#### Community Pharmacy IT Group

#### Meeting: 13th March 2023

#### Agenda

	Session				
1.	Welcome from Chair				
2.	Pharmacy IT priorities: overview				
3.	Payment and data Manage Your Service (MYS) APIs for CPCF services				
4.	Independent prescribing				
5.	New Medicine Service (NMS) pilot IT				
6.	Smoking Cessation Service (SCS) IT				
7.	Pharmacy Contraception Service IT				
8.	Community Pharmacist Consultation Service (CPCS) expansion and IT				
9.	Cancer Referral Pilot IT				
10.	Break				
11.	Update on CPCS Minor Illness Post Event Message				
12.	dm+d medicine code changes				
13.	National Care Records Service (NCRS)				
14.	Appointments systems				
15.	Digital priorities				
16.	Post-meeting CP ITG communications and messages				
17.	Any other business and close				

#### Pharmacy IT priorities: overview

## 23/24 CPCF digital programme



Deliverables	Q4	Q1	Q2	Q3	Q4	
PRSB Data Standard	Review & publish	Publish ISN			TBC: Conformance	
CPCS MI PEM	Develop	Assure & FOT				
Payment & Data APIs	Contraception Service	Commercials	Blood Pressure Checking Service	New Medicine Service	Smoking Cessation Service	
			Discharge Medicines Service		v2	
Booking & Referral Standard (BaRS)	Engage & Initiate	GP referral pathway Exploring: 111 referral & secondary care referral pathways				
Direct Care APIs	Engage & Initiate	GP Connect Access Record: Structured GP Connect Update Record: Structured GP Connect: Send Document				

Underpinning deliverables:

- 1. Digital Care Services catalogue for community pharmacy
- 2. Service navigation: Directory of Service (DoS), Service Finder, Profile Manager and nhs.uk

Independent Prescribing Pathfinder sites – digital workstream



## **Community Pharmacy IT Group Commercial Approach Update**

Zoeta Brown, Senior Programme Manager Digital Primary Care, Transformation Directorate 13<sup>th</sup> March 2023



OnBoarding Community Pharmacy Suppliers to the Digital Care Service Catalogue



#### Why are we doing this?

Currently there is no framework for NHS England to incentivise community pharmacy IT system suppliers for technical developments



- Outcome Onboarding community pharmacy suppliers to the Digital Care Services Catalogue for the Community Pharmacy Contractual Framework clinical services and the BaRS to resolve the PharmRefer issue
- Governance Front Door Decision-Making Group recommendation and New Work Request Board prioritisation for the allocation of resources
- **Resources** Business Analysts team and Catalogue Team
- **Timescale** May/June 2023 (subject to allocation of resources)

# OnBoarding Community Pharmacy Suppliers to the Digital Care Service Catalogue



- These arrangements do not change the direct purchasing contractual arrangements between the suppliers and the buyers
- We are not putting a framework in place for buyers to buy solutions from suppliers
- We are putting a framework in place to be able to incentivise suppliers with money for technical developments
- The catalogue contract allows NHS England to guide the technical delivery, and does not touch the various contracts suppliers have with the market

#### **Deliverables**



Community Pharmacy service	Confidence of delivery	Expected Onboarding to DCS Catalogue	Description	Status	Decision Required or Action Requested
CPCF clinical services	Med-High	May/June 2023	<ul> <li>Community Pharmacy Contractual</li> <li>Framework:</li> <li>NHS Community Pharmacy Blood</li> <li>Pressure Check Service Technical Toolkit</li> <li>NHS Community Pharmacy Discharge</li> <li>Medicines Service Technical Toolkit</li> <li>NHS Community Pharmacy New</li> <li>Medicine Service Technical Toolkit</li> <li>NHS Community Pharmacy Smoking</li> <li>Cessation Service Technical Toolkit</li> <li>NHS Community Pharmacy</li> <li>Contraception Service Technical Toolkit</li> <li>Updated version: NHS Community</li> <li>Pharmacy Consultation Service Technical</li> <li>Toolkit</li> </ul>	<ul> <li>Discussed at Front Door Working Group and subsequent SLT meeting on 8 February</li> <li>Gone through prioritisation process on 23 February</li> </ul>	<ul> <li>Awaiting allocation of resources</li> </ul>
BaRS	Med-High	May/June 2023	<ul> <li>Booking and Referral Standard:</li> <li>Patients who would be referred electronically by the GP practice. This would ensure the pharmacy of the patients' choice will be notified and provided with the information the patient has already shared with the GP practice.</li> </ul>	<ul> <li>Gone through prioritisation process on 23 February</li> </ul>	<ul> <li>Awaiting allocation of resources</li> </ul>

