

Minutes for the Community Pharmacy IT Group (CP ITG) meeting

held on 9th March 2022 via videoconference

About CP ITG: The Group was formed in 2017 by [PSNC](#), [NPA](#), [RPS](#), [CCA](#) and [AIMp](#). The meetings are attended by members representing these five organisations and representatives from [pharmacy system suppliers](#), [NHSBSA](#), [NHS Digital](#), [NHSE&I](#), and [NHS Transformation Directorate](#). Further information on the group can be found on the [PSNC website](#).

Present

Matt Armstrong (Chair), Boots and CCA	Helga Mangion, NPA
Dan Ah-Thion (Secretariat), PSNC	Dave McNamara, Proscript AAH
Noor Al-Dairi, Boots	Wahid Muhammad, Invatechhealth
Sam Barker, Pharmacy Group	Libby Pink, NHSE&I
Gemma Binns, Cegedim	Darren Powell, Weldricks Pharmacy and NHS Digital
Adam Dennett, Cegedim	Shanel Raichura, SSRC
Darryl Dethick, PCT Healthcare Pharmacy	Gemma Ramsay, NHSE&I
Daniel Elleray, Kepple Lane Pharmacy	Adnan Riaz, NHS Digital BaRS
Dawn Friend, NHS Digital EPS	Tracey Robertson, Cegedim
Stephen Goundrey-Smith, RPS	Dave Ruddy, NHS Digital BaRS
Fintan Grant, NHS Digital	Rupal Sagoo, Tesco Pharmacy
Martin Hagan, NHSBSA	Jasmine Shah, NPA
Leanne Hackett, Cegedim	Jeff Shelley, Invatechhealth
Jo Hendry, Boots/Colombus	Farhaan Siddiqui, NPA
Claire Hobbs, NHSE&I	Gabriele Skieriute, PSNC
Sima Jassal, EMIS	Ann Slee, NHSE&I
Gareth Jones, NPA	Nick Thayer, CCA
Fin McCaul, Prestwich Pharmacy	Caline Umutesi, PSNC
David Murphy, NHS Digital	Iqbal Vorajee, Cohens and AIM
Nick Kaye, NPA	Gary Warner, PharmOutcomes & Regent Pharmacy
Ghalib Khan, Written Medicine	Andy Wilcock, Rowlands
Jason Lestner, Living Care Pharmacy	Jon Williams, RxWeb

Apologies for absence from voting members: Steve Ash (AIM), David Evans (NPA), Sunil Kochhar (PSNC), Graham Phillips (NPA), George Radford (CCA), Ravi Sharma (RPS), Craig Spurdle (CCA) and Heidi Wright (RPS).

Introductions, minutes of previous meeting and matters arising

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

CP ITG Work Plan items

WP

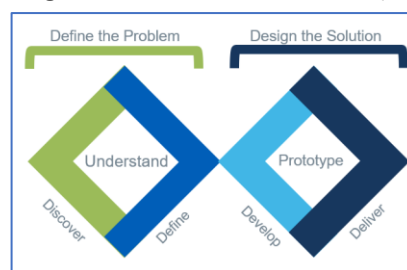
Supporting EPS and its enhancements

Relevant webpages include: [/eps](#)

Electronic Prescription Service (EPS) Next Generation: Appendix CPITG 01/03/22 set out related updates. Ann Slee (NHSE&I), Fintan Grant and Dawn Friend (both NHS Digital) presented [slides](#) and provided an update.

The EPS team are working on provision of EPS, the EPS secondary care pilot and on the EPS enhancement programme. Ann thanked [the group for sharing their views about the priority items for a future EPS](#). The EPS team have had their EPS NextGen business case approved and work on this is continuing. Part of the work will be to continue to modernise the EPS foundations and make EPS compatible with Fast Healthcare Interoperability Resources (FHIR). This would make EPS more usable for primary and secondary care users. Secondary care EPS piloting commenced in January 2022. The EPS Dispensing Application programming interface (API) is being assured and is scheduled to be complete by the end of March 2022. Ongoing improvements are being made to the EPS onboarding and assurance processes. Supplier feedback provided during 2021 about EPS FHIR development has been invaluable – including that the original plan to provide an EPS FHIR façade ‘wraparound’ of the current EPS would still involve future enhancements being too challenging for NHS Digital and suppliers. The EPS Programme Board have considered the supplier feedback and have decided to support a new architectural approach, in which the EPS dispensing API would be fundamentally FHIR instead of using ‘a FHIR wraparound’. Backwards compatibility will ease the migration journey for new and existing suppliers. EPS NextGen will be compatible with the old EPS. The team plans to work with suppliers to improve EPS security – upgrading from Secure Hash Algorithm (SHA) 1 to SHA256.

