Draft minutes for the Community Pharmacy IT Group (CP ITG) Summer 2023 meeting held via videoconference

About CP ITG: The Group was formed in 2017 by CPE, NPA, RPS, CCA and AIMp. The meetings are attended by members representing these five organisations and representatives from pharmacy system suppliers, NHSBSA, NHS England's Transformation Directorate, NHS England pharmacy team, DHSC and PRSB. Further information on the group can be found on the CPE website

Matt Armstrong (Chair), Boots and CCA
Dan Ah-Thion (Secretariat), Community Pharmacy England
Ursa Alad, NHS England pharmacy team
Mubasher Ali, Community Pharmacy Lancashire
Mark Anyaegbuna, Community Pharmacy Kent LPC
Dane Argomandkhah, Cohen Chemist
Kirsty Armstrong, NHS England
Jeff Blankley, Birmingham & Solihull LPC
Luke Bolton, Cegedim
Fleur Bradley, (org)
Zoeta Brown, NHS England's Transformation Directorate
Shiné Brownsell, Community Pharmacy England
Greg Campbell, Sheffield LPC
Karen Cox, Cambridgeshire & Peterborough LPC
Drew Creek, Cornwall & Isles of Scilly LPC
Abbie Davis, pharmacy member
Carl De'ath, NHS BaRS
Charlie Denwood, Positive Solutions
Matthew Ellis, Positive Solutions
Daniel Edmonds, NHS England
Daniel Fladvad, Community Pharmacy England
Alison Freemantle, South Central LPC
Sanjay Ganvir, Greenlight Pharmacy
Mohammed Ghalib, (org)
Paul Gilbert, NHS England
Deborah Giles, NHS North of England CSU (NECS)
Ben Gregory, NHS England's Transformation Directorate
Martin Hagan, NHSBSA
Sian Harjeet, pharmacy member
Rachael Helenclarke, (org)
Jo Hendry (Colombus/Boots)
Claire Hobbs, NHS England
Marie Hockley, Surrey & Sussex LPC
Kelly Holman, Devon LPC
Allison Hornshaw, NHS England North East & Yorkshire
Sima Jassal, EMIS Health
Dalveer Johal, North East London LPC
Adeyinka Jolaoso, Kent LPC
Mandeep Khaira, V-Care
Imran Khan, Pharmacy2U
Anne-Marie King, Northamptonshire & Milton Keynes LPC
Yvonne Lamb, Somerset LPC
Paul Larmour, Jelly Software
Tracey Latham-Green, Lincolnshire LPC
Jason Lestner, Living Care Pharmacy
Declan Lismore, Echo
Michael Levitan, Middlesex Pharmaceutical Group of LPCs

Michelle McDermot, Direct Care APIs / GP Connect
Paul McGorry, Humber LPC
Dave McNamara, ProScript AAH
Mark Merry, Positive Solutions
Julie Milner-Wright, Peak Pharmacy
Geraint Morris, North of Tyne LPC
Farhan Moulana, Herts LPC
Helen Murphy, Halton, St Helens & Knowsley LPC
Helen Musson, Hertfordshire LPC
Jan Nicholls, Walsall LPC
Stephen Noble, Dudley LPC
David Onuoha, Community Pharmacy England
Martin Orton, PRSB
Rajshri Owen, Leicestershire & Rutland LPC
Amit Patel, Merton Sutton & Wandsworth LPC
Hitesh Patel, Kensington Chelsea & Westminster LPC
Mayank Patel, Buckinghamshire LPC
Rupal Patel, Asda Pharmacy
Libby Pink, NHS England
Darren Powell, RPS, Weldricks Pharmacy & NHS England
Artur Pysz, Community Pharmacy South Central
Gemma Ramsay, NHS England
Adnan Riaz, NHS BaRS
Tahmina Rokib, NHS England
Steve Russell, Positive Solutions
Karen Samuelsmith, Essex LPC
Lauren Seamons, Norfolk LPC
Jeff Shelley, Invatechhealth
Nishit Shah, Morrisons Pharmacy
Harjeet Sian, pharmacy member
Rahul Singal, NHS England, Digital Medicines
Craig Spurdle, Rowlands Pharmacy
Charis Stacey, NHS England
Sue Taylor, Devon LPC
Lisa Tempest, NECS
Ben Tindale, NHSBSA
Nick Thayer, CCA
Pritpal Thind, Sonar
Faisal Tuddy, Asda Pharmacy
Gabriele Vickers, Community Pharmacy England
Caline Umutesi, Community Pharmacy England
Gary Warner, PharmOutcomes & Regent Pharmacy
Andy Wilcock, Rowlands
Jon Williams, RxWeb
Leah Wolf, Devon LPC
Heidi Wright (RPS)

Present

Item 1: The Chair welcomed the group

Item 2: Apologies for absence from voting members: Steve Ash (AIM), David Broome (Community Pharmacy England), Darryl Dethick (AIM), Nick Kaye (NPA), Sunil Kochhar (Community Pharmacy England), Fin McCaul (Community Pharmacy England), Graham Phillips (NPA), George Radford (CCA) and Iqbal Vorajee (AIM).

Introductions, minutes of previous meeting and matters arising

Item 3: The minutes of the previous meeting were agreed.

