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

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

Present

Matt Armstrong (Chair), Boots Pharmacy and CCA
Dan Ah-Thion (Secretariat), Community Pharmacy England
Ursa Alad, NHS England
Mubasher Ali, Community Pharmacy Lancashire
Mark Anyaegbuna, CP Kent LPC
Dane Argomandkhah, Cohens Chemist
Jay Badenhorst, NPA
Rita Bali, Community Pharmacy Cambridgeshire
Gemma Binns, Cegedim
Jeff Blankley, CP Birmingham & Solihull
Luke Bolton, Cegedim
David Broome, Stancliffe Pharmacy
Richard Burton, Cleo Systems
Tania Cork, CP North Staffs & Stoke
Karen Cox, CP Cambridgeshire & Peterborough
Drew Creek, Community Pharmacy Cornwall
Victor Crudu, Logifect
David Dean, CP Thames Valley
Darryl Dethick, Peak Pharmacy
Emma Dew, Cleo Systems
Matthew Ellis, Positive Solutions
Garry Finch, Positive Solutions
Ben Gregory, NHS England
Leanne Hackett, Cegedim
Timothy Hill, EMIS health
Claire Hobbs, NHS England
David Hollick, Logifect
Kelly Holman, Community Pharmacy Devon
Julian Horsley, Clanwilliam /RxWeb
Nick Hunter, Community Pharmacy Doncaster
Sima Jassal, EMIS Health
Dalveer Johal, CP North East
Grant Kobrin, EMIS Health
Ylan Kunstler, Bewell
Paul Larmour, Jelly software
Jason Lestner, Living Care Pharmacy

Declan Lismore, Echo
Fiona Lowe, CP Herefordshire & Worcestershire
Helga Mangion, NPA
Dave McNamara, Hallo Healthcare Group
Farhan Moulana, Community Pharmacy Hertfordshire
Wahid Muhammad, Invatechhealth
Kevin Noble, EMIS Health
Stephen Noble, Community Pharmacy Dudley
Al-Dairi Noor, Boots Pharmacy
Amit Patel, Community Pharmacy South West London
Rupal Patel, Asda Pharmacy
Sean Power, Logifect
Artur Pysz, Community Pharmacy South Central
Shanel Raichura, Apotec
Gemma Ramsay, NHS England
Sian Retallick (Community Pharmacy England)
Annie Sayer, NHS England
Harjeet Sian, EMIS Health
Jagbir Singh, VCare Systems
Jeff Shelley, Invatechhealth
Karen Samuel-Smith, Community Pharmacy Essex
Charis Stacey, NHS England
Ian Swales, Pharmacy2U
Nick Thayer, CCA
Oliver Tyler, EMIS
Gabriele Vickers, Community Pharmacy England
Caline Umutesi, Community Pharmacy England
David Vanns, Weldricks Pharmacy
Robert Vaughan, Lincoln Co-op Pharmacy
Karen Ventura, NHS Integrated Care 24
Iqbal Vorajee, Cohens Pharmacy
Gary Warner, PharmOutcomes & Regent Pharmacy
Jon Williams, RxWeb
Andre Yeung, NHS England North East and Yorkshire
Fawwad Zafar, Hannigan Pharmacy

Item 1: The Chair welcomed the group.

Item 2: Apologies for absence from voting members: Steve Ash (AIM), Nick Kaye (NPA), Fin McCaul (Community Pharmacy England), Graham Phillips (NPA), George Radford (CCA), and Heidi Wright (RPS).

Introductions, minutes of previous meeting and matters arising

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

Item 4: Remaining actions were carried into the **agenda papers**' 'next steps' for this Spring 2024 meeting. Outstanding actions are listed within the minutes.

