Community Pharmacy IT Group

Meeting: 5th June 2024

Agenda

Community Pharmacy IT Group

	Session	Time
1-4.	Intro, apologies, minutes, actions	10.00-10.05am
5.	Overview of current pharmacy IT priorities	10.05-10.35am
6.	EPS secondary care and EPS for the detained estate	10.35-11.05am
7.	Original Pack Dispensing IT	11.05-11-20am
8.	Break	11.20-11.50am
9.	Vaccination IT	11.50-12.05pm
10.	Future pharmacy IT	12.05-12.20pm
11.	Artificial intelligence	12.20-12.35pm
12.	Post-meeting CP ITG communications, messages, upcoming consultations	12.35-12.40pm
13.	Any other business and close from the Chair	12.40-12.45pm

Pharmacy First IT

Community Pharmacy IT Group

Charis Stacey & Tahmina Rokib

5th June 2024

Digital Supplier Capability and Readiness

Capability	This will enable	Status	Update
Consultation Record	The pharmacist captures consultation details and outcomes into the clinical system, including any medicines supplied.	Live	All suppliers delivered for launch as per agreed MVP.
PDF Consultation Summary	The GP practice to receive an NHS Mail that contains a PDF summary of the consultation.	Live	All suppliers delivered for launch as per agreed MVP.
Dispensing token	The pharmacist to print medication details onto a dispensing token if medications is supplied	Live	All suppliers delivered for launch as per agreed MVP.
Profile on UEC Directory of Service (DoS)	Referrals for minor illness and clinical pathways to flow from GPs, NHS Pathways, NHS111 and NHSOnline to Pharmacy First and support public signposting from nhs.uk	Live	All suppliers delivered for launch as per agreed MVP.
Payment and Data API	The NHSBSA to automatically receive data regarding service usage, consultation claims and AMR reporting to support the payments and reimbursements of pharmacists.	Live	All suppliers delivered as per agreed MVP.
Update Record	The GP practice to receive an automatic structured record of the consultation and medicines that will land in the practice workflow. The GP practice will easily file or take necessary follow-up action.	In progress	PDF Consultation Summary live for all suppliers as per MVP. Full Update Record Capability rollout commenced with both GP suppliers and two community pharmacy providers. Final community pharmacies completing assurance and live testing before incrementally deploying to their customers.
Referrals	The GP to refer patients directly into the community pharmacy system workflow.	In progress	First pharmacy supplier and referring GP system live testing is in progress with go live early June.
Access Record	The pharmacist to access all the patient record data they need for consultations in their system.	In progress	Pharmacy suppliers finalising development and started assurance. Target for full roll out is end of July and incrementally deliver in August.

What information is sent as part of GP Connect: Update Record?

We are rolling out Update Record messages for three services: Blood Pressure, Oral Contraception, Pharmacy First (Minor Illness and Clinical Pathways Services)

The Service specifications include details of the data that pharmacists will record and transfer

The information shared via Update Record is the same as the information which is shared via PDF/email, but it is in a structured format which speeds up inclusion into the patient record, reduces burden and eliminates transcription errors

What information is sent as part of Update Record?

- The information is **structured/coded**
- The GP systems will add information directly to **patient records** which other **third parties and the patients themself may access**
- Some practices **may auto-file** the information without reviewing, others may review before filing
- Good record keeping standards must be maintained

Information Sent

- Person demographics and GP details are obtained via PDS verification
- Date and time of consultation
- Pharmacy details
- Outcome of consultation
- Clinician details name, role, professional identifier
- Presenting complaint
- Clinical summary of consultation
- Observations e.g. BP, temperature
- Pregnancy status
- Medication details or Reason for no supply
- Information and advice given to patient
- Signpost/Referral information e.g. referred to, reason, urgency

Is the data auto-filed into the GP record?

Auto-filing means the data in the message will automatically enter into the patient record. All users have choices around enabling auto-filing.

A workflow task is created in both EMIS and TPP systems for every message received by the practice. This is to give the user at the practice visibility of the incoming message.

EMIS

The default setting is to hold messages in a “provisional” state other than medication details which are auto-filed.

To add the provisional data items to the patient record in EMIS Web, an approved user at the practice must accept the task

VS

tpp

The default setting is to auto-file Update Record messages.

Users do have the option to choose to manually file the messages. If selected it will require a user to view and accept the message before data is added to the patient record.

