system – at pharmacy or pharmacy organisation level	H	E
High value item report	**Can generate reports for high value or unusual items**	H	E

2g Dealing with problems

Summary	Item	Priority [lo/m/hi]	Est. feasibility [easy/m/h]
Backups 1	**Can automatically and securely back-up data on a regular basis**	H	E
Backups 2	**Can ensure regular back-ups are taken** (e.g. daily) and alerting pharmacy staff if back-ups are not made within a defined time	H	E
Downtime alerts	**Can alert pharmacy staff when the system is down**, e.g. when connectivity to the internet is lost or the local system is unable to connect to the central NHS Spine or message broker	H	E
Data restore	**Can support transition after system down-time** by supporting use of back-ups and efficient reconciliation of records on the PMR and downloaded electronic prescriptions once connectivity is restored	H	E

2h Efficient working

Summary	Item	Priority [lo/m/hi]	Est. feasibility [easy/m/h]
EPS recall DNs	**Can recall an EPS dispense message** in case adjustment is required	H	E
Module switch	**Can alternate between paper and EPS** modules speedily	H	E
Patient records	**Can display patient medication history on-screen clearly** to support pharmacy staff in efficiently reviewing the relevant history (see also interoperability section: SCR one-click)	H	M
RHS	**Can communicate information from the right-hand side** of the prescription: ☐ Can 'remember' if the pharmacist changed the instructions for the last prescription for the patient to support automatically converting the GP's abbreviated message to a suggested alternative ☐ Can organise repeat medicines into alphabetical order so a comparison can be performed against the prescribing system's alphabetical list	H	M
Electronic signatures	**Can enable patients to electronically sign their name**, e.g. via a touchscreen mobile device	H	H
Delivery flag	**Can enable display of a 'delivery patient' flag** to advise pharmacy staff where home delivery is required	M	M
MDS	**Can integrate EPS with other business processes**, e.g. can integrate with monitored dosage systems (MDS)	M	M

		Priority [lo/m/hi]	Est. feasibility [easy/m/h]
Nomination list	**Can enable generation of a nominated patients list** for management purposes that have recently received prescriptions via nomination	M	M
Follow-up process	**Can allow outstanding actions to be recorded/filtered/displayed**, e.g. follow-up phone call is required for patient	M	M
Dose spell check	**Can provide spell-check facilities for dose instructions** but should not auto-correct without user confirmation or action (to avoid the risk of spurious auto-correction)	M	M
Phone barcodes	**Can enable scanning of barcodes on Smartphones** i.e. some scanners do not support this	H	M

2i Auditability

Summary	Item	Priority [lo/m/hi]	Est. feasibility [easy/m/h]
Speedy sign-in	**Can use authentication technology to allow usable and secure access to systems**, using alternatives to Smartcards, e.g. speedy 'user selection', key fob, two-factor or multi-factor authentication, and NHS login compatibility for staff	H	H

2j Training opportunities

Summary	Item	Priority [lo/m/hi]	Est. feasibility [easy/m/h]
Training 1	**Can provide training at start of system use and when local GP practices start to use EPS or eRD**	H	E
Training 2	**Can provide ongoing training opportunities** delivered through factsheets, videos and on-screen help ☐ **Can be explained with mini 'how-to' videos that are freely accessible online**, so any pharmacy team members or locum staff can watch on any computer without requiring any login	H	E

2k Exemption category processes

Summary	Item	Priority [lo/m/hi]	Est. feasibility [easy/m/h]
RTEC	**Can be ready for real-time exemption checking (RTEC)**	H	M
Exemption process support	**Can support exemption category processing** (before the real-time exemption checking system is in place): ☐ **Can support accurate recording of exemption type** when it is obtained at point of hand-out ☐ **Can prevent submission before exemption status altered** preventing prescriptions being submitted with 'paid' status by accident if they should have been marked exempt ☐ **Can use exemption expiry dates** preventing prescriptions falsely being marked 'exempt'	H	E

	☐ **Can report exemption category summaries** to support the pharmacy manager checking that staff have entered exemption information and monthly submission form (FP34C) completion		

2l Fair and transparent contracts

Summary	Item	Priority [lo/m/hi]	Est. feasibility [easy/m/h]
Clear upgrade costs	**Can explain its upgrade costs clearly** (one-off and ongoing)	H	E
Fair contract length	**Can be contracted for a fair length**, i.e. an option for one year or less that is not cost-prohibitive compared with a longer contract (e.g. two or three years)	H	E
Clear hardware costs	**Can have its contract transparently communicate hardware commitments**	H	E
No unfair penalty for changing	**Should not have an unreasonable penalty clause for early termination** of the contract, e.g. one-month's software costs for a software only contract	H	E
Aligned contract for all services	**Can have its contract aligned with related contracts**, i.e. if multiple existing contracts for hardware, support, software and Health and Social Care Network (HSCN)/N3 connection the timing will be aligned	H	E
Flexible contract	**Can have a contract with flexibility for upgrades**, e.g. the speed of the connection or service level agreement (SLA) 'time-to-fix' can be improved without an excessive charge or wait	H	E
Published offer	**Can have contract offerings published** so they can easily be compared against alternative offerings	H	E
Clear contract	**Can have contract accessible and written in plain English** e.g. important information is not 'hidden' within complex small-print e.g. a 'layered' digital contract with top-level important information quickly made clear but ability to 'click' to show the further detail	H	E
Hardware replacement	**Can be associated with hardware replacement**: ☐ Can be associated with transparent replacement options	H	E

3. Requested PMR features: Good use of digital

Priority: Support technology usage within pharmacy to improve health and care productivity, improve patient safety outcomes and improve cooperation between pharmacies and the health and care system. (including PMRs, Electronic Prescription Service (EPS), and related safety measures).