Item 4: Remaining actions were carried into the agenda papers' 'next steps' for this 7th June 2023 meeting. Outstanding actions are listed within the minutes.

Item 5. PSNC becomes Community Pharmacy England

Appendix CPITG 01/06/23 sets out related updates. Dan Ah-Thion (Community Pharmacy England) presented slides and provided an update. From 30th May 2023, PSNC has changed its name to Community Pharmacy England as part of its strengthened commitment in representing all community pharmacies in England; the current IT work will continue and will remain vital as ever.

Item 6. NHS England pharmacy IT team changes

Libby Pink (NHS England pharmacy team) informed the group that this is going to be her last IT Group meeting as she is moving to a new role at NHSBSA. Zoeta Brown also shared that she is leaving her NHS England role; Libby and Zoeta thanked the group for their inputs and work in helping shape the pharmacy NHS IT agenda alongside NHS England – including items successfully incorporated into the Primary Care Recovery Plan. The Chair and members of the group expressed thanks to Libby and Zoeta for their collaborative work and successfully pressing the IT agenda forwards and ensuring NHS England's senior stakeholders were aware of the importance and benefits of pharmacy IT development. Ursa Alad (NHS England pharmacy team, Head of Delivery) was welcomed into the group and Ursa shared that she looks forward to future working with the group. Gemma Ramsay (NHS England's Digital Pharmacy Lead) mentioned that she will continue working across pharmacy IT topics.

Item 7. Overview of pharmacy IT priorities overview and brief update on the IT elements proposed within the Primary Care Recovery Plan

Appendix CPITG 01/06/23 sets out related updates. Gemma Ramsay (NHS England) presented slides and provided an update. NHS England's pharmacy team core IT next steps include:
- Live application programming interfaces (APIs);
- Use of Professional Record Standards Body's Community Pharmacy Data Standard;
- GP Connect: Access Record and Update Record;
- Booking and Referral Standard (BaRS);
- Digital Care Integration Services (DCIS) Catalogue and Market Engagement; and
- Primary Care Action Recovery Plan (PCARP).

Many of these topics will have their own meeting slots. NHS England, DHSC and Community Pharmacy England are in discussion regarding defining the common conditions service and how the new Primary Care Action Recovery Plan elements will work and what will be involved for pharmacy teams and record keeping. System suppliers are also being provided with updates to assist with preparations.

Other updates:
- The NHS England pharmacy team discussed the Delivery plan for recovering access to primary care, which declared up to £645m investment in community pharmacy and to include investment into foundational digital infrastructure for community pharmacy such as Booking and Referral Standards (BaRS) and GP Connect functionality.
- From a digital point of view, the team needs to prioritise a development of an integrated system agnostic referral pathway between general practice and community pharmacy that can support

delivery of Community Pharmacy Consultation Service (CPCS), Blood Pressure Check Service and Pharmacy Contraception Service (PCS), and be ready for services which may be planned in the future by NHS England and Community Pharmacy England.

- NHS England is looking to develop against the BaRS, with a single payload that will cover relevant services like, PCS, Blood Pressure Check Service, CPCS and the common condition service. It will also provide foundations for IT to enable electronic referrals from and to other sectors.
- NHS England needs to ensure that they have all the supplier points required when it comes to NHS Profile Manager, Directory of Services (DoS), NHS Service Finder, and linking these in automated ways.
- The current assumption of the team is that pharmacy members will use an assured IT system for clinical service provision, while provider pays continue. Therefore, NHS England is expecting that pharmacy owners will enter into agreement with system providers to ensure access to the IT as per CPCS IT arrangements.
- The team is developing an updated message that will update the patient's GP record with structured data. The key development is that the supplied medications will be recorded within the medication section of the GP record. An appropriate information governance or consent model will be arranged. The team has been seeking progress to start the work for pharmacy IT to integrate with GP Connect Access Record as outlined in the session dedicated for this.
- The team is working closely with Digital Care Integration Services team within NHS England's Transformation Directorate to onboard pharmacy system supplies to the Digital Care Integration Services Catalogue. this should allow them to develop a digital roadmap in the coming months and beyond. This also ensures that IT suppliers meet the same requirements set out within the catalogue and that they will benefit from funding award opportunities and technical clarity.
- This year's target is for CPCF service to have a Manage Your Service (MYS) API to be used by supplier that will give support in data transfer and associated payment of the existing services. It will also provide additional data to support evaluation and monitoring of services.

Item 8. Payment and data Manage Your Service (MYS) APIs for CPCF services

Appendix CPITG 01/06/23 sets out related updates. Ben Tindale (NHSBSA) presented slides and provided an update. The MYS API priorities (not listed in priority order) are: Pharmacy Contraception Service, Discharge Medicine Service (DMS), Blood Pressure Checking Service, New Medicines Service (NMS) and the Smoking Cessation Service (SCS). The NHSBSA team provided an update on the MYS CPCF API Progress update. They are continuing to engage with eligible suppliers.