Information available via Patient Facing Services

Patient Facing Services allow patients and proxy users to see their medical record via online services and Apps e.g. NHS App. Proxy users can be anyone who has been given access to view someone else's medical record, such as a parent or carer.

- Pharmacists should work on the basis that when a consultation record is submitted, the information will be available to GPs, other health and care providers and patients (and their proxy users) via Patient Facing Services.
- When delivering the Pharmacy Contraception Service, there may be a safeguarding concern or another reason why a patient may not want their consultation details visible via Patient Facing Services or Summary Care Record. For example, where a person under 16 years old is receiving contraception services and may not want others to see this information. In these cases, please capture in the consultation record that the patient does not consent to their information being shared with the GP.

EMIS

Entries are visible via Patient Facing Services once message is filed by a user at the practice.

- Medication details are available immediately as this is auto-filed
- User at the practice can change the setting to hide this information if this is required

tpp

Entries by default are automatically marked as hidden from online services

- A user from the practice must review and mark the event for sharing with Patient Facing Services before this is available in online services

Update to Summary Care Record (SCR)

Information once filed is available via SCR

Summary Care Record

EMIS

Medication details are auto-filed and uploaded to Spine once an approved user is logged in at the practice using a valid smartcard.

The remaining information in the message is held in provisional state; this is uploaded to Spine once filed and a user is logged in at the practice using a valid smartcard.

VS

tpp

If messages have been auto-filed, SCR will update once an approved user is logged in at the practice using a valid smartcard. This will trigger upload to Spine.

If messages are manually filed, information is uploaded to Spine once a user has filed the message and is logged on using a valid smartcard.

Urgent actions and referrals

The Update Record functionality must not be used for urgent actions or referrals

Pharmacists must not rely on Update Record as the method to communicate actions for the GP.

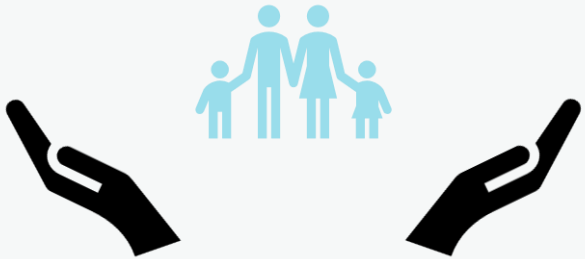
GPs or other clinical team members may not see or review the message immediately.

Based on the urgency of the action, pharmacies must communicate this directly using local processes e.g. email or phone. This will vary locally.

Safeguarding information

Pharmacists must not use Update Record to communicate safeguarding concerns to the GP

If there is a concern and/or support is required from the GP, you should follow your standard local procedure and contact the GP by phone or email where necessary.



Temporarily delaying go-live of the functionality

In recognition of the busy end-of-year and Easter, GP practices can choose when to enable the functionality, within a three-month window

What disabling this functionality will mean?

Disabling the functionality will mean that the structured message is rejected by the GP practice and the message must then be sent via NHS Mail, according to pharmacy supplier instructions

What does this mean for community pharmacies?

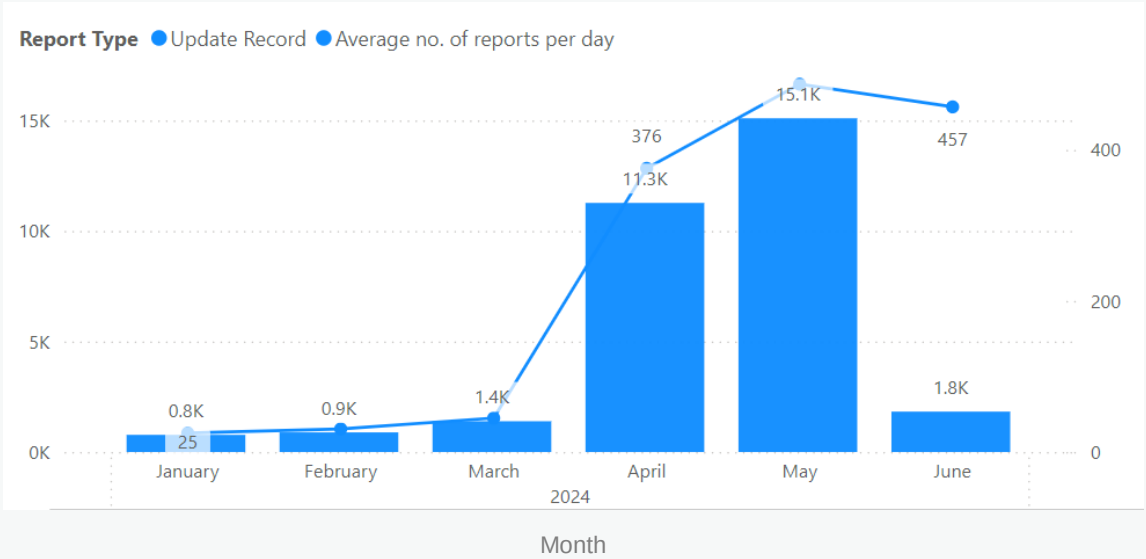
For the majority of pharmacies, their system will automatically re-send rejected messages via NHSmail, but users should check their supplier guides to understand the process

