Draft minutes for the Community Pharmacy IT Group (CP ITG) Autumn 2022 meeting held via videoconference

About CP ITG: The Group was formed in 2017 by PSNC, NPA, RPS, CCA and AIMp. The meetings are attended by members representing these five organisations and representatives from pharmacy system suppliers, NHSBSA, NHS Digital, NHS England pharmacy team, and NHS England's Transformation Directorate. Further information on the group can be found on the PSNC website.

Present

Matt Armstrong (Chair), Boots and CCA
Dan Ah-Thion (Secretariat), PSNC
Wasim Baqir, NHS England
Fleur Bradley, NHS Digital
Zoeta Brown, NHS England's TD
Gemma Binns, Cegedim
Luke Bolton, Cegedim
Jackie Brownlee, NHS Digital
Gareth Cubbage, NHSBSA
Matthew Ellis, Positive Solutions
David Evans, Daleacre Pharmacy
Sanjay Ganvir, Greenlight Pharmacy
Martin Hagan, NHSBSA
Leanne Hackett, Cegedim
Jo Hendry, Boots/Colombus
Alison Hornshaw, NHS England, NE & Yorkshire
Martin Hagan, NHSBSA
Claire Hobbs, NHS England
Rebecca Jarratt, NHS Digital EPS NextGen
Rikesh Lad, Asda Pharmacy
Dina Makar, Pharmacy contractor
Helga Mangion, NPA
Mark Merry, Positive Solutions
Martin Orton, PRSB

James Palmer, NHS Digital PODAC
Libby Pink, NHS England
Darren Powell, RPS, Weldricks Pharmacy & NHS Digital
Shanel Raichura, SSRC
Gemma Ramsay, NHS England
Adnan Riaz, NHS Digital
Rupal Sagoo, Tesco Pharmacy
Marta Senger, NHS England
Jeff Shelley, Invatechhealth
Nishit Shah, Morrisons Pharmacy
Jagbir Singh, VCare
Gabriele Skieriute, PSNC
Harjit Sean, Pharmacy contractor
Fauzia Taylor, Pharmacist
Nick Thayer, CCA
Rob Thomas, PSNC
Ben Tindale, NHSBSA
Will Turner, NHS Digital
Caline Umutesi, PSNC
Gary Warner, PharmOutcomes & Regent Pharmacy
Jeremy Wickremer, NHS Digital
Andy Wilcock, Rowlands
Janson Woodall, Well Pharmacy
Jon Williams, RxWeb

Apologies for absence from voting members: Steve Ash (AIM), David Broome (PSNC), Sunil Kochhar (PSNC), Fin McCaul (PSNC), Graham Phillips (NPA), Craig Spurdle (CCA) and Heidi Wright (RPS).

Introductions, minutes of previous meeting and matters arising

The minutes of the previous meeting were agreed. Remaining actions were carried into the agenda papers' 'next steps' for this 21st September 2022 meeting. Several outstanding actions are listed within the minutes.

Introductory overview on upcoming community pharmacy IT developments from NHS England

a. Pharmacy IT priorities: overview

Appendix CPITG 01/06/22 sets out related updates. Gemma Ramsay (NHS England) presented slides and provided an update. NHS England along with others outlined priority areas within a June 2022 joint letter as those listed below:

i.	PRSB Community Pharmacy Data Standard / Community Pharmacy Contractual Framework (CPCF) IT;
ii.	records access via GP Connect and Shared Care Records (ShCRs);
iii.	payment and data APIs
iv.	Booking and Referral Standards (BaRS); and
v.	EPS next generation.

The feedback from suppliers and the wider CP ITG has been largely supportive of these focus areas. NHS England's Pharmacy Integration Programme team continues to develop and pilot potential new services to be delivered by community pharmacies. If successful, these services could be taken into future contractual negotiations. NHS England:

- recognises that pharmacy contractors need the digital solutions to help them to deliver the current services within the CPCF, and that these IT solutions need to be delivered efficiently and effectively;
- recognises that the feedback from CP ITG and system suppliers, including from the most recent engagement, illustrates what an ongoing challenge this is; and
- welcomes further views on how to prioritise each of these developments.