The EPS team have adopted a user-centred-design approach to exploring the future enhancements (see the image to the right). Various roadmap items for 2022-23 are currently within ‘discovery’ and ‘defining’ phases. Roadmap items include:



- single item prescribing: in which items could be created as individually legally dispensable items (subject to legislative change);
- improved assurance and testing tools to help developers and product teams integrate with EPS Next Generation;
- improved search and query capabilities built into EPS for Dispensing;
- dose to text (reference) API to support computable dose standards (‘standard dose syntax’);
- improved prescription status tracking for prescribers; and
- improved statuses and prescription tracking and additional items.

The EPS team expects to publish a roadmap in late 2023 or early 2024.

Group comments and discussion:

- *Prescriber sight of prescription status*: If EPS is enhanced so that prescribers can see when items are ‘Not Dispensed’ this would improve prescriber confidence with EPS and Electronic Repeat Dispensing (eRD). Single item prescribing could potentially open up the door to improvements with Not Dispensed and cancellation processes.
- *EPS instalment dispensing of controlled drugs (EPS FP10MDAs)* was explored at workshops with suppliers and PSNC last year. The changes involved would be complex, and would not be quick, but this remains a desirable enhancement and so should continue to be explored.
- *In regard to single item prescribing*: This continues to be supported by the group with the caveat that its implementation need not increase the time needed to process multi-items for the same patient.
- *EPS for dispensing doctors* remains a key challenge that needs resolving. The EPS team is moving forward with a framework that aims to support the development of a range of EPS dispensing solutions for dispensing doctors over the next 12-18 months.
- *Nomination changes* are desirable but patient choice following any future changes is critical.
- *Virtual Smartcards*. EPS Next Generation should be designed ready for virtual Smartcards, but its working should not depend on virtual Smartcards given that the deployment period for these into community pharmacy is not expected in the near future.

Actions: The group will be invited to engagement events exploring how potential EPS enhancements could work if they were to be developed. The EPS team welcome d feedback about specific enhancements and how these could be planned and implemented.

WP	Support reduced burden through tackling issues related to the practical use of pharmacy IT and promoting good IT practices
	Relevant webpages include: /itworkflow

Electronic Prescription Service (EPS) and paperless processing: NHS England and NHS Improvement (NHSE&I) and NHS Digital want to support a reduction of paper usage within EPS processes but recognise that paper light is a more realistic ambition in the near term. The Department of Health and Social Care (DHSC) continues to require the use of some paper tokens. DHSC gave an update about their discovery work to the group previously (the group’s [comments were collated](#) here).

WP	Supporting the development of interoperability/integration
	Relevant webpages include: /interoperability and /dosesyntax

Introduction to NHS Booking and Referral Standards (BaRS): Appendix CPITG 02/03/22 set out related updates. Adnan Riaz and David Ruddy (both members of the NHS Digital BaRS team) presented [slides](#) and provided an update. [NHS Digital’s Booking and Referral Standard \(BaRS\)](#) is an interoperability standard to enable booking and referral information to be sent between NHS service providers in a format useful to clinicians. An ‘interoperability standard’ describes a standardised set of rules, that govern the format, language, technical coding and delivery methods for transferring data or information from one health care IT system to another. The intentions are that the BaRS interoperability standard will eventually be available in all care settings. If all care settings adopt the same interoperability standard for sending and receiving referrals, it will be easier, faster and safer to move patients through their care journey. NHSE&I is developing a [standards roadmap to go live in April 2022](#) which will provide a list of proposed and developing data standards, and BaRS is anticipated to be listed as a major priority.