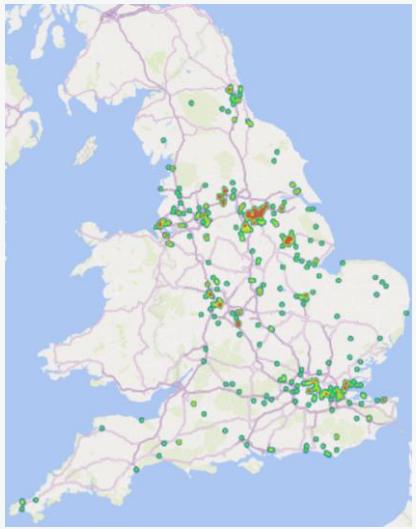
How are NHSE helping to mitigate the impact?

Should a GP practice choose to temporarily disable Update Record, they will receive a message from their system supplier advising them of the exact date when the functionality will automatically be switched on

Update Record - benefits and outcomes

- Positive Solutions HxConsult and Cegedim Pharmacy Services are live
- EMIS Web and TPP SystmOne are live
- Over **31,000** structured updates to the GP record sent using Update Record as of 3 June 2024





Pharmacies offering Pharmacy First, Blood Pressure and Contraception Services with Update Record functionality

Benefits

Linked to Patient

- No manual matching
- No mismatches

Via Workflow

- Nothing missed
- Approval prior to filing

Not a Document

- No attaching files
- Details directly

Structured Content

- No manual coding
- Contributes to QOF

Structured Medication

- Safer prescribing
- Reduce duplication

Clear Attribution

- Filed as an external consultation
- Clinician details

2. Streamlining referrals from GPs to pharmacies

We are introducing a new framework standard for interoperability called the Booking and Referrals Standard (BaRS). The standard sets out the required information and rules for digitally transferring a referral for a patient between healthcare services.

How will BaRS be used for Pharmacy First?

- BaRS will initially support GP referrals for Pharmacy First minor illness and clinical pathway consultations
- Standardises and streamlines the way referrals are sent by GPs and received by Community Pharmacies
- Enables joined up digital patient journeys

GP triages patient to Pharmacy First

GP offers patient a choice of local pharmacies via Directory of Services

GP refers patient to their chosen pharmacy

Patient contacts pharmacy and is provided with appropriate care

BaRS supports NHS England's standards roadmap and interoperability priorities to ensure healthcare professionals receive a standardised set of information. This supports the vision to enable referrals between any healthcare IT system.

More information: Booking and Referral Standard - NHS England

4. Information sent in BaRS referrals to pharmacies

BaRS enables GP systems to provide structured referrals into community pharmacy, using a consistent common dataset to ensure that pharmacies have all the information they need.

BaRS referral messages contain the following content (blue text denotes mandated fields):

Booking and Referral Standard dataset

- Person demographics – name, DoB, gender, ethnicity, NHS number, address, preferred contact method, telephone number, email address
- Legal information, including consent for information sharing
- Presenting complaints or issues
- Clinical summary – clinical narrative
- GP practice – GP name, practice address and identifier (ODS)
- Referral details – date of referral, service of the referrer, eg GP practice, ODS code, referral type eg Pharmacy First, contact details of referrer, person referral reference, journey ID, ODS code of where the referral is to be sent.

8. Impact on GPs

- PharmRefer and EMIS Web Local Services are currently developing to the BaRS standard.
- This means referrals sent from PharmRefer and EMIS Web Local Services can be received directly into the four pharmacy system workflows.
- Existing solutions using NHSmail can still be used to make referrals, but these will NOT go directly into pharmacy systems' workflows.
- Practices should continue to use existing triage processes, check pharmacy opening hours and provide usual safety-netting advice.

PharmRefer

Process unchanged for PharmRefer users – referrals will be received directly into pharmacy systems' workflows.

