

Community Pharmacy IT Group (CP ITG) meeting agenda

to be held on 18th September 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, Darren Powell, 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. **Current pharmacy IT priorities** (page 3) ([Appendix CP ITG 01/09/24](#)) 10.05-10.30am

Actions

6. **Independent prescribing** (page 4) ([Appendix CP ITG 01/09/24](#)) 10.30-10.40am
7. **Future pharmacy IT** (pages 4-5) ([Appendix CP ITG 01/09/24](#) and [Appendix CP ITG 04/09/24](#) (pages 16-22)) 10.40-10.50am
8. **User research into NHS 111 referral data flow to pharmacy** (page 5) ([Appendix CP ITG 01/09/24](#)) 10.50-11.05pm
9. **Digital Health Record** (pages 5-6) ([Appendix CP ITG 01/09/24](#)) 11.05-11.15am

Break

11.15-11.45

Actions (2)

10. **EPS item readiness information in NHS App and EPS Tracker changes** (page 7) ([Appendix CP ITG 02/09/24](#)) 11.45-12.25pm
11. **Real Time Exemption Checking (RTEC)** (pages 7-8) ([Appendix CP ITG 02/09/24](#)) 12.25-12.35pm
12. **Original Pack Dispensing** (page 8) ([Appendix CP ITG 02/09/24](#)) 12.35-12.40pm

Report

13. **Updates on other CP ITG workstream projects** ([Appendix CP ITG 03/09/24](#) (pages 9-15), and [Appendix CP ITG 04/09/24](#) (pages 16-22))
14. **Post-meeting CP ITG communications, messages, upcoming consultations** 12.40-12.45pm
15. **Any other business and close from the Chair** 12.40-12.45pm

Upcoming pharmacy/healthcare IT events

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

- September 24th, 2024: [Healthcare Efficiency Through Technology \(HETT\)](#) (face-to-face)
- October 13th-14th, 2024: [Pharmacy Show](#) including the technology hub (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 and enter the code [#cpitg](#). All attendees are encouraged to participate.

Future meetings

Weds 13th November 2024
Weds 5th March 2025

Weds 4th June 2025
Weds 17th September 2025 (to be confirmed)

Subject	Overview of current pharmacy IT priorities
Date/time of meeting	18th September 2024: 10.05-11.15
Status	Public
Presenters	Ursa Alad (NHS England pharmacy team, Head of Delivery). Wasim Baqir (NHS England pharmacy team). David Broome (CP ITG Vice Chair). Matt Armstrong (CP ITG Chair).
Overview	NHS England and the group chairs 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 (10.05-10.30am)

NHS England, the Department of Health and Social Care and the CP ITG have previously outlined the key IT priorities for pharmacy. These include the Professional Record Standards Body (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 align with the [CP ITG's vision of pharmacy IT](#) and the IT aspects outlined in the [Nuffield Trust's Vision for Community Pharmacy](#). The Primary Care Recovery Plan also incorporated digital elements that align with these priorities, such as GP Connect Update Record, GP Connect Access Record and Booking and Referral Standards (BaRS) for Pharmacy First IT.

- [GP Connect](#) (also known as NHS Direct Care APIs) is a technology that enables pharmacy professionals 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 and the Update Record / Access Record programmes
- The [NHS BaRS programme](#) aims to enable [booking and referral information to be sent between NHS service providers in a format useful to clinicians](#). The intention is that BaRS will eventually be available in all care settings.
- NHS England continues to work on a framework to incentivize community pharmacy IT system supplier development to align with the NHS Community Pharmacy Contractual Framework (CPCF). They aim to support an open supplier market and have involved pharmacy and supplier representatives in developing their approach. NHS England's Transformation Directorate plans to help community pharmacy suppliers transition to the [Digital Services for Integrated Care \(DSIC\)](#) framework. The DSIC team has engaged with suppliers at past Community Pharmacy IT Group meetings to keep them updated on progress. The group's pharmacy and supplier representatives previously fed into the "[Proposed DSIC development](#)" infographic. GP IT Futures continuity contracts have also been incorporated into DSIC.

CP ITG actions:

Ursa Alad (NHS England pharmacy team, Head of Delivery) will provide an update. The group will be invited to discuss developments. This could include comments about any recent use of BaRS.

Item 6. Independent prescribing IT (10.30-10.40am)

The General Pharmaceutical Council (GPhC) previously consulted and reported on [changes to the requirements for entry to independent prescribing courses](#), and the Pharmaceutical Journal reported that [independent prescribing piloting was to begin across England from 2023](#). NHS England is continuing to [advance](#) the independent pharmacy prescribing through the Community Pharmacy Independent Prescribing Pathfinder Programme. Pathfinder sites have been selected to implement prescribing models in three categories: existing community pharmacy services, long-term conditions, and novel services. The rollout of the CLEO SOLO system can begin and this will enable community pharmacists to generate prescriptions via the Electronic Prescription Service (EPS). To date CLEO SOLO is the sole supplier in the community pharmacy IP space.

CP ITG actions:

Wasim Baqir (NHS England pharmacy team) will provide an update. The group will discuss.

Item 7. Future (CP ITG) (10.40-10.50am)

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 further 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](#).

A CP ITG workshop was held in August 2024 with pharmacy representatives from each of the CP ITG pharmacy bodies to discuss the proposed next steps to support progress. The group have been updated on the discussions of this meeting, and have been commenting on the document seen at: [Appendix CP ITG 04/09/24 Next Steps for NHS 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;
- providing clinical care for patients;
- helping patients to live well with medicines; and
- provision of integrated primary care for neighbourhoods.

The updated 'Next Steps' document will be shared to NHS England.

