

Community Pharmacy IT Group (CP ITG) meeting agenda

to be held on 5th June 2024 via videoconference

from 10am - 12.45pm


About CP ITG: The Group was formed in 2017 by [Community Pharmacy England](#), [NPA](#), [RPS](#), [CCA](#), and [IPA](#). Members representing these five organisations attend the meetings, as do 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](#).

Voting members: Matthew Armstrong (Chair), Steve Ash, David Broome (Vice Chair), James Davies, Darryl Dethick, David Evans, Nick Kaye, Fin McCaul, Graham Phillips, Darren Powell, George Radford, Sian Retallick, Craig Spurdle, Iqbal Vorajee and Heidi Wright.

Secretariat: [Dan Ah-Thion](#).

MS Teams meeting

Attendees are encouraged to:

- Join early using a webcam to test access and a large screen to view the slides.
- Use the 'raise hand' feature to seek the attention of the Chair.
- Use the chat box to share comments and queries and to respond to each other (Note: time constraints may prevent all comments from being addressed during the meeting, but all comments will be saved to aid the group's work).
- Mute any devices logged into the meeting whilst not speaking (using the mute button '  ', the device's mute option).
- Note: those attending the meeting can extend the invite to colleagues within their organisation so they can dial into the meeting at the relevant stage.
- Please use the 'rename' feature so that your display name looks like this: <First name> <Surname> (<organisation>).

The login details for joining are included in your invite.

Social media: To tweet about the group/meeting (excluding anything confidential), use the hashtag [#cpitg](#)

Meeting format: The meeting will be divided into two sections, with a break in the middle.

1. **Welcome from Chair** 10.00-10.05am
2. **Apologies for the absence of voting members**
By the time the agenda was finalised, no apologies for absence had been received from voting members.
3. **Minutes of the last meeting**
The minutes of the meetings held previously were emailed to the group.
4. **Actions and Matters Arising**
Outstanding actions have been carried forward within the workstream updates appendix.

5. **Overview of current pharmacy IT priorities** (page 3) 10.05-10.35am
([Appendix CP ITG 01/06/24](#))

Actions

6. **EPS team update** including secondary care update (page 4) 10.35-10.55am
([Appendix CP ITG 02/06/24](#))
7. **EPS and the detained estate** (page 4) ([Appendix CP ITG 02/06/24](#)) 10.55-11.05am
8. **Original Pack Dispensing IT** (pages 4-5) ([Appendix CP ITG 02/06/24](#)) 11.05-11.20am

Break

11.20-11.50

Actions (2)

9. **Vaccination IT** (pages 6) ([Appendix CP ITG 03/06/24](#)) 11.50-12.05am
10. **Future pharmacy IT** (page 7) ([Appendix CP ITG 04/06/24](#)) 12.05-12.20pm
11. **Artificial intelligence** (page 8) ([Appendix CP ITG 04/06/24](#)) 12.20-12.35pm

Report

12. **Updates on other CP ITG workstream projects** (pages 9-18)
([Appendix CP ITG 05/06/24](#))
13. **Post-meeting CP ITG communications, messages, upcoming consultations** 12.35-12.45pm
14. **Any other business and close from the Chair** 12.35-12.45pm

Upcoming pharmacy/healthcare IT events

Items listed at: cpe.org.uk/itevents include:

- 14th May 2024, [Integrated Care Summit 2024](#), London (face to face)
- 28th-29th October 2024, [Digital Health AI and Data conference](#), London (face to face)

Slido survey

We will use Slido polls for some of the sessions. You should use a second device (your mobile phone may work well) to scan the barcode (or from the slides). Alternatively, go to [slido.com](https://www.slido.com) and enter the code *#cpitg*. All attendees are encouraged to participate.



Future meetings

Weds 18th September 2024
Weds 5th March 2025

Weds 13th November 2024
Weds 4th June 2025 (to be confirmed)

Subject	Overview of current pharmacy IT priorities
Date/time of meeting	5th June 2024: 10.05-10.35
Status	Public
Presenters	Charis Stacey (NHS England's Transformation Directorate (NHSE's TD) Head of Product for Digital Primary Care)
Overview	NHS policymakers and technical teams comment on pharmacy IT priorities. Pharmacy IT programmes continue to develop.
Proposed action	The group is to be updated and to discuss developments.

Item 5. Overview of current pharmacy IT priorities (10.05-10.35am)

NHS England, the Department of Health and Social Care and the CP ITG have previously highlighted the IT priorities for pharmacy, which include the PRSB Community Pharmacy Data Standard / Community Pharmacy Contractual Framework (CPCF) IT; electronic health records; service data APIs; Booking and Referral Standards (BaRS); and EPS next generation. The CP ITG has been actively supporting these projects, and Community Pharmacy England is also working with the NHS on the following steps to progress in these areas. These priorities are in line with the [CP ITG's vision of pharmacy IT](#) and align with the IT aspects outlined in the [Nuffield Trust's Vision for Community Pharmacy](#). The Primary Care Recovery Plan has also incorporated digital elements that align with these priorities, such as GP Connect and Booking and Referral Standards (BaRS) for Pharmacy First IT.

