

Community Pharmacy IT Group

Spring 2024 main meeting



Agenda

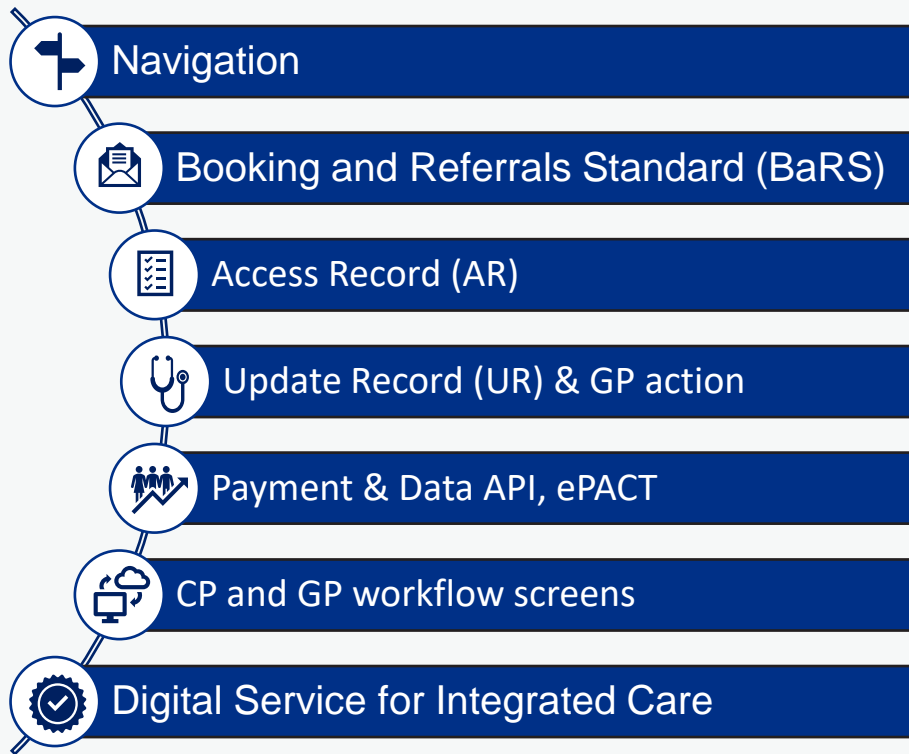
| | Session |
|-----|--|
| 1. | Intro from Chair |
| 2. | Overview of current pharmacy IT priorities |
| 3. | Supplier frameworks and the Digital Care Services Catalogue |
| 4. | Genomics |
| 5. | EPS session |
| 6. | Patient digital tools and apps |
| 7. | Break |
| 8. | Vaccination IT |
| 9. | Future pharmacy IT |
| 10. | Artificial intelligence |
| 11. | Post-meeting CP ITG communications, messages, upcoming consultations |
| 12. | Any other business and close from the Chair |

Overview of current pharmacy IT priorities

Update from NHS England's Transformation Directorate (NHSE's TD)



Workstreams



Nationally we have:

1. Finalised MVP to support the launch of the service to support the seven common conditions
2. Published Tech Specifications and GPIT Roadmap items for BaRS for General Practice to Community Pharmacy, GP Connect Access Record, Update Record
3. Entered discovery phase to use BaRS for GP to CP for BP and OC referrals and to determine solution for CP to GP when there is a need to request there is a for action/ follow up required post a consultation
4. Worked with GP and CP suppliers to inform individual system supplier roadmaps. Risk-based assurance and first of type roll-out
5. Published a Prior Information Notice June 2023, invited suppliers to express interest to onboard to the Digital Service for Integrated Care (DSIC) catalogue and start Market Engagement activities
6. Announced a £2.8m Roadmap Award to incentivise and support Community Pharmacy System Suppliers to accelerate DevOps
7. Established the national Standards and Capabilities framework for Community Pharmacy for CPCS, BP and OC
8. Established a working group with regional and ICB colleagues to support regional and local business change and implementation
9. Updated the 111Online referral pathway for the service to support the seven clinical pathways
10. Published Data & Payment APIs specification and communications imminently


We will:

1. Progress the Digital Services for Integrated Care Catalogue, onboard Community Pharmacy System Suppliers and buyers guides for CPCS, BP and OC and complete discovery to develop the framework for the other CPCF services
2. Manage the DevOps and Assurance of GP and CP suppliers and complete onboarding to BaRS, GP Connect Access Record and Update Record, workflow screens and Data & Payment APIs
3. Automate the pathway between Profile Manager and DoS for the Blood Pressure Checks and the Pharmacy Contraception services and create profiles and refine 111Online referral pathway for the service to support the seven common conditions
4. Create a single connected and cohesive communications plan, comms messages and artifacts, and engage with and work with national stakeholders.
5. Create a digital benefits realisation plan and suite of artifacts

Supplier models and the Digital Care Services catalogue

Update from NHSE's TD and its Digital Care Services catalogue team

Session timing: 10.15-10.35



Supplier models and the Digital Care Services catalogue

- NHS England previously reported it continued to explore commercial requirements and opportunities that will support both the sector's and system suppliers' needs now and, in the future, to support and develop an open supplier market. There is no 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 seeks to put a process and framework in place to enable this across pharmacy and other sectors. NHS England's Transformation Directorate plans to support community pharmacy suppliers moving onto the [Digital Care Service Catalogue](#) (also used by the [GP IT Futures framework](#)). NHS England's Transformation Directorate hosted a call with suppliers and some Community Pharmacy IT Group representatives last year.

Genomics

Update from NHS England genomics team



Genomics, Pharmacy and Informatics

Vicky Chaplin, Pharmacy Genomics Lead

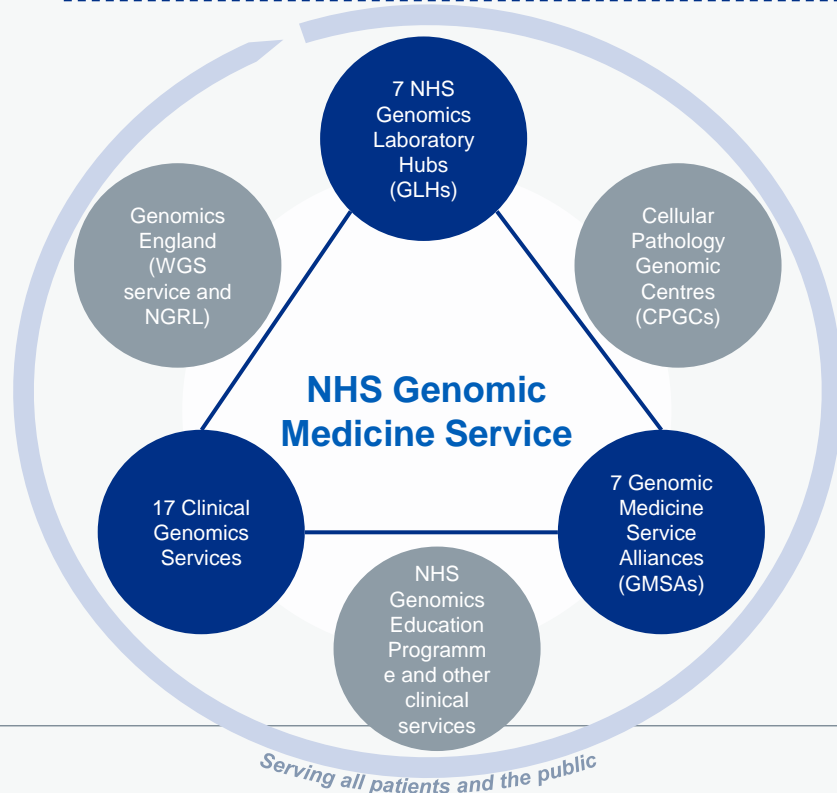
Presented to:
Community Pharmacy IT Group
6th March 2024



NHS Genomic Medicine Service

Delivering a comprehensive offer in the NHS in England

The NHS Genomic Medicine Service launched in 2018 by NHS England offers access to comprehensive genomic testing for **all patients and the public in the NHS in England**. This is made possible by our **novel approaches to genomic medicine**. Governance arrangements include NHS England Board level engagement and reporting.



A multi-professional approach

Embedding requires involvement from all staff groups across the NHS. We are working with numerous professional groups, and have pursued cross-professional involvement in MDTs.



A multi-regional approach

Embedding and equity is dependent upon the sharing of expertise across the country, and some services are being provided nationally. We also realise the benefits of both UK and international collaborations.



A patient and public approach

Involvement throughout the NHS GMS governance structures to ensure services are co-created and co-designed and ongoing delivery is viewed through their lens.