MYS CPCF API Progress Update	
Blood Pressure Checking (CVD)	**Status:** Engaging with eligible suppliers **Completion of supplier assurance:** August 2023 **API go-live for contractors:** 1st September 2023
New Medicine Service (NMS)	**Status:** Engaging with eligible suppliers **Completion of supplier assurance:** November 2023 **API go-live for contractors:** 1st December 2023
Smoking Cessation Service (SCS)	**Status:** Live with assured suppliers **Completion of supplier assurance on updated service:** February 2024 **API go-live for contractors for updated service:** 1st March 2024
Contraception Service	**Status:** Live with assured suppliers
Discharge Medicine Service (DMS)	**Status:** Expressions of interest and evaluation **Completion of supplier assurance:** Q3 2023/24* **API go-live for contractors:** Q4 2023/24*

NHS Business Services Authority, a catalyst for better health.

NHSBSA explained that the Blood Pressure Checking Service, NMS, and SCS service were expected to be completed earlier on this schedule because they are all advanced services and that the technical work is relatively less complex. NHSBSA and NHS England said they recognised that DMS was widely reported by pharmacy members as most challenging service.

CP ITG pharmacy representatives reported that data entry for services such as DMS continues to take a large amount of time for pharmacy teams.

The DMS MYS API service requires more engagement with suppliers as it is more complex than other MYS API services particularly for suppliers who have not yet aligned to CPCS IT. The timeline is not an indication that DMS MYS APIs are viewed as lower priority.

Actions for suppliers:
- Any suppliers that are not currently engaged with NHSBSA in delivery of the MYS APIs for the CPCF services should contact NHSBSA (contact details are currently nhsbsa.mys-platform@nhs.net, and contact details will soon become mys-platform@nhsbsa.nhs.uk given that NHSBSA email accounts are being migrated over the coming weeks in a staggered fashion from @nhs.net to @nhsbsa.nhs.uk).
- Suppliers should also ensure they have passed any relevant assurance as required by NHS technical documentation.

Item 9. Pharmacy Contraception Service IT

Appendix CPITG 01/06/23 sets out related updates. Kirsty Armstrong (NHS England) presented slides and provided an update. The service went live on the 24th April 2023. It was a soft launch with minimal communication to the sector and to respect the current sensitivities around workforce and financial pressures and the feedback from Community Pharmacy England on behalf of its pharmacy members.

Most engagement has been done through regional teams that are supporting pharmacy teams that opted to engage during this earlier stage of rollout. The key requirement of the specification is for the pharmacy members to use an approved IT solution (current options are the Cegedim and PharmOutcomes which are being provided free of charge until April 2024 while other IT supplier commercial models may vary). It was also noted that 1,587 pharmacy members have registered to provide the service. The team mentioned that they have had positive feedbacks from Cegedim and PharmOutcomes, on the end-to-end API having been made available early, there were no reported IT issues and pharmacy feedback to NHS England is that they are finding the IT easy-to-use, particularly when they self-populate.

The post event message for GPs which can be automatically populated is saving time compared to what pharmacy teams had to do during the pilot. On 9th May 2023, the Government and NHS pledged investment in community pharmacies over the next two years, part of which could support the expansion of the NHS Pharmacy Contraception. NHS England and Community Pharmacy England are to consider the details of such expansion.

Item 10. Booking and Referral Standards (BaRS) update

Appendix CPITG 01/06/23 sets out related updates. Adnan Riaz and Carl De'ath from NHS BaRS team presented slides and provided an update. NHS England's Transformation Directorate's BaRS programme aims to enable booking and referral information to be sent between NHS service providers in a useful format to clinicians. The intention is that BaRS will eventually be available in all care settings. The NHS BaRS team mentioned that they have looked at GP to pharmacy as their main pharmacy-related use case. They looked at how to seek pragmatic solutions for suppliers in the near term and options to expand this

quickly with little development for suppliers. The BaRS team have continued to offer regular workshops for suppliers, clinicians and others in addition to one-to-ones with suppliers. Contact bookingandreferralstandard@nhs.net with 'BaRS workshops' in the title if you'd like to receive the participation information. There are supplier specific workshops, and events for other audiences (such as a monthly show-and-tell meeting).

