Minutes for the Community Pharmacy IT Group (CP ITG) Autumn 2024 meeting held via videoconference

> **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 (NHSE's TD), NHS England pharmacy team, DHSC, and **PRSB**. Further information on the group can be found on the **Community Pharmacy England website**.

Present

Matt Armstrong (Chair), Boots and CCA
Dan Ah-Thion (Secretariat), Community Pharmacy England
David Broome (Vice Chair), Stancliffe Pharmacy
Noor Al-Dairi, Boots Colombus
Ursa Alad, NHS England
Mubasher Ali, CP Lancashire & South Cumbria
Mark Anyaegbuna, Community Pharmacy (CP) Kent
Rita Bali, CP Cambridgeshire
Sam Berry, NHS England
Mohit Bhardwaj, Asda Pharmacy
Gemma Binns, Cegedim
Luke Bolton, Cegedim
Kat Bridges, Charac
Karen Brookes, EMIS Health
Eddie Brown, CP Essex
Shiné Brownsell, Community Pharmacy England
Richard Burton, Cleo Systems
Karen Cox, CP Cambridgeshire & Peterborough
Victor Crudu, Logifect
David Dean, CP Thames Valley
Ian Dean, Community Pharmacy North Yorkshire
Darryl Dethick, Peak Pharmacy, IPA
Matthew Ellis, Positive Solutions
David Evans, NPA
Sanjay Ganvir, Greenlight Pharmacy
Leanne Hackett, Cegedim
Ayat Hawash, Echo Pharmacy
Jo Hendry, Boots Colombus
David Hollick, Logifect
Allison Hornshaw, NHS England North East & Yorkshire
Nick Hunter, CP Doncaster
Khurum Hussain, Boots Pharmacy
Sima Jassal, EMIS Health
Dalveer Johal, CP North East
Richard Judge, Kamsons Pharmacy
Nick Kaye, CP Cornwall
Sandie Keall, CP Tee Valley
Mandeep Khaira, Camascope

Imran Khan, Pharmacy2U
Ylan Kunstler, BeWell
Paul Larmour, Jelly Software
Jason Lestner, Living Care Pharmacy
Michael Levitan, Middlesex Group
Fiona Lowe, Community Pharmacy Arden
Wanoj Madusanka, ADDVantage Technologies
Anthony Maguire Clanwilliam
Dave McNamara, Hallo Healthcare Group
Wahid Muhammad, Invatechhealth
Stephen Noble, CP Dudley
Cath O'Brien, DHCW - Clinical Informatics
Hitesh Patel, CP Kensington, Chelsea and Westminster
Sunil Patel, PharmSmart
Darren Powell, Weldricks, NHSE's TD, RPS
Shanel Raichura, Apotec
Gemma Ramsay, NHS England pharmacy team
Tracey Robertson, Cegedim
Tahmina Rokib, NHS England
Russell, NHS England
Rupal Sagoo, Tesco Pharmacy
Jasmine Shah, NPA
Harjeet Sian, EMIS Health
Jeff Shelley, Invatechhealth
Kate Talyor, NHS England
Nick Thayer, Company Chemists Association (CCA)
Pritpal Thind, Sonar
Faisal Tuddy, Asda Pharmacy
Gabriele Vickers, Community Pharmacy England
Caline Umutesi, Community Pharmacy England
David Vanns, Weldricks Pharmacy
Iqbal Vorajee, Cohens Pharmacy
Jon Williams, RxWeb
Janson Woodall, Well Pharmacy
Zhouli Yap, Pharmacy team member
Andre Yeung, NHS England North East and Yorkshire
Fawwad Zafar, Nuchem Pharmacy

Item 1: The Chair welcomed the group

Item 2: Apologies for absence from voting members: Steve Ash (IPA), Fin McCaul (Community Pharmacy England), Sian Retallick (Community Pharmacy England), Craig Spurdle (CCA,) Iqbal Vorajee (IPA) and Heidi Wright (RPS).

Introductions, minutes of previous meetings and matters arising

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

Item 4a: The remaining actions were carried into the paper's 'next steps' for this 18th September 2024 meeting. Outstanding actions are listed within the minutes.

Minutes

Item 5. Overview of current pharmacy IT priorities

Appendix CP ITG 01/09/24 sets out related updates.

Item 5a. Overview of services IT priorities

- Ursa Alad (NHS England pharmacy team, Head of Delivery) provided an overview of developments. NHS England, the Department of Health and Social Care and the CP ITG papers 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 organisations have been actively supporting these projects, and Community Pharmacy England works with the NHS on the following steps to progress in these areas.
- Kate Taylor and Sam Berry (NHSE's TD Pharmacy First Implementation Leads) presented slides and provided updates on the following CPCF IT updates.

Item 5b. Pharmacy First and services IT progress.

- The Advanced service involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions (age restrictions apply). It was launched at the end of January 2024. It is an expansion of the former Community Pharmacist Consultation Service (CPCS).
- Pharmacy First consists of three elements:
  - clinical pathways for seven common conditions (seven clinical pathways);
  - minor illness; and
  - supply of urgent medicines.
- Over 10,000 pharmacies have signed up for Pharmacy First, and over 6,500 GP practices. A milestone of 1,000,000 consultations will soon be reached.
- The key IT items that NHSE's TD with system suppliers have been focusing on is working with GP IT suppliers and community pharmacy IT suppliers to connect pharmacists and GPs. The project team touched on the continued work being done on three capabilities:
  - GP Connect (NHS Direct Care APIs) Update Record: streamlining that information going back into the patient's NHS record;
  - GP Connect Access Record (also sometimes called GP Connect Access Record): give pharmacists additional access to clinical information and
  - BaRS: streamlined referrals.

Item 5c. Pharmacy First / CPCF IT supplier and NHS England roadmaps

Actions:
- Primary Care Recovery Plan steps: NHSE's TD is working with the prescribing and pharmacy IT suppliers with contractual arrangements to deliver the originally planned minimum viable product, e.g. GP Connect and BaRS elements to be completed as soon as possible with all suppliers, including TPP for BaRS
- Phase 2 will involve further IT development for Hypertension Case-Finding Service (NHS Blood Pressure Check Service) and Pharmacy Contraception Service (PCS) referrals.
- This work and the related requirements will go through the *NHS England front door process solution*. Details will also be published. This process considers the need for CPCF IT Manage Your Service (MYS) API alignment. NHS England and its Transformation Directorate live services department will also develop the process for prospective CPCF IT suppliers.

