PSNC Service Development Subcommittee Agenda

for the meeting to be held on 14th September 2022

via Zoom, commencing at 11am

Members: Fin McCaul (Chair), Reena Barai, Clare Kerr, Sunil Kochhar, Roger Nichols, Faisal Tuddy

1. Welcome from Chair

2. Apologies for absence

3. Conflicts or declarations of interest

4. Minutes of the last meeting (**Appendix SDS 01/09/2022**)

5. Actions and Matters Arising

Action

6. Pharmacy Quality Scheme 2022/23 update (**Appendix SDS 02/09/2022**)

7. Contraception Management Service (**Appendix SDS 03/09/2022**)

8. 111 Online minor illness pathway (**Appendix SDS 04/09/2022**)

9. HEE Clinical Skills Training (**Appendix SDS 05/09/2022**)

10. RPS vision for pharmacy (**Appendix SDS 06/09/2022**)

11. Smoking Cessation Service update (**Appendix SDS 07/09/2022**)

12. IT update (**Appendix SDS 08/09/2022**)

13. Health campaign topics for 2022/23 (**Appendix SDS 09/09/2022**)

14. PSNC submission to the NHS England vaccination review (**Appendix SDS 10/09/2022**)

15. National data on Advanced services and the Pharmacy Quality Scheme 2021/22 (**Appendix SDS 11/09/2022**)

16. Updated resources for the electronic Repeat Dispensing service (**Appendix SDS 12/09/2022**)

Report

17. Flu vaccination service in 2022/23 (**Appendix SDS 13/09/2022**)

18. Any other business

Minutes of the PSNC Service Development Subcommittee meeting

held on Wednesday 18th May 2022 at DoubleTree by Hilton London Angel

Kings Cross, 60 Pentonville Road, London, N1 9LA commencing at 1.45pm

Present: Gary Warner (Chair), Clare Kerr, Roger Nichols, Sunil Kochhar, Reena Barai

In attendance: Alastair Buxton, Rosie Taylor, David Onuoha, Stephen Thomas, Samantha Fisher, Marc Donovan, Rhys Martin, Ian Cubbin, Bharat Patel, Fin McCaul, Shiné Brownsell, Janet Morrison, Jay Patel, Has Modi, Sian Retallick, Prakash Patel, Jas Heer, Peter Cattee, Indrajit Patel, Ifti Khan, Adrian Price, Lindsey Fairbrother, Gordon Hockey, Mike Dent

Item 1 – Welcome from Chair

1.1   The Chair opened the meeting and welcomed the attendees.

Item 2 – Apologies for absence

2.1   Apologies for absence were received from Faisal Tuddy.

Item 3 – Conflicts or declarations of interest

3.1   Marc Donovan declared an interest in the Community Pharmacy Suspected Cancer Referral Pilot Scheme as he has been involved in the thinking and progress through the Boots' partnership with Macmillan and via a Macmillan fellow who reports to him.

Item 4 – Minutes of the last meeting

4.1   The minutes of the subcommittee meeting held on 7th April 2022 were approved.

Item 5 – Actions and Matters arising

5.1   None.

Item 6 – Negotiations update – NMS expansion and CMS

6.1   Alastair Buxton provided a brief introduction to the paper.

6.2   The following points were made about the NMS expansion:
- It was felt that the expansion will be quite challenging to start with due to patients being used to online/phone consultations as a result of the pandemic and the nature of the condition being treated, so face-to-face consultations may take longer. As a result, pharmacists will need to have skills around closing conversations and consultation skills; however, concerns were raised as to whether this is reflected in the current training.

- In response to this, it was highlighted that one of the main aims of the pilot was to look at what skills/training is needed to be able to offer these consultations effectively.
- It is important to keep pushing for the pilot results, before we reach agreement on the training, timing, fees, etc.
- It will be important to know what other services are available locally, so patients who require further support can be signposted to these.