The BaRS team are looking at use cases not limited to those below:
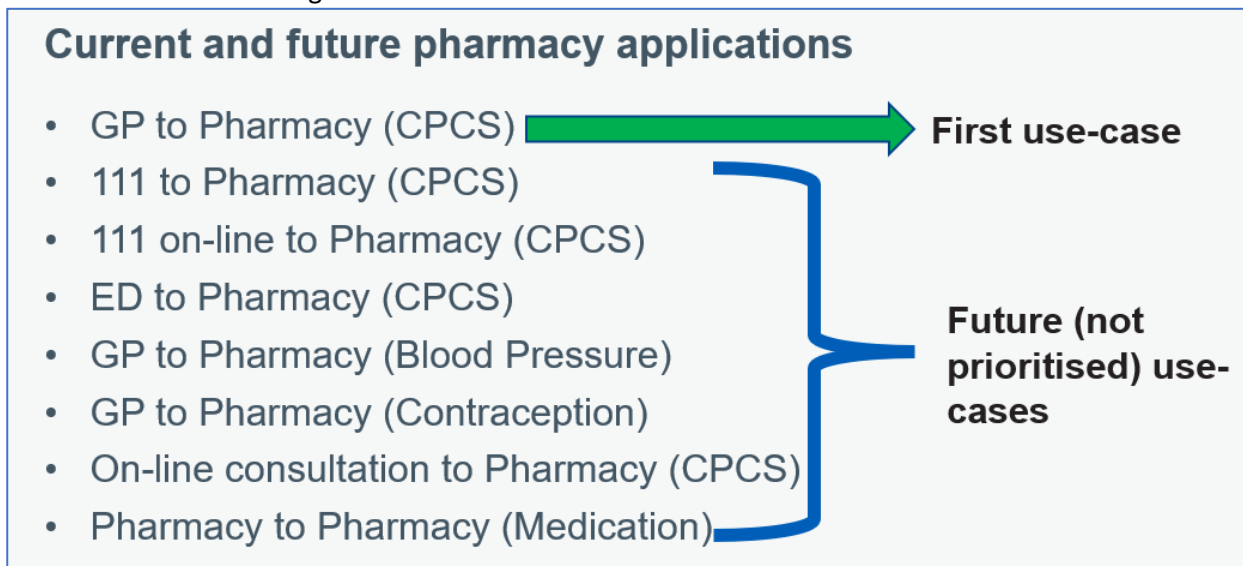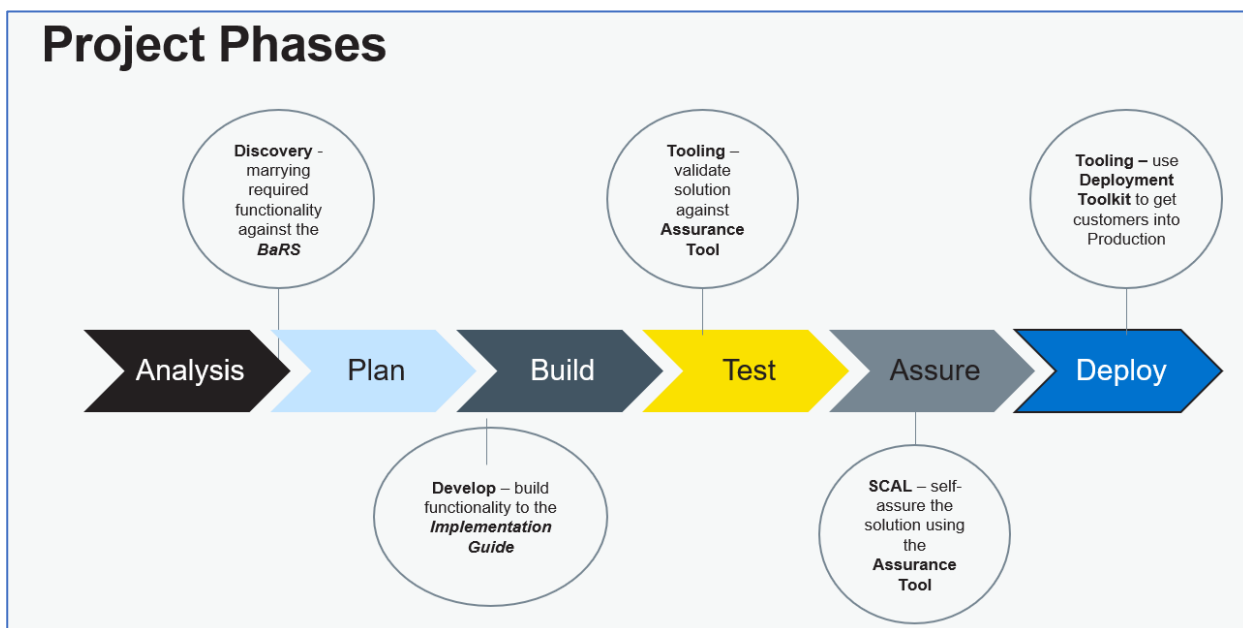

The NHS England pharmacy team has also passed the BaRS team further use cases as well.

The BaRS product involves:
- *BaRS Core* which is the foundation containing all the things suppliers must do; and
- *BaRS Applications*, which sets out application of standard to specific problems and build on this to support specific use cases

The next steps for the project include:

Actions for suppliers:
- Suppliers that wish to get started can explore: Implementation Guide, API Specification, and the Payload Definition Library (which shows what information must be communicated between settings e.g. what information must pass from GP practice to pharmacy for specific referrals). Further tools for exploration: Development & Assurance Tooling, Deployment Toolkit walk-through guide and the 'BaRS environments'.

Item 11. Direct Care APIs and GP Connect Update/Access Record

Appendix CPITG 01/06/23 sets out related updates. Michelle McDermott (NHS England's Transformation Directorate) presented slides and provided an update with support from Tahmina Rokib (NHS England's Transformation Directorate). The Direct Care APIs programme creates and manages multiple NHS IT products including the GP Connect products. The GP Connect products allow information to flow across health and care systems and geographical boundaries in a structured way in support of direct patient care. The vision of the Direct Care APIs programme is to provide a single mechanism to share information across health and care systems and across boundaries in support of direct patient care.

These are a mixture of GP Connect products:
- *Access Record HTML*: A read only view of the patient's record held by the GP practice, including free text and coded entries but excluding documents and attachments.
- *Access Record Structured*: The patient's full record held by the GP practice, in structured coded format which can be ingested and saved into the consumer record.
- *Send Document*: Send a PDF document from one care setting back to the registered GP Practice.
- *Update Record:* Send structured coded information back to the registered GP Practice to allow auto-ingestion of that information.
- *Appointment Management:* Book, amend and cancel appointments in a primary care setting.
- *Patient Facing Services:* supporting replacement of legacy technology to provide structured data into the PFS to drive 'Mobile First' citizen behaviour.

