Next steps for pharmacy IT
and inputs into the 10-Year Health Plan
(Community Pharmacy IT Group feedback)

This is the Community Pharmacy IT Group's feedback on the future of pharmacy IT.

About Community Pharmacy IT Group

The group is formed of representatives from pharmacy organisations in the community pharmacy sector. It works to outline the sector's digital priorities and encourage the sector to engage with upcoming digital changes.

The Group was formed in 2017 by **Community Pharmacy England**, **National Pharmacy Association (NPA)**, **Royal Pharmaceutical Society (RPS)**, **Company Chemists' Association (CCA)** and **Independent Pharmacies Association (IPA)**. The group's meetings are attended by members from these organisations and **pharmacy IT system suppliers**, **NHSBSA**, **NHS England** and **Professional Record Standards Body (PRSB)** Further information about the group is available on the **CP ITG webpage**.

The objectives of the group are outlined within the Terms of Reference and as below:
- developing and communicating a shared vision for the optimum use of digital technology within community pharmacy in England;
- providing a forum to discuss new digital technologies which may impact community pharmacy practice in future;
- supporting the development of user-led recommendations to be considered by suppliers;
- providing a credible, respected forum for sector-wide engagement with NHS organisations, national bodies and others on the vision, strategy and operational plans for delivering optimum use of digital technology in community pharmacy;
- developing an implementation strategy for delivering optimum use of digital technology in community pharmacy and overseeing a joint work programme to provide this; and
- through its member organisations, providing recommendations and advice to community pharmacy, healthcare organisations and others.

About the feedback

It incorporates views regarding pharmacy IT from pharmacy representatives and considers feedback from IT system supplier representatives.

Questions

Q1. What does your organisation want to see included in the 10-Year Health Plan, and why?

See question 3.

Q2. What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?

The responses from Community Pharmacy England and the other member organisations that take part with CP ITG will submit their responses to answer this question.

Q3. What does your organisation see as the biggest challenge and enabler to better use of technology in health and care?

CP ITG participants' views about digital challenges and enablers aligned with the priorities outlined within the NHS Long Term Plan, the King's Fund's **Vision for Community Pharmacy** and the CP ITG **vision for community pharmacy IT**.

CP ITG participants reported the key digital challenges and enablers fall into these categories:
- Systems and services IT
- Data flow, standards and IT communications
- Electronic health records
- Referrals and appointments
- Digital patient services & prescriptions
- Connectivity and data security

Community Pharmacy England has engaged with the CP ITG pharmacy representatives to identify digital challenges and enablers. This engagement included surveys of pharmacy team members, sessions with the wider Community Pharmacy IT Group, and feedback from pharmacy teams.

CP ITG was also supportive of optimal principles being applied across pharmacy digital developments:
- planned in a coordinated way;
- user-tested and usable;
- service-led and patient-focused, supporting improved patient outcomes, experiences and safety;
- pharmacy choice of system from a vibrant marketplace of pharmacy IT system suppliers with viable business models available to such suppliers and alignment with NHS IT standards;
- resilient and backed up with contingency arrangements;
- supported by clear communications, guidance, training and helpdesks; and
- paperless (reduced carbon footprint for NHS and sector) and causing reduced burden.

A summary of challenges and enablers is next, followed by a more detailed explanation.

Summary of challenges and enablers

A: Systems & services IT: Empower the community pharmacy sector with robust IT solutions for delivering NHS pharmacy services. Recommended enablers and policy ideas:

- *Resource NHSE's IT assurance teams* to expedite interactions with NHS pharmacy IT suppliers and ensure IT solutions meet NHS England's expectations, including service NHS APIs progress.
- *Expand NHS Digital Services for Integrated Care to create a marketplace of viable IT solutions.* Include more pharmacy IT workstreams within this, including clinical services IT systems, Electronic Prescription Service (EPS) enhancement, and Drug Tariff IT changes. Ensure stakeholder engagement with IT suppliers and clear processes for existing and new entrants to the pharmacy IT market.

