

# *Community Pharmacy IT Group*

## Summer 2023 event slides

Quarterly meeting: June 2023

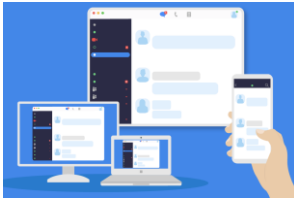


# Agenda

	Session
1.	Welcome from Chair
2.	PSNC becomes Community Pharmacy England
3.	NHS England pharmacy IT team changes
4.	Overview of pharmacy IT priorities
5.	Payment and data Manage Your Service (MYS) APIs
6.	Pharmacy Contraception Service (PCS) IT update
7.	Booking and Referral Standards (BaRS) update
8.	GP Connect
9.	Break
10.	CP ITG inputs about pharmacy IT supplier development
11.	Pharmacy IT development: a technical and commercial approach
12.	Professional Record Standards Body (PRSB) update
13.	Reflections on pharmacy IT future
14.	Digital first policy
15.	Patient tools
16.	Patient experiences of systems and equality considerations
17.	NHSmail multi-factor authentication (MFA)
18.	Requests for pharmacy IT topics to be raised at the upcoming Pharmacy Show
19.	Post-meeting CP ITG communications, messages, upcoming consultations
20.	Any other business and close from Chair

# Take part: continue using usual methods

- **Seek attention of Chair** e.g.  
use Zoom 'raise hand' feature



- **Use Zoom chat** (use it  
throughout meeting)

# PSNC becomes Community Pharmacy England

# PSNC becomes Community Pharmacy England

- Community Pharmacy England is the new name for the representative body for all community pharmacies in England - from 30th May 2023.
- Community Pharmacy England will continue to work closely with everyone in the community pharmacy sector. Its goals are to develop the NHS community pharmacy service, to enable community pharmacies to offer a range of services that meet the needs of their local communities and provide value and good health outcomes for the NHS and the public.
- Its committee is made up of representatives of pharmacy owners in England from all parts of the community pharmacy sector.
- The name change reflects the organisation's current and future work. Changes have been applied to the website: [cpe.org.uk](https://cpe.org.uk) (and webpage redirects are in place) and its [Digital and Technology section](#). The email contact points for CP ITG secretariat correspondence have been updated to [it@cpe.org.uk](mailto:it@cpe.org.uk) and [Daniel.Ah-Thion@cpe.org.uk](mailto:Daniel.Ah-Thion@cpe.org.uk) (email redirects are in place if the older email addresses are used).

PSNC becomes Community Pharmacy England: new logo





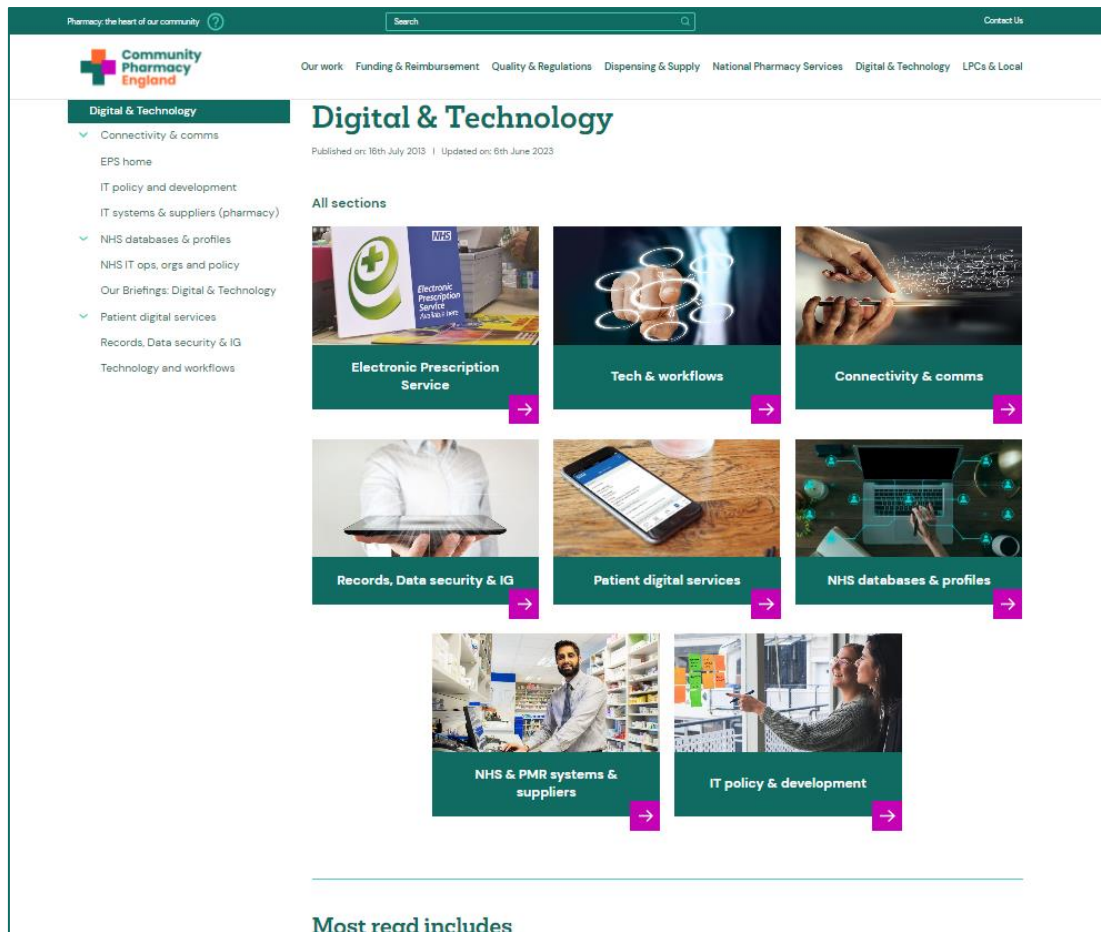
# The voice of community pharmacy

We champion community pharmacies across the country – giving members the **support** they need, **negotiating** a fair deal with the NHS and Government, and **influencing** positive change.

Because everyone in society needs community pharmacies to succeed.

# PSNC becomes Community Pharmacy England: website updated

- Community Pharmacy England's website has been visually updated in line with the new name.



# NHS England pharmacy IT team changes



# NHS England pharmacy IT team changes

- A verbal update will be given

# Digital Pharmacy Policy

## **Pharmacy IT priorities overview**

Presentation update for CP ITG on 7th June 2023

**Gemma Ramsay – Senior Policy Lead**

## Areas of work

- Live Application Programming Interfaces (APIs)
- NHS Business Services Authority
- Professional Record Standards Body – Community Pharmacy Data Standard
- GP Connect Access and Update Record
- NHS Booking and Referral Standard (BaRS)
- Digital Care Integration Services (DCIS) Catalogue and Market Engagement
- Primary Care Action Recovery Plan (PCARP)

# Delivery plans and Common Conditions Service

- NHS England and Community Pharmacy England are discussing the service plans. NHS England are also engaging with CPCS system suppliers.
- The group are to discuss more detailed slides at the CP ITG event.

