Minutes for the Community Pharmacy IT Group (CP ITG) meeting held on 8th June 2022 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, NHSE&I, and NHS Transformation Directorate. Further information on the group can be found on the PSNC website.

Present

Matt Armstrong (Chair), Boots and CCA	Declan Lismore, LloydsDirect
Dan Ah-Thion (Secretariat), PSNC	Nick Kaye, NPA
Ursa Alad, NHSE&I	Dina Makar, Pharmacy contractor
Noor Al-Dairi, Boots	Helga Mangion, NPA
Dane Argomandkhah, Cohens Chemist	Andy McCarthy, NHS Digital GP Connect
Sam Barker, Pharmacy Group	Dave McNamara, Proscript AAH
Gemma Binns, Cegedim	Wahid Muhammad, Invatechhealth
Luke Bolton, Cegedim	June Nicholas, NHS Digital GP Connect
Claire Cottrell, NHS Digital GP Connect	Richard Philips, NHS Digital Care Identity
Jana Dale, Pharmacy contractor	Libby Pink, NHSE&I
Adam Dennett, Cegedim	Darren Powell, RPS, Weldricks Pharmacy & NHS Digital
Darryl Dethick, PCT Healthcare Pharmacy	Shanel Raichura, SSRC
Matthew Ellis, Positive Solutions	Gemma Ramsay, NHSE&I
David Evans, Daleacre Pharmacy	Tracey Robertson, Cegedim
Dawn Friend, NHS Digital EPS	Rupal Sagoo, Tesco Pharmacy
Sanjay Ganvir, Greenlight Pharmacy	Jeff Shelley, Invatechhealth
Fintan Grant, NHS Digital	Nishit Shah, Morrisons Pharmacy
Francis Gresham, NHS Digital GP Connect	Jagbir Singh, VCare
Martin Hagan, NHSBSA	Gabriele Skieriute, PSNC
Leanne Hackett, Cegedim	Harjit Sean, Pharmacy contractor
Jo Hendry, Boots/Colombus	Nick Thayer, CCA
Martin Hagan, NHSBSA	Pritpal Thind, Sonar Informatics
Claire Hobbs, NHSE&I	Ben Tindale, NHSBSA
Julian Horsley, RxWeb	Will Turner, NHS Digital
Rebecca Jarratt, NHS Digital EPS NextGen	Caline Umutesi, PSNC
Sima Jassal, EMIS	David Vanns, Weldricks Pharmacy
Gareth Jones, NPA	Iqbal Vorajee, Cohens and AIM
Nick Kaye, NPA	Gary Warner, PharmOutcomes & Regent Pharmacy
Mandeep Khaira, V-Care	Andy Wilcock, Rowlands
Rikesh Lad, Asda Pharmacy	Janson Woodall, Well Pharmacy
Andrew Lane, Alchem Pharmacy	Jon Williams, RxWeb
Jason Lestner, Living Care Pharmacy	

Apologies for absence from voting members: Steve Ash (AIM), Sunil Kochhar (PSNC), Fin McCaul (PSNC), Graham Phillips (NPA), Ravi Sharma (RPS), 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 8th June 2022 meeting. Several outstanding actions are listed within the minutes.

CP ITG Work Plan items

GP Connect (general update): GP Connect enables GPs and other authorised health care organisations to link in with GP system information, allowing those authorised to use the below.

- *Access records:* GP Connect lets authorised clinicians access GP patient records in a HTML read-only format or within an editable format;
- *Send Documents:* the tool enables GPs and other healthcare professionals to update a patient record via Interoperability Toolkit 3 (ITK3), and MESH message; and
- *Appointment Management:* GP Connect enables the sharing and management of appointments.

GP Connect Access records update: Appendix CPITG 01/06/22 set out related updates. June Nicholas, Claire Cottrell and Andy McCarthy (members of the NHS Digital GP Connect team) presented slides and provided an update. GP Connect - Access Record was explained:

- GP Connect features were compared with Summary Care Record (SCR) and Shared Care Records (ShCRs) – see image to right.
- GP Connect - Access Record allows authorised Health Care Professionals to access GP patient records held on their clinical system.
- Access Record has two methods of retrieving data from the patient record, through HTML or through a structured coded message.
- GP Connect APIs can only be used for direct patient care, not for planning or research.