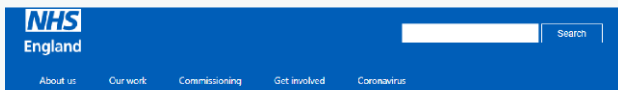


National approach to commissioning, finance and assurance

NHS England act as the national commissioner for the service providing national oversight, contracting, finance and setting standards, performance management and assurance.

National Genomic Test Directory – a national offer

We drive **equitable access** through a single mandated National Genomic Test Directory focused on: (1) **Rare and inherited disease**; (2) **Cancer** ; (3) **Pharmacogenomics** These support a standardised offer of funded testing across England and a new pricing model



National genomic test directory

Document first published: 3 August 2019
Page updated: 11 August 2022
Topic: Commissioning, Genomics, Specialised commissioning
Publication type: Guidance

The National genomic test directory specifies which genomic tests are commissioned by the NHS in England, the technology by which they are available, and the patients who will be eligible to access to a test. The National genomic test directory for rare and inherited disorders and cancer can be accessed below.

If you have any questions about the genomic testing available in your area, please contact your local genomic laboratory hub.

Document



National genomic test directory for rare and inherited disease

Microsoft Excel 177 KB

Summary

The National genomic test directory for rare and inherited diseases specifies the genomic tests commissioned by the NHS in England for rare and inherited disorders, the technology by which they are available, and the patients who will be eligible to access to a test.

Updated 11 August 2022.

Document



Rare and inherited disease eligibility criteria

PDF 3 MB 401 pages

Summary

This eligibility criteria document supplements the National genomic test directory by setting out which patients should be considered for testing under that indication, and the requesting specialises is a list of the clinical specialises who would be expected to request the test.

Updated 11 August 2022.

Document



National genomic test directory for cancer

Microsoft Excel 469 KB

Summary

The National genomic test directory for cancer specifies the genomic tests commissioned by the NHS in England for cancer, the technology by which they are available, and the patients who will be eligible to access to a test.

Updated 30 May 2022.



Covers a full repertoire of testing through a multi-modal approach (single gene, panel tests, WES, WGS) – ~800,000 tests annually



Fast track application process which can respond to new developments, for example to reflect licensing decisions including for Olaparib and NTRK inhibitors.



Approximately 3,200 rare diseases and over 200 cancer clinical indications



Updated annually through the Test Evaluation Working Groups to keep pace with scientific and clinical developments. In the process of undertaking a full review to ensure maximum diagnostic yield and outcomes for patients.



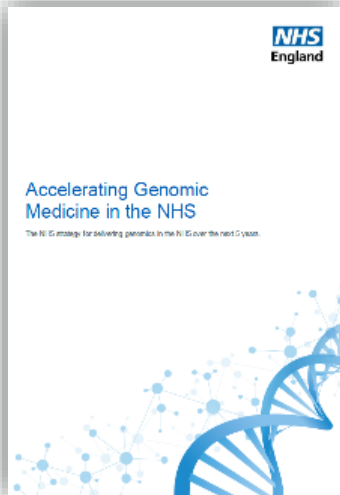
Intellectual property developed and copyrighted by NHS England

39 rare and inherited disease and **12** cancer updates made to Test Directory in 2023/2024.

Over 350 updates made to the Test Directory since its inception.

NHS Genomics Strategy – published in 2022

Building on Genome UK and other government strategies, in 2022 NHS England published the **NHS Genomics Strategy** which outlines our vision for the power of genomics in **predicting, preventing and diagnosing disease, and targeting treatment** to be accessible to all as part of routine care in the NHS.

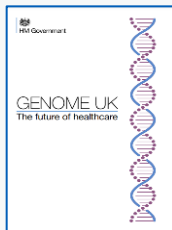


The strategy sets out a **5 year action plan with 13 commitments across 4 key themes:**

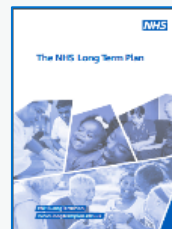
1. **Embedding genomics across the NHS**, through a world leading innovative service model from primary and community care through to specialist and tertiary care
2. **Delivering equitable genomic testing for improved outcomes in cancer, rare, inherited and common diseases** and enabling precision medicine and reducing adverse drug reactions
3. **Enabling genomics to be at the forefront of the data and digital revolution**, ensuring genomic data can be interpreted and informed by other diagnostic and clinical data; and
4. **Evolving the service driven by cutting-edge science, research and innovation** to ensure that patients can benefit from rapid implementation of advances



UK Life Sciences Vision sets 10-year strategy for sector to solve some of the biggest healthcare problems of our generation including in cancer.



Genome UK; the future of healthcare sets out a 10 year vision how we will achieve progress in genomic medicine across Diagnosis & Personalised medicine, Prevention and Research



NHS Long Term Plan genomics commitments aligned to other policies for example cancer, cardiovascular, diabetes.

Priority 1: Embedding genomics in the NHS, through a world leading, innovative service model



Priorities

1. Co-creating services, infrastructure and an operating model with patients and the public.
2. Developing a sustainable infrastructure across testing, clinical services and research and innovation.
3. Building greater clinical and professional leadership and developing the capacity and capability of the workforce.
4. Developing national and international collaborations and partnerships.

Key areas of progress



Integrated governance and networks in all NHS Genomic Medicine Services

Over 200 posts in the NHS GMS Alliances to support multi-professional leadership and 125 scientific and clinical leadership within NHS GLHs

Published genomic testing activity data in December 2023



Establishing 26 Cellular Pathology Genomic Centres

Clinical genomics service specification in development for implementation in 2024

National and global collaboration – France, Japan, Thailand, Singapore, Taiwan and Sweden



Ethics, Equity and Legal Advisory Group established



Development of pharmacy workforce including [Pharmacy Genomics Workforce Framework](#)



Genomic training academies, STP funding increased, workforce reprofiling, international workforce summit

Priority 2: Delivering equitable genomic testing for improved prevention, diagnosis, and precision medicine



Priorities

1. Systematically introducing new clinical indications for genomic testing and embedding comprehensive genomic testing within end to end clinical pathways.
2. Driving the use of precision treatments and optimising the use of medicines through genomics.
3. Enabling the rapid evaluation and adoption of affordable, efficient, and innovative genomic technologies

Key areas of progress



Over 10% growth in genomic testing being delivered by the NHS in 2023/2024 to over 800,000 genomic tests



Nearly 1 million cancer genomic tests, including 180,000 Next Generation Sequencing panels, delivered between 2021 – 2023



Working with NICE to establish a genomic med tech pathway and established NHS Medicines Optimisation Board including ATMPs



Over 80,000 whole genome equivalents sequenced as part of National WGS Service



Aligning clinical trial targets with standard of care and working to implement nationally agreed cancer turnaround times



Transformation projects including ctDNA, Lynch syndrome, Sudden Cardiac Death and BRCA

Priority 3: Enabling genomics to be at the forefront of the data and digital revolution



Priorities

1. Developing an interoperable informatic and data infrastructure that enables the NHS to use and share genomic data appropriately to improve patient care.
2. Putting the NHS at the forefront of using genomic data alongside other health data to drive health improvements for individuals and populations.
3. Enabling the NHS to use cutting-edge analytical tools and up to date variant databases to maximise diagnosis, access to precision medicine and efficiency.

Key areas of progress



Genomic Data and Digital Steering Committee established



Genomic Data and Digital framework endorsed



Interoperability (Phase 1) : Master Data Set validation complete



Implementation Plan – Priorities Identified

Digitised Test Directory

Order Management/ interoperability

Unified Genomic Record



Priority 4: Evolving the service through cutting-edge science, research and innovation



Priorities

1. Enabling patients to make informed choices on the use of their data for research and innovation.
2. Enriching existing and developing new NHS GMS relationships to support innovation and the generation of evidence for adoption and improvements in health and care.
3. Ensuring ongoing alignment with clinical trials and national life sciences projects and supporting the growth of life sciences in the UK