6.3   The following points were made about the CMS:
- Finding the time to complete all the training for all pharmacists who work at a pharmacy will be a heavy workload.
- In response to the above point, it was highlighted that there is not a requirement to offer the service during all the pharmacy's opening hours; contractors can choose to offer the service on certain days of the week and on an appointment basis.
- There was a discussion as to whether patients would find this acceptable as they are used to being able to walk into a pharmacy to access a service; however, currently women are used to having to make an appointment to access contraception at a GP practice so for this service, it may be more acceptable. This will, however, ultimately be a business decision for the individual contractor to make as to when they make the service available.
- Although the training looks 'heavy' many pharmacists will already have completed some of the training due to requirements when providing locally commissioned services or the Pharmacy Quality Scheme.
- The point was made that all the training needs to be available and IT suppliers need to be given adequate notice before the service starts; Alastair Buxton reassured the subcommittee that this point has been repeatedly made in negotiations.

Item 7 – Negotiations update – Pharmacy Quality Scheme 2022/23

7.1   Alastair Buxton provided a brief introduction to the paper.

7.2   The following points were made by the subcommittee:
- There was a discussion with mixed views on the suggestion by NHS England and NHS Improvement (NHSE&I) to incentivise a higher number of referrals to the NHS Digital Weight Management Programme and local authority Tier 2 weight management services.
- The Subcommittee agreed that a hybrid approach to allocation of points was the preferred option for the 2022/23 Pharmacy Quality Scheme.

Item 8 – Hypertension case-finding service
8.1   Alastair Buxton provided a brief introduction to the paper.

8.2   A discussion was held around whether contractors should be able to make a referral to another pharmacy, which could be in the same group or to another pharmacy, that is more local to where the patient lives to conduct the ABPM part of the Hypertension case-finding service.

8.3   Due to the risk of unintended consequences, the subcommittee concluded that in these circumstances, the patient should be referred to their local pharmacy for the whole service (BP check and if needed, ABPM) rather than contractors only being able to offer the BP check.

Item 9 – Potential autumn COVID-19 vaccination programme

9.1   Alastair Buxton provided a brief introduction to the paper.

9.2   The subcommittee were satisfied with the Local Enhanced Service specification and therefore no changes were suggested for the National Enhanced Service specification.

9.3   Alastair Buxton also provided an update on the fees proposed for the service.

Item 10 – Service development priorities in a new vision for community pharmacy

10.1   Alastair Buxton provided a brief introduction to the paper and the subcommittee then had a discussion on the topic.

Item 11 – Community Pharmacy Suspected Cancer Referral Pilot Scheme

11.1   Alastair Buxton provided a brief introduction to the paper.

11.2   A short discussion was held on the role of community pharmacy and cancer referrals.

Item 12 – Health campaign topics for 2022/23

12.1   Rosie Taylor advised that discussions had started with NHSE&I on the health campaign topics for 2022/23. Rosie Taylor provided the subcommittee with the list of campaigns that NHSE&I is considering; however, NHSE&I will come back to PSNC to discuss these further, when more details around the campaigns are finalised.

Item 13 – Any other business

13.1   Gary Warner highlighted the update on NHS IT workstreams paper that Dan Ah-Thion had written and commented that it was worthy of note to highlight the work that Dan does to support the Community Pharmacy IT Group.

13.2   Gary Warner advised that he would not be standing for re-election of the Chair of SDS and thanked the subcommittee and staff for all their support and hard work over the years.

Subject	Update on community pharmacy IT
Date of meeting	14th September 2022
Committee/Subcommittee	SDS
Status	Public
Overview	This report provides an update on a range of community pharmacy IT issues. The following topics are covered in two associated appendices: • Booking and referral IT standards, and the NHS e-Referral Service (e-RS); and • A potential CPCS clinical services IT framework for system suppliers.
Proposed action	None
Author of the paper	Dan Ah-Thion

GP Connect Access records update

GP Connect enables GPs and other authorised health care organisations to link in with GP system information, allowing those authorised to use the following functionality:

- *Access records*: GP Connect lets authorised clinicians access GP patient records in a HTML read-only format or within an editable format;
- *Send Documents*: the tool enables GPs and other healthcare professionals to update a patient record via Interoperability Toolkit 3 (ITK3), and MESH message; and
- *Appointment Management*: GP Connect enables the sharing and management of appointments.