#### **Digital Care Services Catalogue**



- The DCS Catalogue is a device designed to give NHS England a contract with providers of digital services into health and social care
- It will create the market conditions and harmonise Capabilities and Standards that enable interoperability across care settings
- The Catalogue will support an end to end buying journey and shape the way new suppliers enter the market

#### **Digital Care Services Catalogue**



- The DCS sets out a Capabilities and User Stories Library, which is linked to a set of Catalogue Solution Standards
- User Stories are high level business requirements which describe features relevant to the Capabilities they belong to, e.g. CPCF clinical services. These define the full scope of a Capability
- Suppliers submit their Catalogue Solutions against these Capabilities and User Stories, submitting video evidence, and are then assured against the Standards that are required by the Capabilities and User Stories accepted
- Once fully assured, the Supplier creates a Catalogue Solution Listing and is considered Catalogue Compliant

## **Catalogue Agreement**



- The Catalogue Agreement is an evergreen relational contract, there are no paid transactions occurring within it
- The terms are therefore applied to all signatories, continuously, without any requirement for payment from any party; which includes the placement, application and assurance of Standards development under the Roadmap
- There is only one version of the Catalogue Agreement, updated via a Change Control process, no bespoke versions of it are accepted



The market engagement takes the suppliers through:

- The Catalogue Agreement
- What it means for suppliers
- Description of the requirements
- How the Roadmap is managed and what you can and cannot do and describe how the BaRS standard would replace NHSmail

For suppliers that sign up to the Catalogue Agreement, there is continued market engagement via the sub group of the Market Governance Group.

## OnBoarding



OnBoarding in the process whereby we receive Catalogue Solutions into compliance for the first time and consists of 4 steps:

- Catalogue Agreement execution and Catalogue Solution registration signing the agreement and registering your product (Capabilities and User Stories proposed)
- **Capability Assessment** this is the process of establishing which Capabilities and User Stories the Solution meets
- Standards Assurance this is the process of establishing compliance with each of the Standards linked to the User Stories mapped
- **Catalogue Listing Creation** this is the process of reviewing the information created through the OnBoarding process and creating a master data sheet for that Catalogue Solution

#### **Any Questions**





## Payment and data Manage Your Service (MYS) APIs for CPCF services

#### Independent prescribing

## Community Pharmacy Contractual Framework (CPCF) services IT developments

#### New Medicine Service (NMS) pilot IT

In the <u>Year 4 and 5 CPCF agreement</u>, some changes to <u>NMS</u> were planned. These set out that from late 2023, subject to positive evaluation of an ongoing pilot, the NMS would be expanded to include antidepressants to enable patients who are newly prescribed an antidepressant to receive extra support from their community pharmacist.

## Update on CPCS Minor Illness Post Event Message

NHS England has been seeking to align this message's structure with that of the CPCS emergency supply of medicines message. This will improve the interoperability between pharmacy and GP systems supporting service delivery within primary care, and building on the previous CPCS notifications work.

#### Smoking Cessation Service (SCS) IT

The NHS Long Term Plan (LTP) committed to the NHS making a significant new contribution to ensure England is a smoke-free society. <u>SCS</u> was commissioned as an Advanced service from 10th March 2022.