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

Ben Tindale, Senior Service Delivery Manager, NHSBSA

Session timing: 10.20-10.35

# MYS CPCF API Progress Update

## Blood Pressure Checking (CVD)

**Status:** Engaging with eligible suppliers

**Completion of supplier assurance:** August 2023

**API go-live for contractors:** 1st September 2023

## New Medicine Service (NMS)

**Status:** Engaging with eligible suppliers

**Completion of supplier assurance:** November 2023

**API go-live for contractors:** 1st December 2023

## Smoking Cessation Service (SCS)

**Status:** Live with assured suppliers

**Completion of supplier assurance on updated service:** February 2024

**API go-live for contractors for updated service:** 1st March 2024

## Contraception Service

**Status:** Live with assured suppliers

## Discharge Medicine Service (DMS)

**Status:** Expressions of interest and evaluation

**Completion of supplier assurance:** Q3 2023/24\*

**API go-live for contractors:** Q4 2023/24\*

## New Supplier Engagement

The next windows of opportunity for suppliers to go through the assurance processes for the MYS CPCF APIs who are not already engaged in the process are Q3 & Q4 2023/24.

Any suppliers not currently engaged with NHSBSA in delivery of the MYS APIs for the CPCF services can contact us at any time to discuss. Email us at [nhsbsa.mys-platform@nhs.net](mailto:nhsbsa.mys-platform@nhs.net) Please note NHSBSA are in the process of migrating our mailboxes. Depending on when you get in touch, you may need to contact the new mailbox which will be [mys-platform@nhsbsa.nhs.uk](mailto:mys-platform@nhsbsa.nhs.uk)

Suppliers should also ensure they have passed any relevant assurance as required by NHSE Transformation for the specific services.

# MYS APIs

Discussion

Session timing: Finishing by 10.35

# Pharmacy Contraception Service (PCS) IT update

Kirsty Armstrong (NHS England, Pharmacy PCS lead)



# NHS Pharmacy Contraception Service Advanced Service Launch

**Go Live – 24th April 2023**

- Tier 1 – ongoing supply of oral contraception
- ‘Soft’ launch – minimal communication to respect current sensitivities
- LPC engagement unknown and may vary regionally
- Engagement via regional teams supported by national team
- Key requirement is an approved IT solution ( Cegedim® or PharmOutcomes® )
- Free of charge until April ‘24
- Other IT supplier payment models may vary

**Need your next  
supply of oral  
contraception?**



# NHS Pharmacy Contraception Service Data

## Service registrations

Total number of Pharmacies registered for the Service	% of estate (11,000 pharmacies)
1587	14%

Last week	+/- change
1488	99

## Tier 1 pilot pharmacy registrations

Tier 1 pharmacies registered for the Service	% of Tier 1 Pilot pharmacies registered for the Service	Number of pilot sites still to transition
141	63%	83

Last week	+/- change
139	2

## Consultations

Total number of Pharmacies delivering consultation	No of consultations completed
327	1277

# NHS Pharmacy Contraception Service - Feedback



- Positive step forward that NHSE took time to put the APIs in place in time for the launch of the service.
- No issues reported by IT providers
- User find systems easy to use especially where they self populate.
- Broadly speaking method of entry to service:
  - 30% recruited by Pharmacy,
  - 30% self referred,
  - 10% subsequent visit after first repeat subscription,
  - 30% referred by other healthcare provider
- Analysis of Referral:
  - 96% by GP Practice,
  - 3% Sexual Health Service,
  - 0.5% by another community pharmacy
- Registration on MYS is open for any contractor who wishes to participate

[MYS – Pharmacy | NHSBSA](#)

- [FAQ for contractors hosted on NHSBSA](#)

[NHS Pharmacy Contraception Advanced Service Tier 1 - ongoing supply of oral contraception | NHSBSA](#)

# NHS Pharmacy Contraception Service



Thank you



England

# Booking and Referral Standard

## Update for CP IT Group


Presented by:  
**BaRS Team**

Session timing: 10.40-10.55



# Pharmacy Applications

## Current and future applications

- GP to Pharmacy (CPCS)
  - 111 to Pharmacy (CPCS)
  - 111 on-line to Pharmacy (CPCS)
  - ED to Pharmacy (CPCS)
  - GP to Pharmacy (Blood Pressure)
  - GP to Pharmacy (Contraception)
  - On-line consultation to Pharmacy (CPCS)
  - Pharmacy to Pharmacy (Medication)
- 
- A green arrow points from the first use-case to the future use-cases. A blue bracket groups the future use-cases.

**First use-case**

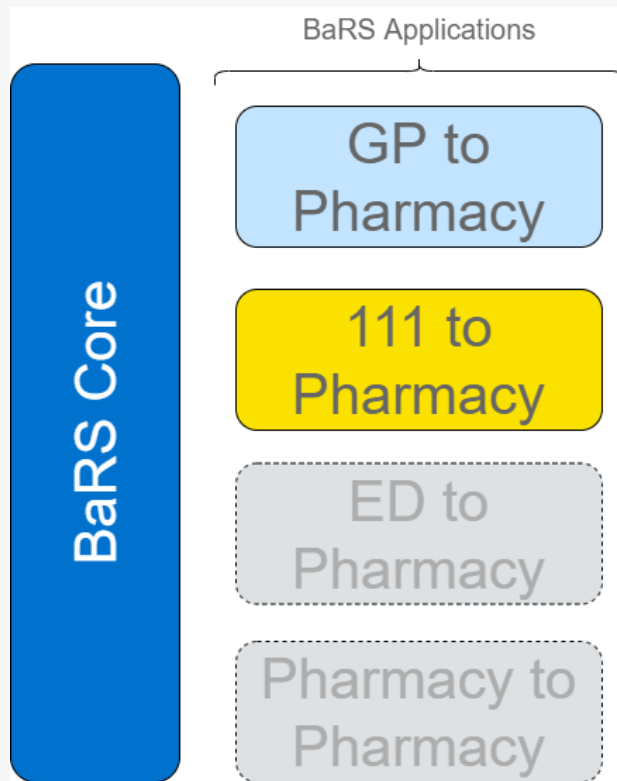
**Future (not  
prioritised) use-  
cases**

# What is BaRS

# The Product

## Core & Application

- **BaRS Core** is the foundation containing all the things *everyone* has to do
- **BaRS Applications**, *apply* the standard to a specific problem and build on this to support use cases