During the June Community Pharmacy IT Group (CP ITG) meeting, GP Connect features were compared with Summary Care Record (SCR) and Shared Care Records (ShCRs) – see image to right.

The following areas of the record are not yet authorised for sharing by the GP sector:

- The Royal College of General Practitioners (RCGP) exclusion set.
- Parts of the record marked as sensitive or confidential by the GP.
- Sensitive information marked with the 'S' flag.
- Elements of Access HTML, which cannot be saved into the viewing (consuming) system record.

GP Connect Access Records vs SCR/ShCR

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

Several steps must be followed for pharmacy professionals to see GP Connect records information:

- Access via the Health and Social Care Network (HSCN).
- A system supplier which has integrated with GP Connect Access Records APIs.
- Data Security and Protection Toolkit (DSPTK) completion.
- Those sharing information to the GP record should have suitable IG documentation in place.
- Privacy notices.
- Acceptance of the GP Connect agreement.

Community pharmacy IT priorities for the NHS

Following a joint letter from pharmacy system suppliers being sent to DHSC and NHS bodies, a **joint reply was provided by the NHSE&I pharmacy team and NHSTD, NHSBSA, and DHSC about proposals for community pharmacy IT priorities**. This set out five potential priority areas:

- EPS next generation API;
- PRSB Community Pharmacy Data Standard;
- records access via GP Connect and ShCRs;
- Booking and Referral Standards (BaRS); and

- payment and data APIs.

The CP ITG has been supportive of such priorities and is working with the NHS on the next steps to progress each of these areas. PSNC also conducted a poll amongst system suppliers to capture their detailed feedback about these topics to support further progress.

Parliamentary call for evidence regarding health IT development

PSNC led the work within the CP ITG to prepare and submit a formal response to Parliament's Health and Social Care Committee inquiry into 'Digital Transformation in the NHS'. The inquiry was exploring the current use of digital technology within the NHS and examining changes that could result in improved service delivery and patient outcomes. The Inquiry also considered legacy IT systems used within the NHS. **The consultation response** aligned with the '5 pharmacy IT priorities' being discussed with the NHS (see section above) and argued for specifics including that:

- Pharmacy teams should have access to up-to-date records information, e.g. from Shared Care Records, **GP Connect** and Summary Care Records with Additional Information;
- The Booking and Referral Standards (**BaRS**) should be extended so that future referrals into and from pharmacy can be communicated seamlessly;
- A framework for the development of pharmacy IT should be developed to ensure IT suppliers are better able to support pharmacy teams and their provision of services;
- The **Community Pharmacy Data Standard** should be expanded to enable services information to be efficiently recorded;
- IT standards are needed so that suppliers can enable automatic reporting to the NHS Business Services Authority; and
- The EPS Next Generation project should be further developed.

Smartcard identity checking process to be digitised via the "Apply for Care ID" NHS Digital product

Pharmacy team members must authenticate their identities to be linked to their Smartcards. Prior to the pandemic, pharmacy team members had to attend face-to-face meetings with local Registration Authority (RA) staff. The NHS implemented emergency policies at the height of the pandemic so that staff could authenticate themselves remotely, e.g. via video calls. These emergency policies are ending shortly.

NHS Digital hopes a successful pilot will lead to the rollout of 'Apply for Care ID'. This programme involves health care staff being given the opportunity to use an NHS authenticator app as an alternative instead of a face-to-face visit to the RA. This service has been in pilot since April and the project team has incorporated feedback from PSNC into their plans. Further pilot work will involve participating organisations (including pharmacy contractors) inviting individuals to go through the steps. Extra pharmacy team and head office views are needed to support the discovery and business cases for a process which could involve pharmacy teams being given an offer to authenticate themselves via a phone app. The pilot learning should consider technical aspects (device standards, browser standards and public cloud access), procedural aspects (what documentation is required), and the people aspects. SDS and contractors are encouraged to participate with user research by contacting **iamplatforms@nhs.net**.

Mitigating Smartcard and EPS prescription issues

PSNC worked closely with NHS Digital EPS and Smartcard teams during May to June 2022 to mitigate challenges with Smartcard renewals (140,000 across health and care including a large volume within community pharmacy). NHS Digital had identified a potential risk whereby prescriptions that have been signed using the 1B certificate prior to expiry but are downloaded after the expiry date may be incorrectly identified by some pharmacy systems as having an invalid digital signature. PSNC supported NHS Digital mitigations including EPS work, work with suppliers, and appropriate communication on PSNC IT contingency webpages.