Good use of digital overview

CP ITG's overall digital priorities set out priorities for easy authentication and usability and reduced burden.

Further expansion of development and integration of existing and future tools
(or appearance of integration) for Summary Care Record (SCR), EPS etc. (whether the tools are NHS or otherwise). The group's supports priority items:
- *EPS enhancement* (see CP ITG priorities for EPS next generation).

- *Digital development in support of the Community Pharmacy Contractual five-year Framework (CPCF) and the CPCF grid* with suitable specifications available for potential suppliers.
- *Remote care including video consultation options from pharmacy.*
- *Patient-focussed systems* enabling quick recording of patient's info to reduce double keying.

PMR features that fit into the Good use of digital area are set out below.

3a ready for CPCF and NHS services

Summary	Item	Priority [lo/m/hi]	Est. feasibility [easy/m/h]
CPCS IT compatible and CPCF IT technical standards	**Can align to NHS CPCS IT standards and CPCF IT technical standards**	**H**	**M**
DMS/CPCF and MYS	**Can integrate with the Manage Your Service system** so that service information auto populates MYS preventing double keying	**H**	**M**
Ready for future NHS, CPCF and locally commissioned services	**Includes relevant modules or integrations so that information relating to services can be recorded once e.g.** ☐ **Discharge Medicines Service (DMS)** ☐ **New Medicine Service (NMS)** ☐ **Vaccination module(s)** ☐ **Local service modules** ☐ **Further services**	**H**	**H**

3b EPS Next Generation ready

Summary	Item	Priority [lo/m/hi]	Est. feasibility [easy/m/h]
EPS FHIR standards	**Can align to EPS FHIR standards**	**H**	**H**
Enhancements	**Can align with EPS enhancements** planned for NHS Digitals EPS Next Generation program	**H**	**H**

3c Clinical

Summary	Item	Priority [lo/m/hi]	Est. feasibility [easy/m/h]
Video consultation tool available	Can integrate with or otherwise **allow a remote care video consultation option**	**H**	**E**
Clinical records	**Can record:** ☐ **patient conditions**, e.g. asthma, hypertension, diabetes ☐ **in an auditable way** (i.e. author and date) ☐ **clinical observation and other data** including lung capacity (FEV1/FVC ratio), body mass index (BMI), smoking status, blood pressure, international normalised ratio (INR) and other blood measures	**H**	**H**

	☐ **allergies** to medicines or other substances ☐ **interventions** ☐ **clinical assessments** ☐ **discharge notes (if received) electronically** ☐ **signposting**		
Clinical records	**Can allow easy printing/digital-sharing of materials targeted for patients based on the clinical information held**, e.g. option for stop smoking or dietary advice sheets to be auto-shared for relevant patients	H	M
Clinical records	**Can enable the pharmacist to clinically authorise repeats** because a further clinical check is not required until the medicines for that patient are changed – to free pharmacist time for other care	H	M
Sending messages	**Can send structured clinical messages to other healthcare providers**, e.g. GP practices, care homes and secondary care	H	H
Warning alerts	**Can issue medicine interaction warnings and other warnings**, for pharmacy staff via pop-up messages, printing of warning labels etc. For example, Sodium Valproate being prescribed to women of childbearing age	H	M
PILs	**Can share or print patient information leaflets (PILs)**	H	M

4. Requested PMR features: Patient tools

Priority: Enable patients to choose digital tools to access medicines info and pharmacy services directly, so they can receive the best outcomes, recognising the need to also remain inclusive for all patients.

CP ITG's overall digital priorities set out priorities for patient tool:
- *More patient tool usage* (tools of NHS and pharmacy variety, to meet patients' expectation.
- *Patients being able to choose to share info* with chosen organisations (e.g. blood glucose)
- *Patient tools being usable and inclusive*.
- *More Patient data standards* being developed by PRSB and others.

This list has been developed and collated by CP ITG and incorporates pharmacy team feedback. If you require further information, or you work within a community pharmacy and wish to propose further changes or additions, contact Daniel Ah-Thion, PSNC Community Pharmacy IT Lead or it@psnc.org.uk. Join the Community Pharmacy Digital email group to hear about digital, IT and EPS developments and express your views on these topics. Read more about at psnc.org.uk/systems.

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 pharmacy team, and NHS Transformation Directorate. Further information on the group can be found on the CP ITG webpage.