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

- *Expand the existing Professional Record Standards Body's "community pharmacy info flow standard"* to enable pharmacies to send and receive structured info related to additional services.
- *Continued access to NHSmail* – including simplifying the process for newly registered pharmacy professionals and locum pharmacists to receive personal accounts.

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

- *Expand the 'Update Record (UR)'/'Access Record' (AR) programme*, by NHS England collaborating with the GP sector and others to ensure that the GP Connect UR and AR functionalities meet GP and other requirements. Expand the UR/AR pharmacy use cases and wider use across health and care (including AR for blood test results for independent prescribing):
- *Mandate record standards:* Mandate ShCR Project teams to align their systems with Access/Update Record.

D: Referrals & appointments: Bookings, referrals, and appointment information are sent between pharmacies and other providers quickly, safely, and in a format helpful to clinicians/patients. Recommended next steps:

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

E: Digital patient services & prescriptions: Enable patients to establish a digital relationship with their pharmacy through the NHS App and other apps, allowing them to better access information on their appointments and medications. Recommended enablers and policy ideas:

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

F: Connectivity & data security: Ensure robust data security for patients and pharmacies. Simplify login processes for clinicians and patients using NHS services. Support reliable connectivity and IT infrastructure across the pharmacy sector. Recommended enablers and policy ideas:

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

Digital challenges and enablers

Domain enabler	Digital challenges and enablers

A. Systems & services IT
 	
Domain enabler: Empower the community pharmacy sector with robust IT solutions for delivering NHS pharmacy services.
	Key priority: Enhance NHS Digital Services for Integrated Care and pharmacy IT workstreams and framework
	
	Challenges (problem overview):
	The pharmacy IT solution marketplace currently encompasses over 10,000 pharmacies. Their role in providing NHS services is crucial, and both the sector and its IT suppliers need support to ensure that NHS IT interoperability can enhance their service provision. Before the introduction of the catalogue, we observed:
	
	• Pharmacy IT suppliers, which offer IT solutions such as service modules for the professional delivery of NHS-commissioned services, faced limited funding opportunities. They struggled to:
	   - Charge adequate fees to the financially constrained community pharmacy sector, which has experienced a decline in real-terms funding for many years.
	   - Access contributions towards development, for example, through the newly established but limited NHS Digital Services for Integrated Care and associated NHS Digital Care Service Catalogue. Community pharmacy IT system suppliers must generally fund upfront development costs without the opportunity to secure sufficient funding in advance to support IT development.
	
	As a result:
	• The pharmacy sector is grappling with interoperability issues that lag significantly behind other sectors outside of health and care, e.g. financial IT interoperability.
	• There is significant room to improve long-term plan for community pharmacy service commissioning IT aspects, resulting in clearer direction of travel for IT suppliers, enabling them to provide more robust and appropriate solutions that meet the community pharmacy sector's and NHS England's expectations.
	• Suppliers have faced uncertainty, and new entrants to the pharmacy IT system supplier market have also said they have struggled to make the hoped-for progress or get clarity about how to consider competing within the IT marketplace.
	
	Without appropriate incentives and direct funding awards, suppliers will have no choice but to prioritise other developments that do not align with NHS England's objectives for the community pharmacy sector.
	
	Pharmacy IT suppliers and pharmacy teams are deeply committed to ensuring that NHS community pharmacies can provide the highest quality care and are supported by the best IT systems.
	
	Suppliers need to establish viable business models, receive adequate notice of IT change expectations, collaborate with NHS policy and technical teams, undergo rigorous assurance processes, and contribute to developing NHS technical documentation that impacts their systems.
	