CP ITG actions:

David Broome (CP ITG Vice Chair) will provide an update. The group can contact it@cpe.org.uk to suggest further comments to the [Next Steps for NHS pharmacy IT](#) list.

Item 8. User research into NHS 111 referral data flow to pharmacy (10.50-11.05am)

NHS England's Transformation Directorate has data regarding NHS 111 referrals. This data is currently shared to 111 Providers, Commissioners, Directory of Services (DoS) Leads and hospitals with Streaming and Redirection tools. A user research team is talking to health and social care organisations – including pharmacy professionals, about whether the data would also be relevant to pharmacy teams.

CP ITG actions:

- Before or after the meeting pharmacy representatives are encouraged to volunteer to an interview about this by emailing it@cpe.org.uk to be linked with the research team.
- **Megan Preston / Russell (NHS England's Transformation Directorate)** will provide an update and also explain more about how you can get involved.

Item 9. Digital Health record (11.05-11.15am)

Background: The Tony Blair Institute (TBI) for Global Change think tank published the white paper, [Preparing the NHS for the AI Era: A Digital Health Record \(DHR\) for Every Citizen](#). This included practical suggestions for moving towards this goal.

Community Pharmacy IT Group has previously agreed with support for electronic health records and in relation to these:

- standardisation of training/ information governance arrangements / technology; and
- interoperability for coded data standards and import/export standards (APIs).

The DHR white paper key proposals include establishing a dedicated unit within the Department of Health and Social Care (DHSC) to oversee the DHR's development and ensuring interoperability through legislation. The white paper emphasises the importance of integrating existing primary and secondary care infrastructures to build the DHR, rather than starting from scratch. This approach would be designed to leverage current systems while enhancing their capabilities with AI-driven analytics.

For community pharmacy professionals, the DHR could promise significant benefits. It may enable seamless access to patient records, facilitating better-informed prescribing and care decisions. The white paper also highlights the need for robust data governance and public trust, ensuring that patient data is handled securely and transparently.

Interoperability is a critical focus, with the white paper advocating for standardized data formats and protocols to ensure smooth data exchange between different healthcare providers. This will be crucial for community pharmacies, which often need to access and update patient records in real-time.

Overall, the white paper envisions a future where digital health records and AI transform the NHS, making healthcare more efficient, personalized, and proactive. The report also highlights:

- That there is a strong public support for a DHR, citing evidence that 89% of patients are in favour of having greater access to their medical records, and 81% in favour of

something akin to a digital health passport. Estonia, for example, earmarked 1% of its GDP to fundamentally reform its health data infrastructure; now 98% of citizens have a digital ID and everyone has a DHR – and 20% have had their genome mapped and linked to their DHR.

- A DHR could expand primary care capacity in the UK, for example, by facilitating wider expansion of the Pharmacy First scheme, drawing on the skills and capacity in community pharmacies to deliver more screening, vaccination, chronic-condition management and acute care.

CP ITG actions:

Matt Armstrong (CP ITG Chair) will provide an update. The group will be asked to discuss.

The group will break at 11.15am.

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Subject	EPS and Original Pack Dispensing IT: including updates on EPS prescription readiness and EPS Tracker changes
Date/time of meeting	18th September 2024: 11.45-12.40pm
Status	Public
Presenters	Nishali Patel and Natasha Lane (NHS EPS team). Jen Redman (NHS digital medicines team). Steve Harton (NHSBSA RTEC team)
Overview	Updates will be provided relating to EPS, Original Pack Dispensing IT, and Real Time Exemption Checking (RTEC).
Proposed action	The group is to be updated and discuss developments.

Item 10a. EPS information within the NHS App: prescription item readiness (11.45-12.05pm)

CP ITG pharmacy representatives have long supported the existence of additional EPS statuses – with the caveat that system design must ensure these are easily or automatically recordable to keep pharmacy team burden low. The group has also supported patients getting relevant messages e.g. ‘ready to be collected’ – such as via NHS App and other apps. Patients have also requested such a development.

The EPS and NHS App teams have been progressing work since 2022 with EPS system suppliers to surface prescription item readiness. CP ITG sub-group meetings have been held on the topic previously. A CP ITG sub-group also met with the EPS team on 6th August 2024 to discuss the NHSE’s TD recent work. Piloting is anticipated from late September 2024. Further considerations will also be considered later - including possibility of more granular statuses, and notifications.

CP ITG actions:

Nishali Patel and Natasha Lane (NHS EPS team) will provide an update. The group will discuss.

Item 10b. EPS Tracker changes (12.05-12.25pm)

The EPS team will share early thinking on a new clinical prescription tracker (that could replace the existing EPS Prescription Tracker).

CP ITG actions:

Jen Redman (NHS digital medicines team) will provide an update to set the scene for the project, go through the latest version of the prototype, and explain how people can get involved with feedback and research. The group will comment.

Item 11. Real Time Exemption Checking (RTEC) (12.25-12.35pm)

The NHSBSA continues to lead the RTEC project. Community Pharmacy England are exploring what should be communicated to NHSBSA to be considered for the RTEC roadmap. Examples requested before included:

- If patient updates address at GP, NHSBSA get this, to reduce RTEC unknowns confirmed instead of 'RTEC yes' (one 'source of truth' for NHS patient address also needing to repeat information to different parts of the NHS and aligns with patient requests about this).
- Patients have an online exemption category 'checker' which uses the same source information as presented in RTEC, to reduce scenarios where patient believes they may need to pay the prescription patient charge for scenarios where the RTEC check will mark the prescription as to be treated as exempt from the charge.
- RTEC expansion to be explored with Community Pharmacy England e.g. in regards to Pharmacy First service for urgent supply of medicines and for clinical pathways
- Patients are sometimes informed that their prescription is marked RTEC but are unsure why. This results in a '*computer says no*' interaction scenario, and the patient asks the pharmacy why the prescription is exempt from the charge and expects the pharmacy to provide clarity about which exemption category applies, but the pharmacy cannot. It would be helpful if the pharmacy IT system can surface to the pharmacy team which exemption applies. CP ITG pharmacy reps recognised there are IG considerations but hopes these can be mitigated.
- Contingency arrangements to reduce the frequency, duration and risk of RTEC outages.

