

# Draft notes for the Community Pharmacy IT Group (CP ITG) Apps, EPS and digital tokens meeting held via videoconference on 12th September 2023

**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

Matthew Armstrong, Chair	Abbas Khedapa, Charac
Daniel Ah-Thion, Community Pharmacy England	Grant Kobrin, EMIS
Noor Al-Dairi, Boots	Ylan Kunstler, BeWell system
Potter Alex, Phoenix medical	Natasha Lane, NHS England
Khuram Ahmad, Boots	Paul Larmour, Jelly software
Ritesh Bakrania, Boots	Declan Lismore, Echo
Luke Bolton, Cegedim	James Lumgair, NHS England
Matthew Brooks, EMIS	Mark Merry, Positive Solutions
Euan Cameron, Cohesion medical	Wahid Muhammad, Invatech's Titan
Tim Coates, NHS England	Kevin Noble, Pinnacle PharmOutcomes
Victor Crudu, Logifect	Sean Power, Logifect
Phil Day, Pharmacy2u	Andrew Reavall, EMIS
Adam Dennett, Cegedimrx	Jennifer Redman, NHS England
Paul Devall, BeWell system	Duncan Reid, Pharmacy2u
Bella Dunnett, Echo	Tracey Robertson, Cegedim
Andrew Earnshaw, Cegedimrx	Victoria Ronan, Boots
Matthew Ellis, Positive-solutions	Rupal Sagoo, Tesco
David Evans, Daleacre Healthcare	James Scarr
Tamara Farrar, NHS England	Lauren Seamons, Community Pharmacy Norfolk
Peter Fletcher, Numark pharmacy	Anil Sharma, Independent Pharmacist
Fraser Frame, Morrisons	Jeff Shelley, Invatech's Titan
Sanjay Ganvir, Greenlight Pharmacy	Robert Terrell, BeWell system
Fintan Grant, NHS England	Nick Thayer, CCA
Claire Harris, Boots	Caline Umutesi, Community Pharmacy England
Oliver Harris, Medicine Chest	David Vanns, Weldricks
Ayat Hawash, LloydsDirect	Iqbal Vorajee, Cohens chemist
Joanne Hendry, Boots	Peter Ward, NHS England
Timothy Hill, EMIS health	Gary Warner, Pinnacle PharmOutcomes
David Hollick, Logifect	Gwyn Williams, MedAdvisor
Peter Hurst, NHS England	Jon Williams, Clanwilliam Health RxWeb
Sima Jassal, EMIS	Janson Woodall, Well pharmacy
Mandeep Khaira, Camascope	

Notes taken by: Caline Umutesi

## Introduction

The Chair thanked the presenters and welcomed the engagement.

## Mobile First Prescriptions workstream

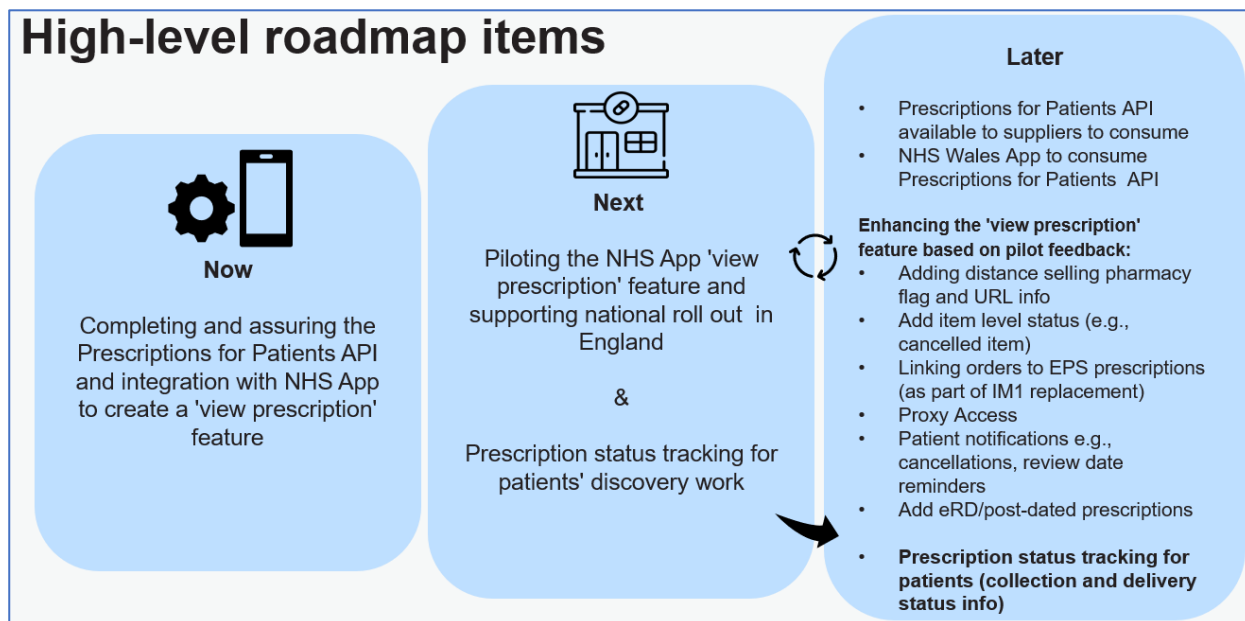
- NHS England's Transformation Directorate (NHSE's TD) and its Digital Medicines directorate provided the CP ITG sub-group with an update on their current priorities and the approach on the prescriptions for medicines elements of the government's 'mobile first initiative'.
- The project team wanted to share updates about the current high-level technical roadmap and delivery for prescriptions and medicines features on the NHS App.