There are other booking and referral standards aside from BaRS: e.g. 111CDA over Interoperability Toolkit ([ITK](#)), CareConnect Booking, [GP Connect](#) and NHS e-Referral Service ([e-RS](#)). The large and growing BaRS team have a varied background including working on these predecessor and legacy standards. The BaRS team is now working with NHSE&I, the Professional Record Standards Body (PRSB), suppliers and others to explore the ambition of making BaRS compatible with existing booking standards and of future proofing BaRS. The working hypothesis is that BaRS should develop into the primary NHS standard for booking and referrals. A key philosophy of the BaRS team is that interoperability should enable relevant data to move around easily simplifying the workflow process for clinicians to be made easier and more digital.

Additional guidance for suppliers about BaRS is available on NHS Digital’s website: [Implementation guide](#), [BaRS core](#) and [BaRS Application catalogue](#). See also: [BaRS supplier status](#).

The BaRS team is working with most of the 111 and 999 suppliers to support use cases and is keen to work with more suppliers as partners. A BaRS learnathon event was held on 3rd March 2022, and pharmacy CPCF IT suppliers were in attendance (see [video](#)).

It was questioned whether there was a risk that the community pharmacy sector and its suppliers could develop in line with BaRS, but the GP sector systems do not?

Libby Pink (NHSE&I) explained that NHSE&I would need to explore the use of BaRS within the GP and other sectors. Pharmacy use cases for BaRS are currently being considered by NHSE&I and NHS Digital –

including the potential for referrals from NHS 111 to community pharmacy and GP to pharmacy (both for the Community Pharmacist Consultation Service). Other possible use cases could include the Discharge Medicines Service (DMS) from secondary care into pharmacy and other current and future Community Pharmacy Contractual Framework (CPCF) services, e.g. services related to smoking cessation, contraception, hypertension and cancer referrals. NHSE&I expects that any booking and referral IT capability used must enable patient choice. NHSE&I intends to move away from tactical fixes for referral pathways into and out of pharmacy and hopes that BaRS will support longer term solutions.

Actions:

- The NHSE&I pharmacy team will continue to explore within NHSE&I the benefit of the GP sector, GP IT Futures and the community pharmacy sector aligning with relevant booking and referral standards.
- The secretariat, NHSE&I and BaRS team will facilitate a pharmacy supplier event.

Community Pharmacist Consultation Service (CPCS) IT: The national provision of CPCS IT solutions will end on 31st March 2022. From 1st April 2022, pharmacy contractors are responsible for securing a new contractual agreement with an assured IT supplier of their [choosing](#).

Actions: Contractors are encouraged to make their decision well in advance of the upcoming deadline. Group members and pharmacy organisations are asked to communicate about this topic to their networks and can use the following to do so: [CP ITG March 2022 CPCS IT communications copy](#).

Discharge Medicines Service (DMS) IT: Ben Tindale (NHS Business Services Authority (NHSBSA) Manage Your Service (MYS)) gave an update. NHSBSA and NHSE&I supported by NHS Digital, previously started work with pharmacy IT system suppliers to support the development of an API that will transfer the DMS summary data from pharmacy IT systems to the MYS portal, so that this information will not need to be manually entered into MYS by contractors. NHSBSA are hoping to send additional technical documentation to suppliers during the week commencing 15th March 2022 or shortly after this date.

Development of a Learning network: The NHS Transformation Directorate and Kaleidoscope Health and Care have been tasked with exploring what an effective learning network to support digital services could look like for the community pharmacy sector. The group discussed via breakout discussion, Slido polls and by feeding into the secretariat immediately after the meeting. The collated comments are set out below:

Questions	Comments
Q1. What would a successful learning network look like for you?	<ul style="list-style-type: none"> • Widely used. • Promotes and encourages good practices. • Sharing examples, of what works well and what doesn't. • Does not duplicate. • Caters to a mixture of people at different levels of digital capability. If someone is struggling in a particular area, they may bring an issue to the table without judgment. • Not limited to pharmacy team members but includes supplier and NHS policy maker representatives.
Q2. What gaps currently exist in sharing learning and best practice between different Pharmacy stakeholders?	<ul style="list-style-type: none"> • Workforce and capacity challenges make it more difficult for staff to take part with learning networks, or to have the 'space' to experiment with SOP adjustment.
Q3. What are the disadvantages with learning networks?	<ul style="list-style-type: none"> • There is a risk that quieter participants do not take part or are not represented. • Feedback within learning networks may not always reflect the typical range of views across the wider sector. • Transparency can sometimes be limited (the outputs might not be communicated in a way that those outside of the network can have easy sight of them).
Q4. What sort of topics would you like to discuss in a network like this?	<ul style="list-style-type: none"> • Discussion on the issues people are facing, whether that's with IT systems or processes, or even the IT implications of service specifications that are written by the NHS.

