

Community pharmacy IT progress update: Spring 2023

This briefing sets out updates about community pharmacy IT and progress with Community Pharmacy IT Group's (CP ITG's) [workstreams](#) during the last quarter.

The updates are categorised into the work plan areas below.

- [Community pharmacy IT developments: overview](#)
- [Pharmacy services IT and standards](#)
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- [Payment and data Manage Your Service \(MYS\) APIs for CPCF services](#)
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- [Supporting interoperability;](#)
- [NHSmail;](#)
- [Data security;](#)
- [Reduced burden and practical use of IT;](#)
- [Pharmacy systems;](#)
- [Apps, wearables and technologies;](#) and
- [IT policy updates.](#)

Note: You can click or select a category heading (left) to automatically scroll down to that section of the document.

Comments or feedback that support progress on the priority areas, can be provided by emailing it@psnc.org.uk. These updates are also available within html format at: psnc.org.uk/itupdate.

Community pharmacy IT developments: overview

[a. Pharmacy IT priorities: overview](#)

NHS England, DHSC and the CP ITG have previously flagged the pharmacy IT priorities: PRSB Community Pharmacy Data Standard / Community Pharmacy Contractual Framework (CPCF) IT; records access; payment and data APIs; Booking and Referral Standards (BaRS); and EPS next generation. These priorities align with the [CP ITG's vision](#) and the [CP ITG's paper about digital transformation within the NHS](#). The CP ITG has continued to support these projects and PSNC is also working with the NHS on the next steps to progress these areas. Updates are also expected in relation to:

- **Pharmacy IT supplier frameworks:** NHS England previously fed back it continued to explore commercial requirements and opportunities that will support both the needs of the sector and system suppliers now and in the future to support and develop an open supplier market.
- **Booking and Referral Standards (BaRS):** [NHS England's Transformation Directorate's BaRS programme](#) aims to enable [booking and referral information to be sent between NHS service providers in a format useful to clinicians](#). The intention is that BaRS will eventually be available in all care settings. Pharmacy use cases for the standard are currently being considered – including the potential for referrals from NHS 111 to community pharmacy. The minutes and [slides](#) from the group's previous meeting contain additional information about BaRS. CP ITG feedback indicated that the BaRS programme should be expanded to incorporate NHS appointments standards.
- **GP Connect:** [GP Connect](#) enables GPs and other authorised health care organisations to link in with GP system information, allowing those authorised to use additional functionalities, including "Access Record". The minutes and [slides](#) from the group's previous meeting contain further information about developments with the GP Connect Access Record.

b. Independent prescribing

The General Pharmaceutical Council (GPhC) previously consulted and reported on [changes to the requirements for entry to independent prescribing courses](#), and the Pharmaceutical Journal reported that [independent prescribing piloting was to begin across England from 2023](#). NHS England previously reported into the CP ITG about the plans for the pathfinder programme. A special CP ITG meeting was held on 1st December 2022. Each Integrated Care Board (ICB) was invited to complete an expression of interest form working with their Regional Pharmacy Integration Leads and local stakeholders.

Next steps:

- [Pharmacy teams may complete the Independent Prescribing Programme & IT survey \(5-7 mins\)](#).