- The project team also wanted feedback on the approach for the more immediate feature that they will be releasing, around the digital prescription token, which will be piloted in the next month.
- The 'Mobile first' initiative is an internal initiative across NHS England, involving NHS England teams looking to promote a way for patients to use digital means as their first point of access in the NHS and making a channel shift from traditional ways of accessing care.
- There is an estimated opportunity for at least 30% of patients who wish to access NHS services through digital means.
- The 'Mobile first' initiative is intended to enable people to:
  - Better navigate to the most appropriate service for their needs;
  - Get reminders, updates and notifications from GPs;
  - Book a flu vaccine appointment;
  - Access to NHS curated MH and MSK resources;
  - Increase access to medical records for themselves and their dependents;
  - Increase access to test results;
  - Have increased choice at the point of referral;
  - Book elective hospital appointments; and
  - Order and track repeat prescriptions.
- The project teams' main focus for this meeting was on trying to improve the prescriptions and medicines capabilities of the app.
- Current priorities of project teams in relation to 'Mobile first':
  1. Improve uptake of number of users requesting prescriptions via NHS App
  2. Explore additional features and functionality:
    - Provide a "Digital Prescription token" on the NHS App;
    - Improve visibility of status of the prescription in the journey; and
    - Integrate with Medicines A-Z on NHS.UK.
  3. Market engagement with online prescription services providers and community pharmacies.
- The project team will be planning an active campaign to encourage NHS staff to recommend the NHS App to patients; It will also be clear to healthcare professionals that work in the NHS, that they can signpost the NHS App to support patients around accessing services.
- There will be a team that will be continually developing the features and functionality of the NHS App for prescriptions and medicines planning to try and make the app better.
- The team recognise that they are both in the market and managing the market, by having an NHS App that does prescriptions and medicines features. Therefore, they have a commitment to be as transparent as they can with their road map and intentions.
- The project team don't want to stifle innovation in the market, are aware of other app available and online services, and want to encourage and support that.
- The APIs that is developed will remain available and open to colleagues to be assured against.

## Roadmap

The project team shared slides regarding their current roadmap plans.

A slide presented:



### Section 2/3: Digital Prescription functionality

- The project team has been focused on the features and functionality that have a dependency on the Electronic Prescription Service (EPS).
- The project team have been working out what could be done with the information that's available in EPS to meet the brief of the mobile first strategy, as a result of this they have developed a product which is in its final stages (Prescription for patient API).
- This is currently in the final stages of ensuring that the prescription for patient API and integrating that with the NHS App.
- The point of this feature is that EPS information is being used to give patients a view of their digital prescription (nominated and non-nominated prescriptions).
- The barcode for the non-nominated prescription, helps pharmacies locate that prescription, the same barcode that is on a paper token and can be scanned to find that prescription ID on the system.
- Once this product is finished and assured, this will be piloted with a full national rollout in England.
- The project team are looking at the prescription status tracking for patients (collection and delivery status info). EPS doesn't have this information; the project team will be working out a solution that meets everyone's requirements.
- Prescriptions for patients API will be made available to suppliers once this has been piloted.
- The project team had discussions with NHS Wales, who are interested in using the API.
- The group had a few questions and suggestions:
  - For prescription tracking for patients, it was suggested that collaboration with community pharmacists, so that there is a flexibility, so that pharmacist can set up messages that work for their patients.
  - A group participant asked to know whether IM1 will be replaced. There is a new GP patient facing services API that's been created within NHS England, which is to enable new market entrance for GP clinical systems to come in. The GP IT futures team are