Real Time Exemption Checking (RTEC)

The NHSBSA continues to lead the RTEC project. The NHSBSA, DWP and the RTEC steering group plan has allowed the expansion of the DWP RTEC functionality to additional pharmacy contractors since the last meeting – from 100s to more than 8,000 sites. Any contractors using RTEC should now be able to use the RTEC DWP feature.

Shared Care Records (ShCR)

Shared Care Records (ShCR), formerly 'Local health and shared care records', are patients' electronic health records. ShCRs include information from multiple care settings, e.g. GP practice and secondary care. The majority of English patients live within an area with a records project ongoing. Shared care records are emerging across the country and the IT has been maturing so that over time more health and care professionals can access these.

The CP ITG, together with NHS England's Transformation Directorate, are hosting a webinar for LPCs on Wednesday 19th October, from 10.30am-12noon focused on improving contractors' access to Shared Care Records (ShCRs) and other records. All **SDS members, LPC members or contractors with an interest in improving contractor access to records are encouraged to register to attend this event**.

NHS App

The NHS App team are continuing to work on existing and future features including:

- *Booking or managing a vaccination* - Currently patients can book or manage their vaccination appointments using the National Booking Service. As part of this service they are required to answer questions about their health circumstances and are then offered a vaccination appointment based on the results.
- *Personal Health Records* integration with the NHS App.
- *Notifications and messages* direct to the NHS App: a pilot with 7 GP practices was concluded successfully with positive feedback from citizens, GPs and communication service providers. Messages could include reminders for appointments or online consultations.
- *Access to GP health records*. From late 2022, patients with online accounts such as through the NHS App will be able to read new entries in their health record. This applies to patients whose practices use the TPP and EMIS systems.

Recommended minimum transfer dataset for pharmacies switching from one patient medication record (PMR) system to another

PSNC previously supported developing a recommended minimum dataset for cases where a pharmacy contractor has switched from one PMR system to another. For the sake of

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continuity of patient care, it is critical for some patient information to be transferred from the old to the new system. A **dataset** is being developed incorporating the comments from previous group meetings and suppliers. An **associated specification document** is also been developed. A working group of supplier representatives chaired by PSNC has conducted monthly meetings to discuss the detail of the proposed documents. This work is also identifying areas where PMRs may wish to consider future proofing by exploring opportunities to align the way data is stored within the local PMR to various national standards. PSNC is aligning this further with individual NHS data dictionary standards to support the next steps. The working group is to meet again once the dataset is further developed.

NHSmail
Since the recent launch of the NHS Profile Manager tool, which uses NHSmail accounts to allow pharmacy team members to login to it, both PSNC and the NHSmail team have received an increasing number of questions from pharmacy contractors regarding NHSmail. A selection of NHSmail queries that have been submitted by contractors are available within a **new PSNC NHSmail FAQs briefing factsheet**.

Data Security and Protection Toolkit (DSPTK)
PSNC updated its Data security and information governance hub and published new guidance for the 2021/22 Toolkit submission. Additionally, PSNC and NHS Digital jointly presented a webinar on the topic, with around 500 people registered to attend the webinar on the night. The webinar was subsequently made available on demand. PSNC and NHS Digital are working on the arrangements for the community pharmacy toolkit publication ahead of the next June 2023 deadline. If you would like to feed into the development of the 2022/23 toolkit, please email **it@psnc.org.uk**.

Additional IT updates
Additional topics, detail and feedback/meeting opportunities are included within the CP ITG papers and **webpages**.

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Subject	National data on Advanced services and the Pharmacy Quality Scheme 2021/22
Date of meeting	14th September 2022
Committee/Subcommittee	SDS
Status	Public
Overview	This paper provides copies of the recently published resources highlighting the number of Advanced services provided by community pharmacy teams in 2021/22 and the outcomes of the 2021/22 Pharmacy Quality Scheme.
Proposed action	Provide feedback on the resources.
Author of the paper	Rosie Taylor

Introduction

This paper includes copies of the recently published National services provided by community pharmacies infographic and the 2021/22 Pharmacy Quality Scheme briefing document and infographic.