c. Digital priorities

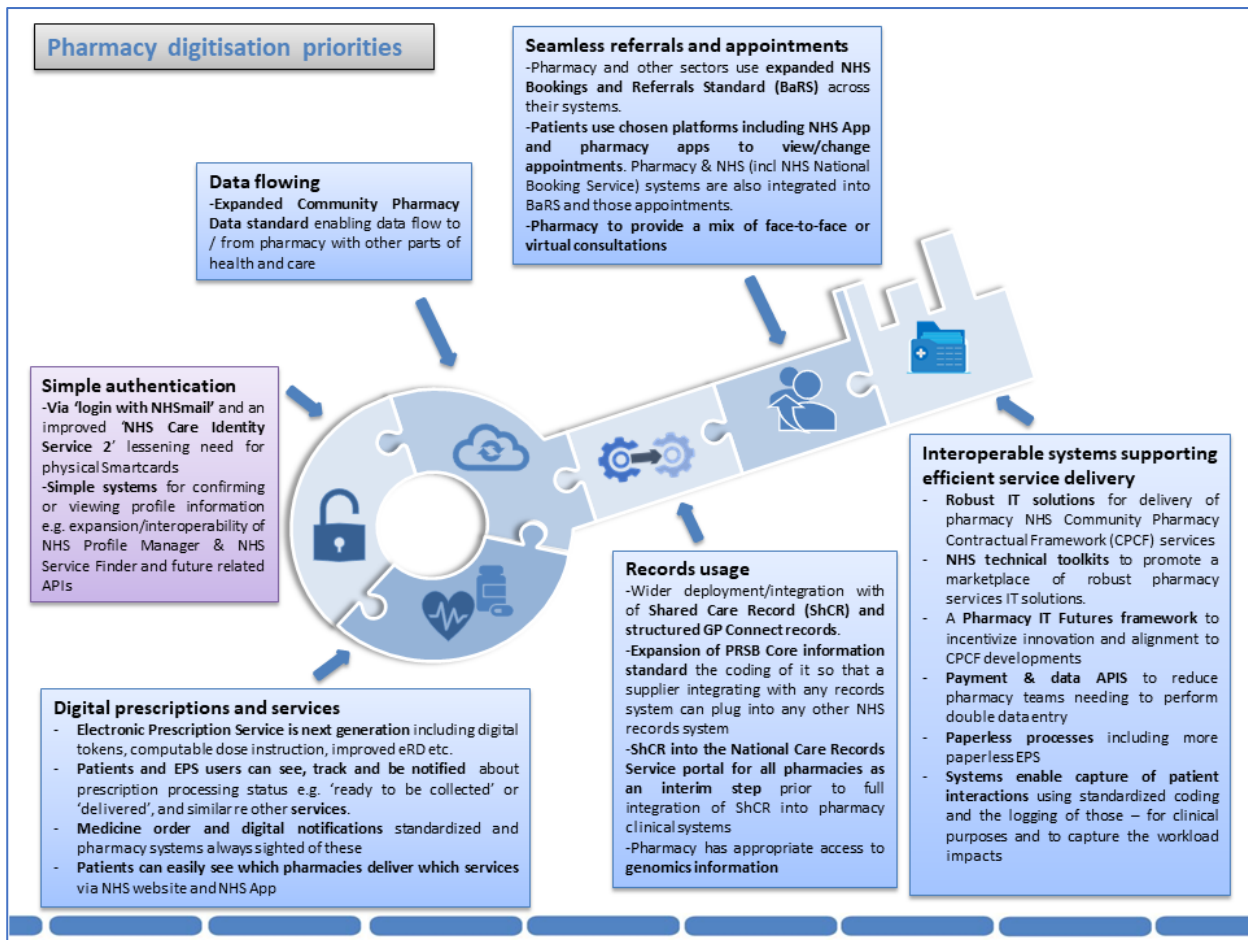
The group has previously discussed pharmacy IT priorities and objectives some of which continues to feed into the [CP ITG's digital vision work](#). The collated feedback has identified requests relating to the below:

- 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: findapharmacy.com.au).
- 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.

The diagram on the next page has been developed using all of the feedback that has been collated.

Next steps:

- Additional comments about the future development of the infographic can be sent to it@psnc.org.uk.



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

Relevant webpages include: [/serviceit](#)

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

NHS England and PSNC want suppliers to be given information about the service, including the IT implications and dataset requirements. Progress in this area will reduce the administrative burden and data entry for pharmacy teams, meaning they will not need to copy and paste across different systems. NHS England are encouraging related developments to be accelerated. NHSBSA continue to develop further API specifications for suppliers to align to. The MYS APIs to be prioritised will be Pharmacy Contraception Service, Discharge Medicine Service, Blood Pressure Checking Service, New Medicines Service and the Smoking Cessation Service.

IT standards

Relevant webpages include: [/standards](#)

a. 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 guidance for suppliers has been updated. Suppliers are encouraged to share comments and feedback by completing [the new supplier dm+d code change snap survey](#) and/or by emailing it to it@psnc.org.uk.

Electronic health records

Relevant webpages include: [/records](#)

[a. National Care Records Service \(NCRS\)](#)

[The National Care Records Service \(NCRS\)](#) is being introduced as a new interface available from within the Spine portal link directory to provide national patient information for health and care staff. NCRS will be a successor to the [Summary Care Record application \(SCRa\) portal](#). NCRS enables view of SCR information as well as:

- Personal Demographics Service;
- [National Record Locator](#) to locally held care plans
- Reasonable Adjustments Flag
- Child Protection Information Sharing

Information within NCRS is consumable by IT system suppliers. Authorised health and care workers can access the NCRS using mobile or desktop devices connected to the internet using WiFi, mobile data or an existing Health and Social Care Network (HSCN). The NCRS offers multiple access options including biometric authentication or smartcards. The NCRS was piloted within different health and care settings including within Weldricks pharmacies. It is now being rolled out further following the success of the pilots. CP ITG feedback has requested for ShCR pointers, ShCR information, and GP Connect information to be added to the NCRS portal in due course (as an interim given that ShCR information is not yet embedded into clinical systems). Pharmacy teams have also called for the underlying IT standards to unite NCRS and ShCRs so that suppliers which integrate into NHS records systems may easily integrate into any others.

Next steps:

- Pharmacy professionals are encouraged to test out NCRS by going to: <https://portal.spineservices.nhs.uk/nationalcarerecordsservice/> (on their Patient Medical Record (PMR) machines with their Smartcard) and completing this [NCRS feedback snap survey](#) (or email it@psnc.org.uk) to confirm if you can access it and your experience of using it.

Bookings, referrals and appointments

Relevant webpages include: [/bra](#)

[a. 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 for feedback about pharmacy team use of appointment systems.