	NHS England started engaging with the Community Pharmacy IT Group (CP ITG) and suppliers on a more coordinated project concerning the NHS **Digital Services for Integrated Care (DSIC)** pharmacy IT workstream. The benefits observed so far include:
	• Even the initial limited investment has led to more interoperable pharmacy IT and more significant potential for supplier innovation.
	• Increased clarity for suppliers regarding the medium-term direction expected from NHS pharmacy services and technical documentation, ensuring alignment with relevant NHS IT standards.
	
	Suppliers have indicated they would also value:
	• Regular communication on catalogue developments/expectations/timelines.

	• Designated points of contact within the catalogue teams to handle and promptly reply to supplier queries. • A clear view of NHS England critical success factors for the year ahead and 2-5 years ahead, including prioritising competing system developments, e.g. Drug Tariff IT changes, dispensing IT, EPS, security and services IT and other IT expectations. **Enablers (recommendations)**: • *Increase resources for NHS England IT assurance teams.* This will expedite interactions with NHS pharmacy IT suppliers, support the provision of higher-quality IT systems, and increase diversity within the market. • *Progress service Manage Your Service (MYS) APIs.* • *Increase the investment in expanding the NHS Digital Services for Integrated Care pharmacy IT workstream* to create a marketplace of viable IT solutions. • *Integrate more pharmacy IT workstreams into NHS Digital Services for Integrated Care.* This will ensure adequate interoperability, seamless information flow and higher-quality NHS pharmacy service provision. • *Enhance communication and stakeholder engagement*: in developing NHS Digital Services for Integrated Care and all interactions between NHS England and its transformation directorate and pharmacy IT suppliers that provide Electronic Prescription Service and Community Pharmacy Contractual Framework (CPCF) IT service modules. • *Planning*: Take a broad view of all current and expected pharmacy IT developments, assess relative priorities, set achievable critical success factors, and ensure the development is resourced (see other recommendations). **Benefits**: • *Pharmacy benefits*: An innovative marketplace of IT solutions. • *Structured Data and Framework*: Simplifies the process of changing systems. • *NHS Influence*: Greater confidence in NHS England's ability to influence the quality of IT solutions. • *Data alignment:* Ensures data received by the NHS aligns with its needs. • *Planned IT solutions:* IT solutions will be implemented and planned, aligning with broader NHS community pharmacy ambitions. • *General benefit*: Enhanced software and interoperability within pharmacies, leading to improved patient care, experience and outcomes.
B. Data flow, standards & IT communications *Domain enabler:* Facilitate the structured flow of information to and from community pharmacies.	**Key priority: Adoption of Professional Record Standards Body (PRSB) Standards for Pharmacy NHS Care** **Challenges (problem overview)**: The PRSB record initiatives desperately require further development and coding. The PRSB has established a **Community pharmacy information flow standard** for notifications from pharmacy IT systems to GP systems (e.g. confirming to a GP system that a community pharmacy has administered an NHS flu vaccination to a patient). **Enablers (recommendations)**: • *Expand the existing community pharmacy information flow standard:* This will enable pharmacies to send and receive various types of information. • *Support pharmacy IT system development for this subject in a standardised way*: Integrate the work into an adequately resourced NHS Digital Services for Integrated Care pharmacy IT workstream (refer to 'Systems and Services') to ensure suppliers are motivated to develop, receive timely and appropriate technical guidance, and have opportunities to innovate. **Benefits**: • *Health care worker and patient experience*: Adoption of this standard ensures seamless clinical information exchange between systems. It enhances software quality, functionality, and interoperability within pharmacies, improving patient care, experience, and outcomes.