The following areas of the record are not yet authorised for sharing by the GP sector:

- The Royal College of General Practitioners (RCGP) exclusion set.
- Parts of the record marked as sensitive or confidential by the GP.
- Sensitive information marked with the 'S' flag

GP Connect Access Records vs SCR/ShCR

Product Feature	GP Connect	SCR	ShCR
Real Time Access – Data is up to date at the point of request for consumption	✓	✗	✓
Access From Within Clinical System	✓	✗	✓
Patient Summary Page – active problems and issues, current medication, current repeat medications, current allergies and adverse reactions, last three encounters	✓	✗	✓
Consultation – Encounters	✓	✓	✓
Problems	✓	✓	✓
Clinical Areas	✓	✓	✓
Current/Repeat/Past Medications	✓	✓	✓
Allergies and Adverse Reactions	✓	✓	✓
Immunisations	✓	✓	✓
Uncategorised – Administrative Items/Clinical Items/ Observations	✓	✓	✓
Documents – available through GPC where supplier has developed 'Access Documents' specification	✓	✗	✓
Info direct from sectors beyond GP?	✗	✗	✓

- Elements of Access HTML, which cannot be saved into the viewing (consuming) system record.

Several steps must be followed for pharmacy professionals to see GP Connect records information:

1. Access via the Health and Social Care Network (HSCN).
2. A system supplier which has integrated with GP Connect Access Records APIs.
3. Data Security and Protection Toolkit (DSPTK) completion.
4. Those sharing information to the GP record should have suitable IG documentation in place.
5. Privacy notices.
6. Acceptance of the GP Connect agreement.

Group comments and questions:

- What will community pharmacy have access to? What information might be sent back to the GP record?
- Will blood test results be covered in this?

- Should the pharmacy sector be prioritising integration to Shared Care Records, GP Connect Access Records or both?
- Can we start thinking more from the digital technology perspective, how do we combine records information to make it easier for pharmacy teams and safer for patients?

Actions:
- The group is to consider how access to GP Connect Access Records should fit alongside other group priorities such as Shared Care Records (ShCRs) progression. The secretariat and NHS Transformation Directorate is to look at facilitating a records event in October 2022.
- The GP Connect team is to provide responses to the group's questions.

CPCF IT Toolkits:
- At previous meetings, the group supported the development of CPCF IT specifications and being invited to comment on these. NHSE&I has commissioned work to create technical toolkits. The following toolkits have recently been published in draft format: Blood Pressure Check technical toolkit, Smoking Cessation technical toolkit, Contraception Management technical toolkit, Discharge Medicines Service (DMS) technical toolkit and New Medicine Service (NMS) technical toolkit. A related 'Prior Information Notice (PIN)' had also been published. The CP ITG secretariat updated the group prior to the meeting and asked them to send initial comments about these toolkits to it@psnc.org.uk by 28th June 2022 and to also submit comments directly to NHSE&I. NHSE&I welcomes comments on all aspects of the draft toolkits, not just content but to include comments on process, template design, timescales etc.
- Libby Pink (NHSE&I Head of Delivery – Community Pharmacy Digital Strategy) provided an update.
  - The release of the PIN, inviting expressions of interest, invites should be coming through now
  - Depending on the feedback, NHSE&I could hold multi-engagement sessions about the toolkits.
  - The Smoking, Blood Pressure Check, NMS and DMS toolkits should be finalised by September.
  - NHSE&I would like feedback on the template toolkits and would like their development to be a collaborative process. NHSE&I are keen for active engagement from suppliers as well as the wider CP ITG.

Actions:
- Suppliers to consider the PIN related to these toolkits and may also express interest by emailing NHSE&I commercial hub (Darryl Jones or Brian Stratford) - suppliers can contact it@psnc.org.uk if contact details needed.
- The group to feed back about the toolkits.
- Sub-group calls will explore each of the toolkits in detail.

Discharge Medicines Service (DMS) IT: Ben Tindale (NHS Business Services Authority (NHSBSA) Manage Your Service (MYS)) gave an update. NHSBSA and NHSE&I supported by NHS Digital, previously started work with pharmacy IT system suppliers to support the development of an API that will transfer DMS summary data from pharmacy IT systems to the MYS portal, so that contractors will no longer need to manually enter this information into MYS. NHSBSA is going to send updated technical documentation to suppliers before mid-June 2022. Suppliers will be encouraged to provide feedback about the usefulness of the specification documentation. A call will be offered to walk through the spec by the end of June 2022, to get additional supplier views. Timescales for implementation into systems will depend on supplier feedback. The Group has previously explained how it currently takes a long time for contractors to enter the DMS data into MYS and welcomed a technical fix for this issue.
Actions: NHSBSA to:

- issue the latest iteration of the specification to suppliers immediately after the group's June 2022 meeting;
- invite suppliers to a related event; and
- capture and collate supplier feedback.