The Services Team felt it would be beneficial to have the total number of Advanced services provided in 2021/22 in an easy to view, publicly available format as this would be helpful for PSNC/LPCs in discussions, lobbying work, etc. It is also planned to produce this on a yearly basis to be able to compare year-on-year growth of services.

A decision was also made to produce resources on the outcomes of the 2021/22 PQS. Previously, NHS England has produced these; however, they have not published one since the 2019 Scheme, despite being repeatedly questioned on their plans for publication by the Services Team. Therefore, using the declaration data published on the NHS Business Services website, the Services Team created their own one-page infographic to highlight the headline outcomes of the Scheme as well as a more detailed two-page document on the outcomes of the Scheme.

Templates of these three documents were also published in the LPC members section of the PSNC website to allow LPCs to create local versions of these.

Subcommittee action

The subcommittee are asked to provide feedback on the resources.

Subject	Resources to support electronic Repeat Dispensing (eRD)
Date of meeting	14th September 2022
Committee/Subcommittee	SDS
Status	Public
Overview	This paper provides a summary of new resources which have been published to support the eRD service.
Proposed action	Provide feedback on the resources and any improvements which could be made.
Author of the paper	Dan Ah-Thion

Introduction

The electronic Repeat Dispensing (eRD) service has been operational for several years, but its use by general practice is still relatively low, despite the best efforts of contractors, LPCs and the NHS to promote and support its use.

New resources published

The content on the eRD page of the PSNC website has recently been fully refreshed, with some of the older resources from the early days of repeat dispensing being archived.

https://psnc.org.uk/rd

The webpage contains a description of eRD and how the process works, training and other resources for pharmacy and general practice teams, resources to support the promotion of eRD to patients, FAQs and links to other external resources on the service.

Alongside the updated content on the webpage, several new factsheets have been published, covering:

- The benefits of eRD to contractors, general practice and patients;
- How the eRD cycle works; and
- Working with GP practices to roll out eRD and optimise its use.

The latter factsheet provides guidance on holding local meetings (business change workshops) to discuss the rollout or optimisation of eRD in a locality. This includes suggested topics to cover at the meeting, including the benefits of synchronising patients' medicines before starting eRD, identifying suitable patients, the appointment of eRD 'Champions' in practices and pharmacies to lead the work the practical issues which will need to be addressed during the operation of eRD (e.g. stopping eRD medicines, starting new medicines and dealing with 'missing' items).

Subcommittee action

Provide feedback on the resources and any improvements which could be made.

Subject	Update on the 2022/23 Flu Vaccination Service
Date of meeting	14th September 2022
Committee/Subcommittee	SDS
Status	Public
Overview	This paper provides a summary of the changes to the 2022/23 NHS Flu Vaccination Service and the support materials produced. It also summaries the current position of plans to trial use of the National Booking Service to assist patients in obtaining an appointment for a flu vaccine.
Proposed action	None.
Author of the paper	David Onuoha

Introduction

Following publication of the service specification and patient group direction (PGD) for the 2022/23 Flu Vaccination Advanced Service, this paper summaries the changes that have been made to the service and details the resources made available to contractors to support them to provide the service.

Summary of key changes for 2022/23

- As part of patient consent, clarification on the information sharing that occurs;

- Wording on the requirements for a consultation room have been amended to reference the relevant Regulations (the requirements themselves have not changed);

- Changes to the training requirements for vaccinators – previously face-to-face was every three years. Now this only needs to be undertaken periodically;

- Addition of the UK Health Security Agency (UKHSA) Flu vaccinator competency assessment tool as a method of declaring vaccinator competence;

- Minor amendments to wording relating to vaccinations for staff – previous specifications mentioned Hepatitis B vaccination for staff. This is not necessarily required. The wording was updated following advice from the NHS England Clinical Team. The new wording states 'contractors should ensure staff are appropriately trained and made aware of the risks associated with the handling and disposal of clinical waste and that correct procedures are used to minimise those risks.';

- A change to the maximum claim period following provision of vaccinations – now three months instead of six months;

- Patient cohorts updated to reflect the content of the 2022/23 Annual Flu Letter; and

- Vaccines updated to reflect the content of the 2022/23 Annual Flu Letter.