Minutes

Item 5. Overview of current pharmacy IT priorities

- Participants within the group have repeatedly highlighted the need for adequate timelines, technical specifications 6-12 months after changed or new service requirements have been clarified, appropriate engagement between suppliers and the NHS, and relevant go/no-go checkpoints. During previous CP ITG meetings, group participants have flagged concerns about timelines not adhering to IT development timelines. Suppliers have written to Department of Health and Social Care and NHS England about the matter.
- **Appendix CPITG 01/06/24** set out updates regarding NHSE's TD pharmacy IT priorities. Charis Stacey (NHSE's TD) and Ursa Alad (NHS England pharmacy team, Head of Delivery) presented **slides** and provided an update including in relation to the slide below:

Nationally we have:
1. Finalised MVP to support the launch of the service to support the seven common conditions
2. Published Tech Specifications and GPIT Roadmap items for BaRS for General Practice to Community Pharmacy, GP Connect Access Record, Update Record
3. Entered discovery phase to use BaRS for GP to CP for BP and OC referrals and to determine solution for CP to GP when there is a need to request there is a for action/ follow up required post a consultation
4. Worked with GP and CP suppliers to inform individual system supplier roadmaps. Risk-based assurance and first of type roll-out
5. Published a Prior Information Notice June 2023, invited suppliers to express interest to onboard to the Digital Service for Integrated Care (DSIC) catalogue and start Market Engagement activities
6. Announced a £2.8m Roadmap Award to incentivise and support Community Pharmacy System Suppliers to accelerate DevOps
7. Established the national Standards and Capabilities framework for Community Pharmacy for CPCS, BP and OC
8. Established a working group with regional and ICB colleagues to support regional and local business change and implementation
9. Updated the 111Online referral pathway for the service to support the seven clinical pathways
10. Published Data & Payment APIs specification and communications imminently

We will:
1. Progress the Digital Services for Integrated Care Catalogue, onboard Community Pharmacy System Suppliers and buyers guides for CPCS, BP and OC and complete discovery to develop the framework for the other CPCF services
2. Manage the DevOps and Assurance of GP and CP suppliers and complete onboarding to BaRS, GP Connect Access Record and Update Record, workflow screens and Data & Payment APIs
3. Automate the pathway between Profile Manager and DoS for the Blood Pressure Checks and the Pharmacy Contraception services and create profiles and refine 111Online referral pathway for the service to support the seven common conditions
4. Create a single connected and cohesive communications plan, comms messages and artifacts, and engage with and work with national stakeholders.
5. Create a digital benefits realisation plan and suite of artifacts

- The Pharmacy First service was NHSE's TD pharmacy IT focus ahead of and after its launch on January 31st, 2024.
- Significant work has been done on navigation.
- NHSE's TD is continuing work on Booking and Referral Standards (BaRS), GP Connect: Access Record, and Update Record (GP Connect is sometimes also referred to as NHS Direct Care APIs within NHSE's TD), the next three main Pharmacy First IT functionalities.
- On BaRS: general practice (GP) and community pharmacy IT must prepare to enable those referrals to go into workflows. A key benefit is the further reduction of the need to use manual NHSmail methods for GP referrals into Pharmacy First.
- Community Pharmacy England has made updates to its webpage about **GP Connect**. Community Pharmacy IT Group has been very supportive of the sector using GP Connect
- GP Connect Access Record: The pharmacy usage will be the 'GP Access Record structured', not 'GP Access Record HTML'. This is about being able to illicit and surface particular

elements of the patient's record held by the GP practice. The GP Connect Update record involves a structured message going from the pharmacy system to the GP system.

- The four suppliers assured that CPCS updated their systems to process the Pharmacy First service, which superseded CPCS. These are all in place to support the new seven clinical pathways.

NHSE's TD have also:

- Launched the digital services for integrated care, which is the new way the team manages and assesses standards and capabilities.
- Progressed the Pharmacy First IT minimum viable product (MVP) set out by the Department of Health and Social Care and NHS England and sought to progress the work that is to be done to move beyond the MVP.
- Published technical specifications for BaRS, Access Records and Update Record on the NHSE's TD website.
- The team has been working with the Booking and Referrals team on the Blood Pressure (BP) and Contraception services on the early discovery work, particularly looking at the payload and where and how they can expand GP referrals to cover the services.
- Published standards and capabilities cover Pharmacy First, BP service and the Contraception service.
- The team is currently looking at standards and capabilities for Discharge Medicine, New Medicine, and Smoking Cessation services to establish them within the standards and capabilities framework that has been put out nationally.

