

Draft minutes for the Community Pharmacy IT Group (CP ITG) Spring 2023 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 England's Transformation Directorate](#), [NHS England pharmacy team](#), [DHSC](#) and [PRSB](#). Further information on the group can be found on the [PSNC website](#).

Present

Matt Armstrong (Chair), Boots and CCA	Mandeep Khaira, V-Care
Dan Ah-Thion (Secretariat), PSNC	Declan Lismore, Echo
Mubasher Ali, Community Pharmacy Lancashire	Helga Mangion, NPA
Mark Anyaegbuna, Community Pharmacy Kent LPC	Anne-Marie King, Northamptonshire & Milton Keynes LPC
Kirsty Armstrong, NHS England	Mark Merry, Positive Solutions
Rita Bali, Cambs and Peterborough LPC	Geraint Morris, North of Tyne LPC
Wasim Baqir, NHS England	Stephen Noble, Dudley LPC
Kirti Billkhu, SSR	Martin Orton, PRSB
Fleur Bradley, NHS Digital	Julie Milner-Wright, Peak Pharmacy
Ben Brearley, NHS England	Hammad Patel, NHS England
Alastair Buxton, PSNC	Libby Pink, NHS England
David Broome, Stancliffe Pharmacy	Darren Powell, RPS, Weldricks Pharmacy & NHS England
Richard Brown, Avon LPC	Rob Proctor, NHS England
Zoeta Brown, NHS England's TD	Hanif Rahman, NHS England, records
Gemma Binns, Cegedim	Gemma Ramsay, NHS England
Luke Bolton, Cegedim	Philippa Rayner, NHSBSA
Fleur Bradley, NHS England	Gemma Rogerson, NHS England
Lyle Byrne, Cegedim	Rupal Sagoo, Tesco Pharmacy
Rach Clarke, Royal Mail clinical team	Harjit Sean, Pharmacy contractor
Tania Cork, North Staffs & Stoke LPC	Jeff Shelley, Invatechhealth
James Davies, RPS	Jasmine Shah, NPA
Matthew Ellis, Positive Solutions	Nishit Shah, Morrisons Pharmacy
David Evans, Daleacre Pharmacy	Craig Spurdle, Rowlands Pharmacy / Phoenix
Kerry Frenz, NHS dm+d project	Charis Stacey, NHS England
Sanjay Ganvir, Greenlight Pharmacy	Antania Tang, NPA
Paul GILBERT, NHS England	Fauzia Taylor, Pharmacist
Martin Hagan, NHSBSA	Nick Thayer, CCA
Leanne Hackett, Cegedim	Rob Thomas, PSNC
Rob Hills, NHSBSA	Ben Tindale, NHSBSA
Nick Hunter, Doncaster LPC	Gabriele Vickers, PSNC
Rob Hebdon, NHS England	Caline Umutesi, PSNC
Jo Hendry, Boots/Colombus	David Vanns, Weldricks
Claire Hobbs, NHS England	Robert Vaughan, Lincoln Co-op Pharmacy
Martin Hagan, NHSBSA	Gary Warner, PharmOutcomes & Regent Pharmacy
Claire Hobbs, NHS England	Andy Wilcock, Rowlands
Rob Jordan, NHS England, records	Jon Williams, RxWeb
Nick Kaye, NPA	Paul Wright, NHS England's dm+d project

Item 1: The Chair welcomed the group

Item 2: Apologies for absence from voting members: Steve Ash (AIM), Darryl Dethick (AIM), Nick Kaye (NPA), Sunil Kochhar (PSNC), Fin McCaul (PSNC), Graham Phillips (NPA), George Radford (CCA), Iqbal Vorajee (AIM) and Heidi Wright (RPS).

Introductions, minutes of previous meeting and matters arising


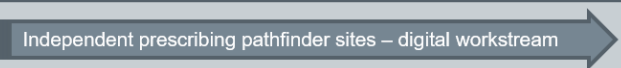
Item 3: The minutes of the previous meeting were agreed.

Item 4: Remaining actions were carried into the [agenda papers](#) 'next steps' for this 13th March 2023 meeting. Outstanding actions are listed within the minutes.