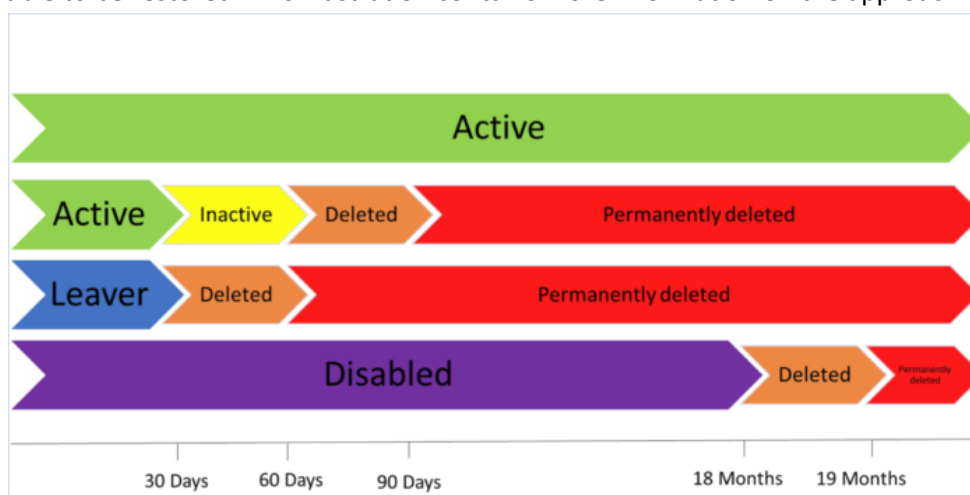
Next steps:

- [Pharmacy team members are encouraged to complete a snap survey about their use of appointment systems.](#)

Supporting NHSmail

Relevant webpage(s) include: [/NHSmail](#)

- [The NHSmail escalation process and the associated factsheet has been amended. Pharmacy NHSmail users with technical queries about NHSmail are now advised to contact \[helpdesk@nhs.net\]\(mailto:helpdesk@nhs.net\) instead of \[pharmacyadmin@nhs.net\]\(mailto:pharmacyadmin@nhs.net\). The NHSmail team have said this will not change the helpdesk experience. If pharmacy NHSmail users do accidentally email the old address \[pharmacyadmin@nhs.net\]\(mailto:pharmacyadmin@nhs.net\) such emails will automatically be diverted to the helpdesk inbox.](#)
- [The NHSmail team made changes to the system regarding keeping accounts active from 1st December 2022. Personal NHSmail accounts which are not used for 30 days will be marked inactive and inactive accounts which are not activated within the following 30 days will be deleted. If a personal NHSmail account is 'deleted'; it can be restored within 30 days by raising an NHSmail ticket. If an account is not restored within that period, it will be permanently deleted, and it will not be able to be restored. This illustration contains more information on the approach:](#)



- The [Virtual Visits tool](#) provides pharmacy contractors with an appointments system so that they 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 Virtual Visits 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. [Contractors that have not done so should register interest with taking part in the Virtual Visits pilot via this webform.](#)

1a

Supporting the development of interoperability/integration

Relevant webpages include: [/interoperability](#) and [/dosesyntax](#)

[NHS Profile Manager](#)

- Previously, community pharmacy teams used two different NHS systems to ensure their pharmacy details were up to date in the Directory of Services (DoS) and on the NHS website: the NHS website profile editor and the DoS Profile Updater. During June 2022, [NHS Profile Manager](#)

launched to replace both the DoS Updater and the NHS website editor². The services module was launched during late 2022 and further service module enhancements are anticipated this year. Since mid-January 2023, [pharmacy teams have been able to update NHS Profile Manager if they routinely hold the 16 palliative and end of life care \(PEoLC\) medicines listed in the Drug Tariff](#) and can support local access to parenteral haloperidol.

- A series of [NHS Profile Manager video tutorials](#) from NHS England are available to support pharmacy teams to use the tool.
- PSNC published a news item about [how all community pharmacy Directory of Service \(DoS\) and NHS website profiles were automatically set to show as closed on Christmas Day \(although this could be changed by the pharmacy team – if required\)](#).

Next steps:

- NHS England's Transformation Directorate continues to work with the pharmacy multiples regarding the NHS website and DoS Application programming interface (API).
- If the group wants to discuss the [potential enhancements on the wishlist](#), please contact it@psnc.org.uk.

Electronic health records usage within community pharmacy

- Shared Care Records (ShCR) are patients' electronic health records. ShCRs include information from multiple care settings, e.g. GP practice and secondary care. Most 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, with the aim being that over time more health and care professionals can access these records. LPCs and/or local contractors can continue to take steps to gain pharmacy access and should use the guidance set out in the 'Engagement' section of PSNC's [community pharmacy and ShCRs webpage](#).
- PSNC has been encouraging pharmacy IT support to ensure that ShCR, NCRS and records links are authorised for use via communications with the CP ITG whitelisting mailing list.
- PSNC continues to work with NHS England's Transformation Directorate and other relevant stakeholders on the actions set out within the [Shared Care Record \(ShCR/LHCR\) NHS Transformation Directorate and pharmacy outputs](#) and [actions](#) documents. LPCs, ShCR project teams and other parties supporting ShCR pharmacy deployment are encouraged to contact it@psnc.org.uk with any technical ShCR information so that supplier and IT support helpdesks can authorize multiple ShCR domains simultaneously.
- A [pharmacy ShCR progress table](#) sets out some of the activity.
- CP ITG participants took part in NHS England's NCRS introductory webinar events held on 2nd February 2023 and 7th February 2023.