## Standardised flexibility.....

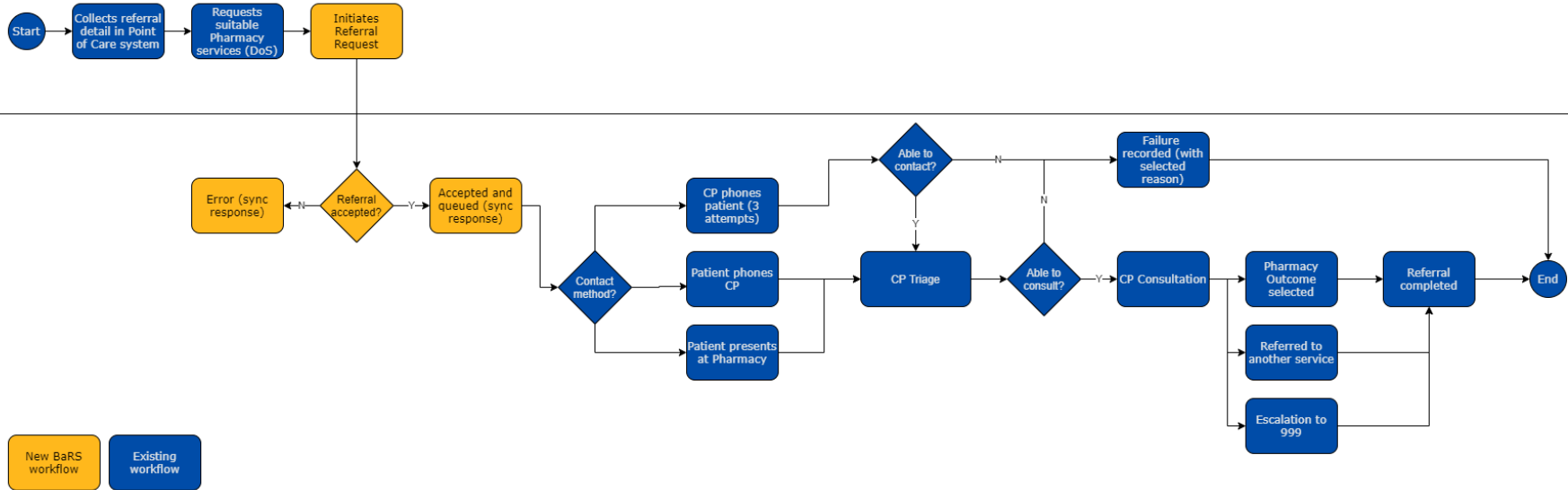
Workflow

Payloads

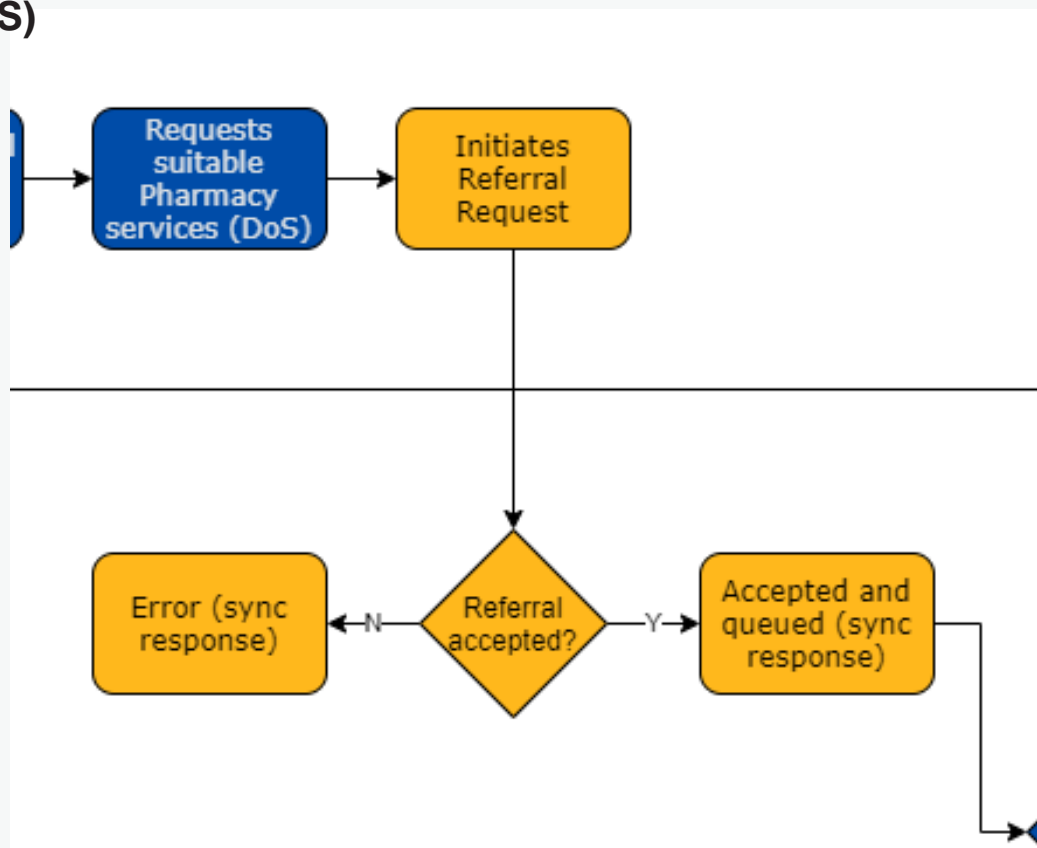
Transport

## GP – Pharmacy workflow

GP to Pharmacy (CPCS) Referral workflow



## GP – Pharmacy workflow (BaRS)



Where to start?

# Where to start?



## Implementation Guide

- How to build a solution
- Requirements
- Onboarding
- Testing
- Assuring



## API Specification

- Technical detail for building and interacting with endpoints for BaRS
- 'Try this API' option to generate messages



## Payload Definition Library

- All FHIR artefacts
- Nationally defined Payloads
- Payload examples

# Tooling and Assurance

# Tools



## Development & Assurance Tooling

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TKW Tooling available to support development and completing the SCAL.

INT Test Plans



## Deployment Toolkit

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Walk-through guide to assist moving the solution into Production with customer base



## Environments

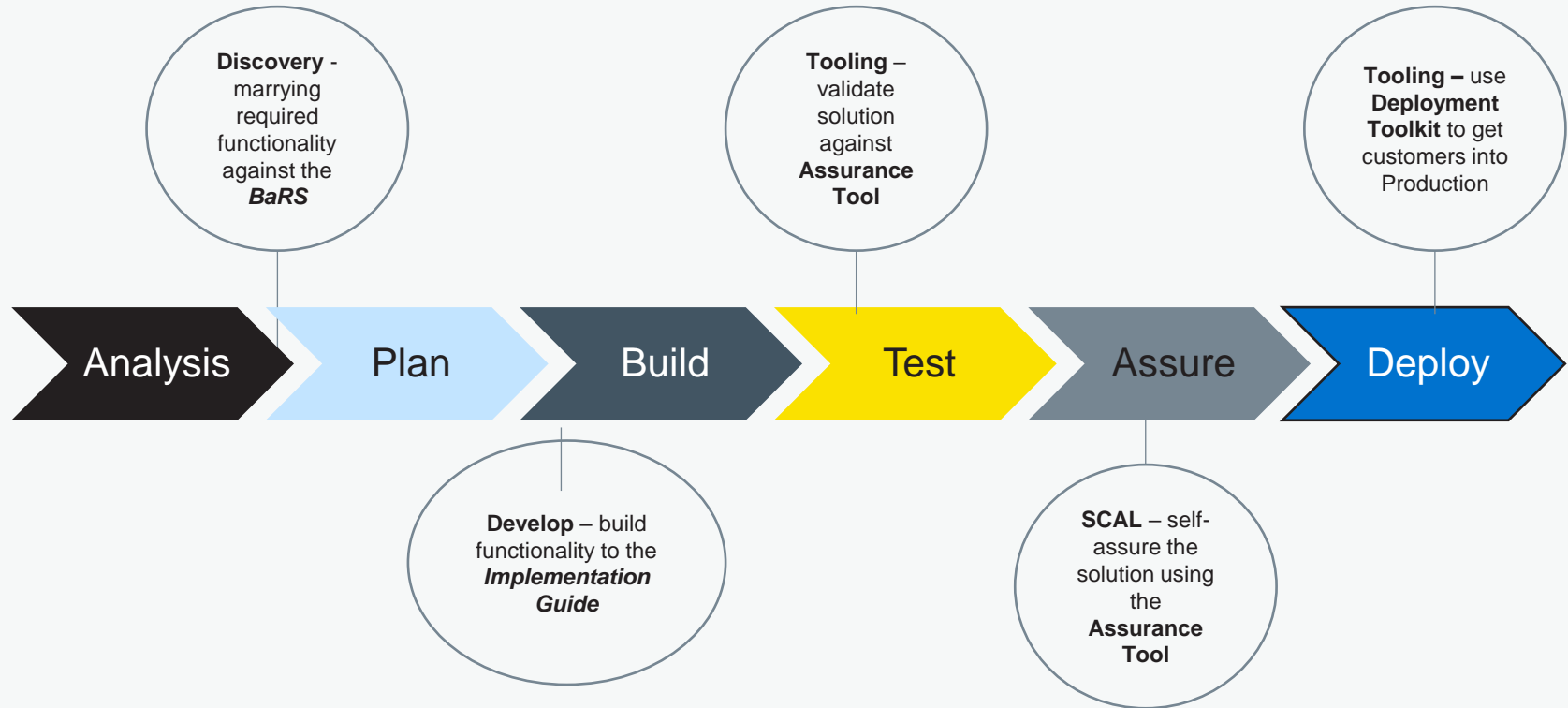
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OAS-Style “Try this API” on the API Spec.