Summary of support materials published for 2022/23

The following resources have been published to support contractors with the 2022/23 Flu Vaccination Service:

- PSNC Briefing 025/22: Guidance on the 2022/23 Seasonal Influenza Vaccination Advanced Service;

- Guidance on training requirements;

- Flu Vaccination Record Form 2022/23;

- GP Practice Notification Form 2022/23;

- PSNC Flu Vaccination Service 2022/23 presentation (August 2022);

- LPC section - MPs Press Release for MPs;

- LPC section - Flu-jabs-template press release for LPCs 2022;

- Flu Vaccination Service tweets 2022 update; and

- Flu advert templates 2022.

Additionally, the PSNC flu hub page and the flu FAQs page on the PSNC website have been updated for the 2022/23 Scheme.

National Booking Service proof of concept pilot

Following the success of patients booking COVID-19 vaccination appointments on the National Booking Service (NBS), NHS England has been discussing with the Services Team how the NBS might be utilised to support booking appointments for flu vaccinations. While a variety of options were

considered, NHS England does not currently have the capacity on NBS, nor the manpower capability, to support a rollout of NBS to all the contractors that provide flu vaccinations.

NHS England are running 'a limited proof of concept' pilot to expand the use of NBS into more community pharmacies for patients to use when booking flu vaccination appointments. The initial test will operate in a small proportion of community pharmacies that will be either:

1) Community pharmacy-led COVID-19 sites already using NBS across the country; or
2) A small number of other 'flu-only' community pharmacies in a geographical concentration.

The northwest region has volunteered to work with the NHS England Vaccination Team to trial the 'flu only' sites. This covers the integrated care systems of:

- Cheshire & Merseyside;
- Greater Manchester; and
- Lancashire & South Cumbria.

The LPCs have been engaged in these areas and have had an opportunity to discuss the concept with NHS England.

NHS England sent out an expression of interest (EOI) to the pharmacies in the area week commencing 22nd August 2022, to recruit 200 'flu-only' pharmacy sites. Contractors have been asked complete a short form if they wish to express an interest.

Contractors must be willing to upload a minimum of one seasonal flu vaccination clinic a week through September 2022 to December 2022. Contractors had until 5th September 2022 to complete the EOI. The collated EOIs will then be discussed between the national team, the Regional Team and the associated LPCs at a meeting on 8th September 2022. Currently the plan is to confirm the outcome of these EOIs with sites week commencing 12th September 2022.

The proof of concept will run from 15th October 2022 to mid-December 2022 and will coincide with the 50-64 year old cohort becoming eligible for free NHS flu vaccinations and the expected increases in flu vaccine availability.

Contractors will have access to NBS towards the end of September 2022, so they can familiarise themselves with the system and upload calendars. Patients can then book appointments from 15th October 2022 onwards.

The pilot has been highlighted in the COVID 'operational bulletin' to give the community pharmacy COVID-19 vaccination sites a 'heads up' on the proof of concept to support flu vaccinations.

Local communications are being reviewed, including adding a paragraph into the national flu recall letters, updating the NHS website and NBS messages.

Technical and data staff at NHS England are working on the on-boarding process and also on the functionality around appointment cancellations. This latter work should reduce the impact on appointment availability of patients who have already booked in via NBS but subsequently receive their flu vaccination elsewhere. This should then result in the future appointment booked on NBS being cancelled.

If the proof of concept is successful, it will be followed by subsequent phases of additional pharmacies being offered the option of being added to NBS in subsequent seasons.

In previous discussions with NHS England, we have made the point that many pharmacy contractors already use their own appointment booking systems and so any future rollout of NBS or other national flu vaccination booking systems (such as via the NHS app) needs to be aligned with work on development of APIs to allow the NBS to interact with contractors' booking systems. NHS England has recognised the issue, but there was not capacity to consider such an approach prior to the initial proof of concept pilot.

Subcommittee action
None.