PSNC, CP ITG and NHS England's Transformation Directorate jointly ran an event to progress the records agenda on 8th December 2022 (see [papers](#) and [slides](#)). Some of the feedback from this event is replicated below:

- The goal is for structured clinical information to be directly accessible within clinical systems – following the development of structured coding which sits under NHS records systems.
- The development of underlying IT standards is needed so that a supplier can use NHS APIs so that if the supplier 'plugs into' any NHS records system or ShCR system, they will be able to plug into any other easily.
- Common standards are needed for IG and tech relating to ShCR other records.
- More information within National Care Records Service (NCRS) portal would be helpful including ShCR pointers (e.g. links and ShCR one-click), and information accessible via *GP Connect - Access Records*, and [National Record Locator \(NRL\)](#).

Use of records within GP practice

- Pulse reported on [the large budget cut which put into question the rollout of mass GP data extraction, aimed to be shared for planning and research purposes.](#)
- PublicTechnology.net reported on how [the NHS launched a new multimillion-pound framework to support the creation and delivery of web-based GP IT systems. Eight suppliers have been awarded a place on the framework: EMIS Health; Eva Health Technologies; The Flame Lily Healthcare; MedicalDirector; JWPM; Medicus Health; Ouris Health; and OX.DH. These suppliers are expected to work with the NHS during 2023-2024 to “develop new GP clinical systems in line” with the standards and required functionality.](#) UKAuthority.com also [reported on this.](#)
- Pulse reported [technical and operational challenges with the ‘Citizen’s Access Programme’ \(this gives patients automatic access to their records through the NHS App\).](#)

Other records updates

- SCR AI changes continued beyond COVID-19 legislation which expired during 2022. PSNC and the Community Pharmacy IT Group have campaigned for pharmacy teams’ access to SCR AI to be extended beyond the pandemic by sharing case study information. If you have any examples of how SCR with AI has enhanced patient care, in comparison to normal SCR access, please contact it@psnc.org.uk, as such examples could be used to support the case for permanent access to SCR with AI and other health records for pharmacy.
- [DigitalHealth.net published a special report on ShCR progress and positive developments for mature ShCR and ‘skyrocketing progress’ for some of the ShCR projects which were ‘late arrivals’.](#)
- [London North West University Healthcare NHS Trust \(LNWH\) says LNWH has become an entirely paperless Trust after a two-year project which digitised 210,000 patient records.](#)
- [TPP boss Hester questioned whether the NHS was receiving value for hospital EPR costs and proposed TPP support.](#)
- The use of the [NHS Covid database has been revived with the intention of fighting other diseases.](#)
- DigitalHealth.net reports on the [government’s digital agenda regarding the new, Federated Data Platform \(FDP\). The FDP is intended to bring together siloed data from the 42 Integrated Care Systems to support joined-up health services.](#)
- PublicTechnology.net reported on [the government’s plan to invest millions of pounds into supporting digitisation for the half of social-care providers across the country that were still entirely reliant on paper care records.](#)
- [The Care and Health Information Exchange \(CHIE\) ShCR, has been extended into care homes within Hampshire and the Isle of Wight.](#)

Community Pharmacy Data Standard (CPDS)

- PRSB reported previously that it was looking to update to CPDS. This was to reflect changes to the community pharmacy contractual framework in England and the services it covers, along with other changes to bring the standard up to date with, for example, improvements to the underlying sections used in other PRSB standards. The changes to the standard are not altering or bringing in significant new areas of clinical/professional content.
- PRSB arranged two webinars: a supplier meeting (2nd February 2023), and a general webinar (7th February 2023). CP ITG participants were encouraged to attend these. [The proposed uplifts are set out within this slide-set.](#) Comments to PSNC can be sent to it@psnc.org.uk.

Standards and interoperability

- The King's Fund held an event on, '[Digital technologies and interoperability: enabling the future of integrated care](#)' and made videos from the event available on-demand.
- At a previous meeting, the group agreed to support the capability for anonymised data to be accessible, so that pharmacy teams' interventions can start to be auditable, and the value of community pharmacy can be better demonstrated. If PMR systems were to be adapted to allow such data sharing, it would require the development of a roadmap and a standard approach to data provision, which may benefit from use of SNOMED CT clinical terms. If you would like to help with this work, please contact it@psnc.org.uk.