INT environment for Assurance and Production-like testing

# Project Phases

# Project Phases



Discussion / questions

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**Thank You**

 [digital.nhs.uk](https://digital.nhs.uk)



England

# GP Connect

Community Pharmacy Access to Information

Michelle McDermott, Programme Head  
7 June 2023



**What is GP Connect?**

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# The Direct Care APIs Programme

The Direct Care APIs programme creates and manages the GP Connect Products. The GP Connect products allow information to flow seamlessly across health and care systems and geographical boundaries in support of Direct Patient Care.

## The Vision:

To be the single mechanism to share information across health and care systems and boundaries in support of Direct Patient Care.

# What are the GP Connect Products?

- **Access Record: HTML** – A read only view of the full patient GP record, including free text and coded entries but excluding documents and attachments
- **Access Record: Structured** – The full patient GP record, in structured coded format which can be ingested and saved into the consumer record
- **Send Document** – Send a PDF document from one care setting back to the registered GP Practice
- **Update Record** – Send structured coded information back to the registered GP Practice to allow auto-ingestion of that information
- **Appointment Management** – Book, amend and cancel an appointment in a primary care setting
- **Patient Facing Services** – supporting replacement of legacy technology to provide structured data into the PFS to drive 'Mobile First' citizen behaviour

Where do Pharmacy come  
in?



# Access to Information

- To improve Community Pharmacy access to information, development of Access Record will allow pharmacy staff to view patient information in their local systems
- All GP suppliers are either ready to FOT or currently in assurance (progressing well)
- NHS E want to work with CP suppliers to ingest a tailored dataset from the GP to support CP consultations with patients
- Assurance approach is defined and tested and will be circulated after the meeting

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# Update GP re Consultation with Patient

- To improve the flow of data back from CP to GP, Update Record will allow information relating to Medications dispensed, Observations taken and a summary of the encounter to be sent back to the registered GP and be auto-ingested. The next time the patient record is viewed, the information from CP will be available as part of the ongoing patient GP record
- Observations will also be made available via PFS solutions alongside observations taken at the GP Practice to support presentation of holistic patient observations
- GP suppliers and CP suppliers will be developing alongside each other – the technical specification is currently being reviewed by GP suppliers and will be shared with CP after this session



# Any Questions?

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## Thank You



[digital.nhs.uk](https://digital.nhs.uk)

# CP ITG inputs about pharmacy IT supplier development

Intro: Dan Ah-Thion



# CP ITG inputs about pharmacy IT supplier development

Community Pharmacy IT Group were asked to feed into “[Items for pharmacy IT supplier development](#)” infographic. The feedback from pharmacy representatives and supplier representatives is set out. Further feedback is welcome from all CP ITG participants and pharmacy team members. Please contact [it@cpe.org.uk](mailto:it@cpe.org.uk) with comments by the end of June 2023 so that your comments can be incorporated into the next iteration of the infographic.

# Items for pharmacy IT supplier development

Pharmacy representatives and Community Pharmacy IT Group have reported how the sector can align to the previously published [vision of pharmacy IT](#). It has been proposed that these work items are folded into pharmacy IT supplier development planning. This would be intended to incentivize innovation and alignment to the Community Pharmacy Contractual Framework (CPCF) developments, and assist suppliers with their planning and the management of their capacity and work/team/development planning. Suppliers have reported to CP ITG that they welcome clarity about the short, medium and long term plans which impact pharmacy IT, to provide them with the confidence to align their development work.

## Developing robust services IT

- **Robust IT solutions** for delivery of pharmacy NHS Community Pharmacy Contractual Framework (CPCF) services
- **NHS technical toolkits adherence** to promote a marketplace of robust pharmacy services IT solutions
- **Systems enable capture of patient interactions** using standardized coding and the logging of those for clinical purposes and recording of interactions

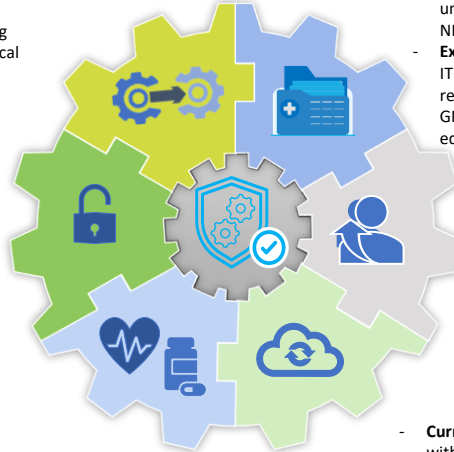
## Straightforward security & connectivity

- **Straightforward security for patients and pharmacy.** Non-duplicative across pharmacy IT e.g. via Data Security and Protection Toolkit, keeping IT secure
- **NHS Care Identity Service 2** lessening need for physical Smartcards and excess passwords with other interim login with NHSmail possible options
- **Simple systems for changing or viewing profile / staff / org info and viewing profile info for other health and care orgs / staff** e.g. alignment to NHS Profile Manager & NHS Service Finder and NHS listings of orgs/staff
- **Robust connectivity** – move away from Health and Social Care Network in line with wider NHS IT plans

## Digital prescriptions & services

- **Electronic Prescription Service is next generation** including digital
- tokens, PRSB computable dose instruction, improved eRD, Drug Tariff IT change etc.
- **Patients and EPS users can see, track and be notified** about prescription
- processing status and regarding other services e.g. SMS text and app messages
- **Medicine order and digital messages** standardized and pharmacy systems always sighted of these
- **Patients can easily see which pharmacies deliver which services** via NHS website and NHS App and because of relevant service codings used in the background
- **Independent prescribing IT** is ready for use

Queries about this infographic can be sent to the [CP ITG secretariat](#)



## Electronic health records usage

- **GP Connect health records information into the National Care Records Service portal and within pharmacy clinical systems** – as an **interim ahead of full**. Genomics information and ShCR which is relevant may also be included at a later time. There is benefit with future common underlying IT standards and APIs so that a supplier integrating with any NHS records system allows easier further integrations to any other.
- **Expansion of PRSB Core information standard** and other common NHS IT standards the coding of it so that a supplier integrating with any records system can easily plug into any other NHS records (e.g. ShCR, GP Connect, NCRS) system by plugging into Core Info standard or equivalent

## Seamless referrals & appointments

- **Expanded NHS Bookings and Referrals Standard (BaRS)** for pharmacy and other sectors use 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 can provide a mix of face-to-face or virtual consultations**

## Establishing data flows & IT standards

- **Current/future Community Pharmacy Data standard** enabling data flow with other parts of health and care to and from pharmacy
- **Payment & data APIs:** Application programming interfaces to reduce pharmacy team double data entry
- **Structured messages sent to and from pharmacy systems**
- **NHSmail integration**
- **Use of standards within systems** e.g. Minimum agreed datasets for system transfer for continuity of care if there is a change of system