trying to set up standard APIs which are structured in a way which can be used consistently within the app. This has been talked about as a replacement of IM1, but there isn't yet the firm plan on whether or how to shift over fully. Further information will come later.

### Implementation

- The project team demonstrated a prototype for the digital prescription tracking.
- A patient viewing their prescription in the NHS App will get some information stating that it could take about three days to process the prescription, they get the barcode to allow them to be scanned.
- As soon as the prescription exists in EPS, this information could become available to the patient within the NHS App. As soon as the pharmacy has downloaded the prescription, this will then show the patient which pharmacy its with but a warning is planned to be associated regarding processing time.
- The project team are proposing that they put something that says 'check status', something that lets the patient check what's happening with the items that are prescribed.
- The 'check status' then goes and queries an address that is made up of two parts; the first part identifies the pharmacy that it has been downloaded by. Second part is the prescription ID.
- Then the pharmacy can send back information on the status update (e.g. ready to collect, being packed, delayed check later etc).
- It gives the ability to surface that information that the pharmacy knows and how they are progressing with processing of that item, tailored to the patient and this information is provided to the patient through the app.

### Discussion and suggestions for exploration

The group posed questions and made suggestions:

- Is there a functionality for a prescriber to notify when certain items have not been prescribed and provide a reason why this is. As this would be helpful for pharmacies when patients ask questions. It will give the patient visibility. It should be centred on what works for the patient.
- An API that lets pharmacy see orders that patients have place elsewhere and then pull that into the pharmacy's system would help save the pharmacy time.
- The project team stated that they are aware that this issue does need to be solved.
- One of the solutions suggested by the project team, is that each time there is a status change to an item, they build that into the EPS API and the dispensing system updates EPS with 'this one is ready to collect, this one's stock etc. Aggregate all the changes and then EPS knows the very latest status.
- Is there any thoughts on push notification: patients get a notification stating when their prescriptions are ready. As pharmacy would want the option to select which of the status to push notification for, which wouldn't be all of them and could change for different items. The group advised they can feed in later should this develop.
- The project team have thought about notifications, the end goal would be to have both the notifications and the patients to be able to check the status. But the patient being able to check status is the first step. The project team are in discussions with the Wales app team, who are currently focusing mainly on notifications, the project team are hoping to collaborate with them; they share the work on notifications and the project team does the same with the status checking API. In hopes that the two are complimentary.
- How are distance selling pharmacy and brick and mortar pharmacies handled, if there have been any early thinking on this with the digital tokens?

- The project team has this prioritised in the next quarter which starts October. This is something that came up halfway through the delivery cycle. It would be better to display the URL to a patient of an online pharmacy rather than a brick and water address.
- IM1 information whether that is accessible to pharmacies, or that could be through an IT system.
- There are different IM1 interfaces, IM1 professional interfaces and they are patient facing ones. The patient facing interfaces are explicitly for use by patients. The project team have been trying for the last 10 years to remove IM1 and replace it, which had to be executed as a viable product specification when it first went live. Its not easy to get on beyond IM1. Use of IM1 patient facing service to order a repeat prescription for example. This is done authenticated as the patient themselves.
- The project team are aware that EPS messaging statuses on Spine are not recorded until there is a signed prescription, and for the patient that is not the case, they have ordered items, requested things; all the things that happen before the prescription exist EPS is blind to, which the project team are trying to find ways to break down that barrier.
- The group suggested future work shop specifically on status and working out how suppliers handle that and aligned to other status.

### Close

The Chair thanked the presenters and all. Further meetings and engagement was expected.

All CP ITG pharmacy reps were asked to [complete the medicines ordering IT survey](#).