'Access Record Structured' and community pharmacy: In order to improve community pharmacy access to information, the development of Access Record will allow pharmacy staff to view patient information in their local systems. All GP system suppliers are either ready to proceed with first-of-type piloting or are currently in the 'assurance stage' (which is progressing well). NHS England would like to work with community pharmacy suppliers to ingest a tailored dataset from the GP to support the patient consultations of pharmacies.

'Update Record' and community pharmacy: To improve the flow of data from community pharmacy to GP Update Record will allow information relating to Medications dispensed, Observations taken and a summary of the encounter to be sent back to the registered GP and will be auto-ingested. The next time the patient record is viewed, the information from community pharmacy will be available as part of the ongoing patient GP record. Observations will also be made available via PFS solutions alongside observations taken at the GP Practice to support presentation of holistic patient observations. Technical specification is currently being reviewed by GP suppliers and will be shared with community pharmacy after this session.

Actions:
- An assurance approach is defined and being tested and will be circulated after the meeting.
- The GP Connect / Direct Care APIs programme will be welcoming feedback on the work and the timelines.

Item 12. CP ITG inputs about pharmacy IT supplier development

Dan Ah-Thion (Community Pharmacy England) provided an update. Community Pharmacy IT Group were asked to feed into the "Items for pharmacy IT supplier development" infographic in the weeks leading up to the meeting.

Action: Further feedback is welcome from all CP ITG participants and pharmacy team members. Please contact it@cpe.org.uk with comments by the end of June 2023 so that your comments can be incorporated into the next iteration of the infographic.

Item 13. Pharmacy IT development: technical and commercial approaches via the NHS Digital Care Services Catalogue

- Appendix CPITG 02/06/23 sets out related updates. NHS England has continued to explore commercial and technical requirements and opportunities that will support the current and future needs of the sector and system suppliers and to be able to support and develop an open supplier market i.e. development of a more comprehensive framework for NHS England to incentivise community pharmacy IT system suppliers in creating technical developments that align with the NHS Community Pharmacy Contractual Framework objectives.
- Ben Gregory (NHS England's Transformation Directorate) presented slides and provided an update. Ben Gregory, Leah Unsworth-Hughes and their team have been progressing the workstream further. NHS England are seeking to put a process and framework in place to enable this across pharmacy and other sectors. There was a kick-off call with suppliers and some Community Pharmacy IT Group representatives that happened on 26th April 2023. Further engagements happened since then.
- Digital Primary Care has been commissioned to support the Delivery Plan for recovering access to primary care (link) jointly published on 9th May 2023 by NHS England and DHSC.
- A market engagement was published on 1st June with opportunities to support including patient empowerment (Mobile First/NHS App, increasing self-directed care and expanding community pharmacy services/common conditions service).
- The opportunities for IT suppliers are marketed under the banner 'Digital Services for Integrated Care' (DSIC).
- A Prior Information Notice was issued to the market (including CPCS suppliers) on 1st June 2023 including:
    - Digital Pathways Framework;
    - Legacy Foundation Solutions Framework (periodic refresh of GP IT Futures Framework);
    - Primary Care Support Services (period refresh of GPIT Futures with greater scope definition);
    - Detained Estate (covers the estate in England and Wales, single clinical system);
    - Research Development & Engagement (opt in Framework facilitating direct agreements between NHS England and parties); and
    - Engagement with Community Pharmacy regarding CPCF Digital Service Standards & Roadmap.
- Supplier Expression of Interest (EOI) Form included to be submitted via the 'Atamis process'.
- Deadline for submission of EOI Forms and supplier questions: midday 16th June.
- All supplier questions related to the procurement process should be asked via Atamis.
- EOIs – supplier sifting for Market Engagement Tranches prior to invitation to tender.

- The first discussions with the community pharmacy supplier community are anticipated over the next fortnight.
- In these upcoming engagement sessions, the intention is to:
  - Describe the overall construct in respect of the Catalogue, Roadmap, Framework and Incentive Payments regime.
  - Share the draft Capability and Standards construct, describe to suppliers the scope and nature of each Service Standard to be applied.
  - Describe the assurance process associated with each assured component.
  - Describe the sums that NHS England intend to publish against each of the Service Standards - the proposed incentivisation period and conditions for receipt of a direct award payment incentive.
- Feedback from suppliers will be sought regarding:
  - Scale, terms and timelines for the proposed incentive payments, development activity and assurance.
  - The terms of the arrangement overall, the acceptability of the forwards view on the Roadmap (the terms of the Catalogue Agreement give suppliers a minimum of 15 months forwards view of major Standards development obligations).
  - The level of formal assurances that suppliers require to commit material resources to commence service development.
  - Proposed plans for Covid / Flu Vaccination Service as we move away from the Covid emergency arrangements.
- Further steps:
  - Publication of the catalogue arrangements (see actions).
  - Further engagement with supplier community.
  - Suppliers can opt to align the conditions for Award of the Incentive Payment and are paid via the RDE Framework.