Actions:

- BaRS for GP practices to be able to refer to Community Pharmacy, looking at around May 2024. Both foundation solutions, digital pathways and online consultation solutions have that referral logic built in. The timeline is within the next four to five months, subject to successful first-of-types by the suppliers involved.

Item 6. Supplier models and the Digital Care Services Catalogue

- **Appendix CPITG 01/06/24** sets out related updates. Ben Gregory (NHSE's TD England's Digital Care Services catalogue team) presented **slides** and provided an update.
- The team is trying to commission complex services with multiple interdependencies across markets and contracts. This is difficult because the levers are different across that landscape. This means you can't plan to act in the same way.
- The team built the catalogue because it provides a common technical and functional map and a common language about interoperability and the implementation of interoperability.
- The catalogue as a mechanism allows the delivery of this kind of service in a coordinated way.
- The roadmap within the catalogue allows the team to make changes in orchestrated ways across different domains simultaneously.
- This means there needs to be a mechanism for doing this about community pharmacy suppliers. The team is creating a subsidy scheme, which allows suppliers to subsidise some of the development and different classes of services for an extended period if overarching objectives are reached.
- The team has one set of suppliers in the catalogue, taken through the assurance of the 'supplementary care standard', a set of functionality interoperability that describes a specific service. At that point, they will be compliant with the Digital Care Services Catalogue, and suppliers will need to continue to comply with the things put on the roadmap.
- The team has the ability to plan a set of incremental deliveries, load services in, upgrade existing services, and improve interoperability in those services. The team wishes to do a mixture of these things continuously.

- NHSE's TD England's Digital Care Services catalogue team are planning a secondary intake of more pharmacy IT suppliers, which will involve direct awards to contribute towards development to support a marketplace more attractive to IT suppliers and with greater functionality for pharmacy teams and their service provision. Participants of the group and the Digital Care Services catalogue team discussed the benefit of innovation and the marketplace having at least six to eight sustainable systems/suppliers, which were felt by pharmacy teams to meet appropriate quality levels.

Actions:
- NHSE's TD England's Digital Care Services catalogue team will have a secondary intake of more suppliers. Ben Gregory said suppliers who felt they might meet relevant criteria (likely to include the previous Community Pharmacist Consultation Service IT minimum baseline) could contact him. The **Digital Services for Integrated Care webpage** also provides contact information.
- The group is encouraged to email the secretariat directly with views or questions (it@cpe.org.uk). The views and questions will be collated and sent to NHSE's TD England's Digital Care Services catalogue team and NHS England's pharmacy IT team.

Item 7. Genomics

- **Appendix CPITG 02/06/24** sets out related updates. Victoria Chaplin (NHS England Genomics) presented **slides** and provided an update.
- The NHS England Genomics team provided an introduction to genomics and how it relates to and might relate to pharmacy teamwork in the future.
- The NHS Genomic Medicine service is commissioned by NHS England. The service supplies genomic testing to patients in England. It is delivered via genomic laboratory hubs, which are split into seven regions.
- Genomic medicine service alliances support the seven regions. There are seven lead genomics pharmacists, one for each region. The team encouraged linking in with the regional lead genomics pharmacists because they are trying to set up genomic champions networks in their areas and want to reach pharmacies.
- Once the team has applications for tests and confirms that they would be cost-effective and beneficial for patients, they are commissioned nationally and available to patients anywhere in the country.
- The national genomic test directory can be used to determine what is available regarding genetic testing. The team are working on digitising this.
- The tests that are offered at the moment are for cancer and rare and inherited diseases.
- The National Institute for Health and Care Excellence (NICE) is reviewing single photon emission computed tomography (SPECT) testing for patients who have transient ischaemic attack (TIA) or stroke. The team will review the potential implementation of this, depending on NICE's recommendations.
- NHS England published the NHS Genomics Strategy back in late 2022, which set out four key themes which continue to be critical:
  1. **Embedding genomics across the NHS** through a world-leading innovative service model from primary and community care through to specialist and tertiary care
  2. **Delivering equitable genomic testing for improved outcomes in cancer, rare, inherited and common diseases** and enabling precision medicine and reducing adverse drug reactions
  3. **Enabling genomics to be at the forefront of the data and digital revolution**, ensuring genomic data can be interpreted and informed by other diagnostic and clinical data and
  4. **Evolving the service driven by cutting-edge science, research and innovation** to ensure that patients can benefit from rapid implementation of advances.