CP ITG actions:

Steve Harton (NHSBSA RTEC team) will provide an update about RTEC and future work. The group will be asked and to comment on items that might be considered for addition to the RTEC roadmap – subject to successful business cases submitted by NHSBSA being approved.

[Item 12. Original Pack Dispensing IT](#) (12.35-12.40pm)

The Department of Health & Social Care (DHSC) and Community Pharmacy England have been discussing amendments to the Human Medicines Regulations. These changes allow pharmacists to dispense prescriptions in quantities up to 10% more or less than prescribed initially, enabling them to dispense in original packs as long as the supply complies with the prescription. A CP ITG meeting on this topic was held in November 2023.

On 5th September 2024, the NHSBSA hosted a meeting for pharmacy suppliers, with minutes distributed to attendees. DHSC and Community Pharmacy England also participated. Community Pharmacy England published a [news update about OPD](#) on its website on 6th September 2024.

Pharmacy and supplier representative feedback from past CP ITG meetings supported DHSC in commissioning a detailed technical specification and ensuring a six-month gap between its launch and the OPD launch date. OPD legislation will take effect for NHS dispensing on 1st January 2025. NHSBSA and IT system suppliers are preparing for these changes to align pricing and PMR systems with OPD rules.

CP ITG actions:

Dan Ah-Thion (CP ITG secretariat) will provide an update. The group can contact it@cpe.org.uk after the meeting. Suppliers have been invited to send questions to the CP ITG secretariat or the NHSBSA OPD IT lead (questions will be forwarded to DHSC if required).

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Subject	For the report: Updates on other CP ITG work streams
Date/time of meeting	18th September 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

Standards and interoperability

- Community Pharmacy England reported on [GP Connect: Update Record developments](#). This is a new feature that CPCF IT system suppliers are adding to their systems.
- Pharmacy team members using [GP Connect](#) Update Record / Access Record / Booking and Referral Standards (BaRS) who want to share feedback (or speak with NHSE’s TD user research team members) should email it@cpe.org.uk. NHS researchers will also visit those pharmacy teams using GP Connect Update Record in the London and Manchester area during the Autumn/Winter of 2024.

SNOMED International proposal to increase ‘Description length’ limit: consultation

- NHS England are providing an update to the information posted in [April](#) regarding the proposal from SNOMED International to increase the maximum length of Fully Specified Name and Synonym descriptions, from 255 to 4096 characters.
- Further information about the proposal has been provided by SNOMED International which can be found on [Delen](#).
- SNOMED International have extended the deadline for feedback to 31st December 2024.
- As the UK Member’s National Release Centre, NHS England is collating feedback from SNOMED CT users in the UK on behalf of SNOMED International.
- To provide feedback on this proposal, please [submit your response](#) by 5pm on Tuesday, 31st December 2024.
- If you have any questions about this consultation, please contact information.standards@nhs.net, adding ‘SNOMED International Proposal to Increase Description Length Limit’ to the subject line.

Systems & services IT
Relevant webpages include: /servicesit and /systems

Pharmacy First IT: General

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. As a result, pharmacy owners continue to have 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.

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 Discharge Medicine Service (DMS), Pharmacy Contraception Service, Blood Pressure Checking Service, New Medicines Service (NMS) and [Smoking Cessation Service](#). CP ITG pharmacy representatives have continued to report that data entry for services like DMS consumes excessive time for many pharmacy teams. Both NHS England and NHSBSA remain committed to prioritising the progress of the API programme.

[Pharmacy First IT: User research on supplier switching](#)

- NHSE's TD user research team is carrying out user research to support service continuity in the event of the pharmacy team considering switching or [switching their Pharmacy First IT system](#). The user research team are seeking to understand any impacts for pharmacy users and system suppliers. The issues could include data transfer, timelines, Directory of Services (DoS) profiling, technical issues etc.
- The user research team seek pharmacy teams which
 - haven't switched and don't plan to switch
 - have tried to switch but had issues
 - have made a smooth switch
 - are considering a switch
- The team will conduct interviews for approx 30-50 minutes. Preferred dates are from Thursday 12th September to Friday 20th September but they may have slots the week commencing 23rd September as well.
- Pharmacy representatives are encouraged to volunteer and to contact it@cpe.org.uk to arrange a slot. A short [screening form](#) can also be completed.

[Artificial Intelligence \(AI\): current use](#)

- BMC Digital Health published an article on [Landscape and challenges in economic evaluations of AI in healthcare: a systematic review of methodology](#).