National Booking Service (NBS) 'proof of concept' testing of flu vaccination appointment booking

- The NBS, is a digital tool which enables patients to use the internet to book their NHS COVID-19 vaccination appointment.
- NHS England' NBS team began a 'proof of concept' test to consider extending the use of NBS to allow patients to book their flu vaccination appointments through the NBS at pilot pharmacies.
- The CP ITG held a meeting about NBS on 12th October 2022. CP ITG participants fed back that:
 - NBS should align to the NHS Booking and Referral Standard (BaRS) at the first possible opportunity, and pharmacy appointment systems should align to BaRS. Development work will be required to enable this to happen.
 - If all pharmacy and NHS appointment systems integrated into BaRS this would be expected to lessen the challenge with pharmacy teams needing to manage the burden of multi calendars. Dedicated vaccine appointment systems will help with staff rotas and planning; stock orders; management for just in time deliveries; and patient communications.
- The NBS team said that NBS does not yet integrate into pharmacy appointment systems or BaRS. However, the NHS England NBS team has started discussions with the BaRS team, although integration work has not yet been commissioned.
- The evaluation of the NBS flu 'proof of concept' will be conducted during 2022-2023.
- PSNC shared feedback into the NBS evaluation process – which included the feedback from CP ITG participants.

Referrals IT

- A special CP ITG event was held on 25th October 2022. A CP ITG sub-group discussed referrals with the BaRS team, who are generating research to improve the NHS e-Referral Service and the NHS future referrals team (see [slides](#) and [minutes](#)). The sub-group provided feedback about the current IT used for referrals and about what was needed in the future.

1c

Supporting maintenance and demonstration of data security and information governance arrangements

Relevant webpage(s) include: [/ds](#)

Data Security and Protection Toolkit (DSPTK)

- [PSNC updated its Data security and information governance hub and published new guidance documents for the 2022/23 Toolkit submission](#). Additionally, PSNC and the NHS DSPTK team

jointly presented a webinar on the topic, which around five hundred people registered to attend. [The new DSPTK webinar was subsequently made available on demand](#). PSNC and the NHS DSPTK team are working on the arrangements for the community pharmacy 2023/24 toolkit publication ahead of the next June 2023 deadline. If you would like to feed into the development of the 2023/24 toolkit, please email it@psnc.org.uk.

Other data Security updates

- [National Data Guardian has advised national policymakers that suppliers must share NHS core values.](#)
- [DigitalJournal.com explored the impact of recent and future ransomware attacks on NHS IT.](#)
- [Chris Day](#), Cyber Clinical Informatics Manager with NHS England's Transformation Directorate, argues that [cyber security is more than 'just an IT issue'](#) and outlines his role in [shaping clinical safety and cyber security strategies](#).
- [The Network and Information Systems \(NIS\) regulations are expected to be extended to additional critical service providers including the NHS and energy companies.](#) The changes include requiring the services to improve their reporting of cyber incidents to regulators of a wider range of incidents that could signal a high risk even if they do not immediately cause disruption. [The new measures will also reportedly give the government the power to amend the NIS Regulations – possibly by making them apply to more organisations.](#)
- HSI, reported that the [government looking for a new cyber security chief for the NHS and Department of Health and Social Care](#), at a time of heightened risk of cyber attacks against the [health service](#).
- The [first four regional Trusted Research Environments \(TREs\) have been confirmed](#). These are [intended to provide a secure space for NHS data research](#).

1d	Connectivity, business continuity arrangements and dealing with outages
Relevant webpage(s) include: /connections and /itcontingency	

- PSNC highlighted that [Pharmacy team members can subscribe to alerts about EPS and other services, through the NHS England's Transformation Directorate service status pages](#).
- [BMJ opined on how Failing IT infrastructure such as outages could undermine safe healthcare](#).

2a	Support reduced burden through tackling issues related to the practical use of pharmacy IT and promoting good IT practices
Relevant webpages include: /itworkflow	

Paperless processing

- [Community Pharmacy IT survey results: 83% of pharmacies support going paperless.](#)
- [Simon Duncan, the Director of B2B Solutions at E.ON, outlines the key considerations for decarbonising the NHS and the public sector.](#)

Smartcard identity checking process to be digitized: Apply for Care ID

- 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 throughout the pandemic so that staff could authenticate themselves remotely, e.g., via video calls. NHS England’s Transformation Directorate hopes that a successful early rollout will lead to the wider rollout of ‘Apply for Care ID’. This programme will enable health care staff use an NHS authenticator app as an alternative to a face-to-face visit to the RA. The service has incorporated feedback from PSNC and CP ITG into their plans. The minutes and [slides](#) from the group’s previous meeting set out additional developments about Apply for Care ID. [The ‘Apply for Care ID’ online materials have been further updated during late 2022.](#)

Other updates about reducing burden

- [Nuance](#) published a report demonstrating [the burden of clinical documentation.](#)
- [Building the Future for GP practices](#) report from BMA suggested [doctors are losing 13 million hours annually because of NHS IT challenges.](#)
- [Graphite's user research team explained the difficulty of demonstrating the value of health IT user research in health and care.](#)
- Academia Ltd reported on the benefits with [mobile tablet usage within health and care.](#)

3a	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

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 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 being developed. The working group is to meet again once the dataset is further developed.