[GP Connect](#) is a system that enables GPs and other authorised healthcare organisations to link with GP system information, allowing those authorised to use additional access/update record functionalities. The minutes and slides from the group's previous meetings explained more about GP Connect.

Charis Stacey (NHSE's TD Head of Product for Digital Primary Care) will provide an update.

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Subject	EPS and Original Pack Dispensing IT: including updates on EPS in secondary care and for the detained estate
Date/time of meeting	5th June 2024: 10.35-11.20am
Status	Public
Presenters	(NHSE's TD: Fintan Grant (Associate Director for Medicines and Pharmacy) and Rahul Singal (Senior Responsible Owner for Digital Medicines)
Overview	NHS England will provide an update on EPS secondary care and EPS for the detained estate. It will also give an update on Original Pack Dispensing IT.
Proposed action	The group is to be updated and discuss developments.

Item 6. EPS team update (10.35-10.55am)

The rollout of EPS within secondary care continues.

Fintan Grant (NHSE's TD Associate Director for Medicines and Pharmacy) and Rahul Singal (NHSE TD's Senior Responsible Owner for Digital Medicines) will provide an update.

Item 7. EPS and the detained estate (10.55-11.05am)

NHS England's Health and Justice Information Service (HJIS) have been working with NHSE's TD EPS team and others to explore allowing prison prescribers to use EPS. There is currently a relatively small volume of such prescriptions dispensed across England within community pharmacies (NHS England estimates this to be 300 prescriptions per year). A small project team are exploring how to make the use of EPS successful for all involved – including for this vulnerable patient group. This would involve a first-of-type rollout to around one to three prescribers – from early July 2024 at the earliest, subject to planning and discovery work.

Patients leaving prison may not have immediate access to mobile phones, and their registered GP information may be outdated. NHS England's Health and Justice Information Service (HJIS) are discussing with prison prescribers that there are scenarios in which they may wish to issue the EPS prescriptions remotely.

NHS England's HJIS and the project team will continue to work with stakeholders to plan the successful use of EPS in this care setting.

CP ITG actions:

Denise Farmer (NHS England's HJIS) will provide an update.

The group will be asked to discuss:

- What factors should be considered to ensure EPS works well for this patient group, prescribers and pharmacy teams for these prescriptions?

Item 8. Original Pack Dispensing IT (11.05-11.20am) (confidential)

OPD background

The 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).

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.

At the November CP ITG Drug Tariff and OPD meeting, it was considered whether a new endorsement flag would be required. Previously, CP ITG participants suggested that a new endorsement flag could make processing more complex for all involved. Appendix CPITG 05/06/24 also includes background information regarding the feedback from the 15th November 2023 CP ITG sub-group OPD IT meeting.

The upcoming OPD changes

An update will be provided at the meeting and was emailed to the attendees.

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Subject	Vaccination IT
Date/time of meeting	5th June 2024: 11.50-12.05pm
Status	Public
Presenters	Matt Armstrong (CP ITG Chair)
Overview and proposed actions	The Chair will provide an update on vaccination IT and the group will consider considerations about vaccination IT.

Item 9. Vaccination IT (11.50-12.05pm)

CP ITG pharmacy representatives have expressed support for the following vaccination IT elements:

<p>Appointment Accessibility:</p> <ul style="list-style-type: none"> • Patients can view and modify appointments using both the NHS App and/or pharmacy apps. • The development of a BaRS standard for pharmacy and NHS appointments and the integration of Pharmacy & NHS systems into BaRS so that referrals and appointments are seamlessly managed. • NHS National Booking Service appointments are also part of this integrated system. • Parity across NHS systems so that NHS systems which facilitate GP appointments also facilitate pharmacy appointments. • IT to support the recall system. <p>System Integration:</p> <ul style="list-style-type: none"> • The BaRS system is expanded to incorporate appointments, IT standards, and its acts. • Pharmacy systems and NHS systems are integrated, streamlining appointment availability management and communication. Pharmacy teams report needing to be able to load clinic availability across different pharmacy and NHS systems (e.g. National Booking Service (NBS) or any other appointment system used by the patient or the pharmacy). • Post event notification: automated notification to the patient's record held by the GP. To ensure improved data for general practice and the NHS. <p>Supplier Diversity:</p> <ul style="list-style-type: none"> • Multiple system suppliers contribute to the development of vaccination service modules. Making use of the Digital Care Services Catalogue to encourage choice • This diversity ensures flexibility, innovation, and continuous improvement in vaccination services. <p>Patient experience:</p> <ul style="list-style-type: none"> • Standardised patient messages.

CP ITG actions: Matt Armstrong (CP ITG Chair) will provide a brief update.

Group considerations:

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?

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Subject	Future and artificial intelligence
Date/time of meeting	5th June 2024: 12.05-12.35pm
Status	Public
Presenters	The group's Chair and secretariat.
Overview and proposed actions	NHS England and its TD are considering further developing NHS pharmacy IT priorities; the group will be updated and discuss further considerations.