	<ul style="list-style-type: none"> Views on wish lists and priorities. Identification of what works well with IT, and how IT challenges can be overcome.
Q5. What would make the learning network as engaging as possible for you?	<ul style="list-style-type: none"> Measure value delivery e.g. engagement and satisfaction levels.
Q6. How can we ensure a learning network is sustainable?	<ul style="list-style-type: none"> Consider who the audience will be: clinical persons, supplier representatives, NHS policy makers, all of the above? Continually evolve based on feedback.
Q7. What learning networks exist already for community pharmacy?	<ul style="list-style-type: none"> Community Pharmacy IT Group (CP ITG) Community Pharmacy Digital Group (CPDG) Suppliers, their sites and their system supplier user groups Digitalhealthnetworks.net forums NHS Futures forums Pharmacy.org websites and news LPCs and Local Pharmaceutical Committee (LPC) chief officers' email group Primary Care Networks (PCNs) RPS DEAG WhatsApp/Telegram groups (local/national) Webinars / Twitter / Social Media / Internet / YouTube channels / videos
Other comments	<ul style="list-style-type: none"> How do you define a learning network? This is something that is incredibly open - is it a tool, a platform and network.

Actions:

- CP ITG pharmacy representatives have been invited to a workshop on the 17th March 2021, from 10.00-11.30am.
- Pharmacy contractors and others should send additional feedback to it@psnc.org.uk.

NHS Profile Manager: Currently, community pharmacy contractors use two different NHS systems to ensure their pharmacy details are up to date in the Directory of Services (DoS) and on the NHS website: the NHS website profile editor and the DoS profile updater. The new [NHS Profile Manager](#) is scheduled to replace both the DoS Updater and the NHS website editor soon.

Actions:

- In February, PSNC published [communications](#) about progress with the launch and further communications are imminent. The group are encouraged to support the cascade of messages on this topic.
- Multiple head office staff needing to use NHS Profile Manager should create a personal NHSmail account if they have not already done so. Advice is available within the '*NHSmail personal accounts: creation and linking*' section of PSNC's [NHSmail](#) webpage.
- NHS Digital will work with pharmacy multiples regarding the NHS website and DoS Application programming interface (API).

WP	Supporting the development of pharmacy systems
<i>Relevant webpages include: /systems</i>	

Recommended minimum transfer dataset for pharmacies switching from one patient medication record (PMR) system to another: For the sake of continuity of patient care, it is critical for some patient information to be transferred from the old to the new system. Pharmacy contractors (the data controllers of the data) must also [retain patient records](#). A [drafted dataset has been prepared](#) incorporating the comments from previous group meetings and supplier feedback. An [associated specification document](#) has also been prepared. The current work focuses on Patient Medication Record systems.

There was a query about whether the dataset in a future iteration should be extended to cover other pharmacy services modules and systems. Within the Sonar system there is a method to complete records still sitting in Sonar, and then post transfer there is currently a method of downloading records. One

option is a future iteration of the minimum transfer dataset should set out a dataset for transfer of clinical services modules. Another option is to begin with alignment to the NHSBSA core pharmacy services dataset.

Other group comments:

- buy-in on the minimum transfer dataset is required from all dispensing system suppliers;
- important information is stored within free-text note fields, e.g. patients' delivery preferences;
- consider how notes can be transferred even if the information is text only to begin with;
- consider New Medicine Service (NMS) logic so that pharmacy teams are not prompted to conduct an NMS with a patient that has already had a recent NMS; and
- the process needs to have the interests of the pharmacist and patient at heart.