The only significant change will be the loss of the 'undo/cancel referral' feature that currently exists.

PharmRefer supplier information

emisWeb

Process unchanged for EMIS Web Local Services users – referrals will be received directly into pharmacy systems' workflows.

EMIS Web users who do not have the Local Services add-on can continue to use NHSmail to make referrals.

tpp

Process unchanged for GP Practices using TPP SystmOne which can continue to use NHSmail to make referrals.

TPP plans to introduce BaRS.

Impact on community pharmacies

GP referrals from PharmRefer and EMIS Web Local Services will appear in community pharmacy workflows*

GP referrals from PharmRefer and EMIS Web Local Services will appear in community pharmacy workflows*

GP referrals from PharmRefer and EMIS Web Local Services already appear in community pharmacy workflows

GP referrals from PharmRefer and EMIS Web Local Services will appear in community pharmacy workflows*

*Once developed and assured – currently underway

9. Directory of Services: Maximising patient choice

Maintaining an up-to-date Directory of Services (DoS) profile is important for pharmacies, as EMIS Web, EMIS Local Services and PharmRefer use DoS to present the patient with a list of local pharmacies to refer to.

GP Practices using TPP SystmOne can use the separate NHS Service Finder tool to return a list of local Pharmacy First pharmacies and contact details. A list of pharmacies is also available in the SystmOne organisation directory.

Pharmacies can check their DoS information on Profile Manager to ensure the demographic details of the pharmacy are correct.

GP referrals sent from EMIS Local Services, PharmRefer and NHS 111 will go into the same workflow. Pharmacies will use a single IT system to manage referrals.

Community pharmacies should still check their mailboxes regularly for referrals sent via NHSmail from GPs that do not use EMIS Web Local Services or PharmRefer.

NHSmail remains the back-up option for all referrals.

Pharmacies should use Profile Manager to make changes to their full pharmacy service offer such as early closures.

If a pharmacy needs to make an urgent change for Pharmacy First for example, unable to provide the service due to a Smart Card access issue, they should call the DoS helpline on 0300 0200 363 to enable a change to just those referral routes.

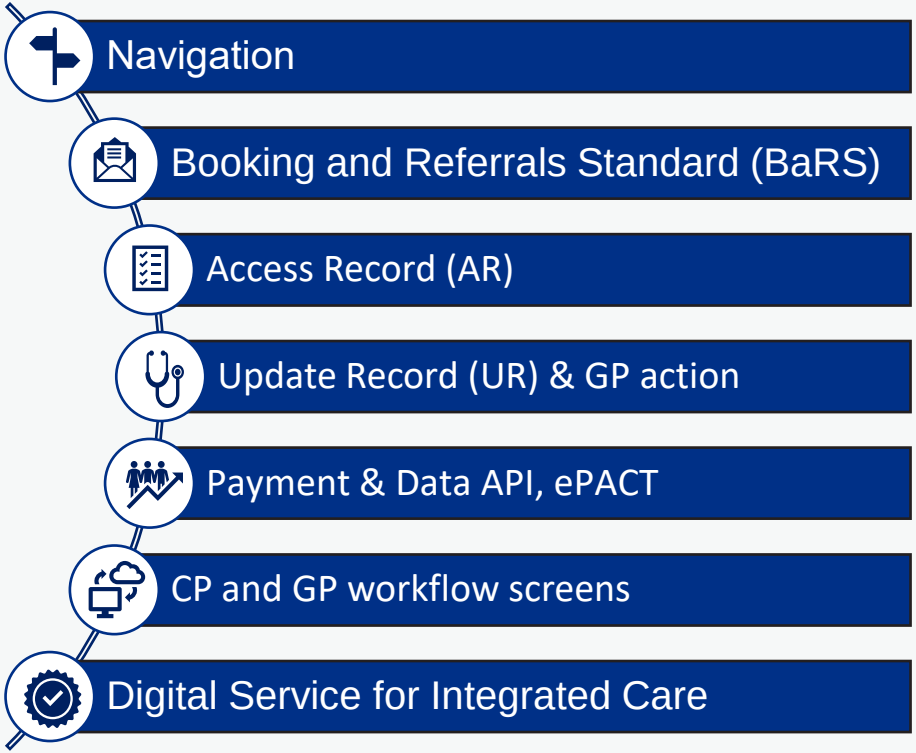
Providing more access to the patient GP record

We are rolling out Access Record: Structured to support clinical service delivery