Item 10. Future (12.05-12.20pm)

The NHS England pharmacy team, along with NHS England's Transformation Directorate (NHSE's TD), is considering further development of NHS pharmacy IT priorities for the current financial year and beyond. They plan to engage with the group in a future session.

In an initial meeting between NHSE's TD, Community Pharmacy England and CP ITG Chair, we provided feedback on pharmacy priorities identified by the CP ITG so far. This includes support for the following developments (in alphabetical order), and we have advised that the CP ITG is open to providing further input:

- Booking and Referral Standards (BaRS);
- Electronic health records and GP Connect;
- Expanded Community Pharmacy Data standard;
- Independent Prescribing IT;
- NHS App, apps and the next generation EPS; and
- Additional items outlined within the [CP ITG's vision of pharmacy IT](#).

The theme across pharmacy requests for IT change (in line with NHS Long Term Plan) relates to a desire for the 'seamless flow of clinical information (interoperability)'. A more seamless flow of clinical information would also help to realise Nuffield Trust's vision for the sector with it being able to support continuous improvement:

- preventing ill health and supporting wellbeing;
- pricing clinical care for patients;
- helping patients to live well with medicines; and
- provision of integrated primary care for neighbourhoods.

The Chair and secretariat will provide a brief update.

CP ITG actions:

Group considerations and a Slido poll may be conducted.

1. What are your views on the potential priority future applications of GP Connect?
2. What are your views on the potential priority of future Booking and Referral Standards (BaRS) applications?
3. Any other comments?

We have previously held CP ITG-wide and mini-workshops. There is potential for further workshops and a face-to-face meeting with pharmacy representatives from each of the CP ITG pharmacy bodies. The pharmacy bodies must also review their voting members if any have left the organisations.

Item 11. Artificial intelligence (AI) (12.20-12.35pm)

Background: Alan Turing was the first to conduct substantial research into machine intelligence in the 1950s. Since then, AI has continued to evolve exponentially. Notably, AI language models like GPT-4 are revolutionising how citizens and workers can carry out some tasks, and large and small companies are seeking to utilise AI technology. AI developments within healthcare continue at pace – some outlined in Appendix CPITG 05/03/24 AI sections, the [Winter 2023 CP ITG bulletin](#) AI sections and [Appendix CPITG 05/06/24 \(pages 11-12 of this agenda paper\)](#).

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 extensive 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.
- As AI adoption grows, ensuring data security and patient privacy remains critical.

CP ITG pharmacy representatives have fed in views that:

Artificial intelligence can and should support the evolution of clinical practice to enable pharmacy teams to spend more time providing care to patients. Use of AI within community pharmacy must: enhance clinical safety; be used ethically; be free from biases; and enhance the workforce and its capabilities”

The Chair and secretariat will facilitate some discussion.

CP ITG actions:

Group considerations:

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 resources and developments:

- [The new EU AI 2024 Act would have global reach](#)
- WHO published [guidance on the ethics and governance of AI for health](#).
- [NHS AI Lab](#)
- [Code of conduct for data-driven health and care technology](#) (DHSC)
- [The Alan Turing Institute developed resources to help the public sector deploy AI.](#)
- [MHRA announced it is proceeding with its new 'regulatory sandbox', the AI-Airlock, which will provide a regulator-monitored virtual area for developers.](#)

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Subject	For the report: Updates on other CP ITG work streams
Date/time of meeting	5th June 2024
Status	Public
Overview	This appendix provides a status report on other work plan areas that will not be discussed in detail during the meeting due to time constraints. The group members are requested to review the reports, take necessary actions on the next steps, and provide comments by emailing it@cpe.org.uk before or after the meeting. They can also share their comments during the 'any other business' section if needed. If there are any concerns about the proposed steps, the group is asked to send them to it@cpe.org.uk before the meeting. If no objections are received, the group will proceed assuming that the members are in agreement.

Data flow, standards & IT communications
Relevant webpage(s) include: /itcommunications and /standards

New dm+d consultation

As part of the UK Medicines Terminology Futures work, NHSE’s TD seeks feedback from those who use or manage dm+d data to understand the impacts of uplifting the dm+d standard ‘[SCCI0052](#)’.

The scope for uplifting the Standard relates to the following:

- dm+d historical codes (already live);
- ingredients for VTMs (expected in dm+d: Quarter 3 2024);
- Trade Family and Trade Family Group (expected in dm+d: Quarter 4 2024); and
- removal of the 'interesting' excipient field (this data has not been in dm+d extract since October 2022).

These changes will be incorporated into the core dm+d data model rather than as elements within Supplementary Files. To assess the impact on users and the resulting changes to the core dm+d files and download, the team has created a [short survey](#). A [sample non-official test file](#) reflecting the proposed changes has been provided. Pharmacy IT suppliers and others interested are encouraged to submit a response by 5pm on Friday 21st June 2024. Questions can be sent to the CP ITG secretariat or directly to nhsdigital.ukmeds@nhs.net.