Actions: Suppliers are asked to send comments to it@psnc.org.uk by the end of March 2021. A joint supplier call will be setup to discuss the detail of the recent work.

Supplier co-working with the NHS and the related supplier letter: System suppliers fed back that several projects were ongoing or forthcoming within the NHS (see: [Appendix CPITG 03A/06/21 Gantt Chart \(slide\)](#) and [spreadsheet version](#)). A group of system suppliers has prepared a [letter addressed to NHSE&I, the Department of Health and Social Care \(DHSC\) and other pharmacy IT policy makers](#) to explain the benefit of advanced IT project planning concerning enhancing pharmacy teams and patients experiences. The letter will be distributed after this meeting to policy makers and a [copy](#) has been published online. NHS Digital published a [case study](#) which may provide some related lessons. NHS Digital has bronze, silver, gold and platinum service classifications.

WP	Supporting NHSmail
Relevant webpage(s) include: /NHSmail	

Shared NHSmail account set-up: A pharmacy team member within the group had experienced a delay with being able to set-up their shared NHSmail account after an ownership change. The delay prevented the pharmacy from being able to receive CPCS referrals. Related guidance is available: [ODS change checklist](#), [NHSmail set-up](#) and [NHSmail escalation](#).

Actions: The secretariat, NHSE&I, the pharmacy team and the NHSmail team will liaise post meeting.

Virtual Visits: The [Virtual Visits tool](#) provides pharmacy contractors with an appointments system so that pharmacy teams can notify patients and better manage appointments. Pharmacy teams can also use the Virtual Visits tool to conduct face to face or virtual patient consultations (audio or video). The tool works in conjunction with NHSmail Microsoft Teams and the Microsoft Booking platform. To participate in the pilot, you must have: an active personal NHSmail account; access to a shared NHSmail inbox; MS Teams installed on a computer or tablet; and a computer or device with a webcam. The tool sends email notifications to patients from a pharmacy NHSmail application account. The patient will not need to attempt to reply to this account. The naming convention for the account is being formulated. The group provided feedback on the naming convention proposals.

Virtual visits email account name	CP ITG survey results via Slido
<p>Q. Preferred option for default VV email account name?</p>	<p>Option 1: nhspharmacy.<optionally add 'Pharmacyname' here >.ODScode.appointments@nhs.net (78%)</p> <p>Option 2: 'nhspharmacy.<optionally add 'Pharmacyname' here >.ODScode.clinic@nhs.net' (22%)</p> <p>Proposed display name example: "MediGood (NHS Pharmacy)"</p>
<p>Q. Are you content with the naming convention explained? Any changes?</p>	<p>Only if shorter options permissible and the display name is short. For email address, remove the 'nhs' at start to shorten and make inclusion of pharmacy name fully optional from email address</p>

	(though this should be within display name)
Q. Should the word 'appointments' in the email account name be:	Customisable (90%) Fixed (10%)

Actions: Pharmacy contractors within the group who are not already participating in the pilot (and other contractors) are strongly encouraged to participate in the next phase of the piloting by [completing the volunteer form](#). The second round of (beta) piloting is due to start from March 2022.

WP	Signposting to the Community Pharmacy Patient Safety Group (CPPSG)
<i>Relevant webpages include: CPSSG</i>	

NHS Digital seeking pharmacy user research volunteers to support digitising the Valproate form: The [Valproate Annual Risk Acknowledgement Form \(ARAF\)](#) helps confirm the necessary Pregnancy Prevention Programme (PPP) for patients prescribed sodium valproate. A specialist completes the ARAF with the patient and the ARAF information is sent to the GP practice usually by post. NHS Digital are currently conducting discovery work concerning digitising the form and checking which parts of this can digitally flow into the GP and pharmacy systems. NHS Digital are seeking pharmacy user research participants to evaluate the [ARAF](#) and comment on which parts seem to be the most relevant and why. The research is expected to be conducted via polls and short, 15-minute interviews. CP ITG has also signposted the project team to the Community Pharmacy Patient Safety Group. Some of the work is anticipated to begin during the second half of 2022 which allows a period of discovery before this.

Actions: Contractors that would like to take part contact it@psnc.org.uk. PSNC will forward volunteers' details to the project team.