Item 5d. GP Connect Update Record overview

- Update Record allows the healthcare organisation's system, in this case pharmacy systems, to send back information to the patient's record held in the GP system of the patient's registered GP practice. This first use case for Update Record has been pharmacy. NHSE's TD is working with the four pharmacy system suppliers that support Pharmacy First service, NHS Blood Pressure Check Service (Hypertension Case-Finding Service), and Pharmacy Contraception Service.
- The service specification details what is included as part of that Update Record message, but essentially, it is the same information currently shared from pharmacy to GP practices in a more manual way (e.g. by PDF). This technology can change how that message is delivered to the practice and how it 'lands' in the practice. Instead of a PDF emailed across, it is a structured message standardised as per the Professional Record Standards Body (PRSB) community pharmacy data specification.
- The message is fully coded, meaning the GP systems receiving it can consume that information more intelligently. It's not an attachment; it goes directly into the patient record and is linked to patient records via Patient Demographic Services. The message appears in the patient's consultation record at the GP practice. This minimises work for the practice as they don't have to transcribe that information or add any details from a PDF or an email.

Item 5e. GP Connect Update Record developments

- Two of the CPCF service IT system suppliers are currently live.

Actions:
- ➢ Within October 2024 – it might be that all four of the currently CPCF IT assured suppliers achieve GPC UR compliance.
- ➢ The group had discussed at past meetings the issues relating to BMA and NHS England discussions about GP Connect and its settings. Many GP practices currently have manually 'turned off' the GP Connect Update Record. The NHS England GP team and the Integrated Care Boards (ICBs) are working with localities to promote GP practices and locality the benefits, with GPs switching the GP Connect Update Record back to 'on' at each practice. Local engagement results are feeding back into guidance for localities about the approach.

Item 5f. Booking and Referral Standards (BaRS) overview

- An update was provided on Booking and Referrals Standards (BaRS), a commitment to streamline referrals into community pharmacies from general practice for Pharmacy First.
- BaRS is another IT standard. It sets out structured information that needs to be transferred from the GP system into the community pharmacy workflow.
- BaRS is already live in the Urgent Emergency Care (UEC) space; this is the first time it is being expanded to a community pharmacy.

Item 5g. Booking and Referral Standards (BaRS) progress

- GPs use three main systems to refer patients: NHSmail, PharmRefer, and EMIS Web Local Services. **From June 2024, at the GP practice end, EMIS Web Local Services or PharmRefer were BaRS ready**. NHSE's TD has been working with the pharmacy suppliers, and three of the four suppliers have readied this. The fourth is expected to be a 'fast follower' and to come online shortly, subject to passing through the remainder of the testing processes.
- NHSE's TD conducted user research with GP practices and pharmacy teams, and the findings are helping to inform developments and this early rollout further.
- The GP IT supplier TPP also continues to ready BaRS.
- After BaRS, pharmacy teams will need to ensure they are using a single CPCF IT solution for receiving referrals. This could mean that some suppliers will be adjusting their processes.
- Suppliers have been asked to contact their customers, and the NHS England team will keep regional colleagues informed alongside the wider Community Pharmacy England team.

Actions:
- ➢ As long as no significant delays or teething issues are identified at this early stage of pharmacy BaRS usage, NHS England will imminently (within late September) issue BaRS communications and will coordinate with Community Pharmacy England on pharmacy-facing communications.

- Pharmacy owners who are switching systems can consider **supplier switching guidance**.
- NHSE's TD will be interested in the early experiences and the benefits – which may also be considered should other pharmacy BaRS use cases move forward.
- Pharmacy teams wishing to share the lessons and benefits with BaRS to Community Pharmacy England can email **it@cpe.org.uk** so the feedback can be collated and passed to NHS England.

Item 5h. GP Connect Access Record

- Currently, all pharmacy professionals have access to patient records via Summary Care Record (SCR) / National Care Records Service (NCRS), which provides the patient's past, current, and repeat medication and allergies. The Access Records feature offers a richer view of the patient record to the pharmacy and ensures direct access to relevant information from the patient's record held by the GP.
- This means pharmacies can access medications, allergies, consultations, immunisation information, and investigation to support clinical care. It will also include uncategorised data, which includes observations, blood pressure, and urine dip samples.
- This will be rolled out in phases, with the first phase focusing on medications, uncategorised and investigations.

Actions:
- NHSE's TD is working with all four pharmacy-first clinical services systems and the two prescribing IT suppliers to develop this. Suppliers are in the process of testing and assurance.

Item 6. Independent prescribing IT

Item 6a. Independent prescribing IT updates

- **Appendix CP ITG 01/09/24** sets out related updates. Wasim Baqir (NHS England pharmacy team) presented **slides** and provided an update.
- The Pathfinder programme aims to establish a framework for the future commissioning of NHS community pharmacy clinical services incorporating independent prescribing for patients in primary care.
- All Master of Pharmacy (MPharm) graduates will be independent prescribers starting in 2026.
- The General Pharmaceutical Council (GPhC) has approved changes to the requirements for entry to independent prescribing courses, including removing the requirement for two years of practice before starting a course.
- Pharmacists can undertake their designated medical practitioner (DMP) supervision within a community pharmacy setting.
- Designated Prescribing Practitioner (DPP) training for those in educational supervision roles to ensure they are trained, competent and confident to provide support and developmental aid to the community pharmacy workforce via **ProPharmace**.
- Programme support is provided nationally, but the national programme works closely with regional pharmacy integration leads and Integrated Care Boards (ICBs).
- Every ICB in the country works with the NHS England team to implement this.
- The clinical services with independent prescribing (IP) are commissioned locally by ICB.
- In terms of funding, clinical sessions are paid for and funded to allow the pharmacist to undertake the consultation and support the programme as a whole, being involved in the evaluation and collecting data.
- NHS England has had their first formative evaluation results. Some sites considered pathology; the team asked ICBs to look into pathology to let them know what it looked like locally and the barriers. Asked for access to general practice computer records and with Cleo sol, this system will be using GP Connect will be built into it. The rollout of the CLEO SOLO system to pathfinder sites has begun, enabling pathfinder community pharmacists to generate prescriptions via the Electronic Prescription Service (EPS). CLEO SOLO is the sole supplier in the community pharmacy IP space.
- Governance processes, which ICBs and community pharmacies may not use, have to be considered, including prescribing errors; the team is about to launch some guidance on prescribing errors for community pharmacies using the learning for patient instance system.