Introductory overview on upcoming community pharmacy IT developments from NHS England

Item 5a. 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 previously outlined the following priority areas: 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. The group supports these focus areas. NHS England's [Pharmacy Integration Programme team](#) continues to develop and pilot potential new services to be delivered by community pharmacies. Several planned developments for this year were highlighted, including those outlined within the table below:

23/24 CPCF digital programme					
Deliverables	Q4	Q1	Q2	Q3	Q4
PRSB Community Pharmacy Data Standard (CPDS)	Review & publish	Publish ISN			<i>TBC: Conformance</i>
CPCS minor illness post event message	Develop	Assure & FOT			
Payment & data APIs	Contraception Service	Commercials	Blood Pressure Checking Service Discharge Medicines Service	New Medicine Service	Smoking Cessation Service v2
Booking & Referral Standard (BaRS)	Engage & Initiate	GP referral pathway <i>Exploring: 111 referral & secondary care referral pathways</i>			
Direct care APIs	Engage & Initiate	GP Connect Access Record: Structured GP Connect Update Record: Structured <i>GP Connect: Send Document</i>			
Underpinning deliverables:					
<ol style="list-style-type: none"> Digital Care Services catalogue for community pharmacy Service navigation: Directory of Service (DoS), NHS Service Finder, NHS Profile Manager and NHS website 		 Independent prescribing pathfinder sites – digital workstream			

The Pharmacy Integration Programme team have considered the interoperability work programmes that could support the current Community Pharmacy Contractual Framework (CPCF), including the following:

- **Community Pharmacy Data Standard (CPDS):** This is being uplifted to reflect changes to the community pharmacy contractual framework in England and for purposes of futureproofing. The uplift is within the reviewing stage. After an uplift an [Information Standards Notice](#) will be issued to reinforce conformance. The NHS England Pharmacy Integration Programme team has not previously been involved with ISN work, with the steps for ISN currently beyond are being mapped out. A business case has been submitted to proceed.
- **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 being considered – including the potential for referrals from NHS 111 to community pharmacy. The NHS England Pharmacy Integration Programme team has secured BaRS resources for the next financial year. The plans involve providing priority for the GP to pharmacy referral pathway. NHS England also hopes to explore the practicalities of what this means and how this could further help with 111 and secondary care referral pathways.

- **Direct Care APIs (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”. GP Connect Send Document is listed on NHS England’s CPCF digital work programme, but is not viewed as the pharmacy GP Connect priority in comparison to the ‘structured Update /Access Record’ elements.
- **Service navigation:** NHS England are continuing work to improve the navigation of services, using the Directory of Services (DoS), NHS Service Finder and NHS website and looking at how these work together in a cohesive manner for pharmacy teams and patients.

Additional updates about the wider background:

- **The NHS England digital programme has a new senior responsible officer:** [Mark Sayers](#), who will be covering primary care. Given the programme will include GP and pharmacy IT, it is hoped that there will be the opportunity for digital alignment across pharmacy and GP sectors.
- **Organisational changes:** From 1st February 2023, NHS Digital teams and responsibilities have been absorbed into NHS England. This change follows a review which looked into how digital transformation could occur across the NHS in line with the objectives of the NHS Long Term Plan and follows a decision to merge NHS Digital into NHS England. Over the long term it is hoped that the changes will bring those managing NHS IT under one roof and enable a single, coordinated approach to NHS digital changes. In the immediate term for 2023-24 there will be significant restructuring and replanning required, which may affect the prioritisation of work.

Developing robust services IT and supplier frameworks

Relevant webpages include: [/serviceit](#)

[Item 5b. Establishing supplier frameworks: Commercial Approach Update](#)

[Appendix CPITG 01/06/22](#) sets out related updates. Zoeta Brown (NHS England) presented [slides](#) and provided an update. NHS England continues to explore commercial requirements and opportunities that will support both the needs of the sector and system suppliers now and in the future, in order to aid the development of an open supplier market. The additional updates given are set out below:

- 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](#)). 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.
- One of the framework items being looked at is to seek to use NHS BaRS to replace more uses of NHSmail for CPCF referral purposes to improve the referral process. The team have sought approval for allocation of resources, and subject to this being allocated would look to start the onboarding in May/June 2023.
- The catalogue is a device intended to:
 - give NHS England a contract with providers of digital services into health and social care;
 - create adequate market conditions and harmonise capabilities and standards;
 - enable interoperability across care settings; and
 - support an end to end buying journey.

- The Digital Care Services (DCS) sets out a Capabilities and User Stories Library, which is linked to a set of Catalogue Solution Standards.
- The User Stories outline high level business requirements which describe features relevant to the Capabilities they belong to, e.g. CPCF clinical services. These define the full scope of a Capability.
- System suppliers submit their Catalogue Solutions against these Capabilities and User Stories, submitting video evidence, and are then assured against the Standards required by the Capabilities and User Stories that have been accepted.
- Once fully assured, the system supplier creates a Catalogue Solution Listing and is considered Catalogue Compliant.
- For system suppliers that sign up to the Catalogue Agreement, there is continued market engagement via the subgroup of the Market Governance Group.
- The onboarding process, there are four steps: Catalogue Agreement execution and Catalogue Solution registration, Capability Assessment, Standards Assurance, and Catalogue Listing Creation.