Product Feature	NCRS	ACCESS RECORD
Real Time Access to data, even if pending practice review		✓
Integrated within CP Clinical System (as opposed to access via separate system)		✓
Phase 1 development – 31 March 2024		
Current/Repeat/Past Medications	✓	✓
Uncategorised administrative items/clinical items/observations	✓	✓
Investigations (including blood tests, urinalysis)		✓
Phase 2 development		
Allergies and Adverse Reactions	✓	✓
Consultation encounters	✓	✓
Problems	✓	✓
Immunisations	✓	✓

Key: ✓ national access ✓ varied levels of access across the country

Workstreams



EPS secondary care and EPS for the detained estate

EPS Update
EPS in secondary care

Community Pharmacy IT Group
5th June 2024

Rahul Singal / Fintan Grant

General EPS Updates

General EPS Updates

- Revised EPS onboarding approach published:
  EPS onboarding and assurance for IT suppliers - NHS England Digital

- Development of patient prescription tracking via NHS App underway

Introduction – EPS in secondary care

The Digital Medicines Programme is driving modernisation and expansion of EPS

Why? There is avoidable work for healthcare staff and inconvenience for patients as the technology current used for EPS constrains the ability to enhance the service or extend it across all care settings and prescription types.

What are we doing? Modernising the technology used for the EPS to enable development and expanding the use of EPS with a focus on prescribing outside of general practice, including secondary care.

Achievements to date

- The first phase in the modernisation of EPS is complete. Focused on the development of technology which enables EPS to integrate with a new set of IT system suppliers, supporting the expansion of EPS.
- Integration of EPS with the NHS App with the introduction of the digital prescription barcode
- 7 hospitals live with at least one department using EPS

Focus for 24/25

- Increasing the number of EPS system suppliers who can provide EPS systems for secondary care.
- Increasing the number of EPS prescriptions sent by non-GP care settings to 50%.
- Tackling the broader considerations relating to EPS use into secondary care.
- Further integration of EPS with the NHS App to support enhanced prescription tracking.

Introduction - EPS in secondary care

There is an appetite for the use of EPS in secondary care. Initial implementations are underway with a current focus on existing paper FP10 prescribing.

There are different prescribing use cases with differing levels of complexity:

Current focus is on lower complexity use case:

- Existing paper FP10

Future use cases have greater complexity:

- Request to GP
- Outpatient Consultation
- Inpatient Discharge Medications
- Homecare Service Prescribing

There are anticipated productivity benefits even with the lower complexity use case:

- Time / burden saved for healthcare staff (particularly in mental health trusts) through reduced manual effort to distribute paper prescriptions to patients.
- Time / burden saved for healthcare staff by removing the need to manually log FP10 prescriptions that are generated.
- Time saved / convenience for patients with prescriptions electronically sent to their normal community pharmacy.

Initial implementations of EPS in secondary care are underway

Midlands Partnership Foundation Trust

Cleo SOLO EPS pilot March 2022-23

- Data from 191 prescribers and 37k EPS prescriptions

"It is not too dramatic to state that EPS has revolutionised my practice. I can now write and deliver prescriptions in five minutes compared to the time and effort it took to handwrite a prescription from scratch, arrange for it to be collected … or hand deliver it to a pharmacy. A huge time saving with in-built safeguards to enable safe prescribing".

Benefits summary for NHS Trust and Trust staff

- Reduction in stationary costs, estimated saving: £1,769 on FP10 pads.
- Reduction in mileage for staff to deliver paper FP10s to sites/bases/pharmacies, estimated saving: 592 miles per week in total.
- Reduction in travel time for prescribers and admin team: 84.5 hours per week
- Reduction in time spent by admin staff ordering FP10 Prescription pad: 15 minutes saving per paper pad.
- Reduction of incidents including lost / stolen / illegible FP10s.
- Ability to track and cancel EPS prescriptions
- Flexibility for prescribers: ability to prescribe out of hours – evenings and weekends.

Benefits summary for service users

- More service user choice as they choose the pharmacy to send the prescription to.
- Reduction in travelling for service users to collect paper prescriptions.

Some system wide (e.g. ICS) business cases are being pursued

North East London ICS

Cleo SOLO (EPS), System C, Cerner

- 5 provider NHS Trusts (3 Acute & 2 Mental Health Trusts)
- Support a population of 2 million

Procure a standalone prescribing system to use EPS to improve patient safety, reduce costs in staff time, logistics and transport as well as medicine spend.