- Regarding embedding genomics across the NHS, an important thing is workforce capability relating to genomics; the team published the **pharmacy genomics workforce strategic framework for 2024-2027** in January 2024. This shows that over the next three years, the team plans to work with the pharmacy workforce to understand and be prepared for genomics and support their patients with advice and potential future delivery of genomics about the use of medicines.
- The team has three main projects in terms of the service around digitisation: Genomic Order Management, digitising the Test Directory, and the Unified Genomic Record.

Item 8. EPS and NHS App session

- **Appendix CPITG 03/06/24** sets out related updates. Nishali Patel (NHS EPS team) and Jen Redman (NHS App team) presented **slides** and provided an update.
- The NHS digital medicine team provided an update on the digital prescriptions and the NHS App.
- The team launched the digital prescription, which allows patients to view their prescriptions on the NHS App. This launched nationally on January 30, 2024.
- This has had 2.9 million users since October 2023.
- The team thanked the ITG for all the input that helped to mould and shape what that looked like in the app.
- The team outlined the NHS App prescriptions roadmap and highlighted three areas they want to address: Medicine safety and optimisation, capacity, and patient experience and empowerment.
- The team had a few requests about specific problem areas for patients, one of them being to get them better informed about their medicines. There was a view to link the patient's medication to the a-z pages on the NHS website. The team looked at this as a solution, but the effort to try and do this was significant, with much risk around areas in mapping. The team decided to do a more comprehensive industry engagement piece around how information on medicines can be addressed wider beyond just the NHS website pages.
- The other request was whether something could be done about medication reviews in the app; through this, the team learnt that patients' understanding of medication reviews could be enhanced. The team explored whether they could improve the uptake of medicine review appointments through the app, but there is a massive issue with capacity. So, the team decided to use some of the materials the health innovation network has produced to encourage patients to understand more about these appointments.
- The third request was the rejected reasons. In the app, you can order prescriptions and will be told whether each medication item has been rejected or approved, but patients find it would be valuable to know exactly why the rejection has happened. The team has decided to feed that into a wider piece of work around the repeat ordering journey.
- Pharmacy teams similarly are not currently sighted of medicine orders made through the NHS App, preventing the team from reconciling to address any items that are inadvertently missing from prescriptions. CP ITG pharmacy representatives previously suggested this for the NHS App roadmap, but the development has yet to be confirmed.
- The team's biggest priority is prescription tracking, and they are seeking supplier collaboration to deliver this jointly by September 2024.
- Distance-selling pharmacies cannot be nominated in the app. The team is working with the service search team to try to surface those in the app.
- The team is actively working on national prescription tracking. EPS doesn't have the information that tells the patients the call to action, and the ready-to-collect information in the dispensing system is not held nationally on EPS.

- The team is working closely with their dispensing and supplier partners to set up a solution that allows them to bring all this information together.
- If patients are given a digitally accessed view of their end-to-end prescriptions journey, that burden will be removed from frontline healthcare.