Item 6. 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. Ben Tindale (NHSBSA) provided a verbal update. The next set of MYS API priorities are: [Pharmacy Contraception Service](#), [Discharge Medicine Service \(DMS\)](#), [Blood Pressure Checking Service](#), [New Medicines Service \(NMS\)](#) and the [Smoking Cessation Service](#). Related developments were discussed and are set out below:

- NHSBSA are aiming to publish the next tender within March or April 2023, the tenders are going to be split into two: one for the remaining advanced services, which will cover the Blood Pressure Checking Service, NMS, and the Smoking Cessation service and a separate tender for the DMS MYS API.
- NHSBSA are targeting delivery of MYS APIs for the Blood Pressure Checking Service by August 2023, NMS November 2023, and Smoking Cessation Service by January 2024.
- The DMS will not go out as an early tender, given that there may be wider interest later during this financial year. The objective is to have delivered DMS by November 2023, and for the contract information to go out to suppliers within June 2023.
- Relevant documentation will be made available to suppliers. One route for this is for suppliers to be able to go into the suppliers' MYS APIs portal to view the requirements are along with the relevant specification documentation.
- Data entry for services such as DMS is taking a large amount of pharmacy teams. NHS England recognise this challenge and the MYS API framework is attempting to correct this. The issue is not just limited to how the NHS England pharmacy team work, but it is also about how all the services are negotiated and piloted. Part of the challenge is that suppliers have not always been able to participate from an early stage of planning and ahead of and during pilots. NHS England have tried to enable supplier participation from an earlier stage ahead of the Pharmacy Contraception Service launch, and NHS England has been working with suppliers on what is required of the service from an early stage. All work by NHS England on digital IT has to receive spent approval, and the business case process has to be worked through. Where NHS England are using delivery partners, this requires commissioning and the process for that and for approvals can be challenging and add a time lag. NHS England are committed to trying to move further forward in this space, and have prioritised the API programmes for 2023/24 delivery. The business case approval for this approach came through during December 2022.
- Community pharmacy representatives expressed support for any opportunities to accelerate the timescales to be taken up.
- MYS API data reporting will suffer from the usual three-month lag associated with the current monthly submission timescale.

- NHSBSA are trying to future proof the APIs where possible. Whether the anti-depressant expansion for NMS is part of the NMS MYS API has yet to be determined but this is being considered.

Action: NHSBSA are to publish the next tenders for system supplier integration with MYS APIs. Suppliers are to consider integration.

Item 7. Independent prescribing

The General Pharmaceutical Council (GPhC) previously consulted and reported on [changes to the requirements for entry to independent prescribing courses](#), and [piloting across England from 2023](#). NHS England also previously reported into the CP ITG, including at a CP ITG independent prescribing IT meeting on 1st December 2022. Libby Pink (NHS England) provided a verbal update. Additional related developments are set out below:

- Each Integrated Care Board (ICB) was previously invited to complete an expression of interest form working with their Regional Pharmacy Integration Leads and local stakeholders. LPCs may have fed into their ICBs about this process.
- NHS England have received responses from every ICB. Those response are currently being moderated by the regions and once complete, the responses will commence with national moderation from April 2023. The NHS England digital workstream to support the independent prescribing (IP) programme from April is in the process of being approved.
- ICBs and regions had been asked to comment about potential costs and about their preferred digital requirements, software and hardware etc.
- The local feedback has included that challenges are anticipated with: access to patient electronic health care records, access to test results, ability to record a consultation, and ability to streamline payment processes, and how to apply IP to existing CPCS services using IT.
- The Chair, Matt Armstrong explained he had been asked to take part NHS England's independent prescribing pathfinders' operational group on behalf of the CP ITG.

Actions:

- The group is encouraged to contact the Chair directly with any views about independent prescribing IT – or share views by email to the secretariat (it@psnc.org.uk) in order to support the Chair's participation within the IP operational group. A pharmacy IP CP ITG special meeting is to be arranged by the secretariat before the next main quarterly meeting.
- The group and pharmacy teams are encouraged to [complete the Independent Prescribing Programme & IT survey \(5-7 mins\)](#).