Several developments for this year were highlighted, including:

PRSB Community Pharmacy Data Standard: The data standard remains critical for enabling pharmacy contractors to record and transfer data in a consistent and structured way. NHS England are in the process of commissioning the PRSB to uplift the community pharmacy data standard further to ensure it remains fit for purpose and continues to meet the developing requirements of the CPCF. That work could start October 2022 at the earliest. NHS England are awaiting confirmation of the business case. The intention is that by the next financial year, suppliers may also be supported with their conformance to that standard.

CPCS minor illness post event structured message work: NHS Digital is seeking to align this message's structure with that of the CPCS emergency supply of medicines message. Doing so will improve the interoperability between pharmacy and GP systems, supporting service delivery within primary care and building on the previous CPCS notifications work. CPCS IT suppliers will be given the opportunity to develop their system to send a structured minor illness CPCS Fast Healthcare Interoperability Resources (FHIR) message to GP systems.

Minor illness referrals from NHS 111 online to the Community Pharmacist Consultation Service: Referrals from NHS 111 online to CPCS can now be made for minor illness, as well as for urgent medicine supply. This functionality will go live early within October and will be communicated to pharmacy teams at the end of September 2022 by PSNC and NHS England. No further development for pharmacy supplier systems will be required.

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

b. Independent prescribing

Libby Pink (NHS England) provided an update. The General Pharmaceutical Council (GPhC) previously consulted and reported on changes to the requirements for entry to independent prescribing courses, and independent prescribing piloting are expected across England from 2023. A large programme of work is being initiated, the digital workstream will be one element of the piloting. By 2026, new pharmacy graduates will be coming out with independent prescribing as part of their pharmacy qualification. Market engagement will be conducted to better understand what sort of IT products are already in use within community pharmacy that could potentially support the early pharmacy pathway sites and increased

independent prescribing within the sector. NHS England are looking at regional pathways. To begin with, paper may have to be used, though this is not the preferred route and conflicts with paperless ambitions. Group questions and comments for NHS England to consider:

- Will there be overlap between new independent prescribing and the route by which private prescriptions are issued within some pharmacies?
- Will prescriptions generated within pharmacy go via the Electronic Prescription Service (EPS)?
- Where pharmacy contractors are using Patient Group Directions (PGDs) for private services rather than independent prescribing, will the same standards apply? Some organisations may bypass standards by using the PGD route.
- Within PharmOutcomes there is a module for prescribing services.
- Will the updated PRSB social prescribing standard be relevant to developments?

NHS England will provide a further update at the group's next meeting.

CPCF IT, Community Pharmacy Data Standard and other Professional Record Standards Body standards
Relevant webpages include: /serviceit

a. NHS Digital update on CPCS minor illness post event structured message

Fleur Bradley (NHS Digital) provided an update about NHS Digital's recent and upcoming work related to this area. The newly developed message will use commonalities with vaccinations and the emergency supply message. This is a post event notification that will go from community pharmacy to the GP as part of the CPCS service. NHS Digital are looking for consistency from the output messages. The technical specification is held on the NHS Digital website and continues to be developed: https://digital.nhs.uk/developer/api-catalogue/digital-medicine-fhir. NHS England are doing a further review to ensure the specification is consistent with the PRSB standard. An uplifted version of the spec should be available during the first half of October 2022. NHS Digital are also working with GP system suppliers so that these messages are received in the way expected. There is an item on the GP IT Futures delivery road map to be published shortly, which will make it a 'binding item' for GP system suppliers, with an implementation date of 31st March 2023.

