

Draft notes for the Community Pharmacy IT Group (CP ITG) Apps, EPS and digital tokens 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 [Community Pharmacy England website](#).

Present

CP ITG participants and EPS team

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Summary notes

Section 1/3: Mobile First Prescriptions workstream

- The session covered some of the key objective that the NHS England team are looking to deliver for prescriptions via the NHS App in September.
- A particular focused on the digital prescription functionality (digital token). Patients will be referring to this as a digital prescription, this has come through their user feedback.
- There are four key things that the team are trying to do with the prescription workstream within the NHS App:
 - Drive higher digital adoption of repeat prescription ordering
 - Enable patients to view their in-flight EPS prescriptions in the NHS App
 - Provide end-to-end prescription tracking via the NHS App
 - Provide A-Z medicines information via the NHS App
- The last 2 thing mention are not deliverable by September, to provide tracking services, the status which will allow patient to know when their prescriptions are ready to collect, and the medicines A-Z content that's on the NHS website, the team are looking to integrate that with the NHS App.
- The NHS App is awaiting a commercial decision on its position in the marketplace including opportunities for 3rd party App integration. There will be a separate commercial engagement session in the near future.

Section 2/3: Digital Prescription functionality

- Digital prescription, referring to a view of in-flight EPS prescriptions, and on that you would be able to see the type of prescription, when it was prescribed, there will be a disclaimer stating that the prescriptions may not be ready for collecting. The prescription ID, the barcode, if its nominated you can view the details of the pharmacy that it has been send to. It will also have the details of the items that are on the prescription and who's prescribed it.
- The reason for delivery this, is that from user research, patients would like to have more visibility, and the ongoing management of their medicines, and give them the overall visibility of the prescription process.

- Another benefit is that for nominated prescriptions, it would mean that there is no printing tokens anymore, and for patients they are not travelling to collect those tokens.
- For pharmacy teams this means that they will not have to look up prescriptions on the EPS Tracker if they have a barcode available to scan.
- This will only surface prescriptions that have been created by EPS, and of those prescriptions will only be surfacing acute and repeat prescriptions. There will be available for all nomination types. For September's launch the team will not be surfacing eRD and post-dated prescriptions. These will not be visible to view on the NHS App due to current technical constraints.
- The team plan to be putting a banner in the NHS App, that states 'I cannot see all my prescriptions', and in the drop down it would reassure the patient that it is normal for them to not see all their prescriptions that might be in flight. Can't put this in the app without suggesting where the patient can find information about those prescriptions.
- At the moment there are no other alternatives for patients to view their in-flight prescriptions. The only way is either by contacting their pharmacy team or GP.
- A question was put to the group: Given the majority of prescriptions that patients will be aware of that won't be visible are likely to be eRD, which will not be visible in the app. How do the group feel about the team suggesting that pharmacy would be the first port of contact, should the patient not see all their prescriptions available in the app.
- Some feedback from the group suggested that the wording would need to be clear, as this could drive more calls and queries to pharmacy who are already busy and under pressure. It could also be that the prescription is not there, due to the prescribers deciding that the patient is not appropriate to take the medication anymore, or a structured review. It's not always the pharmacy that would have that information as the GP are the prescribers.
- The group also suggested that it's the originator of the record that most benefits from the query, rather than pharmacy because even if the pharmacy team has the answer as to why the prescription is not there, the patient has to hear from the prescriber as the pharmacy cannot do anything else at that point.
- The wording needs to be clear and specific that if it's an electronic repeat prescription, it may not be displayed and the patient may need to contact the pharmacy in that instance. Otherwise, it could cause confusion.
- The team demonstrated the journey that a patient would take on the NHS App. On the app you would see the prescriptions part of the app, and the new feature that is going to be released is the view your prescriptions tab. The team is in discussion on whether a counter for the number of prescriptions that you may or may not have would be helpful.
- From user research from patients, they don't really understand what an acute prescription is, but they prefer terminology as 'one off prescription'.
- When the patient clicks the repeat prescription, it would pull up the digital prescription token. Includes the prescription type, the date when it was prescribed, it also highlights that it can take up to 3 days from the start date for pharmacies to prepare the prescription, which can either be collected or delivered. It also mentions what the patient should do if they need the prescriptions urgently.
- The prescription ID and some text which states 'show this barcode to a pharmacy team to help you find your prescription'. This was a repeat nominated prescription. It displays the pharmacy details that the prescription has been nominated too, and the medication details. It will only be displaying the drug name, strength, form and the quantity that has been prescribed; They won't be displaying the dosage instructions and will not include the additional instructions fields. The prescriber details will also be included.
- An acute prescription which is non-nominated, it would look the same as the nominated one, the only difference is that pharmacy details would not be displayed, just have some text that says, 'you can take this prescription to any pharmacy in England'.
- Feedback from the group suggested that the message of the prescription being ready in 3 days should be changed to working days, and that specify the number of days is tricky, and it maybe more than 3 days, based on work load, bank holiday etc. Needs to be clear so that it's not driving more work to pharmacy unnecessarily.