Item 8. New Medicine Service (NMS) pilot IT

Hammaad Patel (NHS England) gave a verbal update. In the [Year 4 and 5 CPCF agreement](#), some changes to [NMS](#) were planned in. These set out that from late 2023, subject to positive evaluation of an ongoing pilot, the NMS would be expanded to include antidepressants, to enable patients who are newly prescribed an antidepressant to receive extra support from their community pharmacist. Additional related developments about the pilot are set out below:

- NHS England has developed their pilot planning around:
 - The inclusion of depression medication items, particularly for those patients that have just been prescribed certain types of anti-depressants, the pilot objectives also include a better understanding of the value to patients of receiving NMS support.
 - Understanding the training needs of the pharmacists, reflecting that this is the first time that they are including a mental health condition as part of the service.
- The pilot differs from the current service model in regard to the optional additional fourth consultation, which can be delivered much later (almost six months after the patient first enters the service, instead of six weeks after the patient enters the service).

- The pilot and associated evaluation is due to run until March 2024. Subject to positive evaluation, NHS England intends to include depression later this year.
- In light of the current context of pressures in community pharmacy, there have been a number of challenges getting the pilot off the ground. Piloting progress:
- Identified pilot areas in six regions, (and amongst nine individual Integrated Care System areas).
 - 118 pharmacy contractors were invited, which mapped to about 20 Primary Care Networks in those Integrated Care System areas.
 - Approximately 40% (around 50) of those contractors have registered for the pilot to date.
 - 33 of those have gone live, which means they have trained their staff ready to deliver the service.
 - 38 individual pharmacists have been trained, with the training compiled by the group of academics that had been working with them.
 - 11 pharmacies are actively delivering consultations.
 - 71 patients have entered the service, which maps to around about 130 individual consultations.
- The NHS England pilot project team have observed that many pharmacies involved with the piloting were still using a paper heavy process for NMS. As part of the pilot, the project team are supporting piloting pharmacy teams to use electronic communications - particularly between the pharmacy and GP practice – in line with NHS paperless ambitions.
- The pilot project team are also looking at uptake of remote consultation delivery, the current service can be delivered remotely - often via phone calls.
- Pharmacy team feedback included that GP practices did not always provide the necessary NHSmail email addresses. There remains an ambition to move away from NHSmail towards use of structured message that go into the patient record.
- The intention is to amend the API so that NMS expansion to anti-depressants could be included. The intention is to future-proof as much as possible, although changes to services require negotiation and the API change has not been finalised.

Item 9. Smoking Cessation Service (SCS) IT

Rob Hebdon (NHS England) provided a verbal update.

- The NHS Long Term Plan (LTP) previously committed to the NHS making a significant new contribution to reducing smoking. [SCS](#) was commissioned as an Advanced service from 10th March 2022.
- The Ottawa model for smoking cessation has been adopted by NHS England smoking cessation policy makers. The Ottawa study demonstrated the value of consistent joined-up support for an individual throughout their attempt to quit smoking. The model requires a destination for these patients post discharge.
- The intention of this service was to provide choice for an individual, and a consistent offer for patients.
- The pilot project team view the pilot as successful. The pilot had hoped to evaluate two key questions: firstly, whether a digital pathway for referrals from trusts to community pharmacy could be established and a system that was easy for all parties to use. Secondly, whether the pathway would be acceptable to patients. The answer to both questions was yes, with 68% of patients given a choice of either community pharmacy or a local commissioned service choosing community pharmacy for support with their attempt to quit.
- Pharmacy teams are entirely dependent on referrals coming through from the Trusts, because the majority of Trusts do not yet have tobacco dependency teams in place, this service received a soft launch in March 2022.
- Just under 4,000 community pharmacies have registered to deliver the service, and to support the implementation, a commissioning support unit has been commissioned to help establish the service within the Trusts.

- Currently there are 36 Acute Trusts with established pathways, and the first mental health trust went live in February 2023.
- The project team hopes to have another 21 Trusts go live during March/April 2023. There are ongoing discussions with an additional 60 Trusts to move them towards a go live position.