Rob Hebdon (NHS England) will update the group

#### Pharmacy Contraception Service IT

The Tier 1 <u>Pharmacy Contraception Service</u> will involve community pharmacists providing ongoing management of routine oral contraception that was initiated in general practice or a sexual health clinic. It was previously reported that:

- This was expected to be commissioned as an Advanced service from early 2023; and
- subject to a positive evaluation of the ongoing pilot, from 4th October 2023, Tier
   2 of the service would be introduced, which would enable community pharmacists to also initiate oral contraception, via a Patient Group Direction, and provide ongoing clinical checks and annual reviews.

Kirsty Armstrong (NHS England) will provide an update

#### Cancer Referral Pilot IT

The NHS Long Term Plan committed to increasing the proportion of cancers caught early, when they are easier to treat, from half to three in four. NHS England previously created a plan for pilots. The <u>NHS e-Referral Service (e-RS)</u> tool will be tested during the piloting. Wasim Baqir (NHS England) updated the group at its September 2022 meeting.

Wasim Baqir (NHS England) will update the group

## Community Pharmacist Consultation Service (CPCS) expansion and IT

The NHS CPCS launched back in 2019 as an Advanced Service. Since November 2020, general practices have been able to refer patients for a minor illness consultation via CPCS, once a local referral pathway has been agreed. From March 2023, it is expected that the CPCS will expand to enable Urgent and **Emergency Care settings (hospital Emergency Departments** and Urgent Treatment Centres) to refer patients to the service for a consultation for minor illness or urgent medicine supply.

Community Pharmacy

#### IT standards

#### dm+d medicine code changes

- Paul Wright and Kerry Frenz (NHS England's Transformation Directorate) previously engaged with CP ITG suppliers and other stakeholders regarding dm+d code changes.
- These included the need to shift to use of UK extension identifiers for all virtual medicinal product (VMP) concepts required to enable adaptation dm+d because of global changes to SNOMED CT terminology. Two CP ITG supplier meetings were held: an introductory webinar on 12th October 2022 (which was also made available for suppliers on-demand) and a check-in meeting on 15th February 2023.
- Paul Wright and Kerry Frenz likewise offered supplier one-to-ones to support the changes. The <u>guidance for suppliers has been updated</u>. Suppliers are encouraged to share comments and feedback by completing <u>the new supplier dm+d code change snap survey</u> and/or by emailing it to <u>it@psnc.org.uk</u>.



# The National Care Records Service

13 March 2023

## Introduction

Rob Jordan SCR Live Services Lead

#### Purpose of the National Care Records Service

To provide a low / no cost option for health and care professionals to access a range of patient's medical and safeguarding information at the point of care.

No matter where the patient lives (England), which supplier provides the records or where the records are located



#### **Product Summary**

Summary Care Records (SCR)

are an electronic record of important patient information, created from GP medical records. SCRs can be accessed through clinical systems or through the Summary Care Record application (SCRa). Summary Care Record application (SCRa)

is a web-based application that allows health and care professionals to view clinical and demographic information. SCRa users require a smartcard, passcode and relevant role for authentication and a Health and Social Care Network (HSCN) (N3) connection.

#### National Care Records Service (NCRS)

is a new version of the Summary Care Record application (SCRa). It can be used in clinical, office or mobile environments. It does not require a smartcard and an HSCN connection, but it can still be accessed this way.



#### **National Care Records Service:**

- is the improved successor to the Summary Care Record application
- can give access now to a range of clinical information
- complements the local/regional shared care records by providing access to key patient information across regional boundaries
- provides access to an ever-increasing number of NHS digital services, including Summary Care Record, Personal Demographics Service, Reasonable Adjustments and Child Protection Information Sharing
- provides a 'gateway' to access the National Record Locator service, which enables access to a range of locally held patient records and plans e.g. Mental Health Crisis Plans, End of Life, Emergency Care (eRedbags), Urgent Care Plans
- offers multiple access options e.g. biometric authentication and smartcards. It's available in clinical, office or mobile environments over the internet as well as the Health and Social Care Network
- can be accessed regardless of what IT system an organisation is using

#### **Overview of SCRa vs NCRS & Live Demo**

#### **Key differences**

- Improved look and feel
- New patient '**Overview**' screen
- Embedded search box, when viewing an SCR
- Mobile responsive experience
- Wider options for authentication
- Internet facing (no HSCN required)