- The NHS England team are undertaking some patient engagement work to understand what patients want and expect from community pharmacies and any concerns.
- As part of the programme, the team will be working on the commissioning process; the team will do a digital end-to-end evaluation of what prescribing could look like in community pharmacy systems in the future.
- The evaluation team will look at specific digital aspects and consider EPS, clinical record keeping, pathology, access to other information and reporting. The idea is that there will be standards for the **Digital Services for Integrated Care** catalogue at some point in the future, subject to business cases and approvals.
- 196 sites have been approved to register across the country. 13 sites have gone live with proof-of-concept prescribing capability.
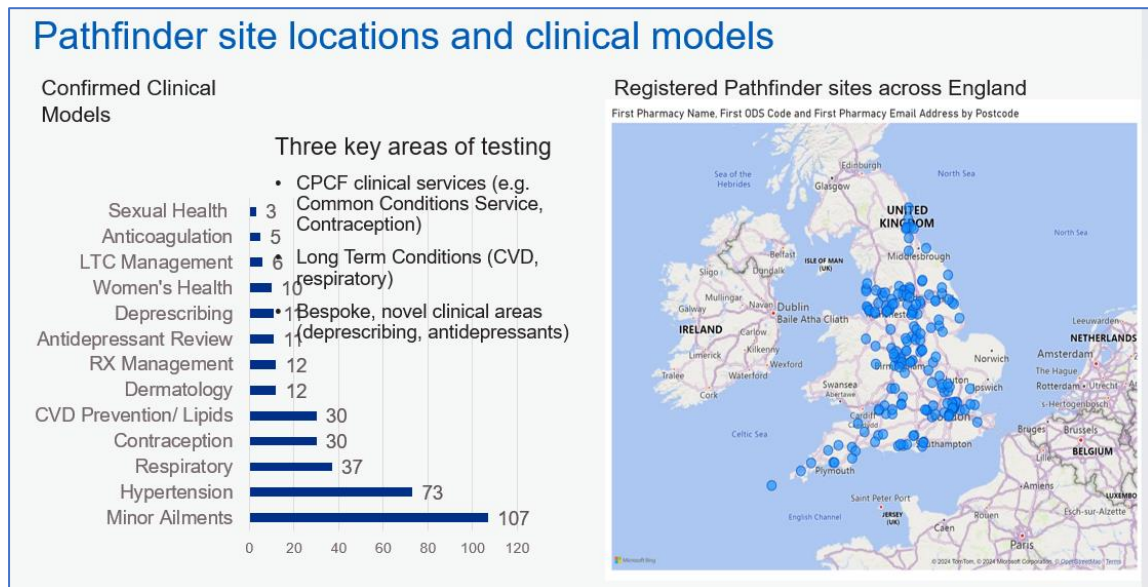
- There was a delay in signing Cleo's contract due to internal issues dealt with by NHS England's commercial team and Cleo. The contract has now been closed; Cleo Solo is currently contracted to be the system used for IP in the Pathfinder programme.
- The NHS England EPS team have been testing and checking the Cleo system.
- Each pharmacy has a cost centre set up by the NHSBSA, as there is no infrastructure for community pharmacies to prescribe in the NHS.
- General practices have cost centres. The NHS England team looked at the general practice model and modified it to make it fit for future purposes for pharmacy teams.
- The cost centre will be linked to an ICB, so all the prescribing costs will come from the ICB, but within that cost centre, community pharmacists can register to prescribe against it.
- Testing is required to check compatibility and connectivity to Cleo.
- All PMR suppliers and multiples have been given details on connecting to Cleo's Test and Live environments as a pre-requisite to testing. One pharmacy completed that testing and sent an EPS prescription to the test environment.
- The NHS England team completed a survey for community pharmacies where they have second computers that don't have a PMR. The team has installed this to ensure quicker installation for pharmacies, and there are about 18 pharmacies so far.
- If the group is aware of any pharmacies with second computers that don't have a PMR system, share this with the NHS England team.
- The team will set up webinars and training for pharmacies and ICBs.
- The group was encouraged to participate in the DCB 0160 clinical safety work.

Item 6b. Independent prescribing IT discussion

- The system seems quite standalone; it's only for a pathfinder, but in terms of scalability, there are not many pharmacies that will have a spare terminal with PMR when you plan for the wider

rollout. What are the plans for interoperability, making sure they interact with other systems, and having a web-based platform that will be used?

- It is the only system the NHS England team could use for this pilot. A pipeline of systems from IT suppliers aims to work around this.
- Data Protection Impact Assessment (DPIA) support is available for all ICBs, but each ICB must undertake their own assessment.
- The NHS England team wants to use the digital discovery piece as part of the Pathfinder program to understand the digital requirements for the community pharmacy system suppliers. So that in the future, they can set clear standards for IT suppliers to consider onboarding.
- NHS England is working with Manchester University and ICF International to evaluate all aspects of the programme.

Actions:
- The IP clinical safety processes work relating to **Data Coordination Board (DCB) standard 0160 Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems** has started. A hazard log workshop is planned.
- If any group wants to get involved in the DCB 0160 clinical safety work, contact the group secretariat, who will link you to Wasim Baqir.
- If the group is aware of any pharmacies with second computers that don't have a PMR system, share this with the NHS England team.
- NHS England will be publishing some guidance on learning about patient safety incidents for community pharmacies and IBCs in the next week or two.

Item 7. Future (CP ITG)

- **Appendix CP ITG 01/09/24** sets out related updates. David Broome (CP ITG Vice Chair) presented **slides** and provided an update.
- A CP ITG workshop was held in August 2024 with pharmacy representatives from each CP ITG pharmacy body to discuss the proposed next steps to support progress. The group's pharmacy representatives have been updated on the discussions of this meeting in mid-August and have been invited to send comments. The updated version took into account recent comments (**Appendix CP ITG 04/09/24 Next Steps for NHS pharmacy IT**)
- The topics discussed were connectivity, data sharing, future IT needs, and pathology. Regarding pathology, the benefit is the ability to order tests (BaRS) and access information (GP Connect Access Record).
- 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:
    o preventing ill health and supporting wellbeing;
    o providing clinical care for patients;
    o helping patients to live well with medicines; and
    o provision of integrated primary care for neighbourhoods.
- One of the critical elements discussed was that the Transformation Directorate and system suppliers need appropriate resourcing to help make this all happen and the IT fit for purpose.

Actions:
- The group was asked to send further feedback on the pharmacy IT document's next steps (**Appendix CP ITG 04/09/24 Next Steps for NHS pharmacy IT**) to either the secretariat **it@cpe.org.uk**, the Chair or the group's Vice Chair.