Actions for suppliers:
- Review the Prior Information Notice (PIN): Digital Service for Integrated Care Suite of Frameworks (https://www.contractsfinder.service.gov.uk/notice/97178c6b-80fe-4102-bea8-a76699d063e7?origin=SearchResults&p=1)
- Interested suppliers should urgently complete the expression of interest that was published in June 2023 prior to midday 16th June 2023 (https://www.find-tender.service.gov.uk/Notice/015618-2023?origin=SearchResults&p=1). If this timescale is a problem, urgently check-in with the team in case any extension is possible (there is not yet confirmation that extension will be possible).
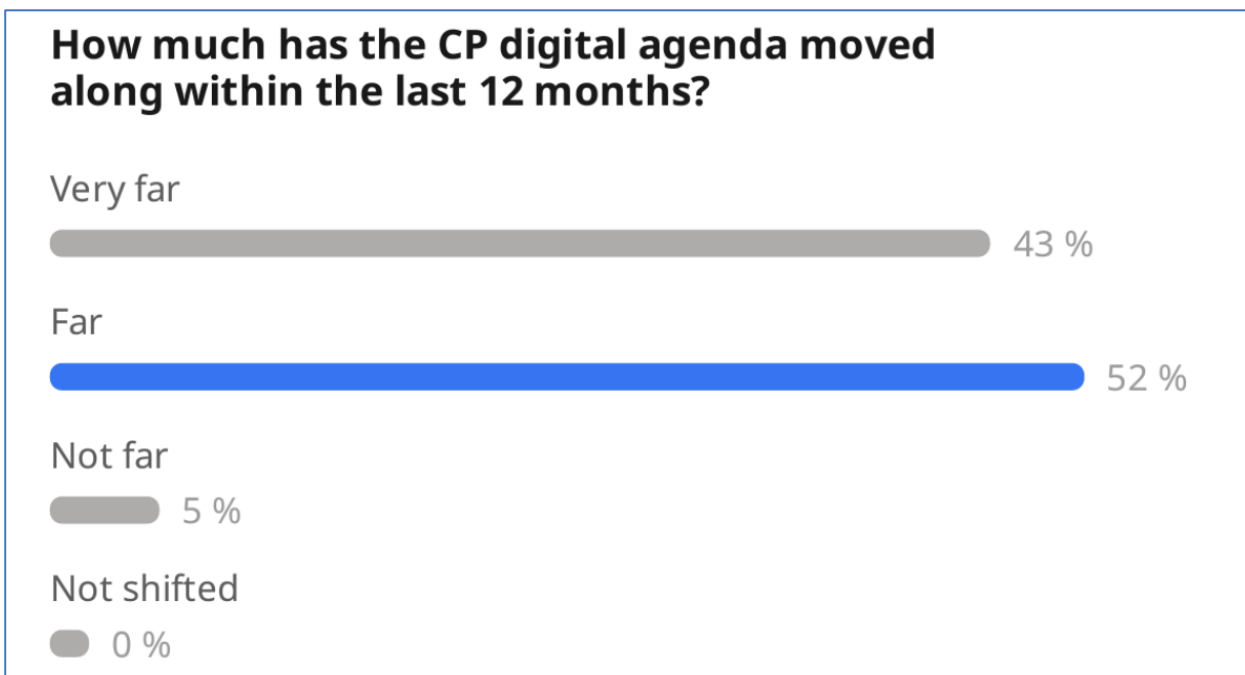
Actions for NHS England's Transformation Directorate:
- Discuss the proposition with the pharmacy supplier community and reach a general agreement on proceeding.
- NHS England's Transformation Directorate will publish:
  - the capability and IT standards materials on the catalogue;
  - the roadmap items;
  - associated roadmap incentive payment;
  - terms of their award in respect of the Service Standards; and
  - the invitation to tender for Research, Development and Engagement (RDE) Framework.
- The roadmap direct award incentive payments as occurring against the RDE Framework.

Item 14. Professional Record Standards Body (PRSB) update

Appendix CPITG 02/06/23 sets out related updates. Martin Orton (PRSB) presented slides and provided an update. The proposed uplifts were previously set out within this slide-set. The revised version 3.0 has just been published and can be found at: Community Pharmacy Standard – PRSB (theprsb.org). The standard remains critical for the community pharmacy sector being able to record and transfer data in a consistent and structured way. PRSB had engaged with Community Pharmacy England, Royal Pharmaceutical Society (RPS), CP ITG and others to reach version 3.0. This includes new improvements on how the standards are presented. It is now a single mode for what's recorded in pharmacy instead of multi models for multi services. Implementation guidance has been incorporated into the model to ease supplier implementation (following pharmacy supplier feedback). An Information Standards Notices (ISN) application was approved by Data Alliance Partnership Board (DAPB) subject to approval of the clinical safety case by the NHS England Transformation Directorate's Clinical Safety Group (CSG) which is likely within June 2023. The ISN specifies implementation by suppliers during 2024 calendar year and compliance by end of March 2025. Implementation support for suppliers from PRSB is awaiting business case approval in NHS England. Queries relating the standard can be directed to support@theprsb.org or the PRSB Standard support query webform.

Item 15. Reflections on next steps for pharmacy IT

The group were encouraged to participate with a poll on this topic. The results are set out below.

How much has the CP digital agenda moved along within the last 12 months?

Very far — 43 %

Far — 52 %

Not far — 5 %

Not shifted — 0 %

How welcoming are you of the future of digital CP based on what you've heard today about upcoming plans?