Booking, referrals and appointments (with IT): Appendix CPITG 04/06/22 set out related updates. PSNC has updated its webpage: Booking, referrals and appointments (with IT within pharmacy). The group and pharmacy contractors are encouraged to support the development of the new NHS Booking and Referral Standard by volunteering to take part in user research. This will ensure that the standard meets the needs of the community pharmacy sector. BaRS is an interoperability standard for healthcare IT systems which enables booking and referral information to be sent to or from care providers quickly, safely and in a format useful to clinicians.
Action: The group and contractors are encouraged to participate in user research by contacting bookingandreferralstandard@nhs.net.

NHS Profile Manager: Appendix CPITG 04/06/22 set out related updates. National communications about the new NHS Profile Manager are anticipated shortly. NHS Profile Manager is scheduled to replace both the DoS Updater and the NHS website editor imminently. The group is encouraged to support the cascade of messages.
Action: If the group wishes to discuss potential enhancements on the wishlist, please contact it@psnc.org.uk.

Shared Care Records (ShCR) update: Appendix CPITG 04/06/22 set out related updates. NHS Transformation Directorate (NHSTD) commissioned the creation of guidance for pharmacy and ShCR project teams after the group's July 2022 LPC / NHSTD ShCR event. NHSTD has announced that draft guidance has been published (in 0.3 draft version). This new draft guidance is intended to support the rollout of ShCRs to more community pharmacies across England. NHSTD are hosting a webinar on pharmacy and ShCRs on Thursday 23rd June, from 2-3pm. The webinar will explore the benefits of pharmacy access to ShCRs, the barriers to implementation, and the new draft pharmacy guidance.
Actions: Pharmacy representatives within the group are encouraged to register to attend the 23rd June ShCR workshop. The secretariat and NHSTD is to look at facilitating a records event in the October 2022.

Summary Care Record (SCR) Additional Information: Appendix CPITG 04/06/22 set out related updates. PSNC and the CP ITG have campaigned for pharmacy teams' access to SCR AI to be extended beyond the pandemic by resharing case study information. SCR AI changes will continue beyond COVID-19 legislation.
Actions: NHSE&I is to consider a permanent policy change. If pharmacy teams have any examples of how SCR with AI has enhanced patient care, in comparison to the normal SCR access, please contact it@psnc.org.uk, as such examples could be used to support the case for permanent access to SCR with AI and other health records for pharmacy.

WP	Supporting the development of pharmacy systems
	Relevant webpages include: /systems

Supplier co-working with the NHS and the related supplier letter: Appendix CPITG 02/06/22 set out related updates. System suppliers previously fed back that several projects were forthcoming within the NHS and wrote a letter to policy makers. Libby Pink provided an update. A joint reply was provided by the NHSE&I pharmacy team and NHSTD, NHSBSA, and DHSC (Appendix CPITG 02/06/22). This proposed five potential priority areas for suppliers and the wider sector: EPS next generation API, PRSB Community Pharmacy Data Standard, records access via GP Connect and ShCRs, BaRS and payment and data APIs. Feedback on the letter and proposed priority areas will enable additional timelines to be established.
Actions:

- Suppliers should send comments on the response letter to , e.g.:
  - Whether anything is missing?
  - The Feasibility of the items listed.
- The Group Secretariat is to facilitate a CP ITG workshop call to discuss the detail of the letter.
- The priorities set out in the letter are all important to driving community pharmacy forward.
- Current position is the completion for that was for this financial year, live discussion on whether remove the CPCS and replace with the full data standards.

Recommended minimum transfer dataset for pharmacies switching from one patient medication record (PMR) system to another: The group previously supported developing a recommended minimum dataset for cases where a pharmacy contractor has switched from one PMR system to another for the sake of continuity of patient care. A drafted dataset has been further developed incorporating further supplier comments. An associated specification document has also been developed.
Action: A working group of supplier representatives and PSNC is meeting each fortnight to discuss the detail of the proposed documents. This group is also identifying areas where PMRs may want to consider future proofing by exploring opportunities to align the way data is stored within the local PMR to national standards.

WP	Supporting EPS and its enhancements
	Relevant webpages include: /eps

Electronic Prescription Service (EPS) Next Generation: Appendix CPITG 03/03/22 set out related updates. Rebecca Jarratt and Dawn Friend (from NHS Digital) presented slides and provided an update. NHS Digital are documenting the benefits of specific enhancements to support future business cases, for example:
- Improved patient experience from patients being able to track their prescriptions;
- Improved processes if more care settings can benefit from EPS (e.g. hospital outpatients), moving more prescription types to EPS, e.g. FP10MDAs
- A modern, flexible service which can be adapted for user needs.