Information standards for health consultation (Community Pharmacy England and Community Pharmacy IT Group response)

[Department of Health and Social Care ran a consultation to invite views on the proposals for information standards for health](#) – how these are produced, communicated and implemented in the future. Department of Health and Social Care say that:

“Changes introduced by the Health and Care Act (HCA) 2022, once commenced, will make information standards binding, i.e. they must be complied with, and will extend their application to include private health and adult social care providers. These changes necessitate regulations to establish the procedure for preparing and publishing information standards.”

Community Pharmacy IT Group pharmacy representatives fed into the joint response, emphasizing the importance of interoperability standards. They have also highlighted the need for ongoing engagement regarding IT policy and technical changes that could be progressed or implemented by the community pharmacy sector and its IT suppliers. As a result, it is

recommended that information standards related to the pharmacy sector involve relevant engagements with Community Pharmacy IT Group, Community Pharmacy England and the NHS England pharmacy team.

Changes made by the Health and Care Act 2022, once commenced, could:

- make information standards binding; and
- extend information standards so that they may also apply to private health and adult social care providers.

Standards and interoperability

- A Digital Health roundtable discussed [how the NHS can get more from Application Programming Interface \(APIs\)](#) and ensure they promote interoperability.
- Community Pharmacy England reported on [GP Connect: Update Record developments](#). This is a new feature that CPCS IT system suppliers are adding to their systems.
- 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.

Systems & services IT

Relevant webpages include: [/servicesit](#) and [/systems](#)

Pharmacy First IT

NHS England and its Transformation Directorate are continuing to work with four IT system suppliers to assure Pharmacy First functionalities:

- [Cegedim](#)
- [PharmOutcomes](#)
- [Positive Solutions](#)
- [Sonar Informatics](#)

Previously, the system suppliers updated their NHS-assured IT support for the Community Pharmacist Consultation Service (CPCS) to incorporate the additional elements of the Pharmacy First service. Furthermore, development of an additional IT functionality is underway to further enhance support the service. As a result, pharmacy owners have of the option to either:

- Continue using their current IT system supplier for Pharmacy First IT support, or
- Transition to another NHS-assured Pharmacy First IT system supplier.

All four CPCS IT system providers have confirmed to Community Pharmacy England that the pharmacy's contracts for using a CPCS IT system have been carried over to the supplier's new Pharmacy First IT system at the start of the service, unless the pharmacy owner chooses to switch to another supplier for Pharmacy First. Pharmacy owners who have not yet entered into a contract with their current or intended system should do so promptly.

NHS England and suppliers continue to work on the other IT elements coming in post-launch:

- GP Connect Update Record (see also the records section of this report);
- GP Connect Access Record; and
- Booking and Referral Standards (BaRS).

NHS Community Pharmacy Contractual Framework (CPCF) pharmacy IT

- NHS England and Community Pharmacy England have expressed the need for suppliers to receive comprehensive information about the service, including the IT implications and dataset requirements. The [minutes and slides](#) from the group's previous meeting provide

further details on the progress of MYS APIs. The MYS API priorities were previously listed as Pharmacy Contraception Service, Discharge Medicine Service (DMS), Blood Pressure Checking Service, New Medicines Service (NMS) and [Smoking Cessation Service](#). CP ITG pharmacy representatives previously reported that data entry for services like DMS is consuming excessive time for many pharmacy teams. In response, last year, NHSBSA issued an expression of interest for the DMS API to gauge the market's interest in providing this integration service. Both NHS England and NHSBSA remain committed to prioritising the progress of the API programme.

Artificial Intelligence (AI): current use

- [NHS England plans to use AI to reduce missed appointments and free staff time for care.](#)
- The [NHS is set to roll out artificial intelligence \(AI\) to reduce the number of missed appointments and free up staff time.](#)
- HSJ reported that an [Australian tech firm will deploy AI diagnosis tools across the NHS.](#)
- Healthcare Leader published a report on [AI, digital and data in health care.](#)
- McKinsey published a report on [generative AI in the pharmaceutical industry.](#)
- A [new AI personalised medicine tool \(NextGen\) for patients with cardiovascular disease](#) was launched in the UK and the EU.
- Cureus published a report on [chatGPT, Gemini, and Co-pilot health care uses.](#)
- Bupa Group explored [how tech and AI are transforming mental health management.](#)
- [Digital Health seeks speakers to present at the national AI, Data and Health 2024 conference](#) (22nd-23rd October 2024, London).