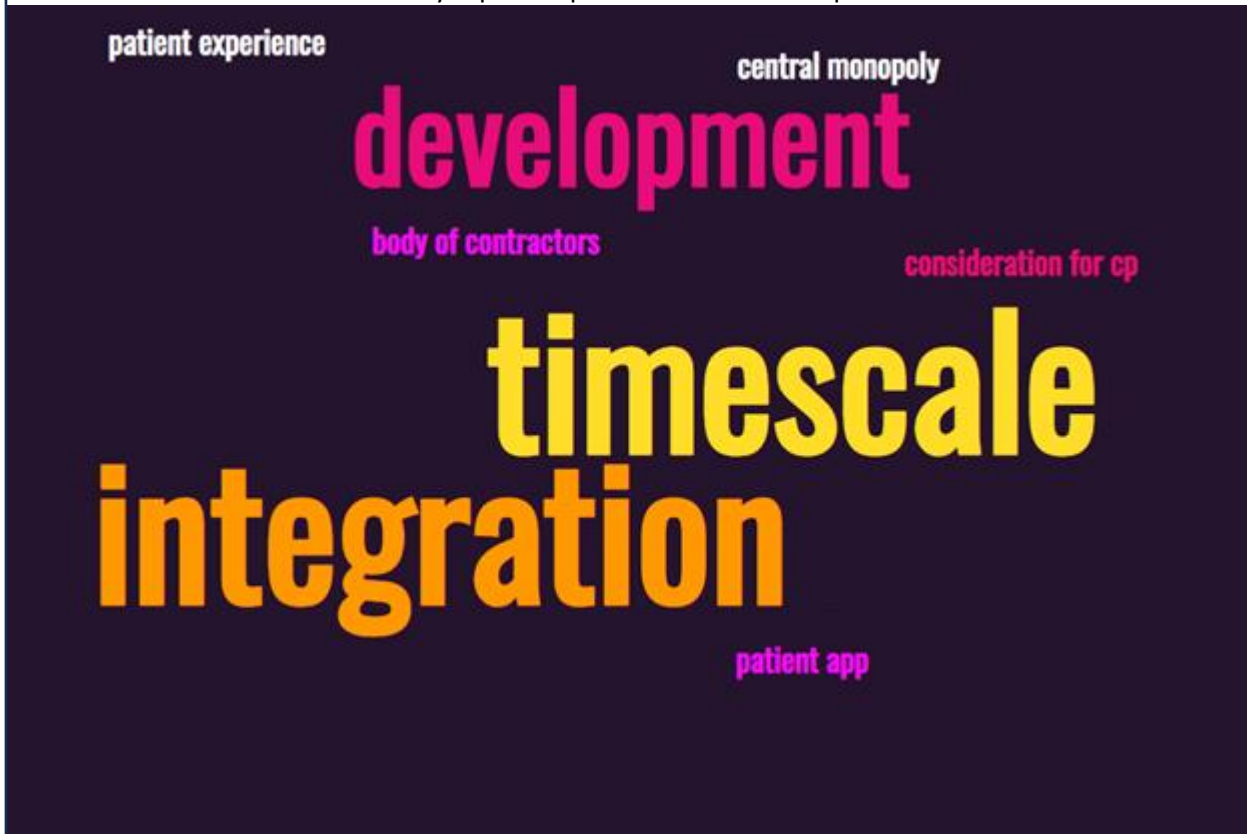Highly welcome

76 %

Welcome

24 %

Unsure

0 %

Object

0 %

Have you got any concerns about information and plans that you've heard today?

A word cloud of the most commonly repeated phrases within the responses.

The responses included these themes:
- Integration is welcomed.
- The programme and ambition are welcomed.
- The timelines are very ambitious, what support will be provided to meet these?
- Clarity regarding the direction of travel for NHS App, and patient apps which aligned to NHS IT standards. Avoidance of a central monopoly for patient app options.
- Bringing the workforce along with the digital development (i.e. support for digital capability amongst the workforce).
- Community Pharmacy England could provide further information about the digital agenda for community pharmacy teams.
- Co-creation of IT – i.e. collaborative work amongst NHS England, suppliers and the sector
- Discharge Medicines Service (DMS) MYS API importance.

Some other comments from the group:
- "Welcome sharing and unification of the various workstreams to ensure no development is in isolation "
- "Welcome more on the patient experience and information accessibility"

Items 16-17. Digital first and patient tools

Appendix CPITG 03/06/23 and the NHS App sections of Appendix CPITG 04/06/23 sets out related updates. Rahul Singal (NHS England's Senior Responsible Owner for the 'Digital Medicines' programme) presented slides and provided an update. The programme's mission is 'to enable the optimal use of medicines in the digital age'. The strategic aims include increasing adoption of EPS across further care settings and efforts to improve and transform care delivery through re-designing the pathways for managing prescriptions and medicines via the NHS App and other digital services.

The programme has been focussed on secondary care partially to level up prescription processing there.

The 'mobile first' policy from government involves support for further NHS App development. NHS App development includes:
- Increased use of repeat prescription ordering for those patients using a paper method at present.
- Provide a "Digital Prescription" on the NHS App (link to demo prototype).
- Improve visibility of status of the prescription in the journey.
- Integrate with Medicines A to Z on NHS website.