Item 10. Pharmacy Contraception Service IT

Kirsty Armstrong (NHS England) gave a verbal update. The Tier 1 [Pharmacy Contraception Service](#) will involve community pharmacists providing ongoing management of routine oral contraception that was initiated in general practice or a sexual health clinic. Additional related developments:

- It was previously reported that:
 - This was expected to be commissioned as an Advanced service from early 2023; and
 - subject to a positive evaluation of the ongoing pilot, from 4th October 2023, Tier 2 of the service would be introduced, which would enable community pharmacists to also initiate oral contraception, via a Patient Group Direction, and provide ongoing clinical checks and annual reviews.
- The project team have the two tiers of the pilot running simultaneously.
- Tier 1 is running across around seven regions across England. There are 200 pharmacies that are live and more than half are delivering the service on a regular basis. More than 3,300 consultations have been conducted.
- Although the formal evaluation part of that pilot has been completed, the pilot is still ongoing. The service has been commissioned as an advanced service. One of the requirements of the specification for the advanced service is that IT solutions meet the minimum digital requirements that have to be used by contractors, so that there will not be any manual reporting required for provision.
- NHS England are working with a number of IT suppliers, and there are two who are likely to be ready to go live with the front end and the API part of the IT solution.
- The pilot for Tier 2 of the service was launched in October 2022, but given the pressure around vaccination programmes and other pressures, large volumes of service delivery were not expected during the early months.
- Since January 2023, the consultation numbers have begun to rise – there have been just over 70 consultations to date from the 12 early pharmacies. Tier 1 is the gateway to Tier 2: pharmacists need to have delivered a minimum of 10 Tier 1 consultations before they can start to deliver the Tier 2 service.
- The formal evaluation of Tier 2 is about to begin; they will start contacting pharmacists and patients that participated in the service during March/April, and are hoping that the evaluation will be concluded by sometime around June/July. Tier 2 is expected to go live as an advanced service subject to positive evaluation in October 2023.
- NHS England have developed the API to work with both Tier 1 and 2, and have started discussions with IT suppliers about the API working with both Tiers of the service.
- The pilot is due to end in March or April 2023.
- A survey is being used to support pilot evaluation for Tier 2. One question that the pilot project team are getting from pharmacy pilots is ‘whether the IT solution will be built specifically for the pilots?’. The answer is that this will not be, because the pharmacy team have to capture extra data fields during piloting and it would not be practical for IT suppliers to build a bespoke platform just for the pilots. The evaluation findings indicated 98% of patients felt positively about the service, and 97% of patients said they would use the service again or refer it to a friend or family (Tier 1). The findings have included positive feedback, from pharmacists, patients and GP practices.
- There are some barriers around training. However, pharmacist feedback indicated that the training supported the delivery of the consultations. The pilot project team circulated the results of Tier 1 pilot evaluation to PSNC, regional NHS England teams and LPCs during March 2023.

Item 11. Community Pharmacist Consultation Service (CPCS) expansion and IT

Rob Proctor (NHS England) gave a verbal update. The NHS [CPCS](#) launched in 2019 as an Advanced Service. Since November 2020, general practices have been able to refer patients for a minor illness consultation via CPCS, once a local referral pathway has been agreed. From March 2023, it is expected that the CPCS will expand to enable Urgent and Emergency Care (UEC) settings (hospital Emergency Departments and Urgent Treatment Centres) to refer patients to the service for a consultation for minor illness or urgent medicine supply. Additional related developments are outlined below:

- This was piloted for over 18 months. The NHS England clinical reference group had signed the pilot off as a successful pilot, in that they have established the clinical governance considerations that UEC sites would need to consider in getting this to go live; and also looked at currently digital referral methods for CPCS and testing these in an UEC environment and are satisfied that it is a safe referral pathway. The pilot project team are awaiting approval to share the start date, potentially in April 2023, but waiting on confirmation.
- There are 12 sites around the country that are actively referring patients into community pharmacy. 179 pharmacies have registered.
- The pilot project team are doing high level stakeholder engagement: with the Royal College of Emergency Medicine - a key stakeholder for getting emergency departments and trusts onboard with supporting and opening this referral pathway.
- Pharmacies that can receive CPCS referrals will be able to receive referral from these UEC, there is no requirement for additional sign-ups. The pilot sites will be able to continue as they have been. The early rollout would be expected to be led by the UEC region teams, and the ICS teams. NHS England central teams will provide a toolkit of materials to support those sites. The toolkit would include case studies, guides, promotional materials, and evaluation materials.
- The launch and the pace of the rollout is expected to be similar to the GP CPCS pathway launch and rollout. Recommendations are expected to be made that the rollout happen from April/May 2023. The experiences of the pilot, suggests rollout may require between three and six months to be established, ahead of next winter.
- UEC will be able to receive NHSmail referral, it has been used by 20% of the sites as the main referral tool. The biggest has been the system-to-system referral, the CPCS IT systems, they are going to be talking to the system suppliers about that as a referral route to consider. May require some sort of licencing at the UEC site.
- A streaming and redirection tool has been used 10% of the time. This is an NHS digital product that is currently being piloted around emergency departments, and is supported by the clinical pathway algorithms.