- Professional Record Standards Body discussed [how AI can help build sustainable services and the mitigations required](#).
- npj Digital Medicine published articles on [the ethics of ChatGPT in medicine and healthcare: a systematic review on Large Language Models](#); and [Metric-framework for assessing data quality for trustworthy AI in medicine](#)
- The Health Foundation published a report on [priorities for AI in healthcare strategy](#).
- NHS Digital Academy published an [AI capability framework, which aims to help healthcare workers identify gaps in their current knowledge](#).
- Digital Health published [the draft programme for the AI and Data 2024 conference](#), which will explore developments in the use of data, analytics, machine learning and AI. The event will take place at London Olympia on 22nd-23rd October 2024.
- PLOS Digital Health published an article on [The First Generative AI Prompt-A-Thon in Healthcare: A Novel Approach to Workforce Engagement with a Private Instance of ChatGPT](#); and [Community-engaged AI research: A scoping review](#).
- Lovelace Institute policy lead opined on [how the new government needs to work out what it wants from AI in public services](#).
- The Health Foundation, published [AI in health care: what do the public and NHS staff think?](#)
- NHS England is using an [AI tool for moderation of comments on the NHS.UK website](#).
- JMIR published [Evaluating AI in Clinical Settings](#).
- Nuffield Trust published [AI and the NHS: is it the silver bullet that will improve the health service's productivity?](#)

AI: future use

- Innovation News Network explored [AI impact in health](#).
- Health Foundation shared its view on the [Priorities for an AI in health care strategy](#).
- BMC Digital Health published [AI tools: evidence-mapping on the perceived positive effects on patient care and confidentiality](#).
- [The Health Foundation raised concern about a lack of concrete strategy for adopting AI within the NHS](#).
- Assistant director, at the Health Foundation opined on [what NHS tech and AI really need from the new government](#).
- JMIR published [Resilient AI in Health: Synthesis and Research Agenda Toward Next-Generation Trustworthy Clinical Decision Support](#).
- Assistant Director and the Director of Innovation and Improvement at Health Foundation shared [five critical priorities that the next government must address for the NHS to harness the benefits of technology and AI](#).
- Open Access Government examined [how AI can make public sector services more inclusive and accessible](#).
- McKinsey published an article on [Generative AI in healthcare: Adoption trends and what's next](#).
- A project to improve the efficiency of [NHS prescription deliveries using AI algorithms is to receive a share of £32 million in UK government funding committed to AI projects](#).

AI: governance and principles

- MHRA launched [a regulatory sandbox, AI Airlock, that will help identify and address the challenges of regulating standalone AI medical devices.](#)
- PLOS Digital Health, published an article [Addressing six challenges in generative AI for digital health: A scoping review.](#)
- The Centre for Long-Term Resilience published [AI incident reporting: Addressing a gap in the UK's regulation of AI.](#)

AI: overcoming bias

- Health Tech World reported that [Data bias in AI is among the top concerns of healthcare leaders, while almost 90 per cent of them believe the use of automation for repetitive tasks is critical for addressing staff shortages.](#)

Digital patient services & prescriptions

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

Other NHS account and NHS App updates

- NHS England reported that [the messaging through the NHS App has saved the health service an estimated £1.1 million over the past financial year.](#)
- [A new private, at-home diagnostic service that has become the first to be integrated into the NHS App has been described as a “win-win” for GPs.](#)
- The CEO of Patients Know Best opined on [what makes the NHS App successful.](#)
- Community Pharmacy England reported on [NHSmail multi-factor authentication rolling out for all users.](#)
- [The NHS announced a partnership with libraries across England to help more people access online health services and use the NHS App.](#)

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.](#)
- A study [analysed 1,500 digital health apps, concluded that user ratings and download rates are unreliable indicators of their quality.](#)
- A partner at Public Digital called for [radical changes to prevent patient harm from digital tech](#) such as interoperability to ensure fair competition that drives improvement of clinical systems used by health care staff and provides viable business models and a fair market place to IT suppliers.

Electronic health records

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

Records: National

- Altera Digital Health explored [the alternative approach to EPR implementation](#).
- The Irish Health Service Executive launched [plan to digitally transform health services, including plans to roll out a patient app and national shared care record](#).
- BMC Digital Health published [Shared patient information and trust: a qualitative study of a national eHealth system](#).
- NHS England has issued [a pre-procurement notice for an £18 million electronic patient record \(EPR\) system covering the justice system](#).
- NHS England prepares for a [significant upgrade in its electronic patient records systems across various Health and Justice facilities throughout England](#).

Records: local

- Researchers at The University of Manchester are to [trial a system that allows people living with rheumatoid arthritis to send their symptoms to their record](#).

Genomics

- NHS England Workforce, Training and Education Knowledge Management Team, published an [Evidence Brief about Genomics](#).
- The Participant Panel at Genomics England is seeking a new Chair. Details [here](#). The applications deadline is **30th September 2024**.
For related queries contact ParticipantPanel@GenomicsEngland.co.uk.

Connectivity and data security
Relevant webpage(s) include: /ds and /connections

- Community Pharmacy England published [guidance to help community pharmacy owners complete the latest Data Security and Protection Toolkit](#) and hosted a [DSPTK webinar \(hosted jointly with the DSPTK team\) \(now available on demand\)](#) prior to the 30th June 2024 deadline date.
- Community Pharmacy England reported on [Global IT issue impacting some IT systems](#).

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 and announced in advance rollout plans. Community Pharmacy England provided an [update](#) and [factsheet guidance](#) about the mandatory rollout starting from August 2024. Pharmacy representatives with questions or issues can feed back to it@cpe.org.uk although it is expected the guidance and the [usual NHSmail escalation route](#) will usually be applicable for technical issues.

Policy: data and cyber security updates

- National Cyber Security Centre said [that new legislation will help counter the cyber threat to our essential services new](#).