Item 8. User research into NHS 111 referral data flow to pharmacy

- **Appendix CP ITG 01/09/24** sets out related updates. Megan Preston (NHS England's Transformation Directorate) presented **slides** and provided an update.
- NHS England's Transformation Directorate has data regarding NHS 111 referrals. This data is currently shared with 111 providers, commissioners, the Directory of Services (DoS) Leads, and hospitals using Streaming and Redirection tools.
- The team has a data product they are looking to develop that might be considered for being made available to the pharmacy workforce. It is based on a link data asset, which connects

the data from NHS 111 calls to secondary care interactions and where patients might be referred.
- The data might enable pharmacy teams to see what happens on that patient's journey by using the patient's NHS number to understand what happened and broad trends data.
- This data might be helpful for the iterative improvement of pharmacy services.
- The benefits of this for pharmacy could involve enabling the following:
  - comparing 111 call volumes resulting in referrals to a pharmacy over time
  - reviewing how frequently a pharmacy is seemingly being 'rejected' by the patient when offered to patients or 111 call handlers, and the resulting patient routing
  - seeing which alternative services are being impacted by a pharmacy service being rejected.
- The user research aims to understand the pharmacy workforce and what the potential requirements might be. So that the team can ensure they are designing a way of sharing this data that will be optimally delivered in a way that works for the needs of the pharmacy workforce.
- The team have been conducting user interviews with members of the pharmacy workforce. They are still looking for more participants, particularly pharmacy team members with accessibility requirements or who may experience difficulties accessing digital products and services.
- Usability testing of a data-sharing solution via a developed prototype.

Actions:
- Pharmacy representatives are encouraged to volunteer for an interview by emailing **it@cpe.org.uk** to be connected with the research team.

Item 9. Digital Health Record

- **Appendix CP ITG 01/09/24** sets out related updates. 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 this goal, aligning with CP ITG's past support for progress in electronic health records. Matt Armstrong (CP ITG Chair) presented **slides** and provided an update.

Actions:
- The group was encouraged to learn about these proposals
- Comments can be passed to **it@cpe.org.uk**.
- The topic will be covered at the October 2024 Pharmacy Show CP ITG session.

Item 10a. EPS information within the NHS App: prescription item readiness

- **Appendix CP ITG 02/09/24** sets out related updates. Nishali Patel and Natasha Lane (NHS EPS team) presented **slides** and provided an update.
- Patients frequently cannot track the readiness of prescribed items and their progression through the pharmacy, which results in poor user experience for patients and an increased burden on GPs and pharmacies.
- Based on user research that was completed, 75% of prescription queries are admin-related, with patients calling up pharmacies to ask whether their prescriptions are ready to collect. Some pharmacies use apps and messaging options. However, no consistent, standardised option exists for patients using any pharmacy.
- The introduction of more consistent collection tracking, leveraging the NHS App, may reduce the burden of these queries on pharmacy staff and reduce the poor user experience for patients.
- The NHS App team works closely with the Electronic Prescription Service (EPS) team and system suppliers, and EPS provides further information that is interfacing with the NHS App.
- The EPS team and suppliers have worked together to understand the statuses and what the suppliers can surface on their backend to be passed into the NHS App for patients.
- The NHS App team demonstrated the group and item level mapping they have worked on.
- The NHS App will request item-level statuses from the national patient prescription tracking service, sourced from the IT dispensing systems and EPS. This will then surface through the NHS App at the group, and when a patient clicks on a specific prescription card, they can see item-level statuses.

- Item level status mapping, where a pharmacy supporting prescription tracking has downloaded the prescription, the data source will be the dispenser. The status provided in the backend is 'with pharmacy'. On the NHS App, that will surface as a status 'pharmacy preparing medicine'.
- If a pharmacy does not support prescription tracking, but the prescription has been downloaded, the backend will say 'with pharmacy but tracking not supported'; the NHS App will surface 'this pharmacy does not provide tracking'.
- Group level status is something new that has tested well in user research, e.g., 'part ready to collect'. This has been introduced, showing patients that when they collect their medicines, they may be unable to collect that specific medicine.
- The NHS App team demonstrated a prototype walk-through for a user journey in the App.
- Below is what the initial landing page may look like:
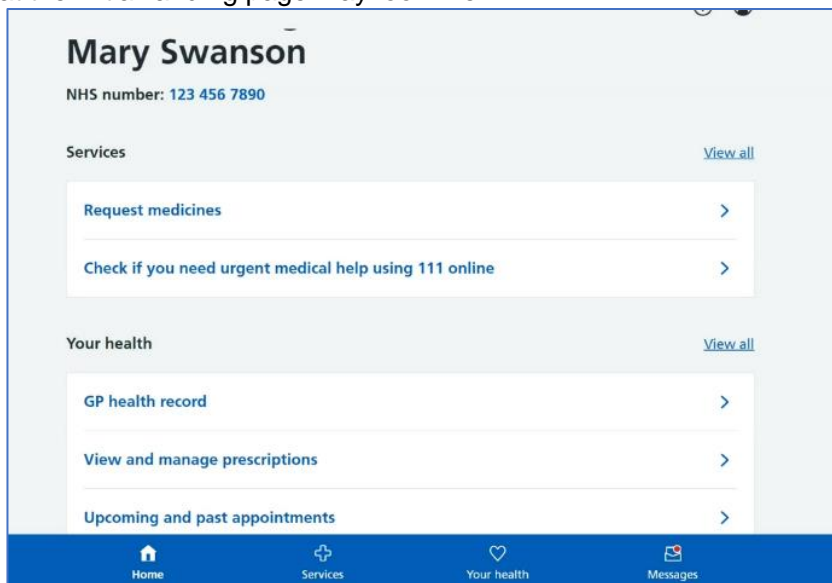
- If a patient were to go into 'Request your medicine', a currently existing feature, they will be taken through where they can tick the medicines they want to order. The team demonstrated the ordering part of the journey so the group could understand the more comprehensive process that leads to prescription item readiness.
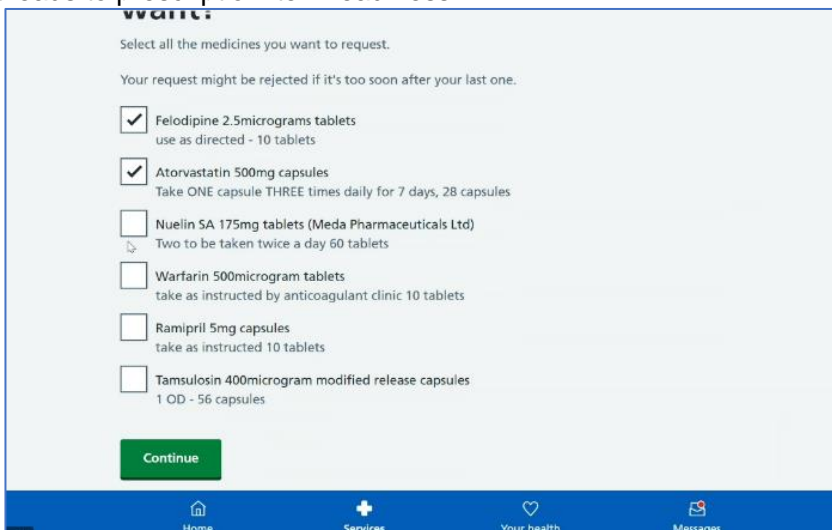