Actions:

- NHS England are to collaborate with suppliers to discuss the specification and assurance plans.
- Suppliers are encouraged to provide feedback to NHS Digital. Others may also provide comments.

b. Updates from Professional Record Standards Body (PRSB)

Appendix CPITG 02/06/22 sets out related updates. The PRSB Director of Delivery & Development, Martin Orton presented slides and provided an update on several topics:

Core Information Standard and records standards: PRSB consulted on whether the Core Information Standard (CIS) suited Shared Care Records usage within the community pharmacy sector. PRSB's workshop participants strongly supported pharmacy professionals and patients having access to the information within the CIS. PRSB are exploring how GP Connect records information could provide a useful interim measure for settings without comprehensive Shared Care Records information, and feedback indicates GP Connect information would support service delivery. PRSB want to see records programmes and IT systems aligning to coded standards. Existing PRSB standards cross reference to coded FHIR standards, e.g. Medicine and Allergy/Intolerance Data Transfer standard. Group comments:

- The group continues to welcome an underlying expanded coded standard so that a supplier integrating with ShCR, SCR and GP Connect could integrate with any other record system easily.
- ShCR project teams are currently developing their records fields differently from each other.

111 referral as part of Booking and Referral Standard (BaRS) for 111 to community pharmacy:
- PRSB has created a [standard to support clear and concise information flows between the 111 referrer and the receiving services](#) and professionals or clinicians to support safe and effective care. PRSB was commissioned by NHS England to produce the 111 referral standard as part of the Booking and Referral Standard (BaRS) programme. The standard defines the information that should be shared from 111 or 999 services when a person is referred onto another service.
- NHS Digital are soon to conduct pilots focused on 111 referrals information flows.
- Some suppliers expressed interest with trialling the standard and are starting to do so.
- The standard should support information flow from 111 or 999 call handlers to healthcare organisations. The information to be recorded includes: details of the caller; person's demographics; referral details; clinical summary; presenting complaints; allergies; and diagnosis or chief clinical concerns. There is a significant challenge for 111 or 999 call handlers in having to deal with incomplete information. The [mandatory fields](#) will include name and date of birth. PRSB terminology assigns data fields to optional, required (communicate if available) and mandatory.

GP Online Consultation referral to community pharmacy: GP online consultation referrals to community pharmacy will launch from October 2022 within a London pilot guided by existing PRSB standards.

Work to revise and future-proof the Community Pharmacy Data Standard: PRSB anticipates further work for the [Community Pharmacy Data Standard](#) as per the earlier NHS England update.

PRSB Standards Partnership Scheme: The PRSB Standards Partnership Scheme connects the PRSB with clinical system suppliers in order to accelerate development, adoption and implementation of PRSB standards. Many suppliers who have joined the scheme have undertaken conformance assessment to receive the PRSB Quality Mark, demonstrating that their systems are standards compliant to their users and commissioners. This process has its advantages for system suppliers and for PRSB standards, for example, it has helped PRSB to consider adaptation of standards to smoothen the implementation journey for suppliers. The scheme may work well for community pharmacy system suppliers, e.g. implementation of Community Pharmacy Data Standard.

Action: Suppliers to consider registering interest with the PRSB [Standards Partnership Scheme](#).

PRSB professional network: PRSB have launched a new Professional Network for any individual working in the health or care sector with an interest in standards and the digital agenda.

Action: CP ITG participants to consider [registering to participate within the PRSB professional network](#).

PRSB running a campaign to support use of the 'About Me standard': [PRSB's '#CareAboutMe' campaign](#) aims to raise widespread awareness of the [About Me standard](#) and the improvements this can make to the quality of care administered in health and care, as well as the positive impact this could have on people's quality of life and health. About Me information is the most important details that a person wants to share with professionals in health and social care. This information might include how best to communicate with the person, how to help them feel at ease or details about how they like to take their medication. The standard has now been implemented in thousands of care homes. PRSB are exploring implementation within the NHS App.

Diabetes information care record standard: The new standard on Diabetes information care is split into two parts: the first covering the information that people treating diabetes and people with diabetes would want to be able to see, enabling sharing of this information between all the different setting of those involved in the care. The second concerns self-management standards from people's own personal devices. PRSB is working with NHS Digital on the technical standard, and the coding around it, as well as the technical prototype and pilot testing and implementation.