The EPS team roadmap was included within the slide pack and is seen below.
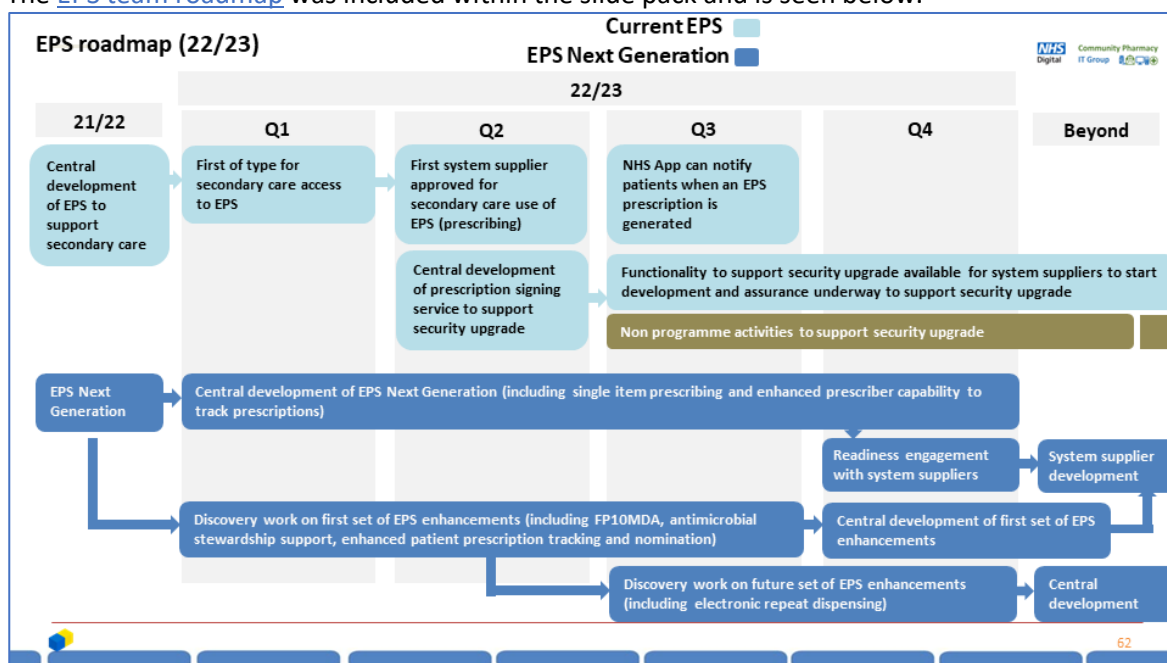
Group comments:
- DHSC should explore whether patients still need to sign for paid prescriptions.

- A CP ITG sub-group previously set out a process [to remove the use of paper from EPS processing](#).
- RTEC progress outlined within the agenda papers is contributing towards the paperless agenda.

Actions:
- NHS Digital would like to talk to pharmacy team members about their experience using EPS. Pharmacy team members and EPS users within the group to provide their views by signing up at [NHS Digital EPS user research webpage](#). You may be invited to complete a short telephone interview.
- The group will be invited to engagement events exploring how potential EPS enhancements could work if they were to be developed starting from 8th July 2022. The EPS team welcome feedback about specific enhancements and how these could be planned and implemented.

Discovery work on prescription tracking via NHS App: The NHS App is expected to receive new messaging capability from December 2022. This will enable prescription tracking messaging using existing EPS Spine messages (existing HL7v3 prescription process). Three scenarios have been identified as useful updates for patients:

1. Nominated prescription is sent to NHS Spine by prescriber.
2. Nominated prescription is downloaded by pharmacy.
3. A non-nominated prescription has been generated by the prescriber and is sent to NHS Spine.