Item 12. Cancer Referral Pilot IT

Wasim Baqir (NHS England) previously updated the group at its September 2022 meeting and gave a verbal update regarding newer developments. The NHS Long Term Plan previously committed to increasing the proportion of cancers caught early, when they are easier to treat, from half to three in four. NHS England created a plan for pilots. The [NHS e-Referral Service \(e-RS\)](#) tool will be tested during the piloting. Wasim Baqir (NHS England). Related developments are set out below:

- The pilot remains in development. Cancer is diagnosed late in certain parts of the country and in certain communities, this is usually linked to deprivation.
- Community pharmacy is well placed to serve those patients and in situations where the symptoms or medicine buying behaviour is suggestive of cancer, to warn and direct to secondary care by passing patients to GP. This is being evaluated.
- The pilot project team are:
 - working with four [Cancer Alliances](#), Cornwall, Kent Medway, Thames Valley and Greater Manchester;
 - assessing the electronic referral system options, primarily NHS e-Referral Service (e-RS), which is the same service GPs currently use to refer patients to secondary care; and

- hoping to go live in Cornwall in the next couple of weeks
- e-RS challenges include Smartcard rights adjustment. Once Smartcard adjustment is completed, use of e-RS by the pharmacy involves use of a login to the e-RS portal and using the tool to make the referral.
- An online survey form is being used to capture data during the consultation, and PDFs can be generated from this which can be attached to the referral. The form includes data to support the pharmacy claiming process and the service evaluation process.
- The service involves the community pharmacist having a consultation with any patient presenting with potential symptoms of cancer.

Establishing data flows and IT standards

Relevant webpages include: [/standards](#)

Item 13. Update on CPCS Minor Illness Post Event Message

Fleur Bradley (NHS England's Transformation Directorate) gave a verbal update. NHS England has been seeking to align this message's structure with that of the CPCS emergency supply of medicines message. This will improve the interoperability between pharmacy and GP systems supporting service delivery within primary care, and building on the previous CPCS notifications work. Additional related developments are outlined below:

- The project team are working with four pharmacy sending suppliers and two receiving GP suppliers. They are in the development stage, developing against the minor illness technical specification. The pharmacy suppliers are due to complete that development work by early April 2023.
- The two GP system suppliers are at different stages of the development journey and are not expected to complete the work at the same time.
- The next steps for the project include the assurance process during April, (technology assurance and clinical assurance), and the after this they go into pilot processes.

Item 14. dm+d medicine entry changes

[Appendix CPITG 03/06/22](#) sets out related updates. Paul Wright and Kerry Frenz (NHS England's Transformation Directorate) gave a verbal update. Paul and Kerry had previously engaged with CP ITG suppliers and other stakeholders regarding dm+d code changes.

- Originally there was a sample batch of 18 VMP IDs, which were changed and went live on the 27th February. This was going to be followed by the main batches of core changes that are taking place between May and November 2023.
- Due to an internal request, the project team have had to create a second sample batch, which will help internal teams assess impact before they process the larger batches. This second batch of VMP IDs is now live on the [NHS Digital changes to digital terminologies webpage](#). The second sample batch which is just six VMP, have been taken from the first batch changes which are due to go through on 8th May 2023.
- For those six VMP there was not any PCA prescribing in 2021/22, all of these only have one AMP associated, to which three of those are no longer available and three are special order products. The team have picked VMP which they think will have a minimal impact on suppliers.
- The second sample of six VMP will go live on dm+d during late March 2023.

Actions for suppliers:

- Suppliers are asked to complete this [NHS England dm+d survey for suppliers](#). The survey is open until Wednesday 5th April 2023. Supplier questions about the survey can be directed to nhsdigital.ukmeds@nhs.net. The NHS England Pharmacy Terminology team are undertaking a

piece of discovery work as part of [UK Medicines Terminology Futures](#) and supplier feedback will be taken into account.