## Optimal principles for items considered for development

- **Planned and usable:** Planned in coordinated way plus user-tested and usable
- **Fairly facilitates innovation amongst a competitive marketplace of suppliers** via funded solutions
  - **Service-led and patient-focused** supporting patients' outcomes, experiences and safety
    - IT changes are resilient and backed up with contingency arrangements
  - **IT developments that result supported** by clear communications, guidance, training
  - **Promotes paperless and reduced burden** for suppliers, pharmacy teams and the NHS

# Pharmacy IT development: technical and commercial approaches

Benedict Gregory,  
Leah Unsworth-Hughes,  
NHS England's Transformation Directorate

# Pharmacy IT development: technical and commercial approaches

- 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.
- Currently there is not a comprehensive framework for NHS England to incentivise community pharmacy IT system suppliers to make technical developments that would align with the objectives within the NHS Community Pharmacy Contractual Framework (CPCF).
- NHS England are seeking to put a process and framework in place to enable this across pharmacy and other sectors. NHS England's Transformation Directorate plans to support community pharmacy suppliers moving onto the Digital Care Service Catalogue (which is also used by [GP IT Futures framework](#)).
- NHS England's Transformation Directorate hosted a kick-off call with suppliers and some Community Pharmacy IT Group representatives on 26th April 2023. A meeting recording is available for relevant participant organisations. The project team said they would be seeking to start talking to suppliers further across early summer during June 2023.



England

# Digital Primary Care

Digital Services for Integrated Care

Community Pharmacy Initiatives

7th June 2023

Presented by:

**Ben Gregory, Commercial**



# Broad Context

- Digital Primary Care has been commissioned to support the Delivery Plan for recovering access to primary care ([link](#)) jointly published on 9th May 2023 by NHSE and DHSC
- This plan sets out measures to take pressure off primary care teams, supporting general practice to manage the 8 a.m. rush, restore patient satisfaction with improved experience of access, and support delivery on the requirements of the GP 2023/24 contract.
- We launched a market engagement on 1st June (delayed until the Plan was published) with a number of opportunities to support the Plan, specifically:
  - patient empowerment (Mobile First/NHS App, increasing self-directed care; and expanding community pharmacy services/Common Conditions Service)
  - implementation of Modern General Practice Access (improving digital telephony; simpler online requests; and faster navigation assessment and response).
- We are marketing the opportunities under the banner 'Digital Services for Integrated Care' (DSIC).

# Prior Information Notice

- Prior Information Notice issued to the market on 1<sup>st</sup> June including:
  - Digital Pathways Framework
  - Legacy Foundation Solutions Framework (periodic refresh of GPIT Futures Framework)
  - Primary Care Support Services (period refresh of GPIT Futures with greater scope definition)
  - Detained Estate (covers the estate in England and Wales, single clinical system)
  - Research Development & Engagement (opt in Framework facilitating direct agreements btwn NHS England and parties – THIS IS FOR YOU)
  - Engagement with Community Pharmacy regarding CPCF Digital Service Standards & Roadmap
- Supplier Expression of Interest Form included to be submitted via Atamis
- Deadline for submission of EOI Forms and supplier questions: midday 16<sup>th</sup> June
- All supplier questions related to the procurement process should be asked via Atamis
- EOIs – supplier sifting for Market Engagement Tranches prior to Invitation To Tender

# Our Upcoming Engagement

- We are planning to be scheduling the first discussions with you over the next fortnight (subject to receipt of expressions of interest as per the PIN)
- In these engagement sessions we will;
  - Describe to you the overall construct in respect of the Catalogue, Roadmap, Framework and Incentive Payments regime
  - Share the draft Capability and Standards construct with you, describe to you the scope and nature of each of the Service Standards to be applied
  - Describe the assurance process associated with each assured component
  - Describe the sums that we intend to publish against each of the Service Standards, the proposed incentivisation period and conditions for receipt of a payment award.
- Subsequently we will be seeking your feedback regarding;
  - Scale, terms and timelines for the proposed incentive payments, development activity and assurance
  - The terms of the arrangement overall, the acceptability of the forwards view on the Roadmap (the terms of the Catalogue Agreement give you a minimum of 15 months forwards view of major Standards development obligations)
  - The level of formal assurances that you require in order to commit material resources to commence service development.
- We will also be seeking your feedback regarding our plans for Covid / Flu Vaccination Service as we move out of the Covid arrangements

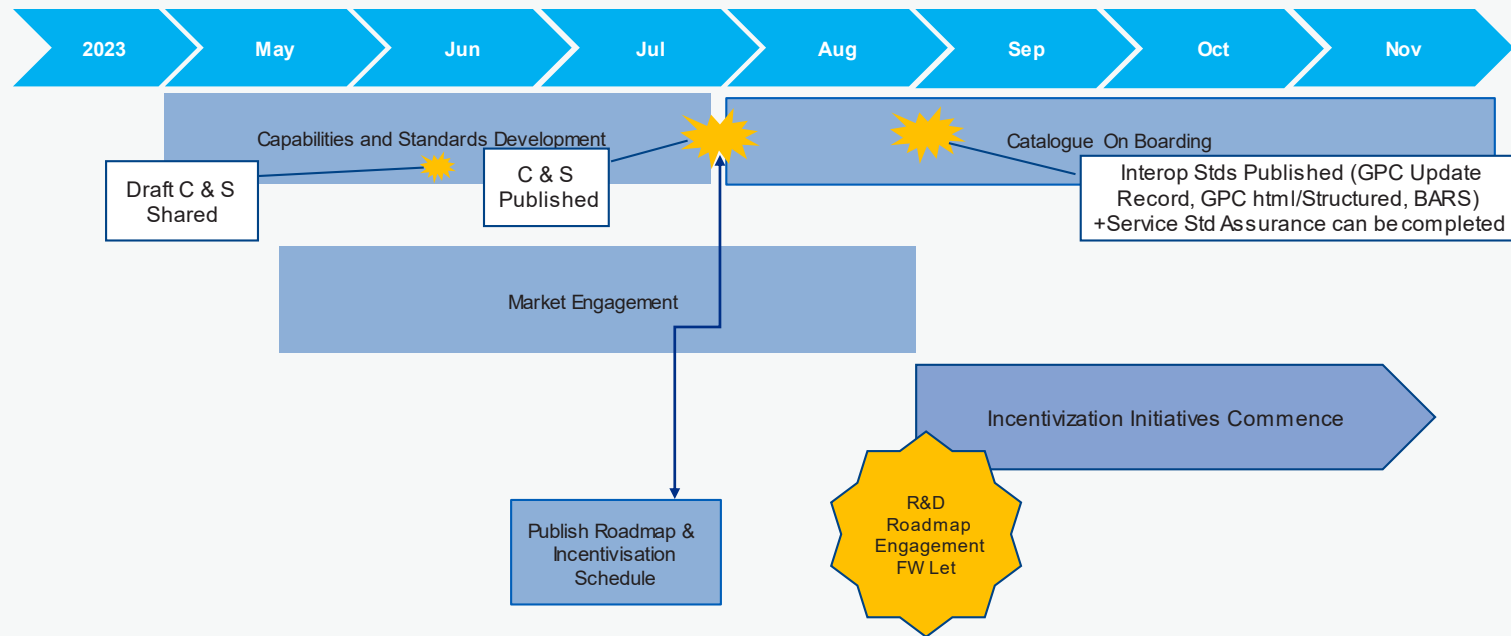
# Summary

## Key points

- We discuss the proposition and reach a general agreement on proceeding
- You sign a Catalogue Agreement and register your solutions
- We **Publish** the Capability and Standards materials on the Catalogue
- We publish the Roadmap items and Publish the associated Roadmap Incentive Payment and the terms of their Award in respect of the Service Standards
- [We, in the meantime, are getting on with the GPIT Procurements described in the first slide]
- We Publish the ITT for Research, Development and Engagement Framework. You opt in, demonstrating your signed Catalogue Agreement and Solution registration and receive a Framework Award
- We publish the Roadmap Incentive payments as occurring against the RDE Framework
- You meet the conditions for Award of the Incentive Payment and are paid via the RDE Framework