The wording displayed to patients within the NHS App and any related wording will need to be carefully researched and tested with all users, including pharmacy team members. Consideration has also to be provided to whether the items are eRD. Draft working is set out below.
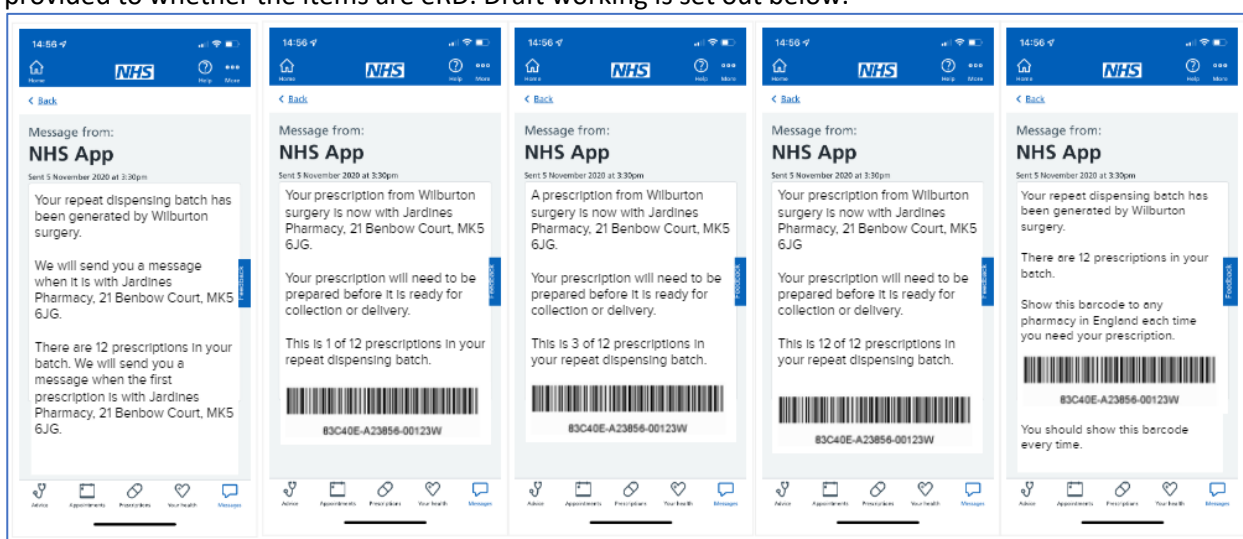
Group comments:
- Will the ability to track your prescription require a Patient Medication Record (PMR) system change? E.g. updating the NHS Spine when downloaded, labelled, assembled etc., as this could also mean that changes to dispensary processes will be required.
- When the NHS App is able to notify a patient that an EPS prescription has been generated (Q3 on the timeline), do they get told what items are on this. There may be an expectation by the patient that it is for all their repeat ordered items when they arrive in the pharmacy and if that is not the case, and only one item of four items is ready, this may cause confusion.
- It would be helpful for the NHS App wording to tell patients to see the GP practice on eRD final batch (e.g. issue 13 of 13).
- To note re. NHS App notifying of the prescription download, - what happens if the PMR auto downloads in the morning (e.g. 02:00Hrs)? It might not be ready to collect for a couple of days.

- Pharmacy teams spend a lot of time answering the following question from patients "but I ordered X number of items, you're only giving me X-Y items" when the issue was the GP practice team did not prescribe all the items that the patient ordered.
- We need to think about how eRD is set up. Pharmacies frequently receive eRD batch issues early.
- The NHS App medicines message could mention typical timescale required for dispensing, e.g. two days.
- Will the NHS App barcodes scan on pharmacy systems?
- How does this interact with Distance Selling Pharmacies who post prescriptions?

Action: Contractors and the group may feedback further about the NHS App wording. The topic will be explored further during a call facilitated by the secretariat and EPS team.

Smartcard renewal pressures: PSNC had communicated prior to the meeting that pharmacy teams should check whether their Smartcards required renewal. If not renewed, Smartcards expire after two years for information governance reasons. Pharmacy team members can renew via the Care Identity Service (CIS) portal. A large number of Smartcards are due to pass their expiry date in June 2022; 140,000 Smartcards are due for renewal on 27th June 2022.
Actions:
- Pharmacy teams are encouraged to renew Smartcards well ahead of expiry to avoid risk of service disruption.
- Contractors and the group are to support cascade of messages.
- PSNC is to continue to explore the opportunity for targeted messages to go out before mid-June 2022.

Mitigating EPS prescriptions with 'invalid signatures': The NHS Digital EPS team has been speaking with suppliers during May and June 2022 about how they deal with EPS prescriptions which were issued by a prescriber with a Smartcard which was not expired at the time of the prescription issue but expired by the time of the dispensing. The NHS Digital 1B Smartcard certificate used for the signing of EPS prescriptions is due to expire on 27th June 2022. NHS Digital has identified a potential risk whereby prescriptions that have been signed using the 1B certificate prior to expiry but are downloaded after the expiry date may be incorrectly identified by some pharmacy systems as having an invalid digital signature. Whilst system suppliers have taken steps to mitigate against this, there remains the possibility that some incidents may be experienced.
Actions:
- If Smartcard certificate expiry incidents occur on the 27th June, the issue should be urgently reported via the usual EPS escalation route, i.e. contractors report to suppliers, suppliers report to NHS Digital National Service Desk.
- It is hoped that this will be rare, but if pharmacy teams are unable to process a prescription due to an "Invalid Signature" incident, the teams should refer to their business continuity IT contingency guidance. The support pages on the PSNC website will also provide advice on steps to be taken to support patients when EPS prescriptions cannot be obtained

IT related to Serious Shortage Protocols (SSPs) and other Drug Tariff reforms: Appendix CPITG 03/06/22 set out related updates.
Action: Suppliers will be asked after the meeting about their level of interest with joint CP ITG / NHSBSA / DHSC workshop meetings about these topics.