- Suppliers are also 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 usage

Relevant webpages include: [/records](#)

Item 15. National Care Records Service (NCRS)

[Appendix CPITG 04/06/22](#) sets out related updates. Rob Jordan (NHS England's Transformation Directorate) presented [slides](#) and gave a verbal update. NCRS will be the successor to the [Summary Care Record application \(SCRa\) portal](#). NCRS enables viewing of SCR information as well as: Personal Demographics Service; [National Record Locator](#) to locally held care plans; Reasonable Adjustments Flag; and Child Protection Information Sharing. Additional related developments are outlined below:

- 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). Suppliers continue to be able to explore integration with Care Identity Service 2 for NHS authentication options which do not require Smartcards. 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 integrate into any others.
- The NCRS team have ran webinars over the last few months to support the early rollout of NCRS and PSNC and many within CP ITG attended and promoted these.
- Instant messaging functionality was added into the existing SCRa from March 2023 to raise awareness about the transition to NCRS.
- SCRa will be removed later within the calendar year. The purpose for this is that it provides low-cost summary portal access to a range of patient's medical and safeguarding information at the point of care. NCRS provides an improved look and feel. It aims to complement the national and local sharing and be a more flexible and more future-proofed platform. It will provide access to existing and future products. Certain organisations can upload PDFs which can be seen within the new NCRS.
- 600 organisations have joined NCRS so far.
- There is a simple check that can be done using an [online tool to check if the device should be capable of accessing NCRS](#).

Action: 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 CP ITG [NCRS feedback snap survey](#) (or email it@psnc.org.uk), to confirm if you can access it and your experience of using it.

Seamless referrals and appointments

Relevant webpages include: [/bra](#)

Item 16. Appointments systems

Dan Ah-Thion (PSNC) gave a verbal update. The group were polled. All of the poll participants agreed with pharmacy appointment systems aligning to NHS account appointments. Group comments about which appointment IT systems were currently in use to help manage scheduled appointments are set out below:

- [Patient Medical Record \(PMR\) system](#)
- [Q-Flow / National Booking Service \(NBS\)](#)
- [Healthera](#)
- [Pabau](#)
- [MyHealthHub \(Positive Solutions\)](#)
- [Virtual Visits / Microsoft Bookings](#)
- [Charac](#)
- [EMIS Patient Access \(patient app\)](#)

More than three quarters of respondents said that at least one digital calendar was in use.

The group provided comments about the issues with digital calendar usage and about the principles which should govern future IT development of pharmacy appointments IT solutions:

- Interoperability and avoidance of the management of multi appointment systems:
 - the BaRS programme should incorporate appointment standards;
 - all our digital calendars talking to each other, one calendar to rule them all;
 - avoiding the feel of multi calendars;
 - open APIs;
 - proper integration across all systems, pharmacy and NHS;
 - interoperability with the National Booking Service (NBS) given this might become the strategic direction for many NHS appointment bookings; and
 - having to open many different calendars at the same time and manually blocking times out of each of them is far from ideal.
- Choice:
 - level-playing-field for choice of system;
 - equity across all pharmacies; and
 - important to keep systems open to integration with each other so contractors have the choice of what systems they want to use, and ability to change.
- Carers/family can book for patient.
- Simple to use for patients and they can be notified about appointments.
- Seamless:
 - easy to use for patients and pharmacy staff; and
 - avoid multi passwords.
- Effective Rostering.
- Acknowledge room availability and qualification of person providing service.

Action: [Pharmacy representatives may complete a snap survey about their use of appointment systems](#) after the March CP ITG meeting.

Straightforward security

Relevant webpages include: [/ds](#)

Item 16b. Data security updates

- *The future beyond Smartcards*: The NCRS team explained that suppliers continue to be able to explore integration options with [Care Identity Service 2 for NHS authentication options which do not require Smartcards](#) (e.g. use of [NCRS](#) on mobile devices without a Smartcard).