# PoaP





Professional  
Record  
Standards  
Body



# RECORDS STANDARDS FOR COMMUNITY PHARMACY UPDATE FOR CP ITG JUNE 2023

**Better records  
for better care**

# Community Pharmacy Standard V3

- The revised V3.0 is now published [Community Pharmacy Standard – PRSB \(theprsb.org\)](https://theprsb.org)
- The update reflects changes in framework contract, policy & strategy in preparation for broad implementation of the full standard (not just vaccinations and emergency meds supply)
- There are some improvement changes to the presentation of the standard:
  - ❖ The webpage layout provides more information about the standard, including it's scope
  - ❖ There is now just one information model for the standard
  - ❖ The general implementation guidance document includes matrices showing which sections and elements are used for which services and for which messages to the GP
  - ❖ The detailed implementation guidance is now in the information model
  - ❖ The information model is available in 3 formats
    - PRSB viewer – see next slide
    - Machine readable JSON file
    - Excel
  - ❖ There are business rules for suppliers and providers implementing the standard
  - ❖ Examples are given to show how the standard should be used
    - Colour coded for system entered and easy selection elements

# Community Pharmacy Standard V3

Version 3.0

'How to' Guide

Search By Item

Filter By

Reset all

MRO <sup>①</sup>	Name	Description	Value Sets <sup>①</sup>	Implementation Guidance <sup>①</sup>	Information Type <sup>①</sup>	Cardinality <sup>①</sup>
M	▶ Person demographics	The person's details and contact information.	-	The mandatory information in this ... <a href="#">Read more &gt;</a>	Record	1 ... 1
M	▶ GP practice	Details of the person's GP practice.	-			1 ... 1
R	▶ Legal information	The legal information relating to the person.	-	A record of consent for service, c... <a href="#">Read more &gt;</a>		0 ... 1
R	▶ Safeguarding	The safeguarding details of the person.	-	This section includes any concerns... <a href="#">Read more &gt;</a>		0 ... 1
R	▶ Referral details	The details of the referral.	-	This section includes a record of ... <a href="#">Read more &gt;</a>		0 ... 1
M	▶ Contacts with professionals	The details of the person's contact with a professional.	-	This section includes the details ... <a href="#">Read more &gt;</a>		1 ... 1
R	▶ Admission details	Admission details	-			0 ... 1
R	▶ Discharge details	Discharge details	-			0 ... 1
R	▶ Future appointments	Details of future appointments.	-			0 ... 1
R	▶ Vaccinations	Details of vaccinations.	-	In future, vaccination information... <a href="#">Read more &gt;</a>		0 ... 1
R	▶ Appliances	Details of appliances	-			0 ... 1
R	▼ Presenting complaints or issues	Presenting complaints or issues	-	For referrals from NHS 111 to a CP... <a href="#">Read more &gt;</a>		0 ... 1
R	▼ Presenting complaint or issue	The health problem or issue experienced by the person resulting in their attendance. This may include disease state, medical condition, response and reactions to therapies. e.g., blackout, dizziness, chest pain, follow up from admission, falls, a specific procedure, investigation or treatment.	-	This element is to be completed by... <a href="#">Read more &gt;</a>	Event Record	0 ... 1
R	Coded value	The coded value for presenting complaint or issue	SNOMED CT : - ^1127581000000103 [Health issues simple reference set]			0 ... 1
R	Free text		Free text			0 ... 1
R	▶ Chief complaint	The nature of the person's chief complaint as assessed by the care professional first assessing the person. Only	-	This element is for received infor... <a href="#">Read more &gt;</a>	Event Record	0 ... 1

Community Pharmacy Standard  
V3

Version 3.0

'How to' Guide

Search By Item



Filter By



Reset all

MRO ⓘ	Name	Description	Value Sets ⓘ	Implementation Guidance ⓘ	Information Type ⓘ	Cardinality ⓘ
M	▶ Person demographics	The person's details and contact information.	-	The mandatory information in this ... <a href="#">Read more &gt;</a>	Record	1 ... 1
M	▶ GP practice	Details of the person's GP practice.	-			1 ... 1
R	▶ Legal information	The legal information relating to the person.	-	A record of consent for service, c... <a href="#">Read more &gt;</a>		0 ... 1
R	▶ Safeguarding	The safeguarding details of the person.	-	This section includes any concerns... <a href="#">Read more &gt;</a>		0 ... 1
R	▶ Referral details	The details of the referral.	-	This section includes a record of ... <a href="#">Read more &gt;</a>		0 ... 1
M	▶ Contacts with professionals	The details of the person's		This section includes the details ... <a href="#">Read more &gt;</a>		1 ... 1
R	▶ Admission details	Admission details				0 ... 1
R	▶ Discharge details	Discharge details				0 ... 1
R	▶ Future appointments	Details of future appointments				0 ... 1
R	▶ Vaccinations	Details of vaccinations.	-	In future, vaccination information... <a href="#">Read more &gt;</a>		0 ... 1
R	▶ Appliances	Details of appliances	-			0 ... 1
R	▼ Presenting complaints or issues	Presenting complaints or issues	-	For referrals from NHS 111 to a CP... <a href="#">Read more &gt;</a>		0 ... 1
R	▶ Presenting complaint or issue	The health problem or issue experienced by the person resulting in their attendance. This may include disease state, medical condition, response and reactions to therapies. e.g., blackout, dizziness, chest pain, follow up from admission, falls, a specific procedure, investigation or treatment.	-	This element is to be completed by... <a href="#">Read more &gt;</a>	Event Record	0 ... 1
R	▶ Chief complaint	The nature of the person's chief complaint as assessed by the care professional first assessing the person. Only ONE (chief complaint) sent as per the Chief Complaint code set (SNOMED CT).	-	This element is for received infor... <a href="#">Read more &gt;</a>	Event Record	0 ... 1
R	▶ Problem list	A summary of the problems that require investigation or treatment.	-	The Problem List section captures ... <a href="#">Read more &gt;</a>		0 ... 1

Implementation Guidance



This element is for received information from referrals. For 111 referrals in England this will be free text (should become SNOMED CT in the future) based on the system group or system discriminator codes coming from the triage system used in 111 services, overriding the refset specified in the valueset

## Community Pharmacy Standard V3

- ISN application was approved by DAPB subject to approval of the clinical safety case by the NHSE Clinical Safety Group (CSG)
  - ❖ CSG approval expected soon with ISN publication expected by end of Jun-23
  - ❖ ISN specifies implementation by suppliers during 2024 calendar year
  - ❖ Providers compliant by end of March 2025
- Implementation support from PRSB is awaiting business case approval in NHSE
- For any queries with the standard please use:
  - The webform - [Standard support – PRSB \(theprsb.org\)](https://theprsb.org/standard-support) or
  - Email to [support@theprsb.org](mailto:support@theprsb.org)

# For more information



[www.theprsb.org](http://www.theprsb.org)

[@ProfRecordSB](https://twitter.com/ProfRecordSB)

[info@theprsb.org](mailto:info@theprsb.org)



# Reflections on next steps for pharmacy IT

# Reflections on next steps for pharmacy IT

The group will be polled and will be asked to submit feedback. The outputs will be circulated to the group.



slido



# Audience Q&A Session

① Start presenting to display the audience questions on this slide.



slido



## Participant type:

① Start presenting to display the poll results on this slide.

slido



**How much has the CP digital agenda moved along within the last 12 months?**

① Start presenting to display the poll results on this slide.

slido



**How welcoming are you of the future of digital CP based on what you've heard today about upcoming plans?**

ⓘ Start presenting to display the poll results on this slide.

slido



**Have you got any concerns about information and plans that you've heard today?**

① Start presenting to display the poll results on this slide.