Remote consultations: NHSE&I published Remote Consultations Guide for Pharmacy. The group had commented on the guide's development.
Action: The group are encouraged to promote the guidance.

Real Time Exemption Checking (RTEC): Appendix CPITG 04/06/22 set out related updates. The NHSBSA, Department for Work and Pensions (DWP) and the RTEC steering group plan has allowed the expansion of the DWP RTEC functionality to additional pharmacy contractors since the last meeting – from 100 to more than 8,000 sites – a eighty-fold increase. The RTEC team, suppliers and RTEC steering group including PSNC, have been supporting the ongoing rollout. Further communications from NHSBSA and PSNC are anticipated.

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

Smartcard identity checking process to be digitised via upcoming "Apply for Care ID" NHS Digital product: Appendix CPITG 03/03/22 set out related updates. Francis Gresham and Will Turner (from NHS Digital) presented slides and provided an update. Pharmacy team members must authenticate their identities to be linked to their Smartcards. Prior to the pandemic, pharmacy team members had to attend face-to-face meetings with local Registration Authority (RA) staff. The NHS implemented emergency policies at the height of the pandemic so that staff could authenticate themselves remotely, e.g. via video calls. These emergency policies are ending shortly. NHS Digital hopes a successful pilot will lead to the rollout of 'Apply for Care ID'. This programme involves health care staff being given the opportunity to use an NHS authenticator app as an alternative instead of a face-to-face visit to the RA. This service has been in pilot since April and the project team has incorporated PSNC feedback. Further pilot work will involve participating organisations (including pharmacy contractors) inviting individuals to go through the steps. Extra pharmacy team and head office views are needed to support the discovery and business cases for a process which could involve pharmacy teams being given an offer to authenticate themselves via a phone app. The pilot learning should consider technical aspects (device standards, browser standards and public cloud access), procedural aspects (what documentation is required), and the people aspects.
Group comments and questions:

- The group welcomes the project, with the previous arrangements meaning pharmacy team members were periodically travelling large distances and leaving the pharmacy short of staff.
- Whilst the verification reforms are welcome, the different Registration Authorities (RA) continue to use differing processes and paperwork, there is a need for the whole system to be standardised.
- The following barriers could remain even if the project is successful:
  - If the app were to require evidence of Disclosure and Barring Service (DBS) checking, given that this does not align with current pharmacy and Smartcard process;
  - Two proofs of photo ID or postal utilities bills (despite these frequently being digital);
  - Restrictions on types of emails being allowed e.g. restriction to NHSmail only;
  - There is not yet an equivalent to 'approval from a senior member of the pharmacy', e.g. the pharmacist / manager to assist as part of the authentication when the app is used.
- The NHS Digital NHSmail team may store data of interest to the project team.
- Other changes to Smartcards during the pandemic, e.g. extension of multi-site FFFFF and SCR rights should remain on cards irrespective of the Control of patient information (COPI) notice.

Action: The group and contractors are encouraged to participate with user research by contacting iamplatforms@nhs.net.

1c	Supporting maintenance and demonstration of data security and information governance arrangements
	Relevant webpage(s) include: */ds*

Data Security and Protection Toolkit (DSPTK): Appendix CPITG 04/06/22 set out related updates. PSNC has again worked closely with NHS Digital to keep the workload manageable but the data security protections appropriate. PSNC updated its [Data security and information governance hub](#) and published new guidance for the 2021/22 Toolkit submission including: [Five steps to complete summary guidance the Toolkit](#), [Question-by-question guidance](#), [templates](#), and [training](#). PSNC and NHS Digital jointly presented a webinar. Around 500 people registered to attend the webinar on the night. [The webinar is now available on demand](#).

Action: Signpost community pharmacy teams to the guidance and the Toolkit. If you would like to feed into the development of the proposed 2022/2023 question set, please email it@psnc.org.uk.