C. Electronic health records *Domain enabler:* Enable community pharmacies to record and access critical patient information to support direct care, benefiting patients and healthcare workers.	**Key priority: Electronic Health Records** We support pharmacy access to and the ability to update patient records. Electronic health records and NHS Direct Care APIs • It is critical that relevant info from the pharmacy flows to the patient's record (e.g. so that it is visible to other healthcare staff). • The Professional Record Standards Body (PRSB) has completed work on the ShCR **Core info standard**. **Challenges (problem overview)**: Patient care and experience are compromised. Patients often have to repeat their information multiple times across different care settings. Pharmacy teams frequently operate without access to necessary records, such as when providing services under the NHS Community Pharmacy Contractual Framework (CPCF). They often have limited summary information, usually accessible only through separate systems requiring additional logins and time to access them. There is a lack of standardisation regarding Shared Care Records (ShCRs) and other record types, particularly regarding training, technical setup and information governance arrangements. **Enablers (recommendations)**: • *The 'Update Record' programme*: Ensure comprehensive updates for all aspects of pharmacy service provision – including Pharmacy First, vaccinations and supplied medicines (NHS or private), to create a fuller patient record. Ensure information governance and privacy arrangements are in place. • *Mandate Alignment*: NHS England should require ShCR Project teams to align ShCR with Access Record/Update Record standards. • *Adopt NHS Direct Care APIs and Update Record / Access Record*: Universal adoption of these APIs is essential within community pharmacies and other health and care providers. Increase UR/AR pharmacy use cases working with GPs and others to ensure UR/AR will work well for all clinicians. • *Support pharmacy IT system development for this subject in a standardised way*: Integrate the work into an adequately resourced NHS Digital Services for Integrated Care pharmacy IT workstream (refer to 'Systems and Services') to ensure suppliers are motivated to develop, receive timely and appropriate technical guidance and have opportunities to innovate. **Benefits**: • *Standardised access*: Standardised access to records systems and streamlined onboarding processes. • *Data integration*: Pharmacy data can be integrated into NHS patient records. • *Appropriate access*: Community pharmacies will have appropriate access to necessary information. • *Enhanced quality*: Improved software quality, functionality and pharmacy interoperability, leading to better patient care, experience and outcomes.
D. Referrals & appointments *Domain enabler:* Booking referral and appointment information must be able to be sent between pharmacies and NHS service providers quickly, safely and in a format that is	**NHS Booking and Referral Standards (BaRS):** **Challenges (problem overview)**: Referrals between healthcare settings and pharmacies are often communicated unstructured, verbally, via email or post. This process is cumbersome for healthcare staff and patients, hindering follow-up opportunities and preventing optimal care. While the **Booking and Referral Standard (BaRS)** has been implemented for certain types of referrals, there is significant potential for broader application. **Enablers (recommendations)**: • *Universal adoption*: Expansion of the BaRS programme and universal adoption of BaRS in all directions, i.e., appointment IT standards, use of BaRS across other health and care services, and clinical IT systems integrated into BaRS.