Key areas of progress



8 NHS Genomic Networks of Excellence established in 2023/24



Evolve the NHS GMS Research Collaborative



Planning with Genomics England to initiate the Generation Study



Supporting DHSC and OLS life sciences initiatives



Partnerships with industry



Supporting Cancer Vaccines Launchpad

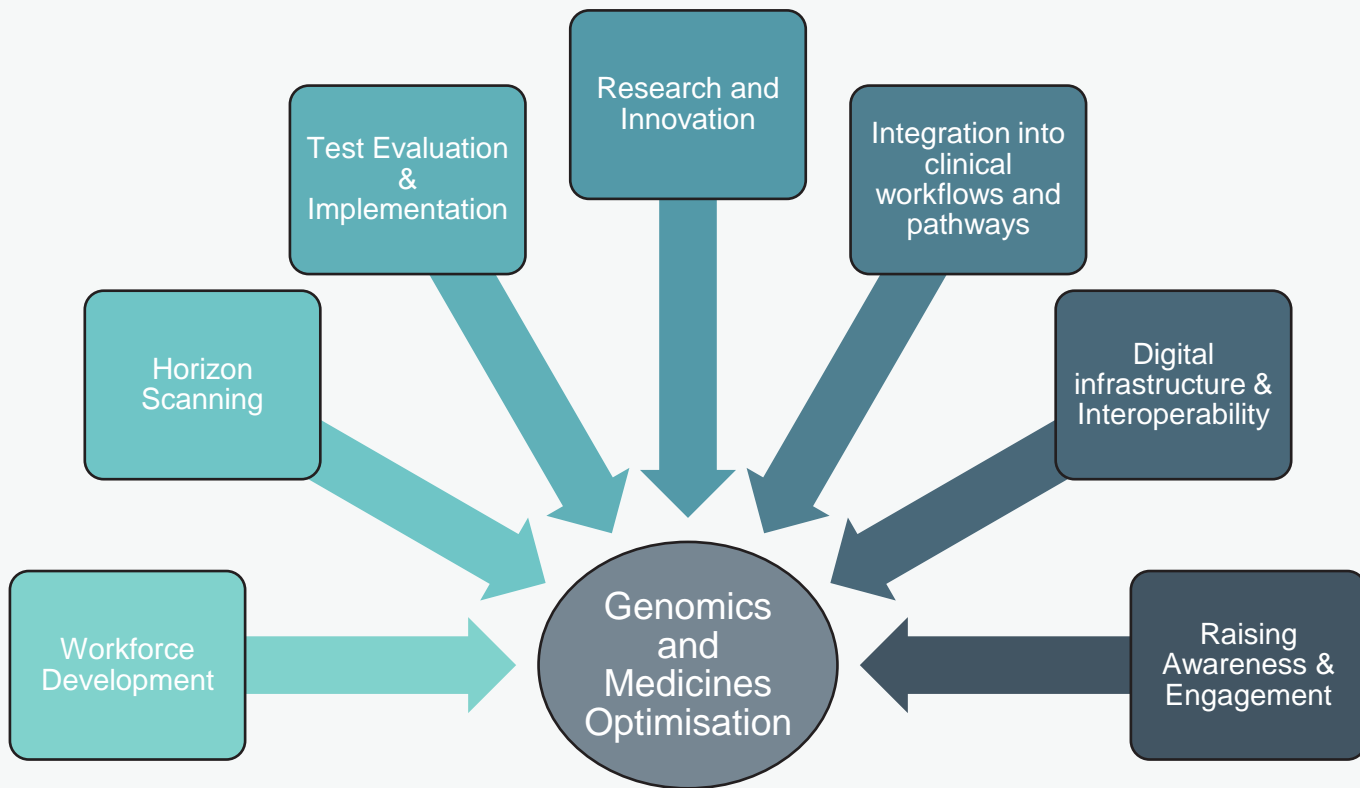
Insights to collaborate and accelerate fundamental and translational research

Better coordination of research to ensure developments fed into the NHS for patient benefit

Increasing volume of high-quality genomic research with reliable genomic insights

Research to be delivered at scale and speed

Optimising the use of medicines through genomics



Data and Digital in Genomics



Genomics Prescribing Data Standard Group

The Genomics Prescribing Data Standards Group (PDSG) is an advisory body supporting the Genomics Unit. The purpose of the Genomics PDSG is to bring together a broad range of stakeholders in the prescribing technology and genomics space(s) to provide insight and direction to the development of national data standards that facilitate the incorporation of relevant genomic information to support safe and effective prescribing for patients.

Aim

Set out the future approach to defining and incorporating pharmacogenomic information into patient health records, to enable interoperability and informed prescribing across the patient pathway over their lifetime.

Purpose

1. Advise on the creation and adherence of the 'Genomic Data & Digital Architecture', including establishing and overseeing the direction and progress of the strategic architecture within pharmacogenomic information recording and transfer in electronic patient records.
2. Work collaboratively with NHS England, GLHs, GMSAs, Networks of Excellence and NHS England Transformation Directorate, (as well as clinical systems and clinical decision support suppliers, as required), to optimise policies, principles, patterns and standards delivered in all life cycles of genomic digital change.
3. Review and advise on the development of relevant standard documents associated to genomic data incorporation, presentation and transfer across EHRs and for use within clinical decision support for prescribing.

Projects associated to the Data and Digital Framework

A year ago we were in the process of still iterating the framework. The plan associated to the framework highlighted three initial core projects within the first three year programme of works:

Genomics Order Management:

A detailed discovery phase was completed in calendar Q4 '23, with the project then moving into an Alpha in calendar Q1 '24.

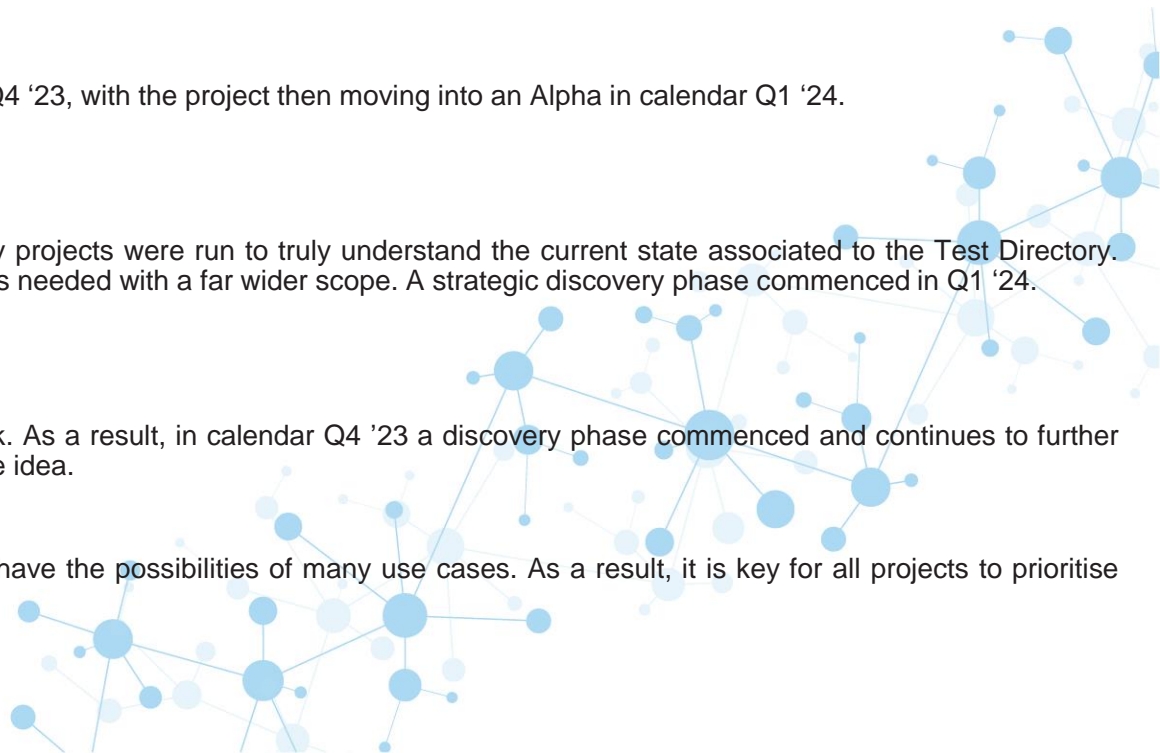
Digitising the Test Directory:

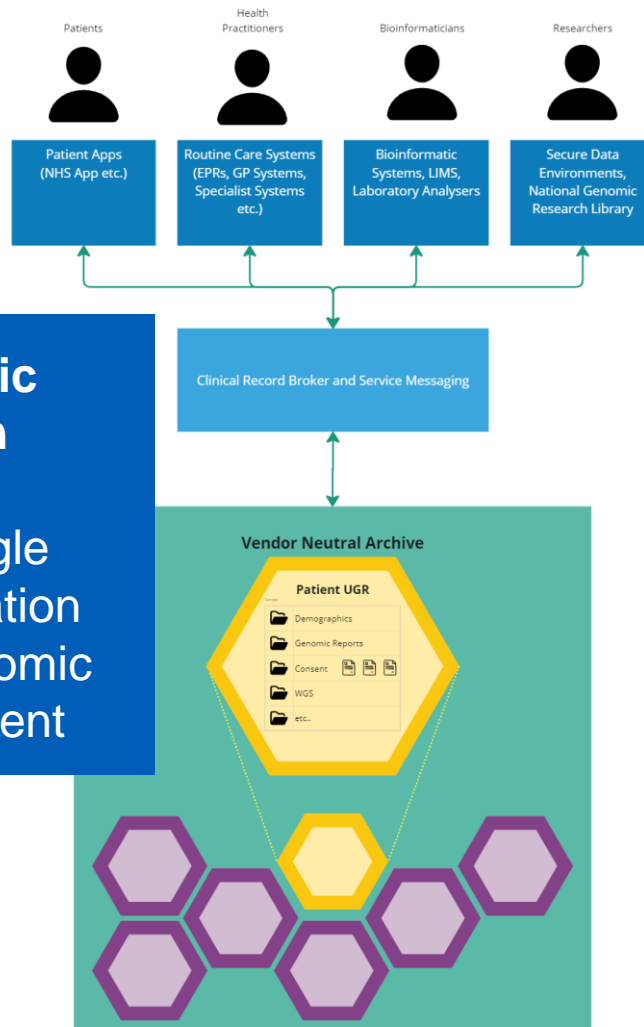
In the summer of '23 some good foundational discovery projects were run to truly understand the current state associated to the Test Directory. Both projects flagged that a more strategic discovery was needed with a far wider scope. A strategic discovery phase commenced in Q1 '24.

Unified Genomic Record (UGR):

The concept of the UGR was captured in the framework. As a result, in calendar Q4 '23 a discovery phase commenced and continues to further detail the requirements and proposed architecture for the idea.

All projects cross many organisational boundaries and have the possibilities of many use cases. As a result, it is key for all projects to prioritise primary use cases.





Unified Genomic Record Vision

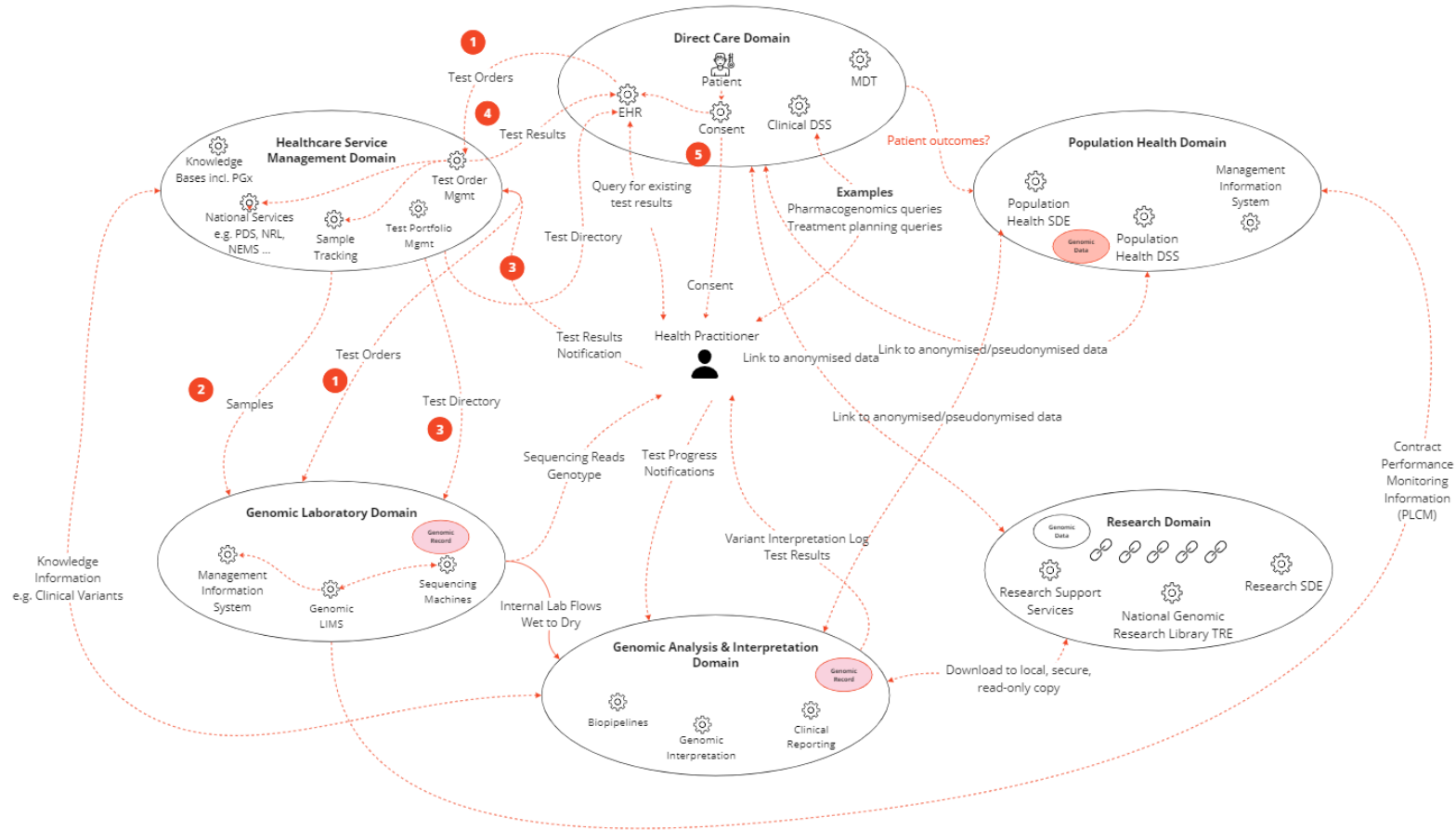
To provide a single point of administration and access to genomic data for each patient

Problem Statement

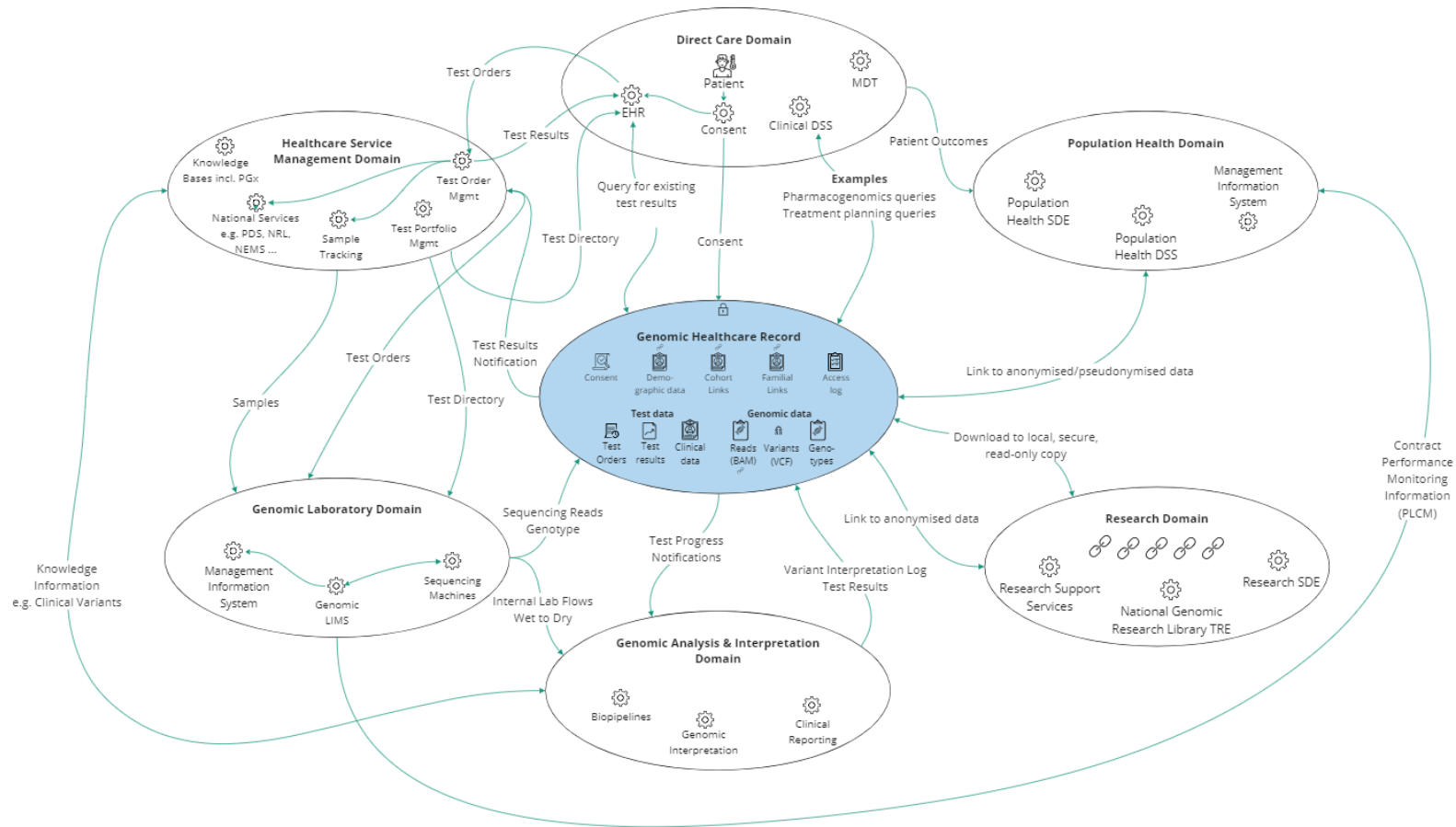
Patient care data is siloed and not available nationally