Projects in development or being updated: Maternity, wound care, workforce, anaesthetic charts, end of life, diabetes standard and social prescribing.

c. CPCF IT Toolkits and Future Enterprise Architecture for pharmacy IT systems

Appendix CPITG 02/06/22 sets out related updates. Zoeta Brown (NHS England's Transformation Directorate) presented slides and provided an update. Four IT toolkits (Discharge Medicines Service, New Medicine Service, Blood Pressure Check Service, Smoking Cessation Service) are undergoing final internal sign off and publication approval. These will be hosted on the NHSBSA website. NHS Digital has recommended Future Enterprise Architecture for community pharmacy IT systems. Group comments:

- Suppliers welcome views from NHS England and from pharmacy teams on the prioritisation of the four toolkits for those suppliers who cannot implement all at once.

Actions:
- Suppliers are recommended to review the information about Future Enterprise Architecture and associated prerequisites.
- CP ITG members to respond to a post-meeting poll on their toolkit prioritisation views, with the results subsequently distributed.
- Secretariat to alert CP ITG suppliers once the specifications are added to the NHSBSA website.

d. Pharmacy Contraception Service technical toolkit

Appendix CPITG 02/06/22 sets out related updates. Claire Hobbs (NHS England) presented slides and provided an update. The Pharmacy Contraception Service will be commissioned as an Advanced service from 11th January 2023 following the pilot. The drafted Pharmacy Contraception Service technical toolkit will be further iterated. The technical toolkit continues to be developed and should be read in conjunction with the service specification. An additional requirement compared with some of the other CPCF IT toolkits is within the embedded hyperlink to the NHS BMI calculator. The current toolkit sets out that NHSmail will be the minimum viable product for communication to GP practices with FHIR structured messaging expected in the future. Group discussion points:

- The group discussed pharmacy teams need for new services to have the API link in MYS be built quickly. NHS England recognised the need, but acknowledged a challenge to use limited resource towards progressing APIs where services are already live and reliant on manual processes.
- The NHS proposed NHSmail fallback route is unacceptable to many GP practices. NHS England should consider GP Connect message definition and its ability to send pdfs as an interim measure. The pdf lacks clinical coding but this may provide an interim route prior to a more elegant fix.

Actions: NHS England is to further consider the GP Connect pdf route. The group has been invited to send comments about the draft toolkit to Claire Hobbs.

Pri2	Electronic health records
	Relevant webpages include: /records

a. GP Connect and other record systems

The GP Connect Access Record programme allows authorised clinicians access to GP patient records in a HTML read-only or an editable format. Appendix CPITG 02/06/22 sets out related updates. James Palmer (NHS Digital) presented slides and provided an update. NHS Digital set out the differences between GP Connect HTML, GP Connect structured message, and core Summary Care Record (SCR).

Comparison GP Connect and Summary Care Record	GP Connect HTML (Access Record HTML (developer.nhs.uk))	GP Connect Access Record: Structured	Core SCR (medication, allergies & adverse reactions)
Timescales	Available now, GPIT approved for pharmacy 6 months (typical)	FoT Cerner live with meds & allergies/ EMIS pending/ May23 for TPP (Not pharmacy setting optimised)	Available now
Real Time Access – Data is up to date at the point of request for consumption	✓	✓	X Updated by GP practice
Access From Within Clinical System -without separate application/browser window	✓	✓ Integrated into workflow of system	X SCR 1-click opens in separate window (web browser)
National Service	✓	✓	✓ Through spine
Patient Summary Page – active problems and issues, current medication, current repeat medications, current allergies and adverse reactions, last 3 encounters	✓	✓	Variable
Referrals	✓	✓	X
Consultations – Encounters	✓	✓	Variable
Problems	✓	✓	Variable
Clinical Areas	✓	✓	Variable
Current/Repeat/Past Medications	✓	✓	✓
Allergies and Adverse Reactions	✓	✓	✓
Immunisations	✓	✓	Variable
Uncategorised – Administrative Items/Clinical Items/ Observations (required for independent prescribing)	✓ Results visible but pending investigations not	✓	Variable
Documents – available through GPC where supplier has developed 'Access Documents' specification	✓	✓	X
Governance Person (formerly called 'Privacy Officer') Required	Not required	Not required	Yes- seen as a major limitation by users