useful to clinicians and patients.	• *Pathology improvements*: Enhance the process for ordering blood tests, which are crucial for managing long-term conditions. An understanding of the current systems that are used to order tests is needed and how these may be used in community pharmacies. • *CPCF Booking and Referral Standards*: Design a BaRS standard that can be reused for many referral scenarios. Prioritise standards for Pharmacy First, appointments (including vaccines), DMS, and pharmacy-to-GP referrals. These are critical for supporting pharmacy teams in providing the best additional support to patients with long-term conditions. • *Onward referrals*: Facilitate onward referrals to secondary care, optometry and dentistry via BaRS. **Benefits**: • *Seamless patient experience*: Ensure a seamless experience for patients. • *Operational improvements*: Reduce administrative burdens. • *Unified information flow*: Establish a universal method for pharmacies to send and receive information, eliminating the need for extra systems and ensuring all information flows through the same channel.
E. Digital patient services & prescriptions *Domain enabler:* Improve patients digital relationship with their pharmacy through the NHS App and other apps, to help their understanding of appointments and medications.	**IT for Independent Prescribing** **Challenges (problem overview)**: Currently, NHS England assures only one supplier in this space, which contrasts with the CP ITG principle for any pharmacy IT, which states that there should be a "Pharmacy choice of the system from a vibrant marketplace of suppliers with viable business models available to such suppliers." Additionally, there is a need to clarify the long-term scope of Independent Prescribing IT. Capturing insights from the **NHS England Pathfinder project** is essential to help potential IT suppliers understand the requirements for developing fit-for-purpose IT systems for pharmacy users. **Enablers (recommendations)**: • *Encourage multiple suppliers for Independent Prescribing IT*: through robust NHS Digital Services for Integrated Care process and assurance. • *Ensure adequate assurance capacity*: to support multiple Independent Prescribing IT suppliers. **Benefits**: • *Creates an innovative marketplace* of Independent Prescribing IT solutions for pharmacies. • *Provides pharmacy prescribers with fit-for-purpose IT systems*, increasing pharmacy team member job satisfaction and encouraging skill retention. **EPS next gen** **Challenges (problem overview)**: The NHS Electronic Prescription Service remains a world-class system in which around 1 billion NHS prescription items are processed annually. Still, much of its technology was created in the 2000s, and scope for modernising it and making it more adaptable and ready for much-needed enhancements. There are limitations, e.g. limited prescription status trackability, the clunkiness of Electronic Repeat Dispensing (eRD), rules with item numbers, cancellation complexity, and yet to be available in all prescribing settings. The Community Pharmacy IT Group representatives have welcomed the Electronic Prescription Service (EPS) and are eager to see future improvements. They recognise the need to build on the existing system rather than reinventing it. The group acknowledges the successes of the current system. Future improvements should include aligning suppliers with the FHIR standard to enhance the NHS Electronic Prescription Service IT. Example projects needing development (essential items listed in the **EPS future list**): • *Operational improvements for Electronic Repeat Dispensing*: to make it more attractive for patients and prescribers. • *Enabling instalment dispensing* (FP10 (MDA) prescription forms): to be processed electronically instead of via paper forms.

	- *Implementing single-item prescribing.* EPS prescriptions have a limit of four items. Individual items on a multi-item prescription cannot be returned to the NHS Spine; only the entire prescription can be returned. This leads to operational inefficiencies for pharmacies and increased patient complexity, especially when different pharmacies have different items in stock. Ongoing supply chain disruptions and medication shortages further complicate the issue. Currently, resolving this requires intervention from the prescriber to separate prescriptions. **Enablers (recommendations)**: - *Urgently allocate additional resources to the EPS team* to accelerate the re-platforming towards EPS FHIR and to facilitate EPS enhancements such as improved Electronic Repeat Dispensing, electronic FP10 (MDA) prescription forms and single-item prescribing. **Benefits**: - *This is crucial to achieving a paperless and 'Net Zero' system.* Other countries' electronic prescription systems are beginning to surpass our Electronic Prescription Service system. **<u>NHS App and apps</u>** **Problem and challenges**: Patients expect a seamless digital relationship with their care providers. Whilst the EPS team has engaged with the Community Pharmacy IT Group to begin to enhance the NHS App and prescription medicine status tracking for patients, there is still a need for this work to be resourced, to continue to progress and for a consistent patient experience across the NHS App and other apps, such as for medication orders and appointments. Patients desire a consistent experience with minimum expectations to be fulfilled. **Enablers (recommendations)**: - NHS App integration with pharmacy systems regarding pharmacy appointments and medicines readiness status (in progress). **Benefits**: - Enhanced patient care, experience, and outcomes.
F. Connectivity & data security *Domain enabler:* "Ensure robust security, simplify login processes, and provide reliable connectivity and IT infrastructure for patients and pharmacies.	**Challenges (problem overview)**: Pharmacy teams face workload, complexity, and security burdens due to the need to log into multiple portals and systems. **Enablers (recommendations)**: - *Implement NHS Care Identity Service (CIS) 2 standards*: across NHS systems and portals. **Benefits**: - *Reducing clunky login processes*: CIS2 across more systems could resolve a wide mixture of cumbersome sign-up and authentication issues.

Q4. What does your organisation see as the biggest challenge and enabler to spot illnesses earlier and tackle the causes of ill health?