- NHS England [invested £3m on a duo of contracts intended to provide a squad of expert “boots on the ground” to help organisations across the health service respond to cyberattacks.](#)
- Silver Buck explored [effective crisis communications strategies for coping when the NHS is held to ransom.](#)

Other data and cyber security updates

- [Synnovis rebuilds IT systems following London cyber attack.](#)
- A report from Microsoft recommended [robust cybersecurity measures to protect sensitive health data.](#)

Policy and general updates

Relevant webpages include: [techpolicydev](#)

IT policy: priorities, reports and the future

- [The Prime Minister’s plans to introduce legislation for cyber security, digital and data were outlined in the King’s Speech.](#)
- Community Pharmacy England reported that [EPS will be extended to Detained Estate health services in England.](#)
- NHS England and NICE outlined [a new route for MedTech developers to access NHS funding to fast-track clinically and more cost-effective products for use in health.](#)
- Following the new government coming in, [health tech leaders and think tanks were asked for their views on the priorities for digital health.](#)
- JMIR published [eHealth literacy and the use of the NHS 111 online urgent care service in England: a cross-sectional survey.](#)
- NHS England chief executive stated that [the NHS is at “a tipping point” when it comes to the use of technology.](#)
- Med-Tech published an article on the [Evolving landscape of digital technology assessment & regulation.](#)
- Health Secretary Wes Streeting pledged that [the new government will make Britain “a powerhouse for the life sciences and medical technology”.](#)
- Coherent Market Insights reported that [the global digital healthcare market is on a trajectory for significant expansion, with a projected value of \\$836.10 billion by 2031.](#)
- DHSC announced [ministers responsible for digital and MedTech.](#)
- The Secretary of State for Science announced [£100 million funding for research hubs to develop quantum technologies for fields including healthcare and cybersecurity.](#)
- Community Pharmacy England reported on [New IT to streamline Pharmacy First referrals](#) and on [GP Connect Update Record rolling out to most pharmacies.](#)
- [Adoption of the federated data platform is “progressing at pace”](#), according to an announcement from NHS England.

IT policy: commentary and requests for the future

- Director of Aventius Ltd, concluded [a series of articles on digital transformation in the NHS, addressing current challenges and solutions.](#)

- The health and social care lead at Virgin Media O2 Business, discussed [digital maturity across the NHS and how it can help close the NHS' 10-year divide](#).
- MD of CereCore International discussed [why the NHS needs to use digital to redesign care around patients](#).
- The Chief Clinical Informatics Officer at Epro explored [why benefit realisation is critical to NHS digitisation](#).
- Director of Transformational Programmes at NHS Shared Business Services discussed [how new technologies in the NHS are shaping healthcare](#).

IT policy (local): Integrated Care Systems

- North West London Procurement Services discussed [the importance of robust data to support increasingly integrated health service delivery and NHS procurement processes](#).
- The King's Fund published a report on [Realising the potential of integrated care systems](#).

Digital inclusion

- A report from Virgin Media O2 Business revealed [that by 2030, 4.5 million people 8% of the population, will remain digitally excluded from healthcare](#). To tackle the issue, it is launching its Care-ready Connectivity suite of solutions that will contribute towards tackling this digital divide across the UK's healthcare system.
- Open Access Government published [Overcoming barriers to technological change will transform public sector efficiency and productivity](#).

Digital capabilities of the workforce

- An Oxford trust opined that [workforce engagement is critical for successful health IT](#).
- NHS Confederation published [Frontline digitisation: creating conditions for a digital NHS](#).

CP ITG governance

- [CP ITG's Terms Of Reference \(see here\)](#) are being updated.

Referrals & appointments

Relevant web pages 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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Subject	CP ITG pharmacy representative feedback on the next steps for pharmacy IT
Date/time of meeting	18th September 2024
Status	Public
Overview	This appendix sets out CP ITG pharmacy representative feedback on the next steps for pharmacy IT. Pharmacy team members can continue to feed into this by contacting it@cpe.org.uk .

Background

Community Pharmacy England has engaged with the community pharmacy IT group pharmacy representatives to identify preferences for the next steps in pharmacy IT. This engagement included past surveys of pharmacy team members and sessions with the wider Community Pharmacy IT Group, and feedback from pharmacy teams. This has resulted in a list of suggested pharmacy IT priority steps aligning with the digital elements of the NHS Long Term Plan's, the Nuffield Trust and King's Fund's "[Vision for Community Pharmacy](#)". The next steps document will be iterated further based on any later feedback.

Summary of recommended next steps for pharmacy IT

The summary of the recommended next steps for pharmacy IT:

A: Systems & services IT: Empower the community pharmacy sector with robust IT solutions for delivering NHS pharmacy services. Recommended next steps:

- *Resource NHSE's Transformation Directorate's assurance teams* to expedite interactions with NHS pharmacy IT suppliers and ensure more IT and higher quality.
- *Expand NHS Digital Services for Integrated Care:* to create a marketplace of viable IT solutions. Include more pharmacy IT workstreams within this. Ensure stakeholder engagement with those IT providers that provide NHS pharmacy IT modules (NHS Electronic Prescription Service and NHS Community Pharmacy Contractual Framework (CPCF)), and ensuring the processes for existing and new entrant suppliers is clear

B: Data flow, standards & IT communications: Facilitate the structured flow of information to and from community pharmacies. Recommended next step:

- *Expand the existing Professional Record Standards Body's "community pharmacy information flow standard"* to enable pharmacies to send and receive information for further types of services.
- *Continued access to NHSmail* – including simplification of the process for newly registered pharmacy professionals and locum pharmacists to receive personal accounts

C: Electronic health records: Ensure the community pharmacy sector can record critical information in patients' records for use by patients and other healthcare workers. Facilitate easy access to relevant information for pharmacies to support direct care purposes. Recommended next steps:

- *Expand the 'Update Record'/'Access Record' (AR) programme pharmacy use cases and wider use across health and care (including AR for blood test results for independent prescribing work):*
- *Mandate record standards:* Mandate Shared Care Record Project teams to align with Access Record/Update Record.