- Removes the need for outdated technology like IE11 or Java
- Allows the use of the latest operating systems and browsers
- Access to an ever-increasing number of centrally provisioned national digital services including NRL retrieval of data held in local provider systems







#### Two types of migration

Direct access via URL hyperlink (available now https://portal.spineservices.nhs. uk/nationalcarerecordsservice/)

#### National Care Records Service Find a patient Change Role Log Out Select your role **Bulletins** Select the role you wish to use to access the service Removal of 'COVID-19: This person has been advised to consider shielding' You are currently logged in at NHS DIGITAL (X26) with Admin/Clinical banner Support Access Role Following the announcement (opens in a new This is your only role with access to the National Care Records Service tab) by the UK Government in September 2021 regarding the end of national shielding in England, NHS Digital is undertaking a Confirm and continue to Find a patient managed closure of the Shielded Patient List. Therefore, the yellow banner which was added to the records of patients who had been advised to consider shielding has now been removed from all patient records. Roles without access to the National Care Records Service Did you know? To help the NHS respond to S View roles without access to the National Care Records Service COVID-19, over 90% of patients now have a SCR with Additional Information. This includes significant medical history and may include anticipatory care information, immunisations and COVID-19 related information Accessibility Statement Privacy and Cookies Terms and Conditions © NHS Digital 2022 VERSION: 5.0.0 Enable Accessible Text Mode

Integrated into your electronic patient record system (in development)



#### Integrating the NCRS for system suppliers

#### **Replacing 1-Click Service**

Following the development of the National Care Records Service (NCRS), we are discontinuing onboarding new customers to the 1-Click Service.

The 1-Click Service has been replaced by a new solution that will launch NCRS from local patient record management systems, displaying the patient from the calling application in context, in NCRS.

The new solution will perform a similar function to the 1-Click Service but will provide

with extra functionality (dependent on a user's access rights).

New customers will be onboarded to the new NCRS integration, whilst systems that are currently using 1-Click will be able to move across to the new solution.

The SCR team has already spoken with many existing 1-Click suppliers, if we haven't spoken to you please get in touch <u>here</u>.



#### Access to NCRS

To use NCRS, a user requires an NHS Care Identity Service authenticator, which can include existing smartcards, and a relevant role for authentication.

#### **Connection requirements**

To access NCRS, you will need:

- access to the internet or a Health and Social Care Network (HSCN) connection
- to ensure your organisation has completed a <u>Data Security and Protection Toolkit</u> (DSPT) selfassessment and or reviewed the latest updates to it. (DSPT - formerly known as the Information Governance Toolkit).
- local technical configuration including <u>Identity Agent</u> and <u>NHS Credential Management</u> as per <u>Warranted Environment Specification</u> on all user PCs
- an assigned privacy officer for alert and audit purposes when viewing SCR
- agreed local processes to ensure robust governance when viewing SCR you will need to follow the Permission to View guidelines
- a valid use case to access the Personal Demographics Service and for new organisations, you will require <u>Demographics approval</u>
- to have prepared training for users covering the features your organisation plans to use



## **User authentication**

NCRS is built on the authentication platform Care Identity Service 2 (CIS2). This is an internet first based platform, which offers multiple new authentication methods.

The old legacy authentication platform (within Care Identity Service 1) is being closed down. Any supplier systems which use that platform to authenticate users will need to switchover to CIS2 in the comings years.

More information is available on our website here <u>https://digital.nhs.uk/services/identity-and-access-management/news/cis1-deprecation-notice</u>



## **Authentication to NCRS**

### Access via alternative authenticators to physical smartcards

YubiKeys, iPads, Windows Hello for Business and Multi Factor Authentication are available now.

These alternative do not require additional software or HSCN connection and work on Modern Browser such as Edge or Chrome.

Virtual Smartcards (Isosec or Imprivata) can be used to access NCRS, however they require a HSCN connection.

When using iPad biometrics for login, you would bypass this selection screen.