AI: future use

- The [Incubator for AI and NHS England signed a charter to support AI use in the NHS.](#)
- The law firm McDermott Will & Emery discussed how [the new EU AI 2024 Act would have global reach](#) and a significant impact on the use of AI in MedTech and life sciences.
- McKinsey opined on [how public health organisations can better use generative AI.](#)
- The Business Desk reported on a roundtable event that discussed [the benefits of new technology, such as AI, for easing health delivery challenges and improving care.](#)
- HSJ reported that [as electronic health records pave the way, generative AI tools promise transformative gains, requiring strategic focus and investment.](#)
- Digital Health reported that [Doctor's roles may be 'radically redefined' by AI.](#)
- Microsoft opined that [AI technology could ease clinician burnout, e.g. more advanced speech-enabled note-taking and record-keeping systems.](#)
- The supplier C2-Ai shared insights during a [podcast on "how data and AI technology can aid the healthcare sector"](#).
- PLOS Digital Health published an article on [Harnessing the open-access version of ChatGPT](#) for enhanced clinical opinions.
- Oxford Trust opined that as [AI systems become 'pervasive', the risks and opportunities increase](#), and digital leaders must put people first at all stages of design and implementation.
- The CEO at Metadvice explained [how AI could improve care.](#)
- IPPR published a report on [Transformation by AI: How generative artificial intelligence could affect work in the UK – and how to manage it.](#)

AI: governance and principles

- WHO published [guidance on the ethics and governance of AI for health.](#)
- NPJ Digital Medicine published a journal article on [the clinical adoption of AI models](#) and the benefit of a multi-faceted implementation evaluation.

- The Centre for Emerging Technology and Security reported that [generative AI could cause significant harm to the UK's public services in unintended ways](#).

AI: overcoming bias

- A government review says [“action at the highest levels” is “urgently needed to anticipate potential harm” – including racial and other bias – from widespread use of AI in healthcare](#).
- PLOS Digital Health published a journal article on [“Achieving health equity through conversational AI: A roadmap for designing and implementing inclusive chatbots in healthcare”](#).
- [University of Glasgow is studying gender bias within health and care AI use](#).
- Orion Health opined that [AI will only revolutionise our ‘disorganised’ healthcare system if it has reliable data](#).

Digital patient services & prescriptions

Relevant webpages include: [/patientdigitalservices](#), [/apps](#), [nhsapp](#) and [/eps](#)

Other NHS account and NHS App updates

- [Pharmacy teams can complete a new pharmacy NHS App snap poll](#) to help app changes.
- DHSC launched a [campaign encouraging greater use of the refreshed NHS App](#).
- NHS England representatives indicated [the UK government's future ambitions for the NHS App will likely focus on preventative tools and messaging](#).
- [NHS App to show estimated waiting times for treatment and all prescription details](#).
- Community Pharmacy England reported that [Patients can view EPS information within the NHS App](#). The app shows the items prescribed, the prescription type (repeat or one-off), and the prescriber. Digital Health reported that [over 2.7 million people had used the new prescription feature](#) within two months of the feature introduction.
- Community Pharmacy England and NHS England's Transformation Directorate encouraged [pharmacy teams to complete a pharmacy NHS App poll](#) to understand the benefits of prescription functionality.
- [Labour said that if it came to power, it would digitise the children's ‘red book’ onto parents NHS App](#). Labour said its plans would allow the NHS to more easily identify which children are unvaccinated, send information to parents about the importance and safety of the MMR vaccine, and invite them to appointments to protect their children.
- [Over one million patients have registered with a national online NHS service](#) in 18 months. Another report indicates [that three-quarters of Londoners use online consultation forms, the NHS App, and GP surgery websites to access primary care services](#).
- UKAuthority highlighted a [patient group survey indicating public approval for the NHS App](#). Digital Coalition found that although the app is valued, [patients also find the information they can access in the NHS App can be limiting](#).
- [Messages sent to millions of patients via the NHS App have saved the NHS £1.1 million](#) on the cost of previously sending the information via text message in the last year.

Patient digital tools and apps: case studies

- NHS Confederation published a guide on [harnessing patient-facing tech effectively](#).
- NICE recommended [two digital technologies to support people with chronic obstructive pulmonary disease \(COPD\)](#).
- A [HealthNet Homecare tool predicts medication non-adherence](#).
- St George's University of London used [virtual reality sessions to reduce students' anxiety](#).

- [Invatech was approved to roll out electronic prescriptions into Welsh pharmacies](#) after live testing at a site in North Wales. Around four pharmacies can process electronic scripts.
- MDPI published a journal article on [wearable usage in educational settings](#).

Original Pack Dispensing IT

Appendix CPITG 02/06/24 includes updates on OPD IT. A CP ITG subgroup meeting was held on November 15th, 2023, about this topic (the minutes were distributed to attendees). CP ITG pharmacy and supplier representatives proposed that the implementation include the items set out on the table on the following page. Appendix CPITG 02/06/24 sets out the expected arrangements and timelines.