D: Referrals & appointments: Booking referral and appointment information must be sent between pharmacies and NHS service providers quickly, safely and in a format helpful to clinicians and patients. Recommended next steps:

- *Universal adoption:* Expansion of the BaRS programme and universal adoption of BaRS in all directions, i.e., appointment IT standards and use of BaRS across other health and care services and clinical IT systems integrated into the new BaRS.
- *Pathology improvements:* Enhance the process for ordering blood tests, which are crucial for managing long-term conditions – establishing a BaRS use case for independent prescribing work).
- *Create a new broader ‘CPCF Booking and Referral Standards’* to be re-used for many referral scenarios. Prioritise standards for Pharmacy First, appointments (including vaccines), DMS, pharmacy to GP referrals, and more. These are critical for supporting pharmacy teams in providing the best additional support to patients with long-term conditions.
- *Onward referrals:* Facilitate onward referrals to secondary care, optometry, and dentistry via BaRS.

E: Digital patient services & prescriptions: Enable patients to establish a digital relationship with their pharmacy through the NHS App and other chosen apps, allowing them to better understand their appointments and medications. Recommended next steps:

- *Encourage multiple suppliers for Independent Prescribing IT:* through robust NHS Digital Services for Integrated Care process and assurance. Ensure adequate assurance capacity to support this.
- *Urgently allocate additional resources to the EPS team to accelerate the re-platforming towards EPS FHIR and to facilitate EPS enhancements:* such as improved Electronic Repeat Dispensing, electronic FP10 Misuse of Drugs Acts (MDA) prescription forms and single-item prescribing.
- *NHS App integration with pharmacy systems:* regarding pharmacy appointments and medicines readiness status.

F: Connectivity & data security: Ensure robust security for patients and pharmacies. Simplify login processes for clinicians and patients using NHS services. Provide reliable connectivity and IT infrastructure across the sector. Recommended next steps:

- *Implement NHS Care Identity Service (CIS) 2 standards:* across NHS systems and portals.

The steps should continue to align with other policy priorities the NHS Long Term Plan's, the Nuffield Trust and King's Fund's "[Vision for Community Pharmacy](#)" and CP ITG's [vision for community pharmacy IT](#).

[Recommended next steps for pharmacy IT](#)

Domain	Recommended next steps for pharmacy IT
<p>Systems & services IT</p> <p><i>Domain objective:</i> Empower the community pharmacy sector with robust IT solutions for delivering NHS pharmacy services.</p>	<p><u>Key priority: Enhance NHS Digital Services for Integrated Care and pharmacy IT workstreams and framework</u></p> <p>Problem and background: The pharmacy IT solution marketplace currently encompasses over 10,000 pharmacies. Their role in providing NHS services is crucial, and both the sector and its IT suppliers need support to ensure that NHS IT interoperability can enhance their service provision. Before the introduction of the catalogue, we observed:</p> <ul style="list-style-type: none"> • Pharmacy IT suppliers, which offer IT solutions such as service modules for the professional delivery of NHS-commissioned services, faced limited funding opportunities. They struggled to: <ul style="list-style-type: none"> - Charge adequate fees to the financially constrained community pharmacy sector, which has experienced a decline in real-terms funding for many years. - Access contributions towards development, for example, through the newly established but limited NHS Digital Services for Integrated Care and associated NHS Digital Care Service Catalogue. Often, community pharmacy IT system suppliers must pay upfront for development

without the opportunity to secure sufficient funding in advance to support IT development.

As a result:

- The pharmacy sector is grappling with interoperability issues that lag significantly behind other sectors outside of health and care, such as financial IT interoperability.
- There has been a lack of clear direction for IT suppliers, sometimes hindering their ability to provide robust and appropriate solutions that meet the community pharmacy sector's and NHS England's expectations.
- Suppliers have faced less stability, and new entrants to the pharmacy IT system supplier market may have felt they may have felt they struggled to make the progress that they hoped for.

Without appropriate incentives and direct awards, suppliers will have no choice but to prioritise other developments that do not align with NHS England's objectives for the community pharmacy sector.

Pharmacy IT suppliers and pharmacy teams are deeply committed to ensuring that NHS community pharmacies can provide the highest quality care and are supported by the best IT systems.

Suppliers aim to establish viable business models, receive adequate notice of IT change expectations, collaborate with NHS policy and technical teams, undergo rigorous assurance processes, and contribute to developing NHS technical documentation that impacts their systems.

NHSE's Transformation Directorate has started engaging with the Community Pharmacy IT Group (CP ITG) and suppliers on a more coordinated project concerning the NHS Digital Services for Integrated Care (DSIC) pharmacy IT workstream. The benefits observed so far include:

- Even the initial limited investment has led to more interoperable pharmacy IT and more significant potential for supplier innovation.
- Increased clarity for suppliers regarding the long-term direction expected from NHS pharmacy services and technical documentation, ensuring alignment with relevant NHS IT standards.

However, suppliers have indicated the need for:

- Regular communication regarding catalogue developments, expectations, and timelines.
- Designated points of contact within the catalogue teams to handle and promptly reply to supplier queries.
- A clear view of NHSE critical success factors for the year ahead and 2-5 years ahead, including weighing all of these up e.g. Drug Tariff IT changes, dispensing IT, EPS, security and services IT and other IT expectations.