- There is an option to add notes filed to the GP surgery, and there will be a check of the current EPS-nominated pharmacy, with options to change that at this point.
- There will be a summary screen.
- An approval process occurs at the GP practice for patients' medicine orders, which will show when the GP has approved the medicines.
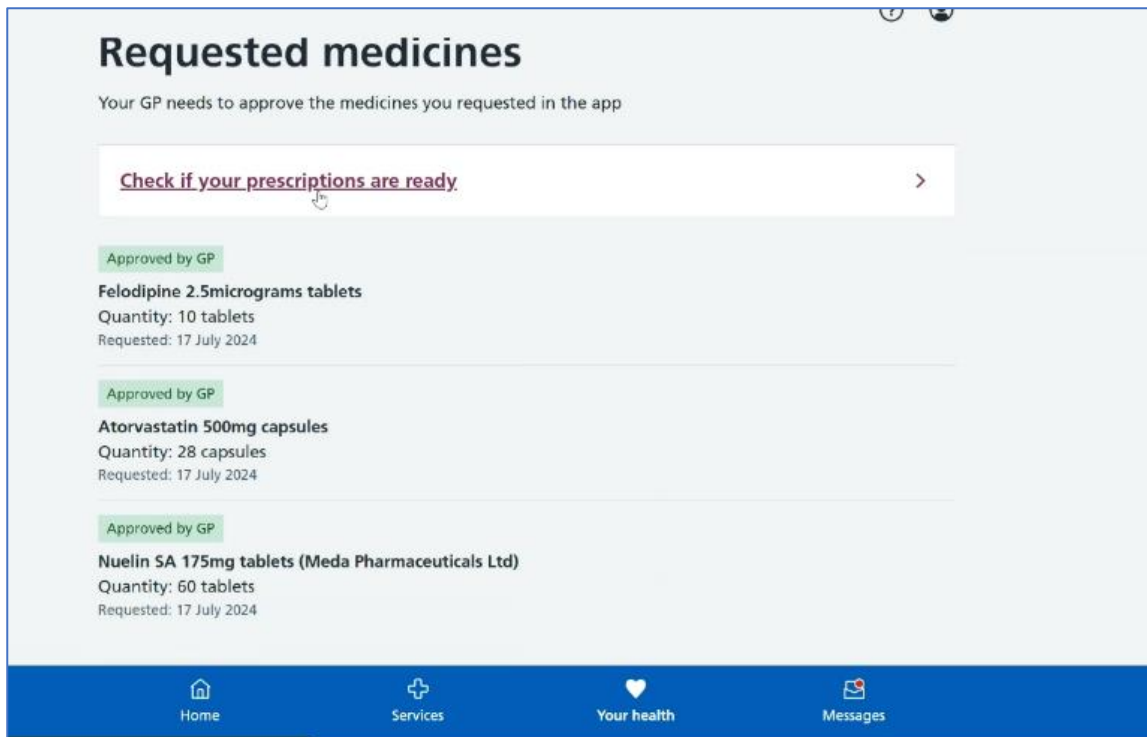
- There is a section to check whether prescriptions are ready:
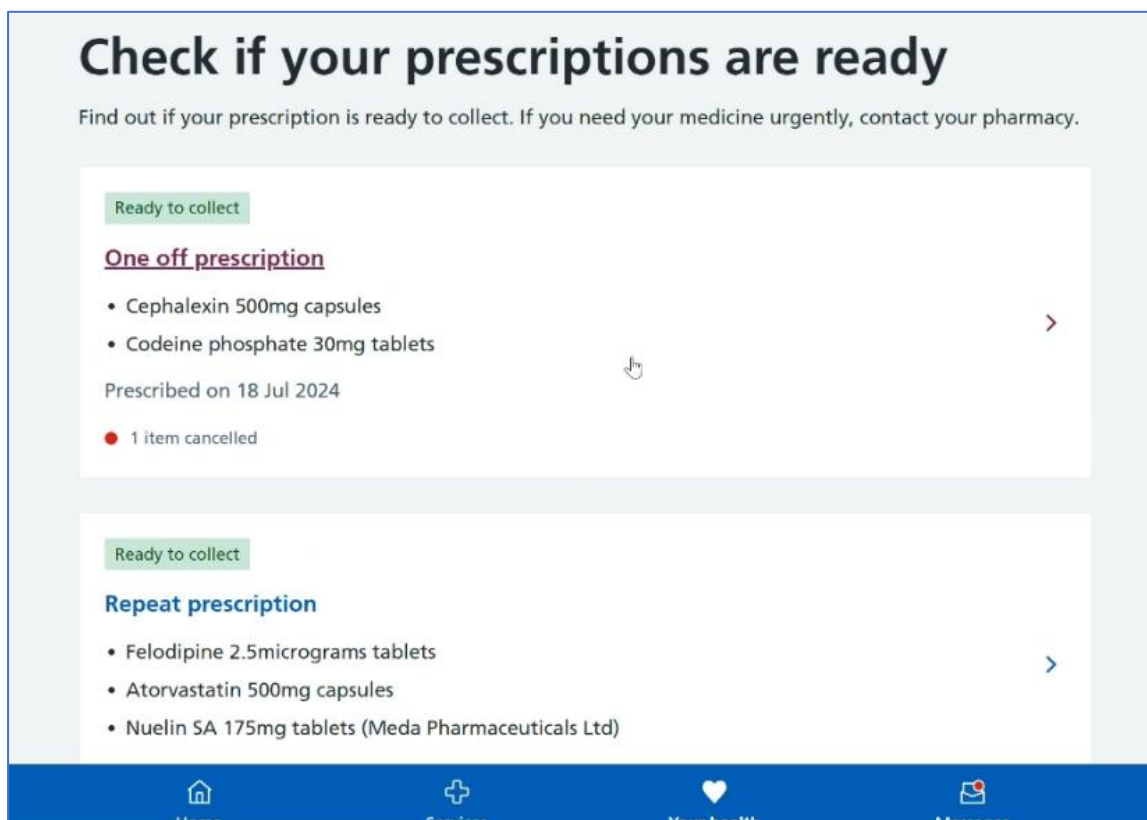
- Previously, there was a list of prescriptions with no status attached. Still, the prescription information explained what was prescribed, the quantity and who the prescribing organisation was. This is still a feature, but a list of the patient's prescriptions is shown before you see this detail.