# Digital Medicines Update



Rahul Singal, Chief Pharmacy and  
Medicines Information Officer, NHSE.

CP ITG – 7th June 2023

Information and technology  
for better health and care



Mission Statement:  
To enable the optimal use of medicines in the digital age

## Our strategic aims

### Digitise

We will ensure that we have a comprehensive understanding of digital maturity of medicines and pharmacy across an ICS, and work with NHS providers and IT suppliers to adopt the Interoperable Medicines Standard and implement e-prescribing capabilities.

### Connect systems

We will support the adoption of the national Electronic Prescription Service (EPS) into more care settings, whilst continuing to modernise its capabilities.

### Improve and Transform

We will support efforts to improve and transform care delivery through re-designing the pathways for managing prescriptions and medicines via the NHS App and other digital services, whilst making the data available to enable insights.

## How it will help:

- Improve safety – through a reduction in medicines related harm
- Improve patient experience – through greater choice and accessibility
- Improve clinician experience – through reduced administrative burden
- Improve outcomes – through optimal use of medicines and reduce overprescribing

## How might it sound:

### Clinicians:

I am confident that my patient will get the right medicines they need at the right time at the right place – and I have access to the information and tools to enable this.

### Patients:

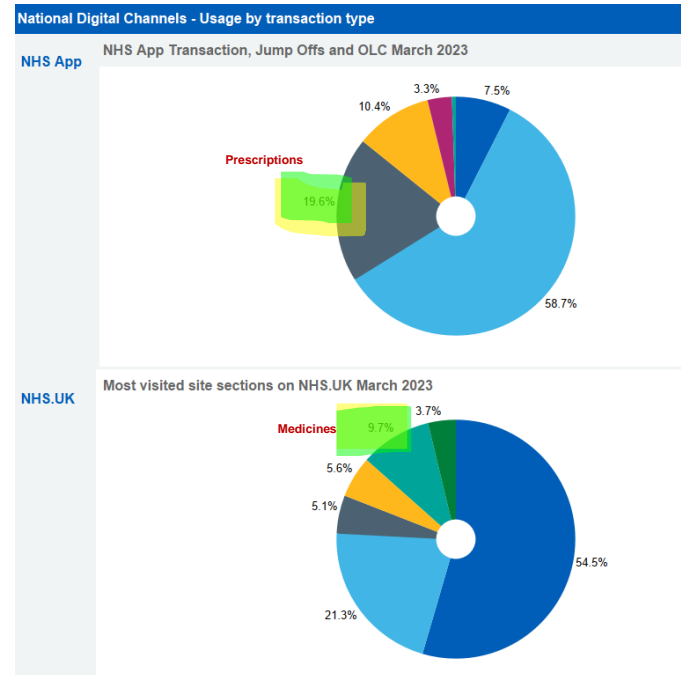
I get the information and the support I need to get access to, and understand the medicines I use.

### Policymakers:

I know we are maximising the opportunity of data and digital technology to drive optimal value from the medicines we use in the NHS.

# Mobile First: What we are focusing on **NHS**

1. Improve uptake of number of users requesting prescriptions via NHS App
2. Additional features and functionality:
  1. Provide a “Digital Prescription” on the NHS App
  2. Improve visibility of status of the prescription in the journey
  3. Integrate with Medicines A-Z on NHS.UK
3. Market engagement with online prescription services and community pharmacies.



# Working Prototype



[Link to Figma Demo](#)



# Market Engagement Approach



## Challenge:

- Currently competitive market of patient facing apps that support managing medicines and ordering prescriptions.
- Circa 28 online services that are made up of GP IT, Community Pharmacy and Digital Health companies.
- Together they make up 21% of the current activity, and the NHS App makes up 8%
- Some apps have enhanced features, in particular tracking of status, reminders and integration with other services that may be provided.
- There are implications for the re-direction of prescription and subsequent activity from community pharmacies.
- Limited information to patients, clinicians and other providers on what the NHS App means for them

## Opportunity:

- Short term:
  - Focus communication messaging to use the NHS App for those that are **not** ordering via online service already.
  - Position statements for clinicians, patients and other providers on what this means for them, and how they might choose what service they use.
- Mid-Long term:
  - Market engagement with other online providers to begin to identify opportunities for integration

# Next steps, discussion



Discussion and next steps

Thank you

# Patient experiences of systems and equality considerations



A care system support organisation



# Community Pharmacy IT Group Multilingual Medicines Labelling Overview

7th June 2023

Official



# The Problem – Communication Barriers leading to Health Inequalities

According to the **2011 Census** and the **Home Office**

**6 million** people aged 65+ have age associated memory impairment

**Including dementia**

**1.5 million** people have learning disability (2.5%)

**4 million** people speak English poorly or not at all

including:

**1,500,000** foreign workforce

**500,000+** English language students

**1 million** undocumented migrants



# Aims and Objectives of the Pilot

- Aim

- To develop a deeper understanding on whether a Medicines Label Translation Service offers value to the Health System by improving health and/or wellbeing for patients.

- Objectives

1. To develop further understanding about the early stages of implementing a Medicines Label Translation service across a health system.
2. To inform policy makers, integrated care systems and service providers about the service user/ patient and system benefits of implementing Medicines Label Translation Service.
3. To deepen the understanding of the service user/ patient perspective to enable designing Medicines Label Translation services that improve their experience of accessing medication guidance.

- A Stakeholder Advisory Group has been put in place to support the pilot



## Introduction to Written Medicine

- A procurement exercise was undertaken and a contract for provision of software licenses awarded to Druginfo Ltd for their Written Medicine application
- The application addresses a very specific area of health inequality and medical errors by improving medication information access for ethnic minority patients with a limited ability in English
- The application enables healthcare professionals to translate and print personalised bilingual information for self-administered medicines into 14 languages for pharmacy dispensing labels and A4 summary and discharge sheets at the point of prescribing, dispensing and discharge.
- Instructions, warnings, indications and additional supplementary information are included
- Pictograms/illustrations and audio files are also being added, broadening the application to meet all accessible information and reasonable adjustment needs (not part of the pilot)



# Written Medicine - Bilingual and Accessible Medication Information

## Live languages

1. Arabic
2. Bengali
3. English
4. French
5. Gujarati
6. Hindi
7. Polish
8. Punjabi (Gurmukhi)
9. Romanian
10. Somali
11. Tamil
12. Urdu
13. Czech
14. Slovak

**21 Amoxicillin 500mg Capsules**  
 أموكسيسيلين ٥٠٠ مجم كبسولات  
**Take ONE capsule THREE times a day for SEVEN days To treat bacterial infection**  
 خذ(ي) كبسولة واحدة ثلاث مرات في اليوم لسبعة أيام لعلاج العدوى البكتيرية

Ahmed Hamoud 18-Feb-2018 Arabic

**21 Amoxicillin 500mg Capsules**  
 Space the doses evenly throughout the day. Keep taking this medicine until the course is finished, unless you are told to stop.  
 يقسم إلى جرعات متساوية على مدار اليوم. خذ(ي) هذا الدواء حتى تنتهي المدة العلاجية أو توقف(ي) تحت إشراف الطبيب.