	A1. Notice and engagement: minimum 6-12 months of development time after requirements clarified	Notice ahead of OPD IT [or other Drug Tariff IT changes] changes being made to ensure the reasonable running of pharmacy IT systems (minimum of 6-12 months' notice and minimum of six months development time for moderate changes after the full requirements are clear) enables: discovery, piloting, implementation, testing, deployment and rollout. The six months starts after the requirement is clarified. Suppliers should be consulted on implementation timescale. The engagement between suppliers and NHS project team (which often may be NHSBSA) occurs from the start of the engagement and continues onwards until implementation rollout. This notice and development time also enables suppliers to work on their other roadmap items (e.g. reducing unexpected impacts on service IT development supporting NHS CPCF).
	A2. Technical instruction iterated	Detailed OPD technical instructions are iterated. The optimum is a technical specification e.g. an annex to EPS specifications. Note: OPD should not require any changes to the EPS message.
	A3. Early engagement prep	Direct DHSC and NHSBSA engagement with suppliers on OPD IT planning and development within defined timescales of any expected changes.
	A4. Engagement on 'technical instructions'	Direct NHS engagement with suppliers on draft OPD technical instructions and suppliers are invited to comment onto iterative versions of the OPD technical documents – where required. These docs should also be shared with Community Pharmacy England and CP ITG for comments.
	A5. Supplier working groups / workshops	OPD IT workshops / working groups should be initiated (potentially via at least one CP ITG sub-group call to ensure all relevant supplier reps are sighted on the workshop invite). The attendance should have a mix of attendees to ensure that the IT requirement is developed in parallel with relevant parties being able to feed in advice for consideration, and hear about development which may require implementation within EPS systems
	A6. Supplier one-to-ones offered	Suppliers are given the ability to send follow-up questions and take part in one-to-one OPD meetings with the NHS project team members (e.g. NHSBSA).
	A7. NHSBSA technical comment	NHSBSA should be asked to comment from a technical perspective on OPD IT development required by NHSBSA and pharmacy systems.
	A8. Test prescriptions	Prior to roll-out, end-to-end testing of different prescription OPD types/scenarios to be conducted by the NHSBSA to provide assurances for each supplier. This should include checking reimbursement is as expected, and MYS assurance.
	A9. Prescriptions & MYS monitored and assured	Once OPD changes are implemented, live prescriptions from each supplier to be assessed by the NHSBSA and assurance activities are carried out. This should include checking reimbursement is 'as expected' on a sample of live prescriptions. MYS assurance is also required.
	A10. Go / No Go (subject to monitoring)	The scheduled start date (which should be at least six months from the start of the NHSBSA and supplier engagement) should be reviewed and if there are major OPD problems at the NHSBSA or many of the suppliers are experiencing major issues, then consideration should be given to postponement of OPD changes or temporary workarounds until the OPD issue is resolved.
	A13. IT support	A notice period enables IT suppliers to have a chance to develop OPD system specific guidance and prepare IT helpdesks support desks. NHS/CPE guidance IT elements updated. Support for prescribers may also be needed (e.g. news / guidance) if changes to prescriber processes.
	A14. IT & MYS contingency prep	Contingency plans must be in place to deal with any NHS or supplier IT system failures. This is not specific to just OPD, but contingency is needed for OPD and wider submission processes.

Electronic health records

Relevant webpages include: [/genomics](#) and [/records](#)

Records: National

- [The Summary Care Record \(SCR\) application has been replaced by The National Care Record Service \(NCRS\)](#). From Monday 3rd June, users will no longer be able to access SCRa and will instead be redirected to NCRS.
- NHSE's TD Digital medicines team discussed how [a fundamental shift in the digital capabilities of community pharmacies is opening the door to a new era of record sharing and shared care](#).
- NHS England announced [implementing more electronic patient records by the end of March 2026](#). NHS England plans to procure expert "Tiger Teams" to support delivery.
- Community Pharmacy England, in collaboration with Kingston University and the Community Pharmacy IT Group, launched [a survey to gather feedback on electronic health records and their future needs, such as the SCR and NCRS](#).
- Digital Health Intelligence released [its latest electronic patient record contracts update](#).
- NHS Providers set out why [collaborative efforts are crucial for digital transformation](#).
- [Guy's NHS Foundation Trust shared insights into their digital transformation journey for the Apollo project](#) – which combined clinical systems from six hospitals and community services systems into a single electronic patient record (EPR) system. Lessons related to seven areas: (1) Command centre efficiency, (2) supportive staff for training and rollout, (3) cultivating digital champions, (4) attention to detail in procurement, (5) setup complexity, (6) innovating training models and (7) robust reporting.
- Medical Xpress reported that [shared digital NHS prescribing records could avoid nearly one million annual drug errors](#).
- The Health Foundation published a [report on which technologies offer the most significant opportunities to save clinician's time](#) in the NHS. Findings indicated that electronic health records (EHRs) and tools for professional-to-professional communication (including videoconferencing and digital messaging tools) are starting to save time for some clinicians. There is potential for AI, clinical documentation tools and software to free up time. Health Foundation found: "*challenges with implementation and usage. Specifically, we identified considerable frustrations about the lack of IT support, lack of funding to implement new technologies and poor-quality connectivity and equipment.*"
- US non-profit health system [Ascension confirmed that its electronic health records system was down following a ransomware incident on 8th May 2024](#).