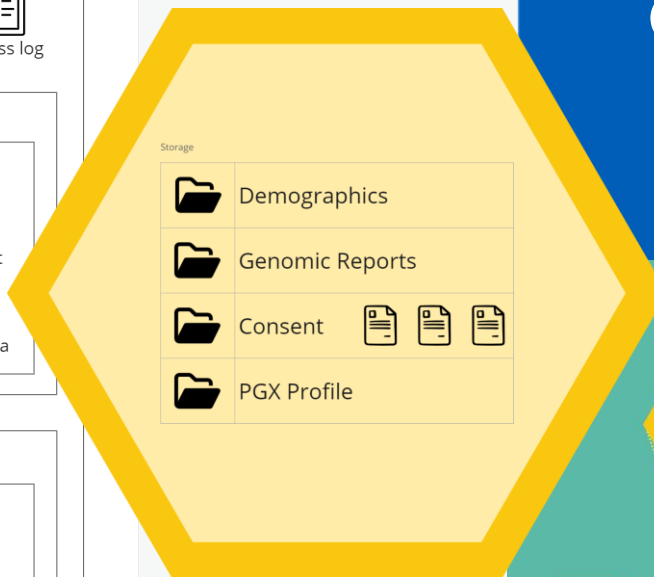
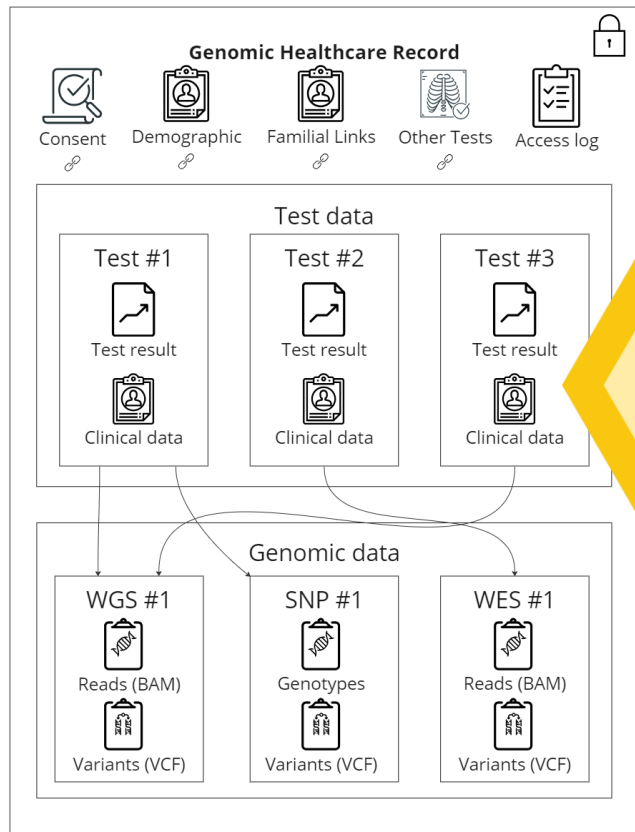
Direct care practitioners and researchers across the NHS are unable to review significant amounts of pertinent genomic data

Genomic Medicine Service - Current State



Genomic Medicine - Future State





Unified Genomic Record

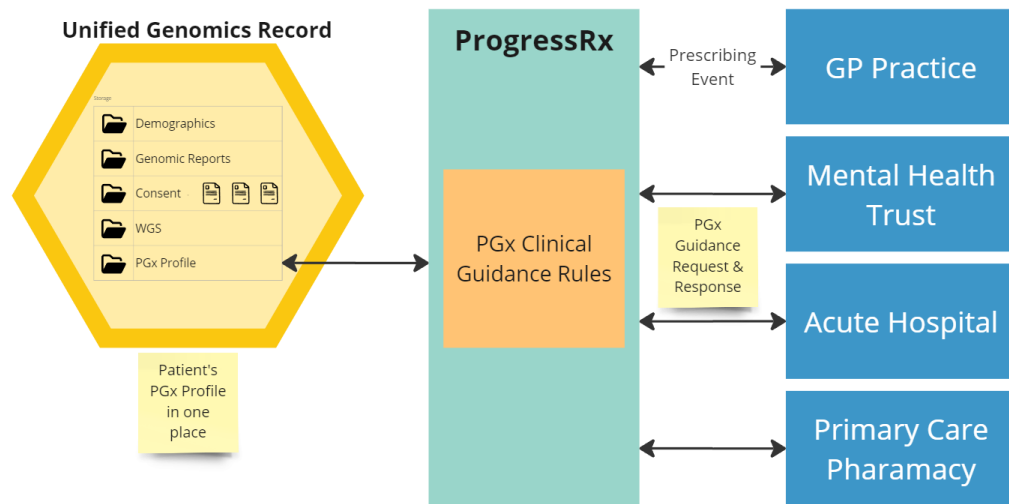
Unified Genomic Record



Digital infrastructure to support Pharmacogenomics

Two activities: Testing & Prescribing

- All PGx testing results build up a person's pharmacogenomic profile within the UGR over time.
- On each prescription event, the ProgressRx service is called and if relevant, best practice advisory guidance specific to the patient's genes, is provided to the prescriber.



The presenter may discuss with the group

1. What is the optimum for pharmacogenomics information be linked to NHS electronic health records and what are reflections on the potential of a unified genomic record?
2. For the more short-term – what might be realistic options for pharmacy professionals to be able to see the odd test result, to ensure safe decision making?
3. Are there any considerations for system suppliers regarding future pharmacogenomic developments?

Thank You



@nhsengland



company/nhsengland



england.nhs.uk

EPS and NHS App session

Update from NHS EPS and NHS App teams



CP ITG: Digital Medicines update

NHS App & EPS

Presented by:

Digital Medicines Team, Transformation Directorate

Digital Prescription

Digital Prescription Summary

From 30th January 2024, patients in England can do more to manage their prescriptions in the NHS App. As well as ordering repeat prescriptions, they can use the App to view their prescription details and generate a barcode for medication collection.

The new functionality allows them to see:

- items prescribed
- the prescription type (repeat or one-off)
- who the prescribing professional is

**2.9 million users since
October 2023**

Patients without a nominated pharmacy can also generate a prescription barcode in their NHS App that can be shown to a pharmacy for collection without a paper prescription from their GP.

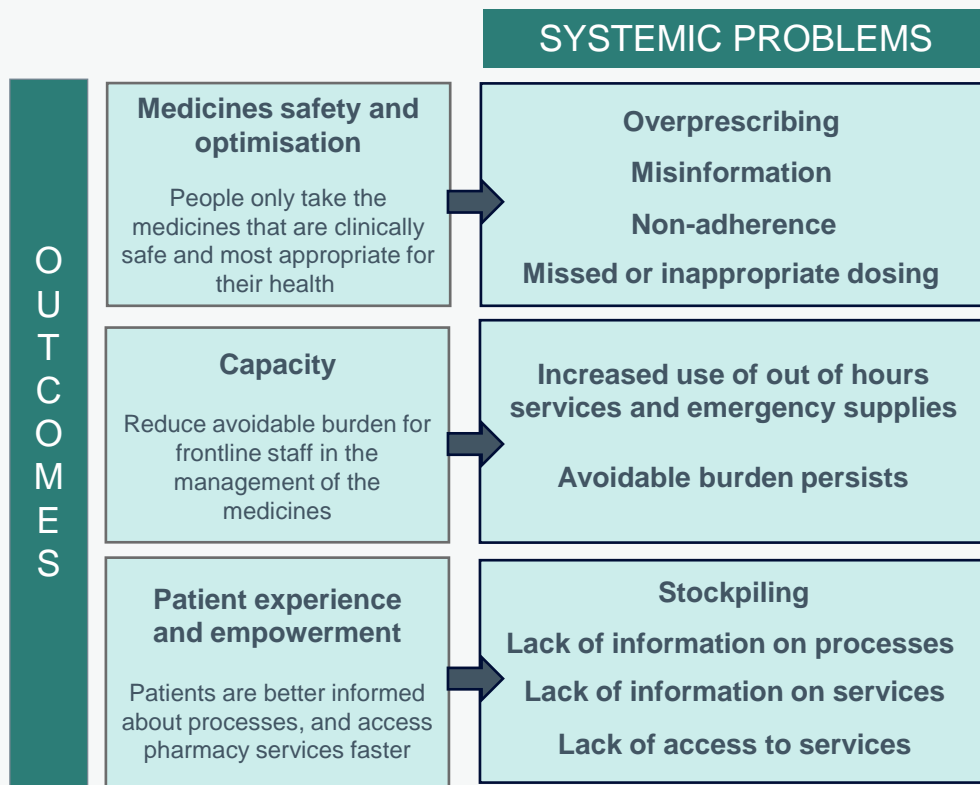
This service gives patients earlier visibility of exactly what their healthcare provider has prescribed for them and what they will collect/receive from pharmacies.