3b	Supporting Electronic Prescription Service and its enhancements
<i>Relevant webpages include: /eps, /rtec and /itfuture</i>	

Electronic Prescription Service (EPS)

- Pharmacy teams are encouraged to complete the [EPS Paperless, Outcomes and Trackability survey](#) (5- 7 mins). The results will feed into a study by Kinston University and will also be shared to the NHS England EPS team.
- The EPS user research team at NHS England are continuing to explore looking at enhancing features within the NHS App, with one potential feature being to provide patients with access to an electronic prescription token or Phase 4 non-nominated token. Pharmacy teams are encouraged to provide feedback via the [EPS team survey on digital tokens](#) (past CP ITG feedback on digital tokens passed to the EPS team is set out [here](#)).

- It is now 18 years since the first electronic prescription was received by a community pharmacy in February 2005. Back then, the Co-op pharmacy on Scott Street in Keighley, West Yorkshire, received a prescription for atenolol from their local GP practice. Instead of coming into the pharmacy through the front door in the form of a green paper slip in the hands of a patient, the prescription had been sent directly from the GP practice IT system to the pharmacy's system. It took more than ten years for the transition to be made from paper to digital prescriptions in primary care, as more GP practices added EPS and additional changes were introduced. [NHS England's Transformation Directorate published a feature about the early days of EPS and how it has transformed primary care prescribing in England](#). [PSNC also highlighted the milestone](#).
- DigitalHealth.net reported on [Electronic Prescription Service fulfilling one billion items a year](#).
- PSNC reported on an additional opportunity to [Help improve the Electronic Prescription Service](#).
- PSNC published a new [EPS token ordering and escalation briefing factsheet](#).
- [PSNC reported during late 2022 about the updating of its Electronic Repeat Dispensing \(eRD\) webpage, factsheets and guidance](#).
 - [The benefits of eRD to contractors, general practice and patients](#);
 - [How the eRD cycle works](#);
 - [Working with GP practices to roll out eRD and optimise its use](#);
 - [Business change workshop actions list template](#); and
 - [Repeat medicines synchronisation form](#).

Real Time Exemption Checking (RTEC)

- The NHSBSA continues to lead the RTEC project. The NHSBSA, DWP and the RTEC steering group plan has supported the expansion of the DWP RTEC functionality to additional pharmacy contractors. [Over 80% of pharmacy organisations have now received the Department for Work and Pensions \(DWP\) functionality for Real Time Exemption Checking \(RTEC\)](#). The group may suggest items for the RTEC development roadmap by emailing it@psnc.org.uk.

4a	Consider the development of apps, wearables and technologies in healthcare
	Relevant webpages include: /apps

NHS App future developments

[The NHS App team are continuing to develop existing and future features](#) including:

Booking or managing a vaccination - Eligible people can now book or manage their COVID-19 vaccine using the NHS App as the National Booking Service has been added to the NHS App. In the coming months, eligible people will be able to book a flu jab on the NHS App.

- *Personal Health Records* integration with the NHS App.
- *Notifications and messages* direct to the NHS App: Following a pilot in 2022, NHS App now allows patients to receive messages relating to their care through the NHS App. The NHS App only allows messages from verified health and care services, so patients who are using the service know they can trust the authenticity of every message they receive. Patients need to have enabled notifications for the NHS App to use this feature. The current messages relate to:
 - reminders for referral appointments;
 - reminders for online consultations; and
 - vaccination invitations.
- *Hospital appointments*: patients are being given more control over their hospital appointments

and how and when they access information and support – via NHS App. 23 trusts have gone live.

- *Register with a GP surgery:* The NHS has introduced an online service to make it quicker and easier for people to register with a new GP surgery, offered free to all GP services. This new service is now being used at over 600 GP practices in England and is available for all GP practices to use.
- *Usability improvements:* A new introductory 'carousel' has been launched and is visible to people using the app for the first time. It describes what the app can do for them.
- *Access to GP health records.* Since 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.
- *Test results:* NHS App team are currently undertaking discovery work to understand more about the difficulties and pain points patients and clinicians face when it comes to accessing and understanding test results. It is hoped the findings will help NHS App team to prioritise the improvements which will have the most value for patients and clinicians.

Other NHS account and NHS App changes

- The NHS account team provided updates about the changes made to the [NHS account](#) functionality. See: [NHS account release notes](#).
- [NHS website was visited more than 1.2 billion times within a year](#). DigitalHealth.net reported [that NHS website gets 23 million visits per week and 2,300 views per minute](#).
- [Patients can now update their address using the NHS App](#).
- The government announced that [NHS App had topped 30 million sign-ups by the end of 2022](#). [The BBC also reported on this large NHS App usage](#).