- The team expressed that with national product can only use the data that they are getting back from the NHS Spine. Not going to be possible for customised messaging.
- The group voiced the concern of patients contacting the pharmacy when their prescription isn't ready, from a pharmacy perspective this needs to be right for contractors and right for patients. Pharmacy teams are already under a lot of pressure and want to make sure there is no unneeded added pressure.
- The group suggested that Real Time Exemption Checking (RTEC) should be included on the app. The CP ITG's NHS App wishlist will be updated. The team welcomed this suggestion and mentioned that they are collecting a wish list essentially around what the NHS App could deliver for prescriptions, and RTEC is on there. There will be a prioritisation exercise around all the things that are being requested to be delivered through the NHS App and prescriptions.
- The group were asked 'For nominated prescriptions, what is they current preferred option regarding visibility of barcodes / IDs?' more than half of the group voted to remove barcode from nominated prescriptions and keep rx ID only (continue to keep barcode + ID for non-nominated).
- Feedback from the poll: having the barcode, the patient is not going to do anything with it if its nominated, no call to action; having the ID is support for a pharmacy if they are struggling to find that prescription, its helping the pharmacy if there is an issue.
- From a future proofing perspective, it could be useful to have the barcode, as scanning screens may trigger other actions in the future that may not be necessarily in practice today.
- The prescriptions are mapped to statuses in the NHS Spine, if the prescriptions are in the following states: to be dispensed, with dispenser, with dispenser active, dispensed, not dispensed or claimed, they will all still appear on the NHS App as a digital prescription token.
- If, however, that prescription is cancelled, if its passed the 180-day EPS time limit on Spine), pending cancellation, if no claim is sent or if the prescription is archived (happens after 36 days after a claim is submitted) that digital prescription will then disappear from the NHS App.
- The team have had some user research feedback from patients to say that there's not yet seeming to be a strong enough user case for them to keep a record of all their prescription they have had in the past, this research is still ongoing. If there is a strong enough user case for it later, then the team might consider expanding the time that gets left on the NHS App for.
- All prescriptions items that sit on a prescription will be visible in the NHS App, those won't disappear off individual prescriptions. But post September the team are looking to start surfacing where items within a prescription have been cancelled or marked as not dispensed.

Section 3/3: Implementation

- The team examined the implementation risks and management. Wanted to discuss the following two risks with the group.
- Are there any concerns that patients might be using multiple apps to manage this that pharmacy teams are worried about?
- Patients will start to come in with pictures of barcodes or screenshots, whether that is to get prescriptions for relatives or carers, or potentially consideration regarding requests for addictive medicines. There is existing professional guidance and amendment could be considered if this becomes required.
- Proxy access as a feature won't be available until 2024, this is due to technical constraints.
- Feedback from the group, on the point of screenshots and pictures of barcodes, this is going to be problematic, the amount of time it will take to filter out who is a real prescription, and if someone is fraudulent trying to get a prescription. This will be time consuming.

- Pharmacies will now need scanners right at the front of the pharmacy, the pharmacies have got wired scanners by their PMR systems? That's a cost implication that the pharmacy representatives said should not be put on the pharmacies at the moment.
- Screenshots and picture maybe useful in an area where a pharmacy doesn't have internet access.