The scope of CP ITG relates to IT. Community Pharmacy England and other member organisations participating in CP ITG will submit their responses to this question.

Q5. Please use this box to share specific policy ideas for change. Please include how you would prioritise these and what timeframe you would expect to see this delivered in:

Our answers to question 3—the enablers/challenges question—provide some detailed, specific policy ideas for change. A summary of recommended policy ideas is on page 4. Some more summarised policy ideas with timelines are set out on the pages below.

CP ITG's scope relates to IT, and this feedback will focus on digital aspects. The responses from Community Pharmacy England and the other member organisations that take part with CP ITG will submit their own responses answering this question.

Quick to do, that is in the next year or so (policy ideas)

General
- Ensure increased and continuous investment into NHS IT that contributes towards pharmacy delivery of NHS services (next year and beyond) – and that such funding is not taken from the funding planned to directly fund pharmacy.

A: Systems & services IT
- *Increase the resources of NHSE's IT assurance teams to expedite interactions with NHS pharmacy IT suppliers and ensure that* IT meets NHS England's expectations. Progress NHS Discharge Medicines Service (DMS) and other **service Manage Your Service (MYS) APIs** to reduce double data entry.
- *Begin the expansion of NHS Digital Services for Integrated Care:* to create a marketplace of viable IT solutions. Include more pharmacy IT workstreams within this, including clinical services IT systems, Electronic Prescription Service (EPS) enhancement, and Drug Tariff IT changes. Ensure stakeholder engagement with IT suppliers and transparent processes for existing and new entrants to the pharmacy IT market. Further progress of this framework will continue into future years with a 3-5 year plan necessary to ensure aligned solution delivery.

B: Data flow, standards & IT communications
- *Begin a business case to commission the Professional Record Standards Body to expand the "community pharmacy info flow standard"* to enable pharmacies to have further relevant standards send and receive structured info related to additional services.
- *Ensure continued access to NHSmail* – including setting out a simple process for newly registered pharmacy professionals and locum pharmacists to receive personal accounts without a need for reliance on a single pharmacy employer given that they may be moving between pharmacies.

C: Electronic health records
- *Plan the 'Update Record (UR)'/'Access Record' (AR) programme development* through NHS England's further collaboration with the GP sector and others to ensure that the GP Connect UR and AR functionalities meet GP and other requirements and the benefits are available and articulated to all. Begin the expansion of the UR/AR pharmacy use cases and wider use across health and care (including AR for blood test results for independent prescribing).

D: Referrals & appointments
- *Plan for universal adoption*: Seek to expand the BaRS programme and universal adoption of BaRS in all directions, i.e., appointment IT standards and use of BaRS across health and care services and IT. Identify all the pharmacy systems and IT which could align with this by working with Community Pharmacy England and Community Pharmacy IT Group.
- *Begin work to explore pathology improvements needed*: Plan for how the process for ordering blood tests could be improved, it is crucial for managing long-term conditions.
- *Plan a broader 'CPCF Booking and Referral Standard'* for referral scenarios. Prioritise standards for Pharmacy First, appointments (e.g. vaccines), DMS, and pharmacy to GP referrals.
- *Plan for BaRS onward referrals*: Plan for how to expand - secondary care, optometry and dentistry.

E: Digital patient services & prescriptions
- *Encourage multiple suppliers to provide Independent Prescribing IT systems* through the NHS Digital Services for Integrated Care process and adequate NHS England assurance capacity.
- *Urgently allocate additional resources to the EPS team to accelerate the work of IT suppliers re-platforming towards EPS FHIR and to facilitate EPS enhancements*: such as improved Electronic Repeat Dispensing, electronic FP10 (MDA) prescription forms and single-item prescribing.
- *NHS App integration with pharmacy systems*: regarding appointments and medicines readiness for collection at pharmacies.

F: Connectivity & data security
- *Implement NHS Care Identity Service (CIS) 2 standards*: across more NHS systems and portals.