Approach

1. **Contract** signed for Cleo SOLO
2. **User acceptance testing** and system **enhancements** (66 enhancements)
3. **Pilot** at single Trust
4. **Roll out** to all 5 Trusts (40 services)

Benefits opportunity

Quality

- Improved security and governance
- Facilitates virtual consultations

Cash releasing

- Postage (£40k) and transport (£127k)

Non-cash releasing

- Staff time

Societal

- Reduced travel time and CO2 emissions

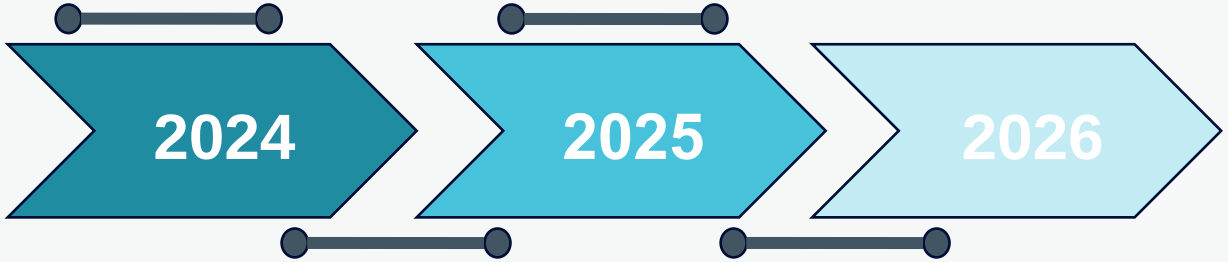
IT Supplier Readiness

EPS is a national product that requires IT suppliers to integrate into existing systems. There are constraints to the pace at which suppliers can complete this integration and be assured by NHS England.

Indicative sequencing of technical development and assurance

April 24 – Sept 24
2 x suppliers

April 25 – Sept 25
2 x suppliers



Oct 24 – Mar 25
2 x suppliers

Oct 25 – Mar 26
2 x suppliers

- By March 2026 potential for circa **50%** of NHS Trusts to have access to an incumbent system with EPS capability
- Supplier readiness could decrease due to technical and resource constraints both within NHSE and relevant suppliers.
- NHS Trusts will have options to implement IT systems to enable EPS that are “standalone” which could increase proportion of EPS availability across NHS.
- Opportunity offered to suppliers for further deployment of IT systems that use EPS on legacy HL7 standards.

For more complex use cases there are a range of process considerations. Work underway to build understanding and provide appropriate national leadership

Policy, clinical governance and patient safety

For example:

- System wide prescribing guidelines/protocols
- Shared care agreements
- Communication and handover
- Specialist medicines and community pharmacy expertise
- Impact on sustainability agenda

Funding and contractual

For example:

- Medicines budgets and financial flows
- Existing pharmacy services contracts in Trusts
- Community Pharmacy volumes
- Impact on pharmacy workforce across trusts and community pharmacy
- NHS standard contract considerations e.g. discharge medicines

EPS in Secondary Care Process considerations

Implementation and evaluation

For example:

- Business change
- Mechanism for benefits realisation
- Mechanism for risk mitigation
- Exploring different service models that EPS could enable (e.g. community pharmacy, distance selling pharmacy, homecare)
- Data to evaluate

Medicines

For example:

- Cost centre set up
- Monitoring of formulary adherence
- Medicines storage
- Medicines availability
- EPS exemptions e.g instalment prescriptions, private prescription, none dm+d medicines

Technical

For example:

- Supplier development timelines
- Cost of supplier upgrades
- Interoperability of medicines information between GP and secondary care
- Pharmacy nomination changes e.g. one-off
- Smartcard use
- Utilisation of dictionary of medicines and devices (dm+d)

Questions for you on Slido…

In relation to EPS use in secondary care:

- What do you see as the greatest potential benefits?
- What do you see as the greatest potential challenges?

slido

Participant type:

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

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What do you see as the greatest potential benefits (with EPS secondary care)?

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What do you see as the greatest potential challenges?

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

EPS Update

Community Pharmacy IT Group
5th June 2024

Rahul Singal / Fintan Grant

EPS in Detained Estates (Health and Justice commissioned services)

June 2024

Presented by:
Denise Farmer National Pharmaceutical Adviser Health and Justice
with NHS England colleagues

NHS England retains HJ Commissioning (custodial)

HM Prisons- Cat A-D (open)

113 (+ new pending and expansions- 2027)

adults (81,000 men and 3,400 women)- **97,000 by July 2025**

15% over 50 years old

Children and young people

2x YOI; 2x Secure training centres; 15 secure children's homes- welfare and CJS beds

Population approx. 1000

Immigration Removal Centres

5 (+ 2 pending)- **not** HO temporary sites!