Other updates:
- There are no plans in place to enhance the GP Connect to HTML. Instead NHS Digital's focus will be on the GP Connect structured API.
- GP Connect HTML has some limitations that need considering. For example, GP Connect HTML provides a singular view and not all information has been approved by the GP sector for sharing with pharmacy contractors, e.g. observations are expected to be limited to 5 years. The information is likely to be needed to be sent to a separate section within pharmacy systems, making pharmacy professionals access to information potentially laborious.
- It includes more information, encounter, administrated items, clinical items and observations. There is a lot more clinical information within GP Connect records than within the SCR. SCR is not adequate for optimum delivery of the emerging CPCF services.
- GP Connect records are not intended as a full replacement for the Shared Care Record (ShCR). However, there could be scope for specific use cases where GP Connect information supports pharmacy delivery of services.
- GP Connect in a structured view is not ready yet for importing. Suppliers and the sector more broadly must consider if this is going to be a useful development in the future.
- What is the risk in developing GP connect?
- Consider the feedback about interfaces and information overload, sometimes a lot of information can be difficult to use.
- For GP connect, there is a defined view for pharmacy and time-range limitations.
- Some parts of GP Connect Records currently rely on FHIR DSTU2, which may make alignment challenging for some suppliers.

Outstanding group questions and comments:
- Are pathology results included within GP Connect records?
- There does not seem to be a sufficiently comprehensive coded standard sitting under GP Connect and other NHS record systems to ease and align integration processes.
- The group asked the NHS Digital GP Connect team whether it would be able to share the full GP Connect Access Record Pharmacy Dataset.

b. Electronic health records event

The CP ITG, together with NHS England's Transformation Directorate, are hosting a Connecting with & benefitting from patient records webinar on Thurs 8th December 2022, 9.30am-11am. This event for LPCs and those with an interest in the records agenda will be focused on the future of records and how contractors' access to Shared Care Records (ShCRs), GP Connect Records and other records can be improved. All CP ITG attendees and LPC Chief Officers are encouraged to attend. LPC members and contractors with an interest in improving contractor access to records are encouraged to also register to attend this event.

Payment and data Manage Your Service (MYS) APIs for CPCF services
Relevant webpages include: /serviceit

Appendix CPITG 04/06/22 sets out related updates. Ben Tindale (NHSBSA) provided an update. NHSBSA and NHS England have further developed the Hypertension case-finding (Blood Pressure Check) and Discharge Medicines Service (DMS) Manage Your Service (NHSBSA MYS) APIs. The NHSBSA has issued these to suppliers and is welcoming comment. NHSBSA have also started to draft the Pharmacy Contraception Service API document using the DMS and Hypertension case-finding APIs as templates. Some suppliers have indicated that it will take approximately 12 weeks to align to an MYS API (subject to impacts because of other work).

Action: Suppliers are asked to comment on the draft DMS and Hypertension case-finding API documents and send feedback to nhsbsa.mys-platform@nhs.net.

Bookings, referrals and appointments
Relevant webpages include: /bra

a. Booking and Referral Standards (BaRS) and appointments IT

NHS Digital'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. Appendix CPITG 02/06/22 sets out related updates. Adnan Riaz and Barry Lafferty (both NHS Digital) presented slides and provided an update. BaRS is looking for additional suppliers to work with. The supplier progress status is listed on the BaRS supplier status webpage. Work continues to revise the standards, adapt these to ease the implementation process, and expand the use cases for BaRS. The BaRS team are offering one-to-one calls with suppliers, including those suppliers that are not currently developing BaRS integration. The NHS Digital BaRS user research team are conducting interviews with health and care staff to inform the programme of work and support future business cases for expansion of the standard. PSNC and NHS Digital are encouraging community pharmacy teams to share their views about bookings and referrals.

Actions:
- Suppliers are encouraged to engage with the BaRS team if they are not already doing so.

- CP ITG to set-up a [CP ITG call BaRS user research call: 27th October 11am-11.45am]. Pharmacy team members may contact [it@psnc.org.uk] to receive an invitation. The group will be invited.

b. Cancer referrals pilot

The NHS Long Term Plan committed to increasing the proportion of cancers caught early, when they are easier to treat, from half to three in four. NHS England previously created a plan for pilots. Wasim Baqir (NHS England) presented [slides] and provided an update:
- Cancer diagnosed at stage 1 and 2 was hoped to rise from 55% to 75%.
- The COVID-19 pandemic has reduced the baseline.
- NHS England are exploring the logistic and infrastructure pathway for community pharmacy referral. Upcoming piloting will investigate how this can best be done.
- Data requirements include patient demographics and red flags.
- The NHS e-Referral Service (e-RS) tool is expected to be tested during the piloting.