Actions:
- A ministerial commitment has been made to introduce a national patient-facing prescription tracking feature in the NHS App by September 2024.
- Dispensing Suppliers are working with the team to identify what group they belong to and plan work in their roadmaps.
- NHS England continues discovery and internal stakeholder engagement; the tech team will start building the minimum viable product (MVP) specification, and Supplier engagement plans for each group and supplier are being worked up and communicated.
- Research will continue with third-party apps, distance-selling internet pharmacies, clinicians, patients, and professional groups.
- Group 1 suppliers (Apotec, Boots, Cegedim, Invatech, and Pharmacy 2U) will begin in March 2024.
- Group 2 suppliers are expected to begin from May/June 2024.

Item 9. Patient digital tools and apps

The group were asked to discuss patient digital tools and apps and discuss the following questions:

Q1 What patient wearable/tools and related data could be most relevant for pharmacy care and why?
Comments:
- A good proportion of people have smart watches and phones that capture health and activity data but have no real integrations into records. Is there untapped data potential to support people's health, potential 'low-hanging fruit'?
- Technology is now advancing through phones and wearables to support screening, but it feels quite a way off to 'diagnose' through devices and would need increased levels of regulation. Examples could support referrals to CPCF services.
- Camera technology to screen for skin problems and refer to pharmacies (shingles, infected insect bites, eczema, etc),
- Camera tech can now screen for high blood pressure and refer to CP for BP service
- Any advances in tech and integrations into services must 'fix a problem' or offer solutions to health issues to define business cases to support development and integration into Electronic Health Records.
- Data standards, like always, are essential to interoperability and require suppliers to adhere to standards to make data sharing successful.

Q2 What patient data is being shared from patient to pharmacy (manually / digitally)?
Comments:
- Not a lot yet, at least digitally.
- Ambulatory Blood Pressure Monitoring (ABPM) devices capture data, but downloading it requires a manual process.
- Vaccinations: pre-screening tools so patients can enter their data before a vaccine in the pharmacy.
- Prescription Ordering apps: digitally share requests.
- Clinical service consultations: patient data entered manually by a pharmacist as part of the service.
- Medicine adherence tools exist but are often not integrated with pharmacy systems or widely used.

- App to request a clinical service: A bespoke platform example used in Humber allows patients to complete a form to request a consultation with their chosen pharmacy.
- Pharmacy First Referrals (e.g. from 111) – patient data shared by the referrer, but not directly from the patient unless it's 111 Online.