Rising to several thousand detainees due to legislation

Liaison and Diversion; RECONNECT

L&D- diverts people away from custody to MH/SM services

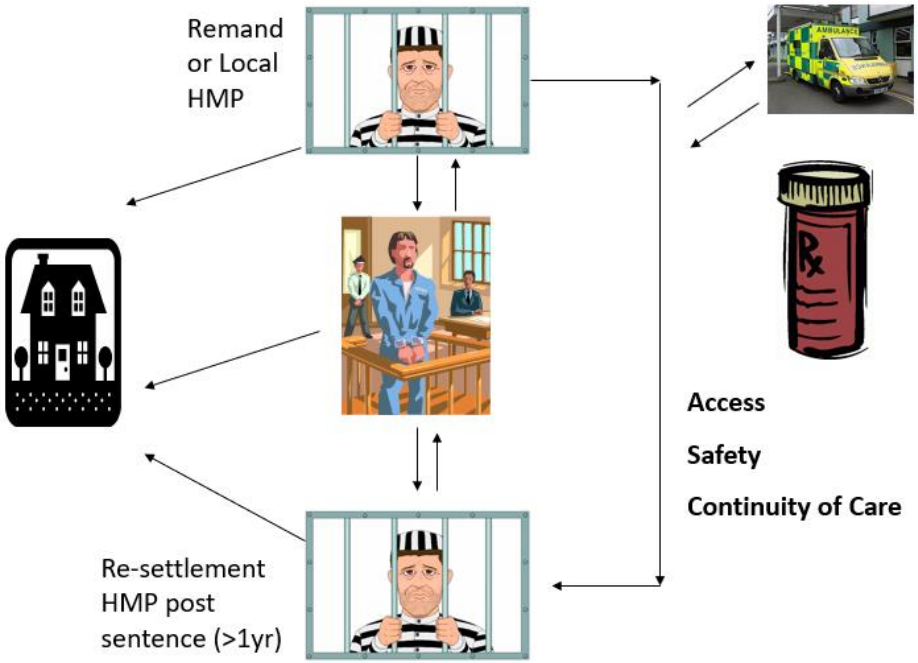
RECONNECT- supports post-release continuity of care

NHS Commissions: GP, primary care, mental health, public health and pharmacy services

Region	HJ Sites
East of England	14 HMP; 1 IRC; 2 CYPSE
London	9 HMP; 1 IRC; 0 CYPSE
Midlands	29 HMP; 0 IRC; 4 CYPSE
North East and Yorkshire	19 HMP; 1 IRC; 5 CYPSE
North West	16 HMP; 0 IRC; 2 CYPSE
South East	22 HMP; 2 IRC; 4 CYPSE
South West	11 HMP; 0 IRC; 2 CYPSE
Grand Total	**147 sites**

Continuity of care: right medicine, right time, every place

- Huge population pressures and rising in HMP and IRCs
- 5,700 new prison admissions + 2000 recalls and 3,700 releases each month
- 45,000 monthly prison transfers (inc to courts)
- 75% prisoners return to the community in 6 months- back to ICBs!!
- Single clinical IT system (TPP HJIS) across HJ
- GP registration (including pre-registration) at HJ practice in male estate- improves health records sharing
- Pharmacy workforce with 46 on-site pharmacies
- 85% meds reconciliation within 72 hours of admission now achieved ☺
- Standards require medicines supply- 7 days moving to 28 (COVID retained)



Well over 30% of the population is moving in, out or around every month- consider this for a small town!

FP10s and how they are used in detained services

- Most medicines are prescribed in the HJ practice using an internal prescription form dispensed by the commissioned pharmacy service for the site
- The same medicines accessed by people in the community are available in the same way
- FP10 prescriptions are used for:
    - Urgent medicines not available at the site to meet the urgency (e.g. insulin for admitted patient)
    - Releases (including to court) where one or more medicines can't be supplied to the patient before release
    - FP10MDAs are used to provide up to 14 days methadone or buprenorphine supplies
- FP10 costs are reimbursed normally and funded by NHS England regional commissioning budgets
- HMP practice prescriptions are exempt from the prescription charge

EPS programme in HJ practice

The implementation phase is beginning now that TPP have upgraded the HJIS functionality to enable EPS prescribing.