Patient apps, tools and regulation

- DHSC announced a [£20 million research fund for developing new medicines and digital tools which demonstrate they will help people shed 20% of their weight](#).
- [CEO of GetUBetter, discussed why digital self-management for people with musculoskeletal conditions or pelvic health problems is finally becoming a reality](#).
- [Mental health funding of £1.8m welcomed by NICE and MHRA to explore regulation of digital mental health tools](#).
- An expert on medical technology policy [discussed the growing popularity of digital mental health tools and the moves to improve their regulation and guidance in the UK](#).
- [Digital mental health technology was recommended for children and young people by NICE](#).
- [The Medicines and Healthcare products Regulatory Agency \(MHRA\) has received £1m from BEIS' Regulators' Pioneer Fund for three projects. The three projects aim to improve how patients access life-changing treatments in clinical trials and to find a way to introduce complex artificial intelligence safely into front-line clinical settings](#).
- PharmaPhorum.com reported that [Wellcome funds were supporting the new regulation of digital mental health tools](#).
- HTN reported on [the development of the ShinyMind health and wellbeing app and positive assessments from Care Quality Commission, and the Academic Health Science Networks](#).
- MedTechNews.com reported on the emerging ['Internet of Bodies' technology and how the integration of Internet of Things \(IoT\) technologies and medical care has led to a surge in patent applications for connected medical devices. The article also explored trends in wearable and other tracking devices that detect an individual's vital signs or changes in physiological responses](#).

- [AccuRx integrated its online consultation tool, Patient Triage, with the NHS App.](#)
- BioMed Central (BMC) published a study on NHS Allied Health Professional (AHP) [clinicians and whether had sufficient guidance and training for delivery of remote consultations](#). Most AHP clinicians reported that guidelines had ambiguous areas (e.g., regarding protection from litigation and dealing with emergencies) and that the training that they had experienced was not sufficient.
- NHS Education for Scotland [launched a National Digital Platform \(NDP\) for the building of digital services and apps in health and social care](#).

5a	To support useful and usable IT beyond pharmacy PMR systems and EPS
	Relevant webpages include: /itfuture

IT policy: organisational changes and updates

- [PSNC reported on how NHS Digital teams and responsibilities were absorbed into NHS England's Transformation Directorate from 1st February 2023. DigitalHealth.net reported on the changes.](#)
- [Legislation which finalised merger of NHS Digital into NHS England aimed to 'ensure good practice continued' – including data protection, transparency and information governance.](#)
- NHS Digital published [annual report and accounts 2021 to 2022 during late 2022](#).
- PublicTechnology.net published an article, [NHS Digital said that the 2022 fiscal year, in which £750m was used to advance health IT was likely to be seen as "turning point" in the technological transformation of the health service](#).
- DHSC reported during late 2022 on how [Plans to merge NHS Digital with NHS England were accelerated to early January 2023 to support the 'plan for patients'](#).
- [Dr Marcus Baw opined that frequent organisational reforms for NHS organisations challenged the ability to make the best progress.](#)

Artificial Intelligence (AI)

- A report published by the NHS AI Lab and Health Education England (HEE) [called for all health and care staff to receive training in artificial intelligence \(AI\)](#).

Parliament's Health and Social Care Committee inquiry into 'Digital Transformation in the NHS'

- The [Parliamentary Health and Social Care Committee](#) collected evidence during late 2022 relating to changes with digital technology within the NHS. The CP ITG submitted a formal [response to Health and Social Care Committee inquiry into 'Digital Transformation in the NHS'](#), and additional evidence during late 2022.
- [Health and Social Care Committee published its evaluation during February 2023](#). Its panel rated the government's progress on digitising the NHS as 'inadequate'. Its findings included:
"Despite some encouraging progress, the Expert Panel found that key Government commitments on workforce and the use of patient information were either not met or were not on track to be met. The Panel found that overall progress towards improving the digital capabilities of the NHS was too slow, and often lacked support and funding."

Professor Dame Jane Dacre, the Panel Chair, said:

"What is particularly disappointing is that the Government recognises that the digitisation of the NHS is essential to bring about real benefits to patients, for example by helping them to monitor and manage long-term health conditions independently. Yet time and again, promises have been made but not delivered, hampering wider progress. We heard

about issues with interoperability between systems and providers, making it difficult for all parts of the system to communicate effectively, leading to delays and efficiency losses.”

Steve Brine MP, Chair of the Health and Social Committee, said:

“The Panel’s detailed work provides evidence of the Government’s overall ‘inadequate’ approach to its commitments to digitise the NHS and will feed into the Committee’s work, shaping the recommendations we make to Ministers.”

- The [full report](#) from the Health and Social Care Committee also noted that:
 - The NHS App was is not well integrated with pharmacy which prevents use of the app to manage repeat prescriptions and this may be one of the reasons a very small percentage of repeat prescriptions orders are made using the NHS App.
 - The current funding is not sufficient given the scale of the commitment which includes staffing provision as well as technical aspects. Furthermore, funding needs to be ringfenced, sustained and more evenly spread.
 - Pharmacy fed back that a lack of common standards hindered interoperability and prevented wider pharmacy onboarding with ShCRs.
- DigitalHealth.net [reported on the findings](#).