Internet Explorer support ending, Care Identity Service and NHS Credential Management (particularly relevant for pharmacy IT support): Appendix CPITG 04/06/22 set out related updates. [Internet Explorer (IE) 11 ended within June 2022](#). [NHS Credential Management](#) (CM), is a component from NHS Digital that supports the use of NHS Spine user tools such as SCRa and EPS Prescription Tracker without IE browser or plugins being needed.

Actions: IT support may consider installation of NHS Credential Management onto community pharmacy machines where necessary. It is not recommended that contractors install components onto their machines without consulting with their IT support. If a system suppler requires further information about this or [CIS2](#) they should contact: nhscareidentityauthentication@nhs.net.

WP	Supporting NHSmail
	Relevant webpage(s) include: */NHSmail*

User research into NHSmail and authentication:
Action: The group will be asked to comment regarding the proposed introduction of multi-factor authentication to enable use of NHSmail.

5a	To support useful and usable IT beyond pharmacy PMR systems and EPS
	Relevant webpages include: */itfuture*
	Information from the agenda and papers was noted and the group agreed the proposed next steps.

Parliamentary call for evidence regarding health IT development: Appendix CPITG 03/06/22 set out related updates. Dan Ah-Thion provided an update. The [Parliamentary Health and Social Care Committee](#) were calling for evidence relating to changes with digital technology within the NHS. The group considered four questions (questions A-D below)

Question A. How can the Government communicate the benefits of digital approaches in healthcare to the public and provide assurances as to the security of their data?

- Simplicity and via marketing.
- Make use of television and other types of advertising and additionally include messages about digital approaches within the NHS App login screen.
- Simple privacy notices written in plain English from large NHS organisations and health care organisations.
- Pharmacy teams report many patients say they assume that there is more data sharing across the NHS versus the reality.

Question B. What progress has been made dealing with the proliferation of legacy IT systems across the NHS?

- *Referrals* – Booking and referral IT standards technology are not yet used across the sector. (See Booking and Referral Standards (BaRS)). Messages and referrals frequently do not flow smoothly within and across sectors and patients do not have a seamless experience and the safest care.
- *Pharmacy clinical systems* - There is not yet a framework (e.g. *Pharmacy IT Futures* in same way as the existing GP IT Futures (https://digital.nhs.uk/services/gp-it-futures-systems)).
- *Old authentication* - The established Smartcard system and password system used for many NHS and clinical systems can be burdensome for health and care worker usage. Pharmacy teams report needing to log in and out of dozens of systems each day. The NHS Digital Care Identity Service (CIS) 2 programme work is welcomed and might be considered for roll-out across the community pharmacy sector. Smartcard / CIS Registration Authority (RA) policy and procedures should be standardised across England. Pandemic authentication innovations should continue.
- *Paperless processes* – Progress has been made but there are areas where Electronic Prescription Service paper processing is required. DHSC conducted discovery work on digital solutions for patients who currently have to provide an ink signature onto a paper prescription, e.g. to confirm they have paid a patient prescription charge.

Question C. How can the Government effectively foster co-operation between the NHS and the private sector to develop and implement innovation in healthcare?

Regarding the system supplier community the group suggested:
- clear funding and business cases;
- incentives;
- early and genuine engagement;
- dedicated funding and a clear plan; and
- collaborate with the supplier community from start to finish and ongoing.

Question D. What progress has been made in digitising health and care records for interoperability, such that they can be accessed by professionals across primary, secondary, and social care?

Group comments:
- *Records progress* – Some use of Shared Care Records (ShCRs) within pharmacy but more process and IT standardisation and rollout required for ShCRs and GP Connect Access Records.
- *Standards* – Professional Record Standards Body (PRSB) has done work on ShCR Core info standard, but this should be further expanded and coded. PRSB also worked on Community pharmacy info flow standard for notifications from pharmacy IT system to GP system (e.g. community pharmacy confirms to GP system the pharmacy has delivered NHS flu vaccination to patient). This standard should be expanded for pharmacy to send or receive other referral types. PRSB standards for medication dose and timings is not yet used within prescribing and dispensing systems. NHS services delivered by community pharmacy should be delivered after the appropriate technical standards have been set out, e.g. NHSBSA Manage Your Service (MYS) APIs and other technical specifications.

Impact of technology in pharmacy: Appendix CPITG 03/06/22 set out related updates. Ursa Alad (NHS Digital) presented slides and provided an update. Ursa Alad is conducting a research project on this topic for her MSc studies. The session sought the groups' views on the interaction between the use of technologies in community pharmacy and staff experience, patient experience and quality of care. The group discussed six questions.

Q1. In 1-3 words how would you describe technology in community pharmacy?