[Wasim Baqir] invited group participants to contact him if they had any follow-up questions. An update will also be provided to the group at or before its next meeting.

c. Vaccinations, the NHS National Booking Service and appointments standards

Following patients booking COVID-19 vaccination appointments via [the NHS National Booking Service (NBS)], NHS England are running a 'proof of concept' to explore expanding NBS into community pharmacy trial sites to enable patients to book seasonal flu vaccination appointments.

Action: CP ITG to set-up a [CP ITG call about Vaccinations, the NHS National Booking Service and appointments standards: 12th October 10.30am-11.15am]. CP ITG pharmacy reps will receive an invite. Pharmacy team members who would like an invitation and do not already have one, are encouraged to attend and may contact [it@psnc.org.uk].

Electronic Prescription Service (EPS) and authentication
Relevant webpages include: [/eps]; [/rtec]; and [/authentication]

a. Electronic Prescription Service (EPS)

Appendix CPITG 06/06/22 sets out related updates. Rebecca Jarratt (NHS Digital EPS team) provided an update. The EPS team:
- thanked the group for providing rich feedback regarding NHS App EPS prescription readiness;
- have considered the CP ITG EPS workshop feedback about NHS App wording, and will be reporting this into their next Interoperable Medicines Board meeting, and will discuss further steps and report back to the group later; and
- are due to also conduct additional research with the GP sector.

The EPS team continue to work on [EPS FHIR API]. The [EPS Tracker REST API] remains in Beta. In regards to other EPS APIs: [EPS HL7 V3 API] remains stable, and the [EPS Directory of Services API] is under review and NHS Digital are considering deprecating it. Work on the EPS FHIR facade continues, this should also support remote consultations in secondary care. EPS FHIR prescribing aspects will be updated further by October 2022. There is not yet a mandate to move away from EPS HL7.

b. Real Time Exemption Checking (RTEC)

PSNC and other RTEC steering group members are exploring what should be added to the RTEC roadmap. Group discussion:

- Work with the National Union of Students and Ministry of Defence could illuminate whether these prescription types could be folded into RTEC. Although it was recognised the feasibility of this versus the benefit must be explored.
- Stability should be a priority as suppliers are noticing a lot of blips recently, where the NHSBSA RTEC system goes down temporarily causing a need for pharmacy colleagues to have to return to paper methods, requiring patients to sign.

Action: The group should send further items for consideration for the RTEC development roadmap to it@psnc.org.uk.

c. Smartcard admin portal

Currently pharmacy contractors use the Care Identity Service (CIS) portal to administer their NHS Smartcards. The developing Care Identity Management (CIM) portal will replace the CIS portal. Appendix CPITG 06/06/22 sets out related updates. Jeremy Wickremer and Benjamin Turner (both from the NHS Digital Smartcard admin portal team) provided an update.

Actions:
- CP ITG pharmacy representatives, contractors and team members are encouraged to participate in user research by emailing iamplatforms@nhs.net using the subject title "CIM research".
- The group may contact it@psnc.org.uk with feedback about:
  - How do and your teams you usually go about unlocking Smartcards?
  - What do you think could be improved with the process of unlocking your own Smartcard?
  - What do you think could be improved within the Smartcard administration portal?
  Collated feedback will be shared with NHS Digital.

d. Smartcard identity checking process to be digitised: Apply for Care ID

NHS Digital plans to pilot 'Apply for Care ID'. This programme will enable healthcare staff to use an NHS authenticator app as an alternative to a face-to-face visit to the local Registration Authority (RA). Appendix CPITG 06/06/22 sets out related updates. Will Turner and Eoin Byrne (both from NHS Digital) provided an update. NHS Digital have produced new videos hosted at the NHS Digital Apply for Care ID webpage about their plans and the proposed user journey. Sanjay Ganvir had fed feedback into the Apply for Care ID team and recommended that other contractors also fed in. Following feedback from CP ITG participants, NHS Digital continues to explore removal of some of the burdensome steps such as excess checking and the NHSmail requirement.