IT policy: priorities, reports and the future

- The CP ITG published its [Pharmacy IT quarterly round-up](#) after the group's last meeting.
- The [government set out a strategy to increase access to innovative medical technologies](#). [DigitalHealth.net reported on the strategy](#).
- Pulse reported on [NHS efforts which encouraged the public to access GPs via remote consultations](#), in an NHS advertising campaign intended to reduce pressures.

IT policy (local)

- [NHS Providers launched a programme to help leaders of Integrated Care Systems \(ICS\) advance digital transformation across their locality](#).
- Tech Monitor provided [cybersecurity tips for ICSs](#).
- [Four in five trusts are yet to reach their digitisation targets required by 2025](#).
- [Bolton NHS Foundation Trust has published its digital strategy for 2022-2025, sharing their ambitions to become a digital trust, with focus on digital integration, care, workforce, infrastructure and estate](#).

Cultural change

- [The King’s Fund published a report on ‘Interoperability is more than technology: The role of culture and leadership in joined-up care’](#).
- [DigitalHealth.net published a report which explored the relationships, culture and technology that come with interoperability and opined that “it is no longer discussed as a technology problem, but rather as a complex change that depends upon relationships and culture.”](#)
- [The NHS is ‘too static’ and must learn from itself and others said Tim Ferris \(NHS England’s director of transformation\)](#).
- [Flickread.com explored what's needed for digital interoperability to succeed](#).

Use of big data within the NHS

- [National Data Guardian published a blog which, looked at the upcoming NHS federated data platform and argued that the public's support for such big data projects is vital to their success.](#)
- [The Acute Data Alignment Programme \(ADAPt\)](#) has been advancing further during 2022-23. This is a joint programme between NHS England's Transformation Directorate and the Private Healthcare Information Network (PHIN) that is looking to adopt common standards for data collections and performance measures across the NHS and private healthcare. ComputerWeekly.com [reported](#) on the development.
- [The Institute for Government published a summary of a roundtable discussion with public servants and others on the NHS Covid-19 Data Store and NHS National Data Platform.](#)
- [Great Ormond Street Hospital deployed real-time data-sharing with ambulance teams.](#)
- [The International Public Policy Observatory published a report considering whether governments had mobilised data correctly and how data could support decision making.](#)
- DHSC reported on [Patients having better choice of which GP practice they wished to visit after data showing appointment waiting times was published for the first time.](#)
- A HSJ event [considered how data can play a part in addressing long-standing inequities.](#)

Digital inclusion

- [The NHS Race and Health Observatory conducted research into the use of digital apps to reduce ethnic health inequalities.](#)
- [Preventx explored how technology can be used to define and address inequities in sexual health and improve the health care system.](#)

Innovation

- [UK's first medical drone delivery project \(within Scotland\) is intended to change future of NHS. The medical drone project is allowing essential medicines, bloods and other medical supplies to be distributed.](#)
- [The Crown Commercial Service produced a guide for NHS bodies and trusts carrying out digital transformation: Prepare, Transform, Enhance: Digital transformation in the NHS. HSJ reported on this.](#)
- [The Institute of Cancer Research argues that now is the right time for the health care sector to embrace digital innovation.](#)
- [MadeTech's digital transformation team opined how the public sector can improve the efficiency of digital innovation, in order to keep costs low.](#)

Digital capabilities and recruitment

- [Seven pharmacy staff from community and hospital settings fed into a study about the digital competencies for pharmacists. The study also assessed Health Education England's digital capabilities framework tool and found some benefits concerning its usage within pharmacy.](#)
- [Health Education England \(HEE\) reported on how digital technology could improve the performance of the health and care workforce and meet future demand for services. DigitalHealth.net also reported on this.](#)
- [The Professional Record Standards Body argued that digitisation is desperately needed in NHS recruitment.](#)

- Pulse reported that [PCNs can now recruit 1,000 GP assistants and 1,250 digital transformation leads](#).

Genomics

- Health Education England (HEE) [extended a new online tool for clinicians to help them access vital genomics information for their patients](#).

About CP ITG

CP ITG voting members nominated by AIMp, CCA, NPA, PSNC, and RPS: Matthew Armstrong (Chair), Steve Ash, David Broome (Vice Chair), Darryl Dethick, David Evans, Nick Kaye, Sunil Kochhar, Fin McCaul, Graham Phillips, Darren Powell, George Radford, Craig Spurdle, Iqbal Vorajee and Heidi Wright.

The wider group: Other pharmacy representatives, system supplier representatives and representatives from NHS England pharmacy team, NHS Digital, NHS England's Transformation Directorate and NHSBSA.

Secretariat: Dan Ah-Thion.

Social media: To publicly tweet about the group/meeting use: *#cpitg*

Date of last main meeting: Wednesday 21st September 2022.

Next main meetings: 7th June 2023, 20th September 2023, 15th November 2023, 6th March 2024 (to be confirmed)

Comments or feedback: Comments that support progress on the priority areas, can be provided by emailing Dan Ah-Thion (it@psnc.org.uk).

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](#), [NHS England pharmacy team](#), and [NHS England's Transformation Directorate](#). Further information on the group can be found on the [CP ITG webpage](#).