Recommendations:

- *Increase resources for NHSE's Transformation Directorate's assurance teams.* This will be to expedite interactions with NHS pharmacy IT suppliers and assure more IT and higher quality IT.
- Increase the investment in expanding the NHS Digital Services for Integrated Care pharmacy IT workstream to create a marketplace of viable IT solutions.
- *Integrate more pharmacy IT workstreams into NHS Digital Services for Integrated Care.* This will ensure adequate interoperability, seamless information flow, and higher quality NHS pharmacy service provision.
- *Enhance communication and stakeholder engagement:* in developing NHS Digital Services for Integrated Care and all interactions between NHS England and its transformation directorate and pharmacy IT suppliers that provide

	<p>Electronic Prescription Service and Community Pharmacy Contractual Framework (CPCF) IT service modules.</p> <ul style="list-style-type: none"> • <i>Planning:</i> Take a wide view of all of the current and expected pharmacy IT developments, weigh up priority, set out achievable critical success factors, and ensure the development is resourced (see other recommendations). <p>Benefits:</p> <ul style="list-style-type: none"> • <i>Pharmacy benefits:</i> An innovative marketplace of IT solutions for pharmacies. • <i>Structured Data and Framework:</i> Simplifies the process of changing systems. • <i>NHS Influence:</i> Greater confidence in NHS England's ability to influence the quality of IT solutions. • <i>Data alignment:</i> Ensures data received by the NHS aligns with its strategy. • <i>Planned IT solutions:</i> IT solutions will be implemented and planned, aligning with broader NHS community pharmacy ambitions. • <i>General benefit:</i> Enhanced software and interoperability within pharmacies, leading to improved patient care, experience, and outcomes.
<p>Data flow, standards & IT communications</p> <p><i>Domain objective:</i> Facilitate the structured flow of information to and from community pharmacies.</p>	<p><u>Key priority: Adoption of Professional Record Standards Body (PRSB) Standards for Pharmacy NHS Care</u></p> <p>Problem: These PRSB record initiatives desperately require further development and coding. The PRSB has established a Community pharmacy information flow standard for notifications from pharmacy IT systems to GP systems (e.g., confirming to a GP system that a community pharmacy has administered an NHS flu vaccination to a patient).</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • <i>Expand the existing community pharmacy information flow standard:</i> This will enable pharmacies to send and receive various types of information. • <i>Support pharmacy IT system development for this subject in a standardised way:</i> Integrate the work into an adequately resourced NHS Digital Services for Integrated Care pharmacy IT workstream (refer to 'Systems and Services') to ensure suppliers are motivated to develop, receive timely and appropriate technical guidance, and have opportunities to innovate. <p>Benefits:</p> <ul style="list-style-type: none"> • <i>Health care worker and patient experience:</i> Adoption of this standard ensures seamless clinical information exchange between systems. Enhances software quality, functionality, and interoperability within pharmacies, improving patient care, experience, and outcomes.
<p>Electronic health records</p> <p><i>Domain objective:</i> Ensure the community pharmacy sector can record critical information in patients' records for use by patients and other healthcare workers. Facilitate easy access to relevant information for pharmacies to</p>	<p><u>Key priority: Electronic Health Records</u></p> <p>We support pharmacy access to and updates to patient records.</p> <p>Electronic health records and NHS Direct Care APIs</p> <ul style="list-style-type: none"> • It is critical that relevant info from the pharmacy flows from the pharmacy to the patient's record (e.g. so that it is visible to other health care staff). • The Professional Record Standards Body (PRSB) has completed work on the ShCR Core info standard. <p>Problem: Patient care and experience are compromised. Patients often have to repeat their information multiple times across different care settings. Pharmacy teams frequently operate without access to necessary records, such as when providing services under the NHS Community Pharmacy Contractual Framework (CPCF). They often have limited summary information, usually accessible only through separate systems requiring additional logins and time.</p>

<p>support direct care purposes.</p>	<p>There is a lack of standardisation regarding Shared Care Records (ShCRs) and other record types, particularly regarding training, technical setup, and information governance arrangements.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • <i>The 'Update Record' programme:</i> Ensure comprehensive updates for all aspects of pharmacy service provision – including Pharmacy First, vaccinations and dispensed medicines, even private ones, to create a fuller patient record. Ensure information governance and privacy arrangements are in place. • <i>Mandate Alignment:</i> NHS England should require Shared Care Record Project teams to align Shared Care Records with Access Record/Update Record standards. • <i>Adopt NHS Direct Care APIs and Update Record / Access Record:</i> Universal adoption of these APIs is essential – within community pharmacies and other health and care providers of NHS services. • <i>Support pharmacy IT system development for this subject in a standardised way:</i> Integrate the work into an adequately resourced NHS Digital Services for Integrated Care pharmacy IT workstream (refer to 'Systems and Services') to ensure suppliers are motivated to develop, receive timely and appropriate technical guidance, and have opportunities to innovate. <p>Benefits:</p> <ul style="list-style-type: none"> • <i>Standardised access:</i> Standardised access to records systems and streamlined onboarding processes. • <i>Data integration:</i> Community pharmacy data can be integrated into NHS patient records. • <i>Appropriate access:</i> Community pharmacies will have appropriate access to necessary information. • <i>Enhanced quality:</i> Improved software quality, functionality, and pharmacy interoperability, leading to better patient care, experience, and outcomes.
<p>Referrals & appointments</p> <p><i>Domain objective:</i> Booking referral and appointment information must be able to be sent between pharmacies and NHS service providers quickly, safely and in a format that is useful to clinicians and patients.</p>	<p><u>NHS Booking and Referral Standards (BaRS):</u></p> <p>Problem: Referrals between healthcare settings and pharmacies are often communicated unstructured, verbally, via email, or by post. This process is cumbersome for healthcare staff and patients, hindering follow-up opportunities and preventing optimal care. While Booking and Referral Standards (BaRS) have been implemented for certain types of referrals, there is significant potential for broader application.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • <i>Universal adoption:</i> Expansion of the BaRS programme and universal adoption of BaRS in all directions, i.e., appointment IT standards and use of BaRS across other health and care services and clinical IT systems integrated into the new BaRS. • <i>Pathology improvements:</i> Enhance the process for ordering blood tests, which are crucial for managing long-term conditions. Community Pharmacy England supports NHS England in understanding the environment and seeking enhancement opportunities. • <i>CPCF Booking and Referral Standards:</i> Design this BaRS standard so that it can be re-used for many referral scenarios. Prioritise standards for Pharmacy First, appointments (including vaccines), DMS, pharmacy to GP referrals, and more. These are critical for supporting pharmacy teams in providing the best additional support to patients with long-term conditions. • <i>Onward referrals:</i> Facilitate onward referrals to secondary care, optometry, and dentistry via BaRS.