Records: local

- [London Care Record use during 2023 rose 50% compared with the previous year, and new developments are expanding its use](#).
- NHS Somerset ICB announced that [Black Pear Software will support the Somerset Integrated Digital e-Record during the next five years](#).
- NHS England South West opined that [Access to essential information must be easy and fast in an emergency](#).
- [Rotherham NHS Foundation Trust has integrated GP Connect with its EPR](#).
- Programme director at NHS Foundation Trust and Yorkshire and Humber Care Record opined [additional funding would benefit shared care record programmes](#).

Genomics

- Researchers have developed [a tool to improve the accuracy of whole genome sequencing analysis for patients with haematological cancers](#).
- The European Journal of Human Genetics published a journal article on [reanalysing genomic data](#).
- NHS England published [the pharmacy genomics workforce, education and training strategic framework](#).
- NHS England published a report on [NHS Genomic Networks of Excellence – an approach to healthcare challenges in the NHS](#).
- ICO published the [Tech Horizons report, which considered eight additional technologies believed to significantly impact society, economies, and information rights in the next two to seven years](#).
- [European Countries increase efforts to share genomic data as part of the 1+ Million Genomes Initiative](#).
- [Genomics Training Academy is a national initiative led by NHS England's Genomics Education Programme and Genomics Unit](#).
- The University of the West of England ran its online course, [genomics and counselling skills, which enable all healthcare professionals to develop their knowledge and understanding of genomics and better support their patients](#).
- NLM published an article on [Unlocking the genomic landscape: Results of the Beyond 1 Million Genomes pilot in Belgium towards Genomic Data Infrastructure](#).

Government's new five-year UK Pathogen Genomics Strategy

The government's UK Health Security Agency (UKHSA) published a [five-year UK Pathogen Genomics Strategy](#).

Genomics will help to detect new threats to:

- identify outbreaks and find their source
- track transmission of disease between people
- understand whether human immune responses will be protective
- choose the most effective vaccines for the population
- detect antimicrobial resistance and determine the optimal treatments for individuals

The strategy aims are:

- using pathogen genomic data to optimise clinical/public health decision-making from local to global settings;
- using pathogen genomic data to drive improvements in diagnostics, vaccines and therapeutics;
- providing a nationally coordinated, scaled-up pathogen genomics service;
- supporting a pathogen genomics workforce transformation within and beyond UKHSA;
- committing to pathogen genomic data sharing and global collaboration;
- driving innovation in pathogen genomics; and
- building high-impact pathogen genomic services that are good value for money.

Connectivity and data security

Relevant webpage(s) include: [/ds](#) and [/connections](#)

- Community Pharmacy England published [new guidance to help community pharmacy owners complete the latest Data Security and Protection Toolkit](#) and hosted a [DSPTK webinar \(hosted jointly with DSPTK team\) \(now available on demand\)](#).

NHSmail multi-factor authentication (MFA)

- The NHSmail team previously announced that [multi-factor authentication will become mandatory across the platform for all NHSmail users from 2024](#).
- The NHSmail team previously presented to the group about MFA and NHSmail. MFA is already a requirement for Welsh NHSmail. The group has advised the NHSmail team that clear communication and thorough testing should occur before a full roll-out of MFA across pharmacy NHSmail users. Community Pharmacy England and the NHSmail team have worked on guidance to support the testing of MFA. MFA will be an essential development for NHSmail as it enhances data security, protects reputation of the NHS, its users, organisations, and provides increased defence against cyber-attacks. The NHSmail plan is to make MFA mandatory for all NHSmail users, with the expectation that most organisations will have fully implemented MFA by 2024. The mandatory rollout of MFA for the PODS NHSmail users (pharmacy, optometry, dentistry and social care, DACS, Independent Midwives, GP Locums) is scheduled for 2024. Community Pharmacy England, working with the NHSmail team, has a prepared [one-page factsheet for pharmacy NHSmail users to guide them in testing MFA \(or adding/removing MFA\)](#). Pharmacy representatives are also encouraged to urgently put themselves forward to test out MFA by using the [guidance factsheet](#) to switch MFA on (it can be toggled off again during the non-mandatory phase). It is important for pharmacy team members using NHSmail to try MFA now, so that any issues can be identified and addressed before the mandatory rollout. Pharmacy representatives are also encouraged to provide feedback on their experiences and comments regarding the new MFA guidance by submitting comments to the IT feedback form, which will be relayed to the NHSmail team.

Changes with the use of legacy Chrome Extension for NHS Credential Management

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: iampatforms@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](#).

Policy and general updates

Relevant webpages include: [techpolicydev](#)

IT policy: priorities, reports and the future

- The Chancellor announced [£3.4 billion of new investment in NHS digitisation](#) in the Spring Budget.
- NHS England confirmed that [the 2024 digital maturity assessment survey will include primary care](#) for the first time.
- [The Government has confirmed plans, pending parliamentary approval, to make 'hub and spoke' dispensing models available to all local pharmacies](#). Community Pharmacy England [commented on the hub and spoke plans](#).
- [A new digital clinical safety strategy was published](#) (FutureNHS).