In the middle, that is in the next 2 to 5 years (policy ideas)

A: Systems & services IT
- *Ensure adequate ongoing resources to NHS's IT assurance teams*
- *Develop the NHS Digital Services for Integrated Care* pharmacy IT workstream

B: Data flow, standards & IT communications
- *Professional Record Standards Body to expand the* "*community pharmacy info flow standard"*, and this expanded version is to be coded by NHS England.

C: Electronic health records
- *Continue the 'Update Record (UR)'/'Access Record' (AR) development, by NHS England collaborating with the GP sector and others.*
- *Mandate record standards:* Mandate ShCR Project teams to align their systems with Access/Update Record.

D: Referrals & appointments
- *Universal adoption*: Expansion of the BaRS programme and universal adoption of BaRS in all directions, i.e. appointment IT standards and use of BaRS across health and care services and IT.
- *Pathology improvements*: Enhance the process for ordering blood tests, which are crucial for managing long-term conditions, e.g. a related BaRS use case for independent prescribing work.
- *Create a new broader 'CPCF Booking and Referral Standard'* to be used for many referral scenarios. Prioritise standards for Pharmacy First, appointments (including vaccines), DMS, and pharmacy to GP referrals.
- *Onward referrals*: Facilitate onward referrals to secondary care, optometry and dentistry via BaRS.

E: Digital patient services & prescriptions
- *Assure multiple suppliers to provide NHS-assured Independent Prescribing IT Electronic Prescription Service systems*
- *Electronic Prescription Service improvements at pace: EPS FHIR,* improved Electronic Repeat Dispensing, electronic FP10 (MDA) prescription forms and single-item prescribing.
- *NHS App integration with pharmacy systems*: further development of appointments and medicines readiness for collection at pharmacies.

F: Connectivity & data security
- *Mature NHS Care Identity Service (CIS) 2 standards* across NHS systems and portals, incentivising CIS2 use within IT clinical systems.

Long-term change that will take more than 5 years (policy ideas)

A: Systems & services IT
- *Ensure adequate ongoing resources to NHSE's IT assurance teams*
- *Mature the NHS Digital Services for Integrated Care* pharmacy IT workstream and iteratively adapt plans, always looking at least three years ahead to enable IT suppliers to invest in line with NHS England's planned direction of travel.

B: Data flow, standards & IT communications
- *Continue facilitating the structured flow of information to and from community pharmacies.*

C: Electronic health records: Ensure the community pharmacy sector can record critical information in patients' records for use by patients and other healthcare workers. Facilitate easy access to relevant information for pharmacies to support direct care purposes. Recommended next steps:
- *Continue the 'Update Record (UR)'/'Access Record' (AR) development by NHS England collaborating with the GP sector and others.*
- *Mandate record standards:* Mandate ShCR Project teams to align their systems with Access/Update Record.

D: Referrals & appointments
- *Universal adoption of BaRS*.
- *Optimise pathology*: Optimise the process for ordering blood tests, which are crucial for managing long-term conditions, e.g. BaRS use for independent prescribing work.
- *Continue developing and maintaining the broader 'CPCF Booking and Referral Standard'* for many referral scenarios.
- *Optimise onward referrals*: secondary care, optometry and dentistry via BaRS.

E: Digital patient services & prescriptions
- *Assure ongoing refinement of NHS-assured Independent Prescribing IT Electronic Prescription Service systems*.
- *Continuous Electronic Prescription Service improvements: Ensure continuous improvements to keep EPS robust and adapting.*
- *NHS App integration with pharmacy systems*: refine features regarding pharmacy appointments and medicines readiness for collection at pharmacies.

F: Connectivity & data security
- *Simplify login processes* for clinicians and patients using NHS services. Support ongoing reliable connectivity and IT infrastructure across the sector.

Further information

If you have any queries about this document, please contact the CP ITG secretariat: **Daniel.Ah-Thion@cpe.org.uk**.