Q3 How important is social prescribing? How can IT support this?
Comments:
- Being able to triage patients through social prescribing. It would be useful if there was an option for this in the NHS app.
- A lot of the things that might be referring patients to for social prescribing will be smaller organisations, and the IT might be tricky, as there will be different levels and standards of IT and security. This could make IT difficult with social prescribing.
- The group agreed that this would be useful but technically challenging.
- The more people who are digitally enabled to care for themselves, the more time healthcare professionals have to support those who aren't. Social prescribing can help with this, and there are organisations that will help people get online.
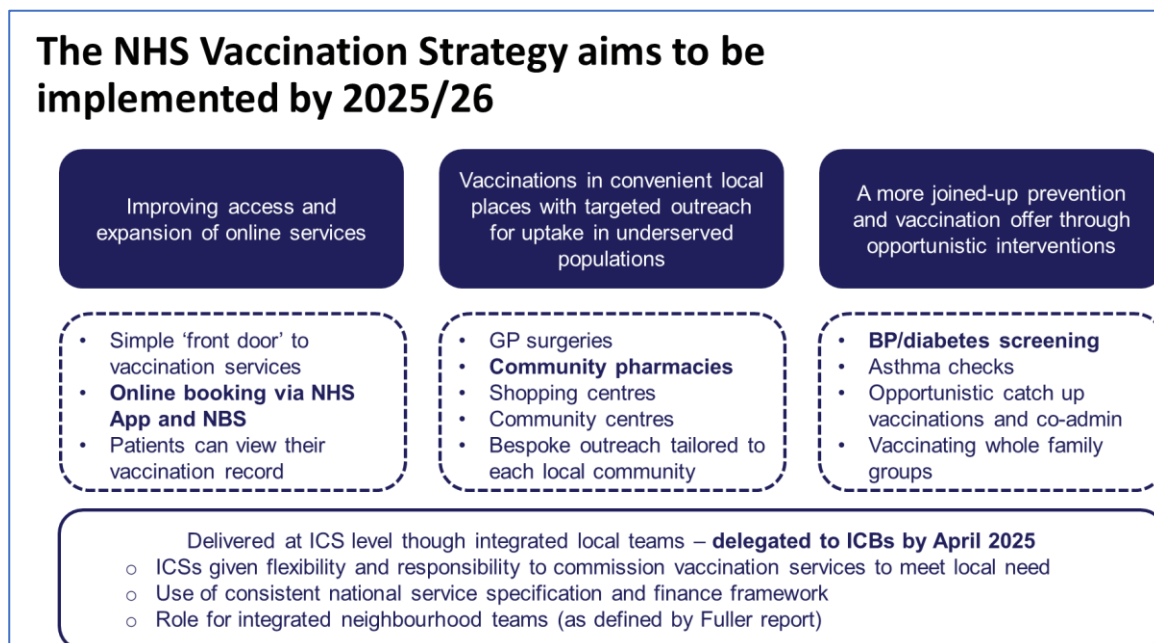
Q4 What IT/NHS standards and developments might help data flow from patients to electronic health records?
Comments:
- SNOMED CT
- GP Connect / Direct Care APIs
- NHS App integrates with other apps, such as Apple Health / Google Health.
- Those aligning with global and national standards and expectations

Item 10. Vaccination IT

- The NHS vaccination strategy

The NHS Vaccination Strategy aims to be implemented by 2025/26

Improving access and expansion of online services	Vaccinations in convenient local places with targeted outreach for uptake in underserved populations	A more joined-up prevention and vaccination offer through opportunistic interventions
• Simple 'front door' to vaccination services • **Online booking via NHS App and NBS** • Patients can view their vaccination record	• GP surgeries • **Community pharmacies** • Shopping centres • Community centres • Bespoke outreach tailored to each local community	• **BP/diabetes screening** • Asthma checks • Opportunistic catch up vaccinations and co-admin • Vaccinating whole family groups

Delivered at ICS level though integrated local teams – **delegated to ICBs by April 2025**
- ICSs given flexibility and responsibility to commission vaccination services to meet local need
- Use of consistent national service specification and finance framework
- Role for integrated neighbourhood teams (as defined by Fuller report)

CP ITG pharmacy representatives have expressed support for the following:
1. *Appointment accessibility*
   - *Patients can view and modify appointments using the NHS and pharmacy apps.*
   - *The integration of Pharmacy & NHS systems into BaRS ensures that these appointments are seamlessly managed.*

- o *NHS National Booking Service appointments are also part of this integrated system.*

2. *System integration*
   - o *The BaRS system is expanded to incorporate appointments, IT standards, and its acts.*
   - o *Pharmacy systems and NHS systems are integrated, streamlining appointment management and communication.*

3. *Supplier diversity:*
   - o *Multiple system suppliers contribute to the development of vaccination service modules.*
   - o *This diversity ensures flexibility, innovation, and continuous improvement in vaccination services.*

This view emphasises patient empowerment, efficient appointment handling, and collaboration across healthcare systems and providers.

Actions:
- CP ITG pharmacy representatives should contact the secretariat before the next main meeting to comment on the three vaccination IT priorities.

Item 11. Future

The NHS England pharmacy team and NHS England's Transformation Directorate (NHSE's TD) are considering further developing NHS pharmacy IT priorities from April 2024 to March 2024 and beyond. They anticipate engaging with the group during a future session.