- NHS England commissioned [RAND Europe to deliver an independent evaluation of clinical services commissioned under the Community Pharmacy Contractual Framework 2019-24](#). This is likely to include an assessment of the digital elements of the services.
- [The World Health Organization launched its new Global Initiative on Digital Health](#).
- [UK Digital Health and Care \(UKDHC\), a new UK membership body, was launched](#) to provide for professionals in the sector.
- NHS Shared Business Services has launched a [Digital Health Advisory Service procurement framework](#).
- [NHSE's TD set out how the Digital Service Catalogue was making it easier for NHS staff and organisations](#) to find and understand what national digital services are available.

IT policies: localities, organisations and suppliers

- MHRA published a [roadmap towards the future regulatory framework for medical devices](#).
- MedTech reported on [how data helps medtech companies adapt to market changes](#).
- Wales' Digital Medicines Transformation Portfolio [published its first annual review into the progress of the digital medicines plan for Wales](#).

IT policy: commentary and requests for the future

- NHS Confederation published a report on [what health and care leaders want the next government to prioritise as services grapple with demand and funding challenges](#).
- [Digital leaders called on the government to invest in digital basics](#) such as modern infrastructure and networks, reliable laptops and wi-fi, and staff training to help health and care staff cope with pressures.
- [NHS leaders shared their thoughts on future health services with Digital Health News](#).
- Building Better Healthcare reported that [leaders across the health and social care sector agreed that a 'full-scale' cultural shift at a policy and organisational level is 'urgently needed'](#).
- A BT roundtable event highlighted that [full adoption of technology and a sustainable transformation of the NHS will require closer coordination, consistency and an improved contractual incentive structure](#).
- The New Statesman opined how [the government can improve NHS digital transformation](#).
- Health Tech Digital opined [why enabling patients to 'wait well' should be an NHS priority](#).
- Digital Health opined that [the post office scandal has a hard lesson for NHS IT](#).
- HSJ reported that [one in three patient interactions with the NHS should be digital – through the NHS app, website or other channels – within five years](#).
- The Health Foundation published an article, [what do virtual wards look like in England?](#)

IT policy case studies: Secondary care

- HSJ [revealed the 27 ICSs that could not demonstrate a plan to combat cyber-attacks](#).
- [NHS Dumfries and Galloway were the targets of a cyber attack](#).
- BMJ published an article on [enabling the digital transfer of patients' prescription information in the English NHS on patient safety](#).
- Digital Healthcare Communications published a guide outlining [the digital transformation roadmap for the patient journey](#), with real-life NHS use cases and inputs from trusts.
- The chief executive of Strata Health UK explained that [despite decommissioning the Emergency Department Digital Integration service, the significance of NHS 111 and meticulous ED planning remains paramount](#).
- Warwickshire East Primary Care Network rep said that [we have "entered a new era" in digital transformation thanks to the upshift in digital literacy during the pandemic](#).

IT policy (local): Integrated Care Systems

- NHS England announced [funding of £48 million for integrated care boards, as part of the Digital Pathways Framework, for digital pathways and demand and capacity tools.](#)

Digital inclusion

- NHS Confederation published a briefing on [Inclusive digital health care: what to know.](#)

Digital capabilities of the workforce

- [The NHS North London Mental Health Partnership launched a new digital academy to help upskill its workforce and progress the digital transformation agenda.](#)
- [Five universities have formed a brand-new Digital Health Hub to elevate the southwest of England and Wales' digital health capabilities.](#)
- NHS Shared Business Services launched its [Digital Health Advisory Services framework agreement, which will help NHS teams to fill the workforce's digital skills gaps.](#)
- NHS staff will learn (about fire safety) through [extended reality \(XR\) training.](#)
- BMC Medical Education published an article that [assessed the effectiveness of virtual reality training for health professionals in mental health assessment and treatment.](#)

Innovation

- NHS England announced trials of [new wireless technologies to help improve patient care.](#)
- The [Scottish Seer2 data and analytics platform intends to help improve collaboration](#) and innovation across Scotland's health and social care system.
- MedTech reported that [a new health innovation fund is investing in health and care technologies and innovations to transform the current health and social care system.](#)

CP ITG governance

- [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 CP ITG voting members and other participants contact it@cpe.org.uk before the [middle of June 2024](#) with requests to make changes to the group's Terms Of Reference.

Referrals & appointments

Relevant webpages include: [/bookings](#)

- [NHS England's Transformation Directorate's BaRS programme](#) aims to enable [booking and referral information to be sent between NHS service providers in a format that is helpful to clinicians.](#) The intention is for BaRS to eventually be available in all care settings. The [minutes and slides from the group's previous meetings](#) contain additional information about BaRS and pharmacy use cases. CP ITG feedback indicated that the BaRS programme should be expanded to incorporate NHS appointment standards.

Optimal principles across all pharmacy IT

Relevant webpage(s) include: [/itworkflow](#) and [/itcontingency](#)

- Pharmacy teams can provide updates about any efforts to move towards more [paperless](#) work by contacting it@cpe.org.uk.

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