- There is a group-level status that would give an idea of the current status of all the items. In a scenario where a patient had several items ready to collect, but one item was cancelled. This would be highlighted to the patient at the list level, which would encourage the patient to click in for more information.
- The prototype lists the items that have been prescribed with the individual item status.
- The prototype list is chronological, with the latest prescription at the top. Also, the prescription should be organised in terms of priorities based on whether there is a call to action. For example, if it were an unnominated prescription, it would appear at the top, as the patient would have to take this to the pharmacy to get the prescription downloaded and the item dispensed.
- The premise of how long the prescriptions stay on the App is 36 days after a dispenser has submitted an EPS claim message. The prescriptions will be cleared off the screen.
- From a previous CP ITG sub-group meeting, there were comments around the wording of a particular status, 'cancelled by pharmacy'; this is where a pharmacy team has marked an item or all items on a prescription as 'not dispensed'. This was found through extensive user research, which continued after considering the CP ITG feedback.

User research – 'Cancelled by Pharmacy'

- We have covered cancellation scenarios in multiple different examples with iterated prototypes in our user research over the last few months.

- Patients did not understand 'not dispensed'

- Aim for consistent language to optimise UI

- Next:
  - Test user perception in pilot
  - Test 'not supplied by pharmacy' in UR
  - Add reasons for 'not dispensed' by mapping current EPS statuses to meaningful reasons in App

Participants did not see the cancellation at group level on the first status. They also wanted more information on why the pharmacy had cancelled the prescription and said they would contact them to find this out

UR Round 6

Very few users clicked into the cards to see the prescription details. This meant they missed that one of their medicines had been cancelled.

UR Round 5

Most participants did not notice the item cancelled on the Ready to collect card at group level and all users said they would contact the GP by phone/app/website

UR Round 6

1 user thought that Cancelled by pharmacy indicated a prescription owing and so this is what the status should be

UR Round 6

All participants are informed the medication had been cancelled by dispenser, even if they didn't see it in the prototype, but 6 said they would call their GP after seeing this

UR Round 5

- The NHS App team engaged with four suppliers in the first phase, which included Boots, Cegedim, Invatech, and Apotec, which comprise a third of the pharmacy estate.
- From January 2025, the NHS App team will engage with more suppliers.
- This will be expected to go live in the pilot in late September 2024. If clinical approval is granted to one site with Apotec based in London and two sites with Invatech,
- Following this, there will be a scaling-up period, including all four suppliers, who will confirm the pilot sites with the EPS team.
- The NHS App team will seek clinical approval for a national rollout across England.
- Next steps include further improvements to prescription tracking and digital prescription
  - UI changes
  - Surfacing ERD's
  - Reasons for cancellation

Actions:
- ➤ NHSE's TD are planning to be going:
  - live in late September 2024. If clinical approval is granted to one site with Apotec based in London and two sites with Invatech
  - Live with the first four suppliers by the end of December 2024.
- ➤ Pharmacy representatives are encouraged to volunteer to speak with NHSE's TD user researchers or the secretariat regarding current prescription queries and queries which follow the launch of the feature for the pharmacy. Please contact **it@cpe.org.uk**.

Item 10b. EPS Tracker changes

- **Appendix CP ITG 02/09/24** sets out related updates. Jen Redman (NHS digital medicines team) presented **slides** and provided an update.
- The Electronic Prescription Service (EPS) Prescription Tracker allows prescribers and dispensers to check the status and location of a prescription. It's a tool that is now 11 years old. In August 2024, it was used by over 10,000 individual orgs. Over the last year, there have been 1.2 million users of the service. In August, it was viewed over 850,000 times (on average, over 27,000 times daily). Distance-selling premises (DSP) pharmacies and locum staff are among the most frequent users
- The current EPS Tracker needs to be replaced. The technology and the formatting have become outdated.
- The limits on business continuity mode need not apply similarly to how they have done in the past, taking into account pharmacy and other feedback. EPS has expanded, and the EPS team are looking to provide clinicians with slicker access to more valuable and relevant information (otherwise, citizens will have more detailed information about their prescription than clinicians have access to).
- The new EPS Tracker will not rely on the Health and Social Care Network (HSCN).
- NHSE's TD is building a new API and User Interface to meet the needs of clinical users who need to search for EPS prescriptions and find out the status of a prescription.
- The project team will ensure the API is a First of Type by integrating it with the new Clinical Prescription Tracker Service User Interface before onboarding suppliers. This should help make onboarding to the latest API much more accessible for third parties.
- Timelines – Hope to have the user interface ready for a pilot in Jan/Feb 2025 time – this will be firmed up as development progresses.
- The team presented a prototype and asked for feedback on this

Actions:
- ➢ NHSE's TD are working towards January / February 2025 piloting.
- ➢ Pharmacy team members are encouraged to volunteer for a research interview to look at the prototype Tracker in more detail – by contacting **it@cpe.org.uk** or signing up to take part at **https://feedback.digital.nhs.uk/jfe/form/SV_9WVg8Js7mWeg0Iw** sign-up form

Item 11. Real Time Exemption Checking (RTEC)

- **Appendix CP ITG 02/09/24** sets out related updates. Steve Harton (NHSBSA RTEC team) presented **slides** and provided an update.
- Real-Time Exemption Checking (RTEC) is a technical solution enabling the PMR system to automatically determine whether a patient has a known exemption that can auto-apply to their EPS prescription. If the PMR system confirms an exemption, the EPS prescription is auto-flagged, so the patient won't need to make a written exemption status declaration. If the system cannot identify an exemption, the pharmacy team and the patient will use the usual process. **RTEC is further explained here**.
- Almost all pharmacies use RTEC, with 580 million RTEC checks completed.
- The RTEC team is now looking for opportunities to continuously improve the RTEC service, with the majority focusing on engagement with pharmacies and system suppliers in conjunction with Community Pharmacy England.
- The RTEC team is undertaking business plans and cases and looking to develop a roadmap to see how they can progress RTEC further.
- The team are looking at their checking methodology and how they sample the prescriptions coming in. The non-confirmed prescriptions are only used 20% of what is sampled.
- The RTEC team are working with the Department of Health and Social Care and NHS England on sampling methodology. This is currently on the roadmap and will carry into next year.
- Next steps for the RTEC team include:
  - ○ a forum talk about any issues/problems that suppliers and pharmacies may be experiencing that NHSBSA may be able to support.
  - ○ The BSA RTEC team is gaining additional understanding of supplier software, including demonstrations.
  - ○ Review training and other materials on RTEC that suppliers may provide to their pharmacies.