This is a significant step forward in improving visibility for patients, empowering them to be more actively involved in their healthcare.

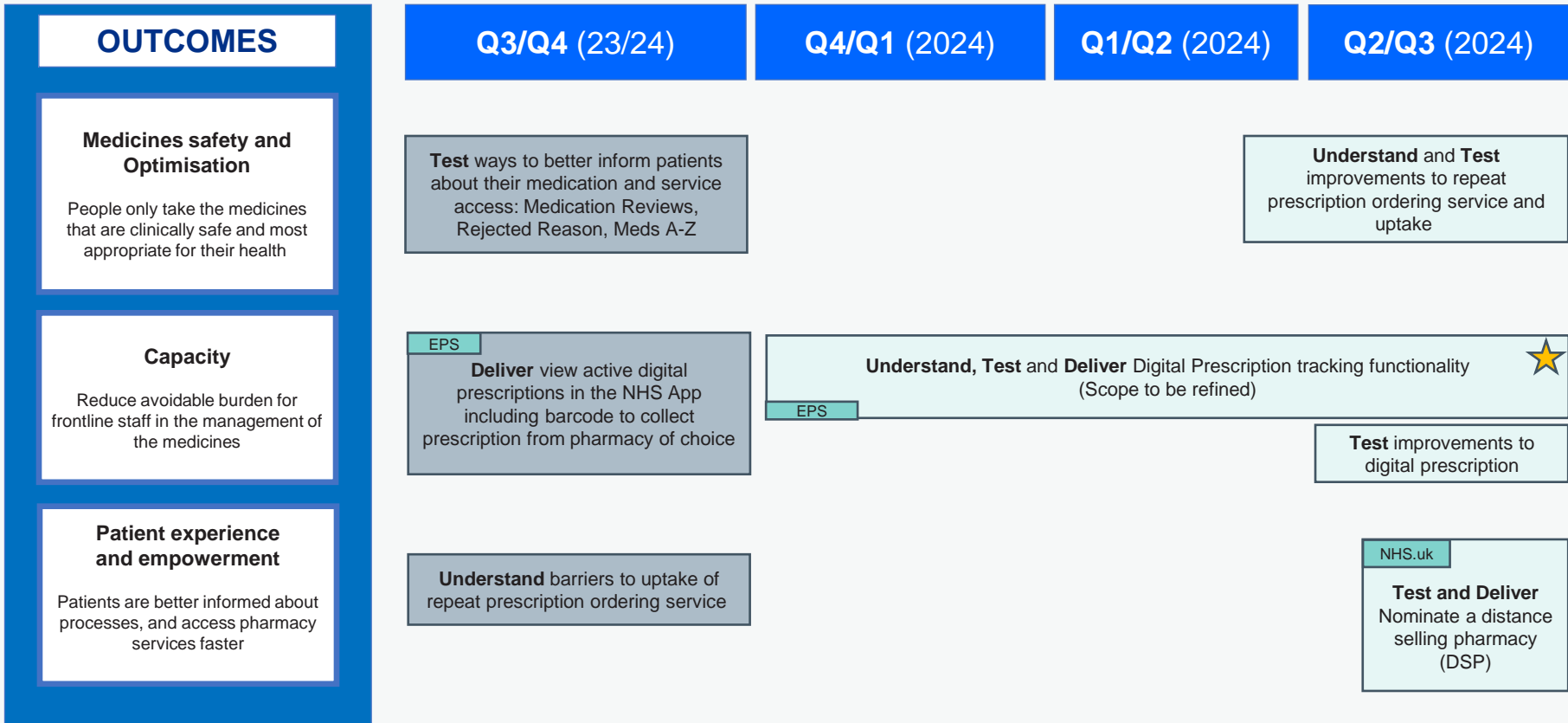


NHS App Prescriptions Roadmap

Aligning roadmap items to systemic problems



NHS App Prescriptions Roadmap



Prescription Tracking

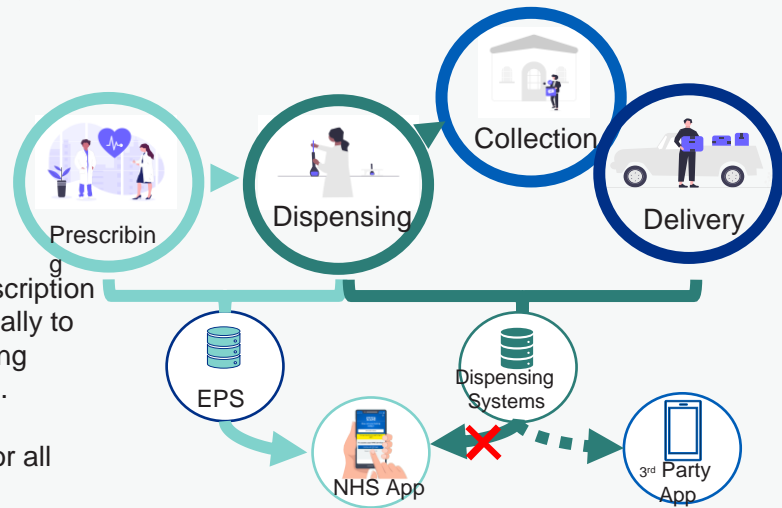
Problem Statement

Patients cannot consistently access online information to track readiness of prescribed items and pharmacy progress; which results in poor experience for patients, and an increased burden on pharmacies.

"time spent by various pharmacies is significant and although there is variation, some pharmacies have reported hours of staff time per month is spent dealing with queries such as 'what is the status of my prescription items'"

Dan Ah-Thion
Community Pharmacy IT Policy Manager

- We need to remove burden from front line services by reducing common patient prescription queries. If we can provide more visibility of the end-to-end prescription journey online and via Apps, we should be able to encourage more patients nationally to adopt digital services for ordering and viewing their prescription information reducing common queries to save clinical time that can be spent more effectively elsewhere.
- A national prescription tracking solution is intended to provide a baseline service for all patients in England initially via the NHS App – **levelling up the experience**.
- The NHS App implementation aims to initially provide prescription tracking information for the existing 7 million patients who order 32 million repeat prescriptions a year via that route and improve the recently launched 'view prescription' feature.
- Once rolled out in the NHS App the service will be made available to third parties to consume to maximise on benefit to patients and continue to reduce burden on front line services.



➤ Collection and delivery information is collected by dispensing systems and available via some 3rd party apps, but not all.

➤ EPS has certain prescription states but not all

We need a national solution which brings the useful data together to present to the patient and we also need to ensure clinicians have the same level of information as the patient

Overview of dispensing system discovery

During December, all dispensing system suppliers were invited and took part in a workshop with NHS England EPS Team.

The workshop format was consistent across all suppliers, with each being provided their own private Mural board, which presented the different stages of a prescription

Session overview:

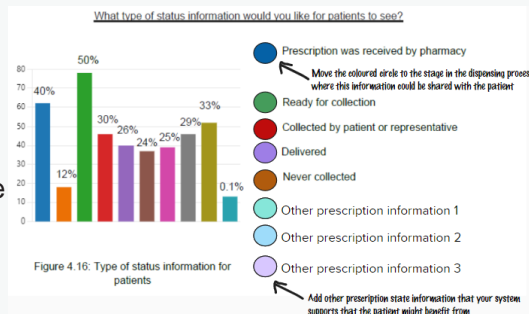
- Standardised survey questions
- Mapping of status against stages of a prescription
- Outlining of triggers, system interactions and patient updates (current and possible future) against stages of a prescription

Download nominated prescriptions from EPS

What triggers this activity?

What system interactions enable this activity?