Ahmed Hamoud 18-Feb-2018 Arabic

## Discharge medications (including regular medication)

Dates	Drug
start review April 2008 21 Jan 2012	<b>alendronic acid</b> — 70 mg — tablets <b>DOSE 70 mg</b> — oral — once / week <b>DIRECTIONS</b> Take ONE tablet ONCE a week on Monday for BONES (خذي) حبة واحدة مرة في الأسبوع في يوم الاثنين للعظام
start review 2003 20 Oct 2012	<b>bendroflumethiazide</b> — 2.5 mg — tablets <b>DOSE 2.5 mg</b> — oral — once / day <b>DIRECTIONS</b> Take ONE tablet ONCE daily for hypertension (خذي) حبة واحدة مرة في اليوم لضغط الدم المرتفع
start review 28 Feb 2011 20 Oct 2012	<b>gabapentin</b> — 400 mg — capsules <b>DOSE 400 mg</b> — oral — twice / day <b>DIRECTIONS</b> Take ONE capsule TWICE a day to treat epilepsy (خذي) كبسولة واحدة مرتان في اليوم لمعالجة الصرع
start review 30 May 2011 20 Oct 2012	<b>senna</b> — 7.5 mg — tablets <b>DOSE 1 - 2 tablet</b> — oral — night time <b>DIRECTIONS</b> Take ONE to TWO tablets at NIGHT (خذي) حبة أو حبتين في الليل

## Discharge Summary

**NHS**  
 Musgrove Park Hospital

Patient: Mr. Dylan TURNER  
 32 Beechfield,  
 Hoddesson,  
 Hertfordshire,  
 EN11 9QJ  
 020 7946 0474

GP: Dr. D. H. Ruben  
 Hailey View Surgery,  
 39 Christian Close,  
 Hoddesson,  
 Hertfordshire,  
 EN11 9FF

Born Date: 1978  
 Hospital No: V981470  
 NHS Number: 468 744 5349

Consultant: Dr. A. Towler  
 Specialty: general medicine  
 Ward: F5

Admission Date: 17 Apr 2016  
 Admitted From: Usual Place of Residence

Discharge Date: 30 Apr 2016  
 Discharge To:

Action for GPs  
 Routine care

Relevant Treatment Changes  
 None

Reason for admission and presenting complaint(s)  
 Offlegs

Information given to patient  
 Seen by diabetologist specialist for advice

Main diagnosis / discharge diagnosis  
 Diabetic foot ulcer

Physical ability and cognitive function  
 Not applicable

Operations and procedures  
 Amputation left foot

Follow-up arranged  
 Review in 8 weeks

Clinical narrative / complications  
 Amputation left foot - good post-op recovery

Allergies  
 Amoxicillin — Anaphylaxis  
 Antibiotics - not sure which? — Nausea, Vomiting  
 Penicillin - class of antibiotic — Erythema Multiforme

Co-morbidities  
 Epilepsy, Osteoporosis, Hypertension, Diabetes

Relevant investigations and results  
 All normal

## Discharge medications (including regular medication)

Dates	Drug
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## Pilot ICS - West Yorkshire & Harrogate

- **20%** of 2.7 million population do not consider themselves to be white British
- **8.5%** speak English as a 2nd language (229,500)
- **588** Community Pharmacies
- **320** General Practices
- **12** NHS Trusts





## Approach to the Pilot

- Community and hospital pharmacies will be priority to achieve maximum volumes
- Languages to be included will be mapped to the pilot area
- Case studies will be developed to illustrate the experiences of people involved in the pilot
- A launch event for participating pharmacies will be held in early July
- The pilot will take place over a 6 month period from September to ensure a sufficient volume of translations is achieved to inform a credible evaluation



## Approach to the Evaluation

- An academic partner will be secured to undertake the evaluation
- The evaluation will follow the Core20PLUS5 approach to ensure consistency with other initiatives targeted at reducing health inequalities
- The evaluation will focus on establishing the rigour and impact of translation
- It is anticipated that the evaluation will confirm the expected benefits before wider rollout and may also identify additional ways to improve the application or implementation
- Results will be published by the National Health Inequality Programme to increase stakeholder confidence and buy-in

# Patient experiences of systems and equality

- The group will be invited to ask questions and share feedback about the West Yorkshire pilot.
- The group including its suppliers will be invited to share feedback about any other IT developments relating to the patient experience or equality considerations.



# NHSmal multi-factor authentication (MFA)



# NHSmal multi-factor authentication (MFA)

- The NHSmal team previously presented to the group about MFA and NHSmal. MFA is already a requirement for Welsh NHSmal. The group previously fed back to the NHSmal team that clear communications and proper testing should occur prior to a full roll-out of MFA across pharmacy NHSmal users. Community Pharmacy England and the NHSmal team have worked on guidance to support the testing of MFA.
- MFA will be an important development for NHSmal. It helps data to be kept within a more protected environment. It helps protect the reputation of the NHS, and the individuals and organisations that use NHSmal. It also provides increased protection against cyber-attacks. The NHSmal plan is to make MFA mandatory for all NHSmal users. The NHSmal team expect most organisations to have fully implemented MFA within January to March 2024. Mandatory rollout of MFA for the PODS NHSmal users (pharmacy, optometry, dentistry and social care, DACS, Independent Midwives, GP Locums) is currently scheduled for January 2024.
- Community Pharmacy England working with the NHSmal team has a prepared [new one-page factsheet for those pharmacy NHSmal users testing MFA \(or adding/removing MFA\)](#).

# NHSmal multi-factor authentication (MFA)


- Next steps and brief discussion

# Pharmacy Show: Agenda re pharmacy IT

The Pharmacy Show has been the largest face-to-face gathering of pharmacy professionals during recent years. [The next Pharmacy Show is scheduled for 15th-16th October 2023.](#)  
It will include sessions regarding pharmacy IT

# Pharmacy Show: Agenda re pharmacy IT

Session timing: 12.40-12.42



# AOB: NHS IT services & older browsers

- Previously we had updates from NHS live services
- Some NHS IT services will no longer be compatible with Internet Explorer version 7, 8, 9 or 10 from 22nd June 2023
- E.g. Demographic spine application, MeshUI, EPS Prescription Tracker, Spine alerts, Summary Care Record application (SCRa)
- *NHS Credential Management* and *NHS Identity Agent software* is also recommended for Smartcard authentication
- NHS statistics suggest almost all pharmacies are no longer using these
- Using unsupported browsers and systems makes your organisation vulnerable to cyber security threats and performance may also be impacted
- Pharmacy members and IT support / suppliers may wish to consider migration plans if required, if not already doing so
- Support: [liveservices.operations@nhs.net](mailto:liveservices.operations@nhs.net).

Post-meeting CP ITG communications,  
messages, upcoming consultations



Close from Chair

Thank you!

*Post meeting queries: [it@cpe.org.uk](mailto:it@cpe.org.uk)*