- - Establishing feedback loops: if there are any data issues, what is the best way to feed that back to the appropriate supplier contacts?
- The RTEC team welcome feedback via Community Pharmacy England or directly to the RTEC team.
- The group expressed that certain exemptions were used as a clinical tool, for example, maternity, but now the pharmacy gets a message saying 'RTEC exempt' or 'RTEC unknown'. Furthermore, patients may have difficulty with medical exemptions because they last for some time, and patients could change their address; the check is too strict.
- This is something the RTEC team are working on, as the RTEC database is not connected to patient address records at the GP, so if patients change their address at their GP but haven't changed the NHSBSA exemption certificate, that is when the RTEC check will fail.
- The group asked whether RTEC would be available outside the PMR systems, e.g., Pharmacy First.
- The RTEC team has this in their strategy plan to keep considering with Community Pharmacy England expansion of RTEC.
- The CP ITG RTEC suggested features list has also been shared with the RTEC team.

Actions:
- ➢ Pharmacy representatives are encouraged to provide feedback views or queries by emailing **it@cpe.org.uk** or to be connected with the RTEC team.

Item 12. Original Pack Dispensing IT

- 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. Suppliers are encouraged to continue feeding back to NHSBSA, the EPS team about recent requests about OPD capability and the group's secretariat. The group and suppliers previously proposed a detailed technical specification be produced and then six months for implementation ahead of launch. However, the Department of Health and Social Care has enabled pharmacies to consider OPD from 1st January 2025.

Actions:
- ➢ Pharmacy suppliers were encouraged again to take the opportunity to request OPD IT testing with NHSBSA.

AOB

User research on Pharmacy First IT supplier switch
NHSE is researching service continuity if a pharmacy team considers switching their Pharmacy First IT system. The user research team seeks to understand any impacts on pharmacy users and system suppliers. Researchers want to speak with those who have switched systems in particular but with others who don't intend to switch or have not done so. Interviews may be possible around late September 2024.

Actions:
- ➢ Please volunteer for a remote interview to ensure that pharmacy feedback is incorporated. Contact it@cpe.org.uk to take part. System supplier reps are encouraged to contact the secretariat at **it@cpe.org.uk** as well.

GP Connect user research
Actions:
- ➢ Please email **it@cpe.org.uk** to the pharmacy team members using GP Connect Update Record / Access Record / Booking and Referral Standards (BaRS) who wish to share feedback (or speak with NHSE's TD user research team members). NHS researchers will also visit those pharmacy teams using the GP Connect Update Record in the London and Manchester area during the spring/summer of 2024.

NHS Profile Manager's new feature to add appointment times
- CP ITG and some sub-groups have previously spoken about hours in NHS Profile Manager services. An update from the NHS website / Profile Manager team on that topic.

- A new feature is being added to NHS Profile Manager to enable pharmacies to add opening times for their walk-in COVID-19 vaccination services. [And: Updates to NHS Profile Manager API, and those using it will get an update about that]
- This functionality is in response to feedback from CP ITG and pharmacies that customers can arrive at any time for their walk-in COVID vaccinations and expect to be vaccinated immediately. However, as many pharmacies only offer these vaccinations at certain times, this has led to challenges for all. Pharmacies can now publish their opening times for this service on the NHS website, and the public can visit at a time that suits everyone.
- To facilitate this, a new concept in NHS Profile Manager called 'Clinics' is a regular timed session of one or more services an organisation offers its customers. It avoids adding the exact opening times to multiple vaccination services during the same timed session.
- For example, if a store is offering vaccinations to over 65-year-olds, we have created a 65+ year-old clinic option which maps the following two walk-in COVID-19 vaccination services:
  - Walk-in COVID-19 vaccination service for 65–74-year-olds
  - Walk-in COVID-19 vaccination service 75+ year olds
- This allows the pharmacy to add one set of opening times to this clinic rather than having to do it for two separate services
- Clinics and opening times can be updated through the profile manager app or the NHS Profile Manager API.
- Those using NHS Profile Manager will get extra updates from the project team.

Actions:
- Queries to Community Pharmacy England about this topic can be sent to **it@cpe.org.uk**.

Distance selling premises pharmacies profiles in NHS Profile Manager and NHS website
Actions:
- The NHS Profile Manager is progressing with this and will invite the DSP working group to feed in. Group participants from DSP pharmacies can contact the group secretariat to get involved.

NHSmail multi-factor authentication
The NHSmail team previously advised the group and pharmacy teams more widely that multi-factor authentication will become mandatory across the platform for all NHSmail users from 2024. CP ITG feedback was considered in the plans.
Actions:
- For any issues, then contact **it@cpe.org.uk**, or for live matters, the **usual NHSmail escalation route** will usually be applicable for technical problems.

NHS England guidance was issued for pharmacy teams that use or have previously used EMIS PharmOutcomes and have messages which have not yet been forwarded to GP practices
This topic is outside the remit of the Community Pharmacy IT Group because other forums have been working on this, including those that work on service implementation. NHS England has led a project to support community pharmacies using or using EMIS PharmOutcomes. If queued messages that have not yet been sent to the GP practice require manual sending to GP practices, guidance will help identify those queued messages that should be actioned. The guidance explains to impacted pharmacy teams that pharmacy questions regarding this issue should be directed to EMIS PharmOutcomes, the ICB Community Pharmacy Clinical Lead (or equivalent), or the local commissioning team. CP ITG pharmacy representatives will receive an email update about the guidance later on the day of the group meeting.

Pharmacy and GP practice joint working: GP practice email address directories
At present, EMIS PharmOutcomes maintains a list of GP practice email addresses. It asks GP practices to provide the email address to PharmOutcomes. One comment suggested that a more centralised approach could be considered.
Actions:
- The secretariat should contact the NHS England pharmacy IT team about this issue. The GP sector would need to accept an approach in which a change to email addresses and those associated with GP profiles – is subject to BMA and NHS England negotiations. Please get in touch with the IT secretariat for CP ITG pharmacy reps who want to suggest benefits to GPs by populating an email address to DoS and relevant places.

Pharmacy Show:
Pharmacy IT sessions will be held by NHS England and its Transformation Directorate, and a CP ITG session will also be held at the October 13th 14th Birmingham **Pharmacy Show**.