What would we like to communicate to the patient at this point?



In addition to the workshops, the EPS team has been conducting desk-based research, including:

- Internal stakeholder mapping
- Internal stakeholder interviews
- Visiting existing research – both internal and external
- Understanding the current patient app/online service landscape for prescription tracking
- Small scale survey with community pharmacists to understand their early views on tracking capabilities



Summary of common concerns for Dispensing Suppliers

1. Some of us are **doing this already** please don't make us re-invent the wheel
2. **Timelines**— our roadmaps are really busy
3. **Non-Functionals** — we need to protect our service and established systems from being overloaded.
4. **Scope** — start with the minimal information required to make this easier for us and to not overwhelm customers with too much information
5. **Onboarding** — when we know who to talk to your people are great , but your documentation could be better

September Scope *to be firmed up as we progress*

Dispensing Supplier Scope:

Before we can provide notifications to patients, we need to persist a record of the 'new' dispenser status information.

We want you to provide status at **prescription and prescription item level**. Our research has shown that most people struggle to make the link between ordering a prescription item vs seeing up to four items bundled together on a prescription. We want to improve the user experience of the prescription journey in the NHS App by allowing users to interact with their prescribed items rather than an 'artificial' prescription container to enable this we need the status information at item and prescription level.

The status we think would be most valuable based on previous research with patients are the calls to action:

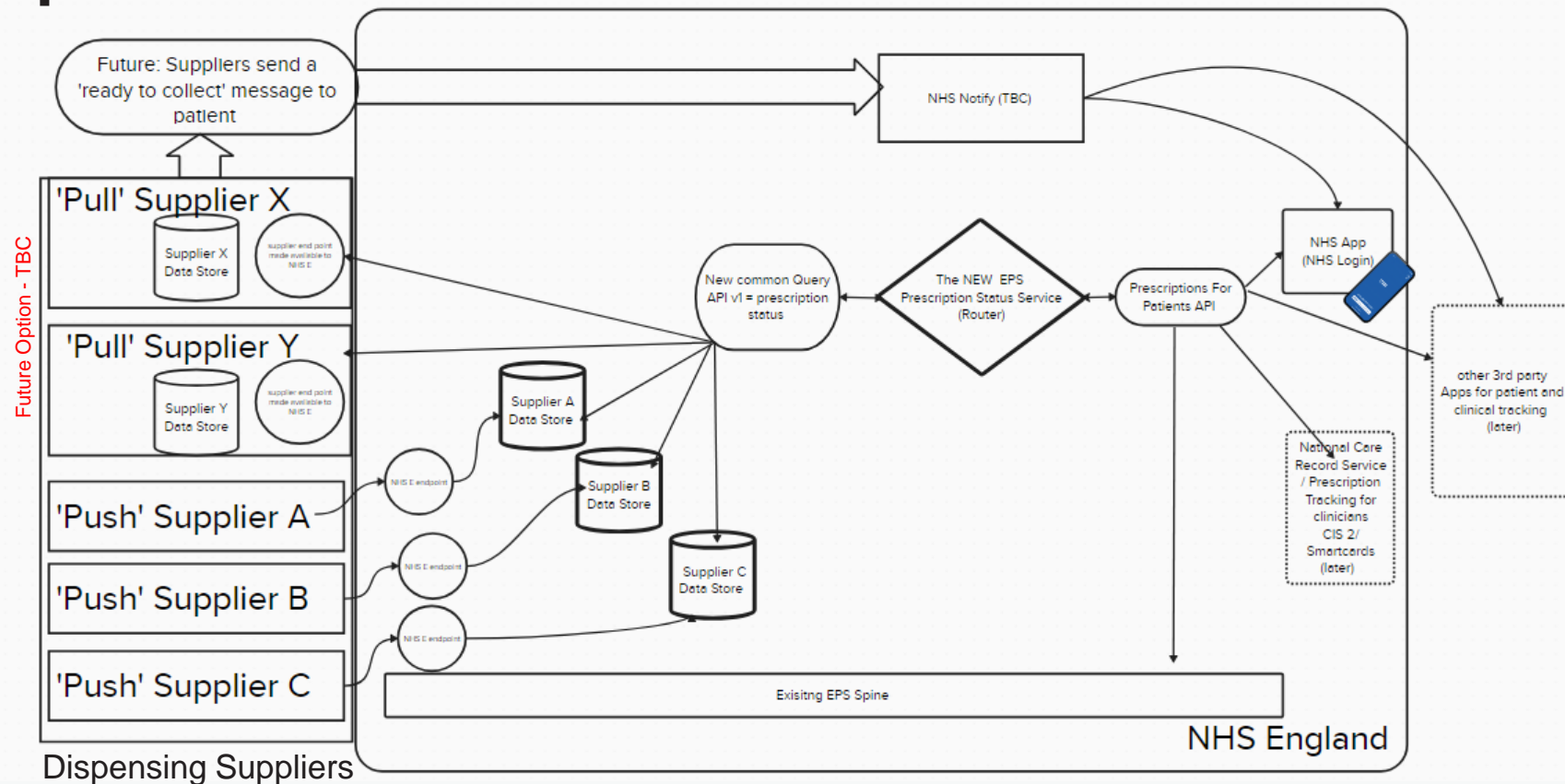
- **Ready to Collect**
- **Out for delivery** (because if the patient knows their prescription is on the way to them, they don't need to chase)

At this point in time, we also believe we need:

- A **'terminal state'** so we can actively filter received prescriptions from the API response after X days to improve the user experience e.g. collected, delivered, received etc
- We may also need a **'processing/ not ready' state** – Unhappy path to be designed further with group 1 suppliers. (more on groupings later)
- A date/time stamp of when the status change occurred.

We want our first set of suppliers to work with us on the discovery/ alpha of the notification part of the solution.

Proposed Solution



'Push' Solution for September

First, we need to focus on persisting a record of the prescription status which is the 'push and pull model outlined below, but we are also exploring pushing messages to patients to let them know their prescription is ready to collect via the NHS App. There's still more discovery to do in this area but is something we need to make you aware of as part of our future roadmap

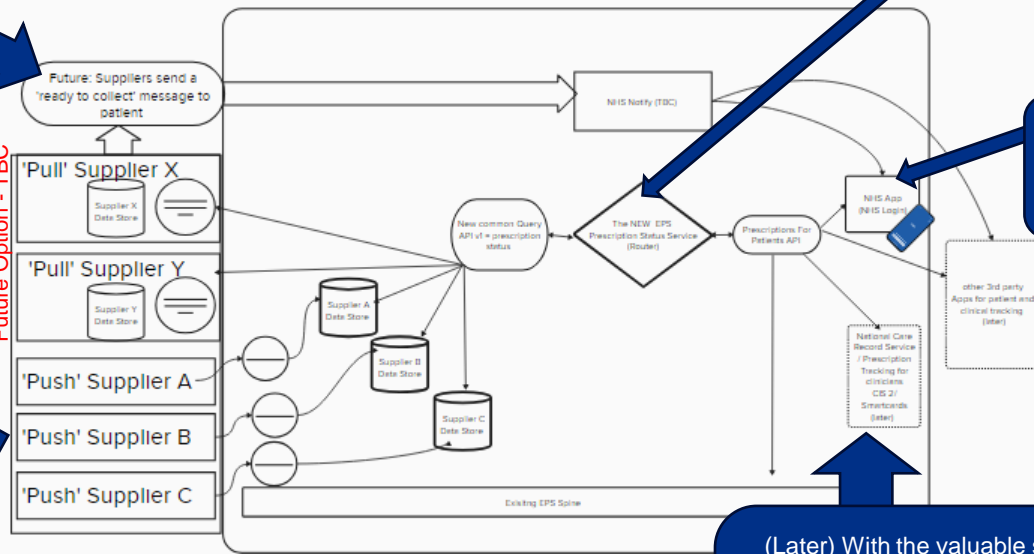
Suppliers - give us what you've already got filtered down to minimal requirements via a spec – We will set up an endpoint and a datastore for you. We can agree the data transformation between us

Strategically this could be a common API that is used for exposing data from clinical systems V1 – focus on prescription states – next could be medication items for example – based on the need /project - making it easier for suppliers in the future

Pull Solution – depending on strategic direction of the NHS England – we may explore this option in the future but for now we will focus on the 'push' solution

The research is telling us some of our supplier partners are doing this already. In some cases this means you want to re-use what you've already got, to minimise the work, delivery time and cost. Offering a push solution could mean the difference to delivering value at pace to remove frontline burden more quickly whilst meeting the ministerial commitment for September.