The government, NHS England and app developers will need to consider patient facing apps and topics such as:
- what innovation is expected from NHS App and other apps
- should the NHS App long term development roadmap be clearer; and
- what space should it leave for other apps to innovate beyond the NHS App capability.

Some apps have enhanced features such as tracking of status, reminders and integration with other services. As NHS App and other apps functionalities develop, there are implications for the re-direction of prescription and subsequent activity from community pharmacies.

In the short term, there will be communication messaging for more patients to use the NHS App if they are not ordering via an online service already (NHS App or via an app using NHS IM1 standards).

Additional objectives for the Digital Medicines programme include:

- Research suggests that as many as 70% of people still don't order their medicines electronically – can this be improved?
- Progress for additional NHS App features wanted by pharmacy teams and patients – patients can download EPS tokens on their phone (progress by end of this year being targeted).

Action: One or two CP ITG sub-group call(s) to be arranged before the next quarterly meeting. Rahul Singal and Dan Ah-Thion will facilitate.

Item 18. Patient experiences of systems and equality considerations

Appendix CPITG 03/06/23 sets out related updates. Deborah Giles and Lisa Tempest (NHS North of England Commissioning Support Unit (CSU) (NECS)) presented detailed slides and provided an update about the pilot taking place within West Yorkshire. According to the 2011 Census there were four million people speaking English poorly or not at all at that time. NECS initiated and funded a pilot to develop a deeper understanding on whether a medicines label translation service offers value to the health system by improving health and/or wellbeing for patients. Only one supplier currently met the criteria for initial participation within the pilot: Written Medicine. The Pharmacy Terms of Service do not set out requirements for translation activity, however pharmacy teams that participate within the pilot receive the software and receive funding towards their work and costs involved. The pilot findings are to be evaluated by a local university. Lots of patients are not taking their medicines correctly and a portion of this is likely to be due to language challenges. Pictograms/illustrations and audio files are also being added, broadening the application to meet all accessible information and reasonable adjustment needs (although this is not yet part of the pilot). The pilot areas are West Yorkshire and Harrogate – an area in which the solution will be helpful for a larger segment of patients. The pilot prioritises hospitals and community pharmacies and it will be launched from July 2023, and further volunteers will be sought. The pilot team is consulting a stakeholder group which includes Community Pharmacy West Yorkshire. The pilot may run for six months from September, depending on the uptake and other factors. Pilot findings will be shared with the group later, and the group welcomed hearing more on this.

Item 19. NHSmail multi-factor authentication (MFA)

The NHSmail team previously presented to the group about MFA and NHSmail. MFA is already a requirement for Welsh NHSmail. The group previously fed back to the NHSmail team that clear communications and proper testing should occur prior to a full roll-out of MFA across pharmacy NHSmail users. Community Pharmacy England and the NHSmail team have worked on guidance: a new one-page factsheet for those pharmacy NHSmail users testing MFA (or adding/removing MFA). The NHSmail team expect most organisations to have fully implemented MFA within January to March 2024. Mandatory rollout of MFA pharmacy along with some other sectors is scheduled for January 2024.

Action:

- Pharmacy representatives are encouraged to urgently put themselves forward to test out MFA by using the guidance factsheet to follow the steps to switch MFA on within their NHSmail profile webpage. Pharmacy representatives are encouraged to submit comments to it@cpe.org.uk about piloting experiences and comments on the new guidance for MFA pharmacy testers.

Item 20 (AOB). Pharmacy Show: Agenda re pharmacy IT

The Pharmacy Show has been the largest face-to-face gathering of pharmacy professionals during recent years. The next Pharmacy Show is scheduled for 15th-16th October 2023. It will include sessions regarding pharmacy IT. Gemma Ramsay (NHS England) explained that NHS England will be attending and presenting.

Pharmacy reps from CP ITG for the group have also been given a standing invite. The group were encouraged to make suggestions about the 'most wanted' topics.

Action: The group is encouraged to suggest topics that NHS England's pharmacy team and CP ITG Chair might cover in the upcoming Pharmacy Show sessions regarding technology by: using this 1-minute survey form or by emailing it@cpe.org.uk.

Item 21 (AOB). NHS IT services & older browsers

The group was previously updated regarding NHS IT becoming non-compatible with older versions of Internet Explorer (e.g. 7, 8, 9 or 10). NHS England's Transformation Directorate security team have said that using unsupported browsers and systems makes organisations vulnerable to cyber security threats and performance may also be impacted. The Transformation Directorate have been communicating that some NHS IT services will no longer be compatible with Internet Explorer version 7, 8, 9 or 10 from 22nd June 2023. This may include NHS Spine application, Patient Demographic Services (PDS), MeshUI, Electronic Prescription Service Prescription Tracker, Spine alerts and Summary Care Record application (SCRa). NHS Credential Management and NHS Identity Agent software is also recommended for Smartcard authentication. Pharmacy IT support and Patient Medical Record suppliers may have assisted with system setup to include such software on managed terminals. NHS statistics suggest almost all pharmacies have migrated onto newer browsers, but some pharmacy organisation (large pharmacy organisations as well as smaller ones) may not yet have done so. For queries or support: liveservices.operations@nhs.net.

Action: Pharmacy members and IT support / suppliers may wish to consider migration plans, if not already done so.