To start using any of the new authenticators, please contact your local Registration Authority. <u>https://digital.nhs.uk/services/registration-authorities-and-smartcards/primary-care-service-provider-contact-details</u>

Select Authentication Method
Smartcard Windows Hello Security Key Authenticator App





If you are an existing SCRa user and have NHS Credential Management and NHS Identity Agent installed on your machines you can start using the National Care Records Service today on this link

https://portal.spineservices.nhs.uk/nationalcarerecordsservice/

Your existing smartcards credentials for SCRa work exactly the same for the National Care Records Service.



Solutions available	Good for	Connectivity	End-user device	Authentication hardware	Authentication method	Software required	Computer sharing	Supported browsers
CIS Smartcard with CIS2	Development using modern security protocols (OIDC)	Health and Social Care Network (N3)	Windows devices	Smartcard ( <u>Eame</u> as used for CIS) Smartcard reader	Smartcard and PIN	Identity Agent (requires .net v3.5) Gemalto (for clinical systems & self-service card management) NHS Credential Management Smartcard reader driver (depends on Widows and reader versions)	One smartcard per person	<b>Modern browsers</b> (Edge and Chrome, NOT Internet Explorer)
 iRados	Accessing patient data on a lightweight and portable device	Internet	<b>iPad</b> (Gen 5 or above)	Nothing additional	iPad and fingerprint or facial recognition	iOS 11 or above CIS2 iOS App Mobile Device Management	One device per person	Safari
Windows Hello for Business	Access on a portableWindows device	Internet	Windows 10 Laptop or Tablets (Pro or Enterprise)	Nothing additional	Windows tablet or laptop and PIN or fingerprint or facial recognition	Windows Hello for Business Mobile Device Management	One laptop or tablet per person	<b>Modern browsers</b> (Edge and Chrome, NOT Internet Explorer)
Security Key	Access on any Windows device via internet	Internet	Windows devices	Security key (USB or NFC)	Cross-platform security key and PIN or fingerprint	Security Key Provider Software ( <u>íf.</u> applicable)	One security key per person	<b>Modern browsers</b> (Edge and Chrome, NOT Internet Explorer)
Multi Factor Authentication	Access on any Windows device via internet	Internet	Windows devices	Mobile Phone App	Email, Password, App code	None	~	<b>Modern browsers</b> (Edge and Chrome, NOT Internet Explorer





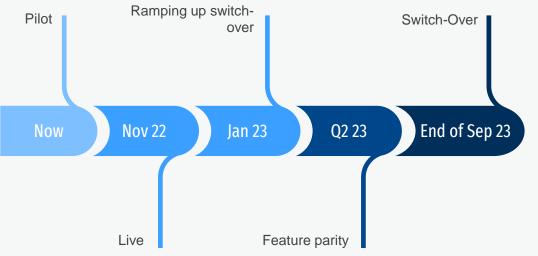
To deliver and maintain robust and performant national clinical IT systems enabling the best care for patients

- 1. Improve health and care for a person by enabling access to a **summary** of key patient information in any care setting **(NCRS)**
- 2. Improve health and care for a person by enabling access to **detailed** patient care records across ICS boundaries (Shared Care Record)
- 3. Improve health and care for a person by enabling access their own patient information (Mobile First)



## **NCRS Near-Future Roadmap**

- Switch SCRa users to NCRS
- Complete Feature parity
- Increase pointers on NRL ie shared care records and Ambulance Reports





## **Feature parity**

Service	National Care Records Service (NCRS)	Summary Care Record application (SCRa)
Personal Demographics Service (PDS) – includes admin and edit capability	Yes	Yes
Summary Care Record (SCR)	Yes	Yes
National Record locator (NRL)	Yes	Yes
• search for pointers	Yes	Yes
retrieve documents	Yes	No
Child Protection Information Sharing (CP-IS)	Yes	Yes
Female Genital Mutilation – Information sharing (FGM - IS)	Yes	Yes
Reasonable Adjustments flag (RA)	Yes	No
Birth Notification Application (BNA)	No (coming Quarter 2 2023)	Yes
Overseas Visitors and Migrants (OVM)	No (coming Quarter 2 2023)	Yes
3rd Party supplier direct integration	Yes	Yes SCR and CP-IS only
Coronavirus (COVID-19) vaccination event information	No (coming Quarter 2 2023)	Yes