Action: CP ITG pharmacy representatives, pharmacy contractors and team members are encouraged to participate in the user research by emailing iamplatforms@nhs.net using the subject title "Apply for Care ID research".

e. Smartcard self-unlock process and guidance

NHS Digital have been updating their Smartcard guidance ahead of sharing this refreshed guidance with the CP ITG: https://digital.nhs.uk/services/registration-authorities-and-smartcards/register-for-self-service-smartcard-unlock

Action: The group are encouraged to cascade the message to their networks and pharmacy teams. Communications copy is available.

	Supporting NHSmail
	Relevant webpage(s) include: _/NHSmail_

User research into NHSmail and authentication: Multi-Factor Authentication (MFA) provides additional security for digital access. Good data security practices require use of individual logins for different persons and consideration of MFA where needed. Microsoft enables MFA for Outlook as an option. NHS Digital are considering the impact of MFA on NHSmail users, e.g. a recognised phone confirms the access at a relevant interval (not necessarily for every login). The group was asked to share views about MFA and any associated pharmacy requirement if this was to be introduced

Action: The group should send comments about the proposed introduction of multi-factor authentication to enable use of NHSmail to it@psnc.org.uk.

	Any other business

Drug Tariff IT and dm+d code changes

CP ITG were previously asked to explore the supplier interest with some Drug Tariff IT workshops on implementation of Serious Shortage Protocols, future Drug Tariff reforms and Hormone replacement therapy (HRT), NHS Prescription Prepayment Certificates (PPCs) and dm+d code changes. PSNC and the Department of Health and Social Care will set up some workshops.

Actions:
- CP ITG to be encouraged to attend a CP ITG Drug Tariff IT call October 11th 1pm-2pm. Invitations will be sent to CP ITG. Pharmacy team members, supplier representatives or others who would like to attend, but don't yet have an invitation, may contact it@psnc.org.uk.
- CP ITG (and particularly supplier representative representatives within) are to be encouraged to attend a CP ITG dm+d medicine code changes call October 12th 9.30am-10.15am. Invitations will be sent to CP ITG. Supplier representatives or others who would like to attend, but don't yet have an invitation, may contact it@psnc.org.uk.

Pharmacy Show

The upcoming Pharmacy Show will be held at the NEC Birmingham on Sunday 16th to Monday 17th September 2022. Pharmacy IT sessions will be presented by NHS England pharmacy team (Libby Pink), and NHS England's Transformation Directorate (Zoeta Brown). The NHSBSA, NHS England and others will have stands and welcome discussing pharmacy IT matters. Matt Armstrong will present a session on behalf of the Community Pharmacy IT Group at the Technology Theatre, Hall 4 on 17th October 2.45pm.

Action: The group are invited to contact it@psnc.org.uk or the Chair, if they would like to suggest topics for the CP ITG to present at the Pharmacy Show.

NHS England consulting on its Genomics strategy

NHS England are consulting on their genomics strategy and what may be missing from it. The consultation is due to close on 16th October 2022. Any CP ITG participants who are considering completing a consultation response may wish to consider the Royal Pharmaceutical Society (RPS) position statement on 'The Role of Pharmacy in Pharmacogenomics'.

Meeting survey: ideas for future meetings

The group were asked via virtual survey to make suggestions to improve future meetings and future group work. Comments:

- The group could be reminded that comments or questions can be posed about papers prior to meetings to the secretariat (who could pass these questions to presenters).
- Enable additional pharmacy team members to join.
- Report on pilot IT experiences and lessons during future meetings.
- Further joint work to brainstorm potential digital solutions is welcome.
- Supplier workshops, where required.
- Idea generation.
- Progress tracking.
- Consider using "you said, we did".

The meeting organisers will use the feedback received to help future planning.

Future meeting dates

Weds 16th November 2022
Weds 8th March 2023
Weds 7th June 2023
Weds 20th September 2023