	<p>Benefits:</p> <ul style="list-style-type: none"> • <i>Seamless patient experience:</i> Ensure a seamless experience for patients. • <i>Operational improvements:</i> Reduce administrative burdens. • <i>Unified information flow:</i> Establish a universal method for pharmacies to send and receive information, eliminating the need for extra systems and ensuring all information flows through the same channel.
<p>Digital patient services & prescriptions</p> <p><i>Domain objective:</i> Enable patients to establish a digital relationship with their pharmacy through the NHS App and other chosen apps, allowing them to understand their appointments and medications better.</p>	<p><u>Independent Prescribing IT</u></p> <p>Problem: Currently, there is only one supplier in this space, which contrasts with the CP ITG principle for any pharmacy IT that there should be “<i>Pharmacy choice of system from a vibrant marketplace of suppliers with viable business models available to such suppliers</i>”. Additionally, there is a need to clarify the long-term scope of Independent Prescribing IT. Capturing insights from pathfinder projects is essential to help potential IT suppliers understand the requirements for developing fit-for-purpose IT systems for pharmacy users.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • <i>Encourage multiple suppliers for Independent Prescribing IT:</i> through robust NHS Digital Services for Integrated Care process and assurance. • <i>Ensure adequate assurance capacity:</i> to support multiple Independent Prescribing IT suppliers. <p>Benefits:</p> <ul style="list-style-type: none"> • <i>Creates an innovative marketplace:</i> of Independent Prescribing IT solutions for pharmacies. • <i>Provides pharmacy prescribers with fit-for-purpose IT systems:</i> leading to relatively increased pharmacy team member job satisfaction and encouraging skill retention in the sector. <p><u>EPS next gen</u></p> <p>Problem:</p> <p>The Community Pharmacy IT Group representatives have welcomed the Electronic Prescription Service (EPS) and are eager to see future improvements. They recognise the need to build on the existing system rather than reinventing it. The group acknowledges the successes of the current system. Future improvements should include aligning suppliers with the FHIR standard to enhance the NHS Electronic Prescription Service IT. Example projects needing development (essential items listed at the EPS future list):</p> <ul style="list-style-type: none"> • <i>Operational improvements for Electronic Repeat Dispensing:</i> to make it more attractive for patients and prescribers. • <i>Enabling instalment dispensing (FP10 Misuse of Drugs Acts (MDA) prescription forms):</i> to be processed electronically instead of paper. • <i>Implementing single-item prescribing.</i> EPS prescriptions have a limit of four items. Individual items on a multi-item prescription cannot be returned to the NHS Spine; only the entire prescription can be returned. This leads to operational inefficiencies for pharmacies and increased patient complexity, especially when different pharmacies hold different items. Ongoing supply chain disruptions and medication shortages further complicate the issue. Currently, resolving this requires intervention from the prescriber to separate the prescriptions. <p>Recommendations:</p> <ul style="list-style-type: none"> • <i>Urgently allocate additional resources to the EPS team:</i> to accelerate the re-platforming towards EPS FHIR and to facilitate EPS enhancements such as

	<p>improved Electronic Repeat Dispensing, electronic FP10 Misuse of Drugs Acts (MDA) prescription forms and single-item prescribing.</p> <p>Benefits:</p> <ul style="list-style-type: none"> • <i>This is crucial to achieving a paperless and 'Net Zero' system.</i> Other countries' electronic prescription systems are beginning to surpass our Electronic Prescription Service system. <p><u>NHS App and apps</u></p> <p>Problem: Patients expect a seamless digital relationship with their care providers.</p> <p>Whilst the EPS team has engaged with the Community Pharmacy IT Group to begin to enhance the NHS App and prescription medicine status tracking for patients, there is still a need for this to continue to progress and for a consistent patient experience across the NHS App and other apps, such as for medication orders, and appointments. Patients desire a consistent experience with minimum expectations to be fulfilled.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • NHS App integration with pharmacy systems regarding pharmacy appointments and medicines readiness status (in progress). <p>Benefits:</p> <ul style="list-style-type: none"> • Enhanced patient care, experience, and outcomes.
<p>Connectivity & data security</p> <p><i>Domain objective:</i> Ensure robust security for patients and pharmacies. Simplify login processes for clinicians and patients using NHS services. Provide reliable connectivity and IT infrastructure across the sector.</p>	<p>Problem: Pharmacy teams face workload, complexity, and security burdens due to the need to log into multiple portals and systems.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • <i>Implement NHS Care Identity Service (CIS) 2 standards:</i> across NHS systems and portals. <p>Benefits:</p> <ul style="list-style-type: none"> • <i>Reducing clunky login processes:</i> CIS2 across more systems could resolve a wide mixture of cumbersome sign-up and authentication issues.

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