## **Useful resources**

- NCRS Link <a href="https://digital.nhs.uk/services/national-care-records-service">https://digital.nhs.uk/services/national-care-records-service</a>
- SCR e-Learning <u>http://www.e-lfh.org.uk/programmes/summary-care-records</u>
- NRL <u>https://digital.nhs.uk/services/national-record-locator | nrls@nhs.net</u>
- Operations Team contacts <u>liveservices.operations@nhs.net</u>
- Authentications options <u>website</u> or email <u>IAMPlatforms@nhs.net</u>

### Please contact the SCR team for further interest or questions;

https://digital.nhs.uk/services/national-care-records-service/national-care-records-service-newinterest-form

The above form is for organisations and not individuals. If you're an individual with a question about NCRS Integration please contact <u>enquiries@nhsdigital.nhs.uk</u>.

## **Audience Questions**



## Appointments systems

### Appointments systems

The group previously considered the management of appointments using IT systems. Past feedback from the group is below:

- Integration is required across appointment systems.
- Avoidance of the management of multi appointment systems.
- Patients should receive sight of appointments information.
- The BaRS programme should incorporate appointment standards.
- Appointment systems should seek to reduce the login burden.

The NHS website team have asked CP ITG for feedback about their use of appointment systems.

• <u>Pharmacy representatives are encouraged to complete a snap survey about their</u> <u>use of appointment systems</u>.





(i) Start presenting to display the audience questions on this slide.





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## Community pharmacy appointment systems should align with the NHS App / NHS website / NHS account?





# Which appointment IT systems are used? And why?

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## What principles should govern future IT development of pharmacy appointments?





# Any other comments about appointment standards.

## **Digital priorities**

The group has previously discussed pharmacy IT priorities and objectives some of which continues to feed into the <u>CP ITG's digital vision work</u>. The collated feedback has identified requests relating to the below:

- A. That referrals always be electronic and align to common NHS IT standards
- **B.** That patients can book an appointment with any pharmacy using online methods including through NHS App or pharmacy apps (which should align to BaRS).
- C. That community pharmacy data flows to and from pharmacy (including expanded Community Pharmacy Data standard).
- **D.** That patients be notified digitally about their NHS prescriptions and NHS pharmacy services with standardised messages: e.g. via email, SMS text message, app notification, or online account updates. For example, the EPS prescription statuses 'ready to be collected' and 'delivered'.
- E. That the Electronic Prescription Service be enhanced in readiness for the next generation.
- F. That patients be able to look-up any service and quickly see which nearby pharmacies offer which services (the Australian pharmacy service finder provides an example model: <u>findapharmacy.com.au</u>).
- **G. Electronic health records usage**: Pharmacy requires records and genomics information accessible within its clinical systems with some interim steps expected to be necessary along the way (NCRS and new information made available within this ShCR portals and information retrieved via GP Connect Access Records etc.).
- H. That NHS pharmacy services and dispensing elements have IT frameworks and APIs to reduce double data entry. These should be prepared minimum six months prior to service launch.
- I. That paperless processes be used within community pharmacies.
- J. That outcomes data is captured and built into pharmacy and dispensing services.
- K. The Pharmacy IT Futures framework should be established to incentivize innovation and alignment of pharmacy systems to CPCF developments.
- L. Secure and simple authentication: for pharmacy teams and patients during the delivery of NHS pharmacy services.

### **Pharmacy digitisation priorities**

CP ITG pharmacy representatives have agreed with several priorities to support the community pharmacy sector which align to the previously published CP ITG vision of pharmacy IT.

