

## Community pharmacy IT progress update: Autumn 2024

This briefing sets out updates about community pharmacy IT and progress with Community Pharmacy IT Group's (CP ITG's) [workstreams](#) since the last bulletin.

The updates are categorised into the work plan areas below.

- [Community pharmacy IT developments: overview](#)
- [Establishing data flows & IT standards](#);
- [Developing robust services IT & systems](#);
- [Digital prescriptions & services](#);
- [Electronic health records usage](#);
- [Straightforward security & connectivity](#);
- [Policy and general updates](#);
- [Seamless referrals & appointments](#); and
- [Optimal principles across all pharmacy IT](#).

*Note: You can click or select a category heading (left) to automatically scroll down to that section of the document.*

Comments or feedback that support progress on the priority areas, can be provided by emailing [it@cpe.org.uk](mailto:it@cpe.org.uk). These updates are also available within html format at: [cpe.org.uk/itupdate](http://cpe.org.uk/itupdate).

### Community pharmacy IT developments: overview

#### [Overview of current pharmacy IT priorities](#)

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 representatives have 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. Previous IT roundup bulletins 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. The NHS 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.

## Future (CP ITG)

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 the 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 and pharmacy team members 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.

Pharmacy team members can contact [it@cpe@org.uk](mailto:it@cpe@org.uk) to suggest further comments to the [Next Steps for NHS pharmacy IT](#) list.

### Establishing data flows & IT standards

Relevant webpage(s) include: [/itcommunications](#)

## 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](mailto: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](mailto:information.standards@nhs.net), adding 'SNOMED International Proposal to Increase Description Length Limit' to the subject line.

### Developing robust services IT & systems

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](mailto: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 prescriptions & services

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

### EPS information within the NHS App: prescription item readiness

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. Pharmacy team members that would like to feed into this work can contact [it@cpe.org.uk](mailto:it@cpe.org.uk).

### Real Time Exemption Checking (RTEC)

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.

Pharmacy team members that would like to make suggestions for items to be added to the RTEC roadmap can contact [it@cpe.org.uk](mailto:it@cpe.org.uk).

### Original Pack Dispensing IT

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.

### 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.

### Independent prescribing IT

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.

<b>Electronic health records usage</b>
Relevant webpages include: <a href="#">/genomics</a> and <a href="#">/records</a>

### Digital Health record

**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 across 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:

- The strong public support for a DHR, citing 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.

### 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](mailto:ParticipantPanel@GenomicsEngland.co.uk).

#### **Straightforward security & connectivity**

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](mailto: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 health organisations 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 data](#).

#### Policy 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](#).
- 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 representative opined that [workforce engagement is critical for successful adoption of digital systems](#).
- NHS Confederation published [Frontline digitisation: creating conditions for a digital NHS](#).

### CP ITG governance

- [CP ITG’s Terms Of Reference \(see here\)](#) require updating e.g. with a group member organisation’s name having changed from AIMp to IPA. Could CP ITG voting members and other participants please contact [it@cpe.org.uk](mailto:it@cpe.org.uk) before the **middle of October 2024** with requests to make changes to the group’s Terms Of Reference.

## Seamless referrals & appointments

Relevant webpages include: [/bookings](#)

### User research into NHS 111 referral data flow to pharmacy

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.

Pharmacy team members are encouraged to volunteer to an interview about this by emailing [it@cpe.org.uk](mailto:it@cpe.org.uk) to be linked with the research team.

### Booking and Referral Standards (BaRS)

- [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](mailto:it@cpe.org.uk).

## About CP ITG

**CP ITG voting members nominated by AIMp, CCA, NPA, Community Pharmacy England, and RPS:** Matthew Armstrong (Chair), Steve Ash, David Broome (Vice Chair), James Davies, Darryl Dethick, David Evans, Nick Kaye, Fin McCaul, Graham Phillips, Darren Powell, Sian Retallick, Craig Spurdle, Iqbal Vorajee and Heidi Wright.

**The wider CP ITG:** Other pharmacy representatives, system supplier representatives and representatives from NHS England pharmacy team, NHS England's Transformation Directorate, NHSBSA, DHSC and PRSB.

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

**Social media:** To publicly tweet about the group use: *#cpitg*

**Date of last main meeting:** Wednesday 5th June 2024.

**Next main meetings:** 13th November 2024, 5th March 2025, 4th June 2025, 17th September 2025 (to be confirmed).

**Comments or feedback:** Comments that support progress on the priority areas, can be provided by emailing the CP ITG secretariat, Dan Ah-Thion ([it@cpe.org.uk](mailto:it@cpe.org.uk)).