Digital, commissioning, clinical, service user and community pharmacy partnerships underpin the plans

Full timeframe for implementation is being finalised with a formal comms plan

The implementation will involve:

- First of type testing (July TBC) with follow on sites testing before full roll out
- Close working with community pharmacy especially in cross sector user guides/information and training
- HMP Exemption code (0015) is unhidden in the menu of options and should be used
- Focus on non-nomination as detainees will not know which pharmacy they will approach to collect their medicines- but advise on nominations approach for their GP post-release
- Wider stakeholder engagement and comms- ICBs, NHS pharmacy leads, probation

EPS benefits and strategic aims

- Risks of prisoners leaving with limited access to continued doses will be reduced
- Removes risk of losing paper FP10 in transit
- EPS prescription can be written and sent ahead of the release date- less dependence on supply “at the gate”
- Option to cancel the EPS prescription if the prisoner returns from court
- Provides opportunity to
    - shift away from supply of discharge medicines
    - move to 28-day EPS supply on release to reduce pressure to access repeats

- Aim is to work closely with Dan and wider Community Pharmacy England and sector colleagues to support implementation for pharmacy teams and the experience of released prisoners in accessing their medicines on release.

Original Pack Dispensing IT

OPD: overview

- Department of Health & Social Care (DHSC) and Community Pharmacy England have been discussing the new legislative amendments to the Human Medicines Regulations, which enable pharmacists to dispense prescriptions in a quantity greater or less than 10% of the quantity originally prescribed if this means they can dispense it in the original pack, provided the supply is otherwise in accordance with the prescription.
- A CP ITG subgroup meeting was held on November 15th, 2023, about this topic (the minutes were distributed to attendees).

OPD: Key elements

- The OPD legislation and subsequent Drug Tariff amendments will impact how pharmacy owners are reimbursed.
- Once it’s included in the NHS dispensing, it will mean that if a prescription is issued for 30 tablets and there is a 30-pack and a 28-pack on the pharmacy shelf, the pharmacy team can dispense either.
- This amendment in regulation will also mean that special container criteria must align with these changes.

OPD: IT implementation arrangements

- **The group discussed**

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What IT factors should be considered to support the rollout of the Original Pack Dispensing

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Vaccination IT

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.

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

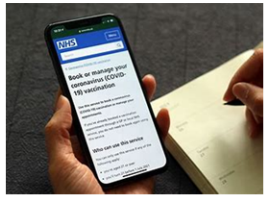
Digital priorities of the strategy

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**

Session timing: 11.50-12.05

Questions: 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?
4. What methods (digital or otherwise) are now used to update the GP practice for local vaccination? And how might methods update NHS App and other patient apps?

slido

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Future Pharmacy IT

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.

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

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

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

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3.Any other comments?

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Artificial intelligence (AI)

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?

Any other business

Session timing: 12.20-12.35

AOB: GP Connect User Research (in papers)

- Pharmacy team members using GP Connect Update Record / Access Record / Booking and Referral Standards (BaRS) that wish to share feedback (or speak with NHSE's TD user research team members) please email it@cpe.org.uk. NHS researchers will also conduct some visits to those pharmacy teams using GP Connect Update Record in the London and Manchester area during spring/summer 2024.
- Pharmacy team members can volunteer to feed in using the chat or by contacting the secretariat

AOB: Terms of Reference (in papers)

- CP ITG's Terms Of Reference (see here) require updating e.g. with a group member organisation's name changing from AIMp to IPA. Please could all group participants contact it@cpe.org.uk before the middle of June 2024 if they have requests to make changes to the group's Terms Of Reference.
- Requests can also be added to the chat.

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AOB: Changes with the use of legacy Chrome Extension for NHS Credential Management (in papers)

Community Pharmacy IT Group

- Previous CP ITG updates included some info about NHS Credential Management. NHSE's TD has provided an update about the legacy Chrome Extension, which does not align with Care Identity Service (CIS) IT. The top of the NHS Spine portal page was updated with the box below. If required, support/questions: iamplatforms@nhs.net

> The Google Chrome extension may stop working from 1 June 2024. If you haven't already, please install NHS Credential Management. For more information, please read this deprecation notice.

AOB: Paperless(in papers)

- Pharmacy teams or system suppliers can provide updates about any efforts to move towards more paperless work by entering this into the chat with #paperless contacting it@cpe.org.uk.

Close from Chair

Community Pharmacy IT Group

Thank you!

Post meeting queries: it@cpe.org.uk