AOB: NHS England pharmacy IT team changes and Gemma Ramsay's work
Gemma Ramsay, the NHS England Pharmacy IT Lead, has been a crucial point of contact for the Community Pharmacy IT Group in recent years, facilitating the participation of other NHSE and Transformation Directorate teams, and collaborative working between them and Community Pharmacy England and CP ITG reps. Gemma is transitioning to the NHS England dental team. She expressed her gratitude to the group for its work. The chair, on behalf of the group, thanked Gemma for her practical approach and success in progressing the NHS pharmacy IT agenda. Gemma has been the primary NHSE CP ITG contact for over two years. She has helped progress on many of the group's objectives agreed upon with NHS England: the Professional Record Standards Body (PRSB) Community Pharmacy Data Standard progress / Community Pharmacy Contractual Framework (CPCF) IT; electronic health records; service data APIs; Booking and Referral Standards (BaRS); and EPS next generation.

Summary of actions

Item 5. Community Pharmacy Contractual Framework (CPCF) IT including GPC and BaRS
➢ This work and the related requirements will go through the *NHS England front door process solution*. Details will also be published. This process considers the need for CPCF IT Manage Your Service (MYS) API alignment. NHS England and its Transformation Directorate live services department will also develop the process for prospective CPCF IT suppliers.
➢ Within October 2024 – it might be that all four of the currently CPCF IT assured suppliers achieve GPC UR compliance.
➢ The group had discussed at past meetings the issues relating to BMA and NHS England discussions about GP Connect and its settings. Many GP practices currently have manually 'turned off' the GP Connect Update Record. The NHS England GP team and the Integrated Care Boards (ICBs) are working with localities to promote GP practices and locality the benefits, with GPs switching the GP Connect Update Record back to 'on' at each practice. Local engagement results are feeding back into guidance for localities about the approach.
➢ As long as no significant delays or teething issues are identified at this early stage of pharmacy BaRS usage, NHS England will imminently (within late September) issue BaRS communications and will coordinate with Community Pharmacy England on pharmacy-facing communications.
➢ Pharmacy owners who are switching systems can consider **supplier switching guidance**.
➢ NHSE's TD will be interested in the early experiences and the benefits – which may also be considered should other pharmacy BaRS use cases move forward.
➢ Pharmacy teams wishing to share the lessons and benefits with BaRS to Community Pharmacy England can email **it@cpe.org.uk** so the feedback can be collated and passed to NHS England.
➢ NHSE's TD is working with all four pharmacy-first clinical services systems and the two prescribing IT suppliers to develop this. Suppliers are in the process of testing and assurance.

Item 6. Independent prescribing IT
➢ The IP clinical safety processes work relating to **Data Coordination Board (DCB) standard 0160 Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems** has started. A hazard log workshop is planned.
➢ If any group wants to get involved in the DCB 0160 clinical safety work, contact the group secretariat, who will link you to Wasim Baqir. If the group is aware of any pharmacies with second computers that don't have a PMR system, share this with the NHS England team. NHS England will be publishing some guidance on learning about patient safety incidents for community pharmacies and IBCs in the next week or two.

Item 7. Future (CP ITG): The group was asked to send further feedback on the pharmacy IT document's next steps (**Appendix CP ITG 04/09/24 Next Steps for NHS pharmacy IT**) to either the secretariat **it@cpe.org.uk**, the Chair or the group's Vice Chair.

Item 8. User research into NHS 111 referral data flow to pharmacy: Pharmacy representatives are encouraged to volunteer for an interview by emailing **it@cpe.org.uk** to be connected with the research team.

Item 9. Digital Health Record: The group was encouraged to learn about these proposals. Comments can be passed to **it@cpe.org.uk**. The topic will be covered at the October 2024 Pharmacy Show CP ITG session.

Item 10a. EPS information within the NHS App: prescription item readiness
➢ NHSE's TD are planning to be going:
  o live in late September 2024. If clinical approval is granted to one site with Apotec based in London and two sites with Invatech
  o Live with the first four suppliers by the end of December 2024.
➢ Pharmacy representatives are encouraged to volunteer to speak with NHSE's TD user researchers or the secretariat regarding current prescription queries and queries which follow the launch of the feature for the pharmacy. Please contact **it@cpe.org.uk**.

Item 10b. EPS Tracker changes: NHSE's TD are working towards January / February 2025 piloting. Pharmacy team members are encouraged to volunteer for a research interview to look at the prototype Tracker in more detail – by contacting **it@cpe.org.uk** or signing up to take part at **https://feedback.digital.nhs.uk/jfe/form/SV_9WVg8Js7mWeg0lw** sign-up form

Item 11. Real Time Exemption Checking (RTEC): Pharmacy representatives are encouraged to provide feedback views or queries by emailing **it@cpe.org.uk** or to be connected with the RTEC team.

Item 12. Original Pack Dispensing IT: Pharmacy suppliers were encouraged again to take the opportunity to request OPD IT testing with NHSBSA.

Additional item: User research on Pharmacy First IT supplier switch: Please volunteer for a remote interview to ensure that pharmacy feedback is incorporated. Contact it@cpe.org.uk to take part. System supplier reps are encouraged to contact the secretariat at **it@cpe.org.uk** as well.

Additional item: GP Connect user research: Please email **it@cpe.org.uk** to the pharmacy team members using GP Connect Update Record / Access Record / Booking and Referral Standards (BaRS) who wish to share feedback (or speak with NHSE's TD user research team members). NHS researchers will also visit those pharmacy teams using the GP Connect Update Record in the London and Manchester area during the spring/summer of 2024.

Additional item: NHS Profile Manager's new feature to add appointment times: Queries to Community Pharmacy England about this topic can be sent to **it@cpe.org.uk**.

Additional item: Distance selling premises pharmacies profiles in NHS Profile Manager and NHS website: The NHS Profile Manager is progressing with this and will invite the DSP working group to feed in. Group participants from DSP pharmacies can contact the group secretariat to get involved.

Additional item: NHSmail multi-factor authentication: For any issues, then contact **it@cpe.org.uk**, or for live matters, the **usual NHSmail escalation route** will usually be applicable for technical problems.

Additional item: Pharmacy and GP practice joint working: GP practice email address directories: The secretariat should contact the NHS England pharmacy IT team about this issue. The GP sector would need to accept an approach in which a change to email addresses and those associated with GP profiles – is subject to BMA and NHS England negotiations. Please get in

touch with the IT secretariat for CP ITG pharmacy reps who want to suggest benefits to GPs by populating an email address to DoS and relevant places.

Future meeting dates

Weds 13th November 2024   Weds 4th June 2025
Weds 5th March 2025   Weds 17th September 2025