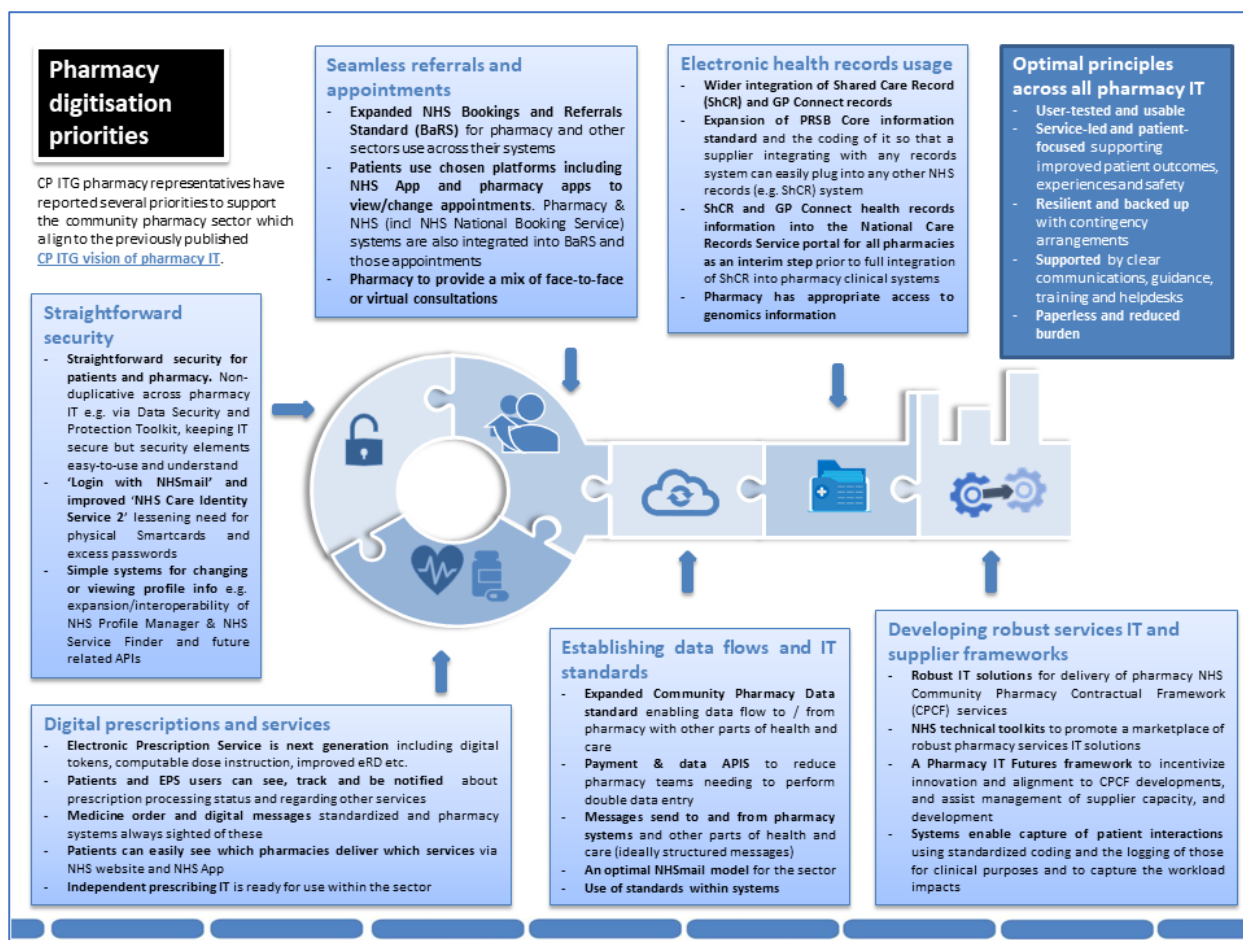
- Data Security and Protection Toolkit (DSPTK): [PSNC updated its Data security and information governance hub and published new guidance documents for the 2022/23 Toolkit submission. A new DSPTK webinar was subsequently made available on demand.](#) If you would like to feed into the development of the 2023/24 toolkit, please email it@psnc.org.uk.

Any other business

Item 17. Digital priorities

[Appendix CPITG 06/06/22](#) sets out related updates. Dan Ah-Thion (PSNC) presented [slides](#) and gave an update. The group has previously discussed pharmacy IT objectives which continue to feed into the [CP ITG's digital vision work](#). The collated feedback has identified requests relating to the '[Pharmacy digitisation priorities](#)' diagram shared within Appendix CPITG 06/06/22. The group supported the items listed within the infographic in Appendix CPITG 06/06/22. Suggested additions included:

- Adding in independent prescribing;
- Addition of principles which cut across multi categories; and
- further aligning with CP ITG objectives.



Action: The group or pharmacy teams may share comments on the [digitisation priorities infographic](#) to it@psnc.org.uk by 19th April 2023, so that those comments can be incorporated into the next iteration.

Item 18. Any other business: Pharmacogenomics

Alastair Buxton (PSNC) gave a verbal update regarding a team of clinical academics based in Manchester who are working to develop a pharmacogenetics service, supported by NHS England. Pharmacists could play an essential role in the delivery of any future pharmacogenetic service. Pharmacies also require appropriate access to pharmacogenetic records, although there will be practical challenges because these can involve large amounts of data.

Future meeting dates

Weds 7th June 2023

Weds 15th November 2023

Weds 20th September

Weds 6th March 2024 (to be confirmed)