See image to right.

Q2. What impact does technology have on staff?
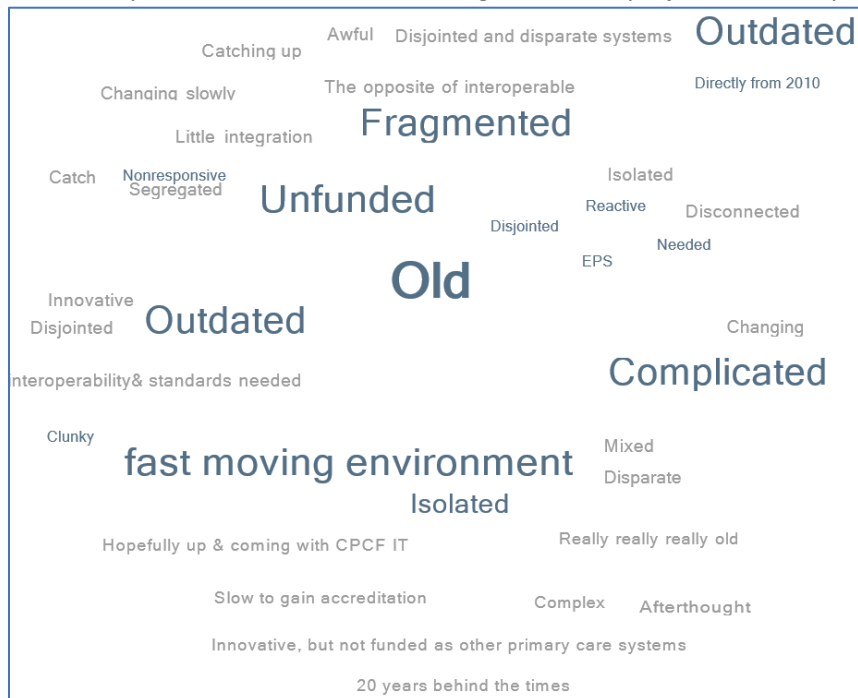
- Burden for pharmacy teams can be reduced, e.g. records, NHSmail and Electronic Prescription Service.
- Outages can add work pressures with the recent example being NHS Manage Your Service (MYS) outages at month-end. Clunkiness and inadequate interoperability can also add to pharmacy workload.

Q3. What impact does technology have on patient experience of receiving the care they require?

Group commented that technology can:
- Benefit the patient experience, e.g. the EPS process is much better and quicker than paper, and online ordering of repeat prescriptions is preferable to the older methods and has reduced the time needed to collect repeat items.
- Enable more patient choice and a more personalised service.
- Reduce the need for patients to repeat themselves or remember what the GP told them.
- Cause confusion if not explained as appropriate.
- Disadvantage those less digitally able (unless mitigations in place).

There are outstanding challenges causing some negative impact:
- Lack of continuity of patient information is frustrating for patients when they have to provide details that should already be available within the shared/GP record.
- Systems do not always currently support patients to receive the most personalised experience.

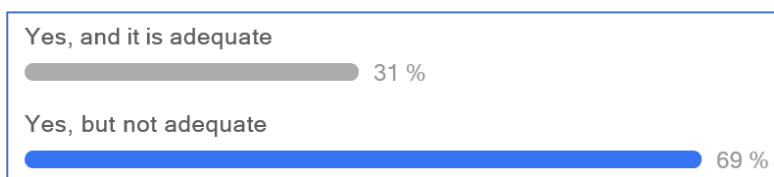*Q4. What impact does technology have on patient outcomes?*

The group comments on positive impacts:
- Enhanced clinical safety, e.g. increased audit trail sometimes because of additional scanning.
- Patients receive more communication about their medicines or services.

- Many pharmacies are using apps, this also may help further for some patients (e.g. medicine reminders).
- SCR and records and algorithms mean patients get better care or access to services, e.g. PMR system will flag those patients who are entitled to the NHS New Medicine Service (NMS).
- Remote consultations can improve access to care.
- NHS Service Finder and some other tools mean pharmacy teams can reach GPs more quickly preventing patient's having to go back to the GP practice for a minor matter.

Outstanding challenges mentioned by the group included the limited flow of information and the risk of digitally excluding patients which could have a negative impact on health outcomes for the less digitally capable.

Q5. Does your organisation have a budget for technology?

Yes, and it is adequate	31 %
Yes, but not adequate	69 %

Q6. Does your organisation have a strategy for technology?

Yes, but it is old	14 %
Yes, and it is recent	64 %
No and it's not needed	7 %
No but it should	14 %