Security and simple authentication

-E.g. 'login with NHSmail' and improved 'NHS Care Identity Service 2' lessening need for physical Smartcards

-Simple methods for patients to authenticate or adjust data sharing settings

-Straightforward and non-duplicative security across pharmacy IT e.g. via Data Security and Protection Toolkit Data flowing Expanded Community Pharmacy Data standard enabling data flow to / from pharmacy with other parts of health and care

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Digital prescriptions and services

- Electronic Prescription Service next generation
- Full prescription/order trackability for EPS users and patients

Seamless referrals and appointments Expanded NHS Bookings and Referrals Standard (BaRS) in all health and care sectors and across patient and clinician systems/apps

Interoperable systems supporting efficient service delivery - A Pharmacy IT

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- Futures framework including NHS technical toolkits and APIs for CPCF services
- Paperless processes and patient interactions logged

Principles that apply across pharmacy IT:

-User-tested and usable -Service led -Patient focussed

### **Records usage**

-GP Connect in NCRS and clinical systems as interim step -PRSB Core information standard expansion and coding enabling supplier plug and play into all/any record systems -Shared Care Record (ShCR) in portals and within clinical systems -Genomics information

### **Pharmacy digitisation priorities**

#### Data flowing

-Expanded Community Pharmacy Data standard enabling data flow to / from pharmacy with other parts of health and care

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Seamless referrals and appointments

-Pharmacy and other sectors use **expanded NHS Bookings and Referrals Standard (BaRS)** across their systems.

-Patients use chosen platforms including NHS App and pharmacy apps to view/change appointments. Pharmacy & NHS (incl NHS National Booking Service) systems are also integrated into BaRS and those appointments. -Pharmacy to provide a mix of face-to-face or virtual consultations

#### Simple authentication

-Via 'login with NHSmail' and an improved 'NHS Care Identity Service 2' lessening need for physical Smartcards -Simple systems for confirming or viewing profile information e.g. expansion/interoperability

of NHS Profile Manager & NHS Service Finder and future related APIs

#### Digital prescriptions and services

- Electronic Prescription Service is next generation including digital tokens, computable dose instruction, improved eRD etc.
- Patients and EPS users can see, track and be notified about prescription processing status e.g. 'ready to be collected' or 'delivered', and similar re other services.
- Medicine order and digital notifications standardized and pharmacy systems always sighted of these
- Patients can easily see which pharmacies deliver which services via NHS website and NHS App

#### Records usage

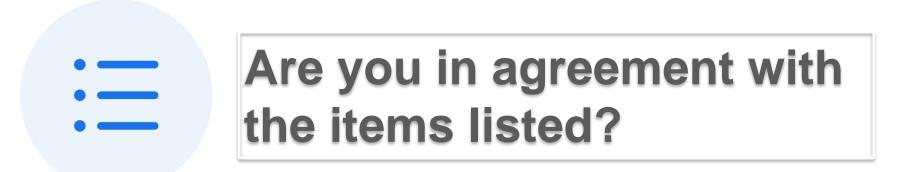
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-Wider deployment/integration with of Shared Care Record (ShCR) and structured GP Connect records. -Expansion of PRSB Core information standard the coding of it so that a supplier integrating with any records system can plug into any other NHS records system -ShCR into the National Care Records Service portal for all pharmacies as an interim step prior to full integration of ShCR into pharmacy clinical systems -Pharmacy has appropriate access to genomics information

### Interoperable systems supporting efficient service delivery

- Robust IT solutions for delivery of pharmacy NHS Community Pharmacy Contractual Framework (CPCF) services
- NHS technical toolkits to promote a marketplace of robust pharmacy services IT solutions.
- A Pharmacy IT Futures framework to incentivize innovation and alignment to CPCF developments
- Payment & data APIS to reduce pharmacy teams needing to perform double data entry
- Paperless processes including more paperless EPS
- Systems enable capture of patient interactions using standardized coding and the logging of those – for clinical purposes and to capture the workload impacts





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What changes to the diagram are wanted? Is there anything missing from the list? Would you challenge any of the items being listed?

## Post-meeting CP ITG communications, messages, upcoming consultations

Community Pharmacy

**Close from Chair** 

Thank you!

Post meeting queries: <u>it@psnc.org.uk</u>