Future Option - TBC



Opportunity to re-look at the view prescription feature end to end design with the new information available

We are currently presenting this solution internally to all our stakeholders - so our architecture is subject to change based on feedback but we will keep you updated of changes and explain the reasons why as we progress

(Later) With the valuable states coming from dispensers we could then look to enhance further with information from Spine e.g. cancelled item states, prescription downloaded by pharmacy etc – based on user feedback



What does success look like

A ministerial commitment has been made to start introducing a national patient facing prescription tracking feature in the NHS App by September 2024.

Success for the NHS is to be able to begin a pilot in September with the new national tracking service in the NHS App, allowing pilot users to view the status of their prescription to allow us to monitor the impact on the frontline services.

The scope will be defined more as we progress.

Next Steps

Right Now

- Dispensing Suppliers working with us to identify what group they belong in and plan work in their roadmaps
- NHS England continues discovery and internal stakeholder engagement; tech team start to build the MVP spec and Supplier engagement plans for each group and supplier are being worked up and communicated.
- Research will continue with third party apps, DSPs, Clinicians, Patients and professional groups.

March

- Group 1 suppliers begin (Apotec, Boots, Cegedim, Invatech and Pharmacy 2U)

May/June (estimate)

- Group 2 supplier begin.

Thank You



@nhsengland



company/nhsengland



england.nhs.uk

Patient digital tools and apps

Session timing: 12 onwards

Apps background

Globally, over 350,000 health apps are available for download across various app stores. These apps serve diverse purposes, from virtual GP appointments to chronic disease management. However, the usage is skewed, with a small number of apps accounting for a significant portion of downloads. Approximately 110 health-related apps have been downloaded over 10 million times, representing nearly 50% of all downloads. In the future, recommending a patient to use a high-quality app may be as common in pharmacies as providing verbal advice on lifestyle or a patient's medicines.



Types of digital tools and apps

- Medical apps CP ITG Agenda March 2024 Page 6 of 23
- Medical device accessory apps
- Wearable devices
- Health apps which are not classified as medical devices
- NHS App, NHS website, IM1 IT standards and NHS Patient Facing Services.
- Telehealth platforms that enable pharmacy remote consultations, messaging and communication, remote monitoring, document sharing,
- Pharmacy patient relationship manager tools


Questions: patient apps and tools

The group will discuss within breakout rooms:

1. What patient wearable/tools and related data could be most relevant for pharmacy care and why?
2. What patient data is being shared from patient to pharmacy: manually? digitally?
3. How important is social prescribing? How can IT support this?
4. What IT/NHS standards and developments might help data flow from patients to electronic health records?
5. What tools are used?

Future Pharmacy IT

Session timing: 12.10-12.25



Future Pharmacy IT

In an initial meeting between NHSE's TD, Community Pharmacy England and CP ITG Chair, we fed back the CP ITG pharmacy feedback so far, including support for developments with the below (in alphabetical order) and have advised the CP ITG will be content with feeding in further:

- Booking and Referral Standard in order of standards (BaRS);
- Access to clinical records including GP Connect;
- Expanded Community Pharmacy Data standard;
- Independent Prescribing IT;
- NHS App, apps and the next generation of EPS; and
- Additional items outlined within the [CP ITG's vision of pharmacy IT](#).

Additional comments post meeting can be sent to it@cpe.org.uk

slido



Participant type:

① Start presenting to display the poll results on this slide.

slido



1.What are your views on the potential priority future applications of GP Connect?

① Start presenting to display the poll results on this slide.

slido



2.What are your views on the potential priority of future Booking and Referral Standards (BaRS) applications?

① Start presenting to display the poll results on this slide.

slido




3.Any other comments?

① Start presenting to display the poll results on this slide.

Artificial intelligence (AI)

Session timing: 12.25-12.40



AI considerations

- Clinical systems optimisation: Pharmacy teams are already utilising clinical systems equipped with pre-set algorithms. These assist pharmacists in optimising patient care.
- Data utilisation: Pharmacists and NHS organisations are exploring ways to better utilise datasets for improved outcomes. AI could play a crucial role in analysing large data.
- Supporting pharmacy practice: AI and machine learning have the potential to revolutionise pharmacy practice. By supporting the elusive quadruple aim of healthcare—improving outcomes, reducing costs, enhancing patient experience, and benefiting clinicians.

Questions: Artificial intelligence

1. How can AI help pharmacy teams optimise drug therapy, prevent medication errors, and reduce adverse drug reactions?
2. What are AI's current and future applications in pharmacy, such as chatbots, voice assistants, image recognition, natural language processing, and machine learning?
3. What skills and competencies must pharmacy teams acquire or enhance to work effectively with AI systems and tools?
4. What are the ethical, legal, and professional issues and challenges that pharmacy teams face when using AI in pharmacy practice?
5. How can pharmacy teams evaluate the quality, reliability, and validity of AI systems and tools and ensure their alignment with evidence-based practice and clinical guidelines?
6. Are there comments on the position outlined above?

Additional comments post meeting can be sent to it@cpe.org.uk

Vaccination IT

Session timing: 12.00-12.10

Position for CP ITG pharmacy reps discussed that vaccination IT needs relate to

1. Appointment Accessibility

- Patients can view and modify appointments using both the NHS App and pharmacy apps.
- The integration of Pharmacy & NHS systems into BaRS ensures that these appointments are seamlessly managed.
- NHS National Booking Service appointments are also part of this integrated system.

2. System Integration

- The BaRS system is expanded to incorporate appointments, IT standards, and its acts.
- Pharmacy systems and NHS systems are integrated, streamlining appointment management and communication.

3. Supplier Diversity:

- Multiple system suppliers contribute to the development of vaccination service modules.
- This diversity ensures flexibility, innovation, and continuous improvement in vaccination services.

This view emphasises patient empowerment, efficient appointment handling, and collaboration across healthcare systems and providers.

Additional comments post meeting can be sent to it@cpe.org.uk

The NHS Vaccination Strategy aims to be implemented by 2025/26

Improving access and expansion of online services

- Simple 'front door' to vaccination services
- **Online booking via NHS App and NBS**
- Patients can view their vaccination record

Vaccinations in convenient local places with targeted outreach for uptake in underserved populations

- GP surgeries
- **Community pharmacies**
- Shopping centres
- Community centres
- Bespoke outreach tailored to each local community

A more joined-up prevention and vaccination offer through opportunistic interventions

- **BP/diabetes screening**
- Asthma checks
- Opportunistic catch up vaccinations and co-admin
- Vaccinating whole family groups

Delivered at ICS level though integrated local teams – **delegated to ICBs by April 2025**

- ICSs given flexibility and responsibility to commission vaccination services to meet local need
- Use of consistent national service specification and finance framework
- Role for integrated neighbourhood teams (as defined by Fuller report)

Digital technology and data will underpin the NHS vaccination strategy

Digital priorities of the strategy



NHS systems will have timely access high quality data



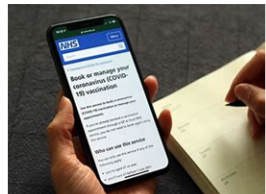
- Improve availability of uptake and coverage data for all vaccinations
- Support planning of demand and targeted interventions
- Analysis of cost effectiveness and patient outcomes
- Create national vaccination record



Patients will access vaccination services via NHS App



- Book appointments for individual and family members
- Manage appointments
- Receive notifications and reminders
- Access to patient vaccination record



Expansion of the NBS to wider NHS vaccinations



- DHSC to explore expanding online booking to adult life-course vaccinations and continue to use for Flu and Covid
- NBS expanded to give information on walk-in services
- **The strategy sets out a specific action for NHSE to explore NBS alignment with existing booking systems**

Group considerations: vaccination IT

1. How can we leverage technology to enhance vaccine administration and monitoring within health systems?
2. What opportunities exist for integrating patient electronic medical records (EMRs) with vaccination processes?
3. Can we explore telehealth solutions for vaccine consultations and follow-ups?

Additional comments post meeting can be sent to it@cpe.org.uk

AOB: Consultation on information standard engagement

- DHSC is consulting on proposals for information standards for health – how these are produced, communicated and implemented
- Once commenced, will make information standards binding,
- The consultation contains 14 questions
- All CP ITG participants, including pharmacy, policy, and supplier representatives, are encouraged to submit a response.
- Pharmacy reps have supported proper engagement and notice
- Examples:
 - Medicine and Allergy/Intolerance Data Transfer Standard; Reasonable Adjustment Digital Flag Standard DAPB4019 Guidance (NHS England); NHS number, NHS Dictionary of Medicines and Devices (DM+D), secure email, SNOMED CT, Social Prescribing and many more standards.
- Close date: 28th March 2024

Session timing: 12.40

Close from Chair

Thank you!

Post meeting queries: it@cpe.org.uk