CP ITG pharmacy feedback so far, including support for developments with the below (in alphabetical order) and have advised the CP ITG will be content with feeding in further:
- Booking and Referral Standard (BaRS);
- Electronic health records and GP Connect;
- Expanded Community Pharmacy Data standard;
- Independent Prescribing IT;
- NHS App, apps and the next generation of EPS; and
- Additional items outlined within the **CP ITG's vision of pharmacy IT**.

The theme across pharmacy requests for IT change (in line with the NHS Long Term Plan) is a desire for the 'seamless flow of clinical information (interoperability)'.

Actions:
- CP ITG pharmacy representatives can comment on future workstreams and priorities with the secretariat.

Item 12. Artificial intelligence (AI)

CP ITG pharmacy representatives have fed in views that:

Artificial intelligence can and should support the evolution of clinical practice, enabling pharmacy teams to spend more time providing patient care.

Actions:
- CP ITG pharmacy representatives should contact the secretariat before the next main meeting to comment on the AI position statement set out above.

AOB

Consultation on information standard engagement

- The Department of Health and Social Care (DHSC) is consulting on proposals for health information standards and how these are produced, communicated, and implemented.
- DHSC say that information standards could be binding for relevant parties once introduced. For community pharmacy owners and teams, any new mandatory requirements must be adopted into the Pharmacy Terms of Service.
- The consultation contains 14 questions.
- All CP ITG pharmacy representatives have fed back that a response from them may include:
  - the benefit of interoperability standards
  - the need for ongoing engagement regarding IT policy and technical changes that could be progressed or implemented by the community pharmacy sector and its IT suppliers.
  - where IT standards relate to pharmacy teams, relevant engagements must occur with the NHS England pharmacy team, Community Pharmacy England, IT suppliers, Community Pharmacy IT Group, and other relevant parties.
- All CP ITG participants, including pharmacy, policy, and supplier representatives, are encouraged to submit a response before the Closing date: 28 March 2024. Community Pharmacy England and Community Pharmacy IT Group representatives will also submit responses.

Pharmacy queries about Pharmacy First IT systems and functionality

- Pharmacy team members will be aware that system-related issues may be raised using the usual escalation routes—initially via the system supplier, in line with the route outlined at the one-page briefing: **cpe.org.uk/itreport**.
- Pharmacy team comments about existing or future IT may also be shared with Community Pharmacy England for its information: cpe.org.uk/itfeedback. CP ITG participants can contact the secretariat.

Multi-Factor Authentication (MFA)

- Authentication and digital access controls ensure that only appropriate people have access to sensitive data relating to patient care. MFA involves the demonstration of knowledge (something you know), possession (something you have), and inherence (something you are). Such methods provide more protection than a simpler but less secure username/password system.
- Comments about individual systems implementation of **MFA** can be sent directly to the relevant supplier (see **cpe.org.uk/itreport**).
- The Information Commissioner's Office (ICO), the National Cyber Security Centre (NCSC), and other security guidance recommend MFA as a good practice.
- Regarding NHSmail MFA—as per past updates, please could any CP ITG NHSmail users who have not already trialled MFA begin to do so and provide feedback about the experience using instructions outlined here:**https://cpe.org.uk/our-news/reminder-nhsmail-set-to-make-multi-factor-authentication-mandatory/**.
- Some pharmacy IT suppliers already have elements of MFA, such as the requirement to use specific devices. Suggested feedback from CP ITG pharmacy representatives for supplier MFA implementation has also included the use of dedicated email support to prevent service helpdesk logjams, e.g. **mfa@supplier.com** associated with three working hour service level

agreements, ensuring that customers have information to safelist any internet links required for downloading of authenticator options; options for app, SMS text and phone authentication.

Actions:

- Suppliers who have not yet implemented MFA should consider how to work closely with their pharmacy customers to do so while also ensuring the MFA processes, guidance, and functionality are usable and do not add burden to pharmacy teams.

Future meeting dates

Weds 5th June 2024
Weds 13th November 2024

Weds 18th September 2024
Weds 5th March 2025 (to be confirmed)