

**Pharmacy system roadmap: for use and development of systems**

This [Community Pharmacy IT Group (CP ITG)](https://cpe.org.uk/cpitg) briefing, designed for pharmacy system suppliers and pharmacy owners, focuses on the development of pharmacy systems and the system features that pharmacy owners and their teams frequently request.

Most pharmacy teams need to use a mixture of pharmacy solutions within their pharmacy, and some of these elements considered here may be more relevant to certain types of pharmacy IT systems. This could include:

* Electronic Prescription Service systems
* Aggregators (pharmacy supplier aggregators)
* App providers
* Booking and appointment systems
* CPCF clinical services IT system suppliers
* Electronic CD registers
* Instant messaging providers
* Independent Prescribing
* Patient apps (engagement platforms)
* Reconciliation and stats suppliers
* Vaccination Point of Care systems
* Video conferencing suppliers
* Other systems

Some sections and items may be more relevant to certain types of systems.

CP ITG may continue to work on developing views on these four digital priority areas and ensuring their continued alignment with the Community Pharmacy Contractual Framework (CPCF) and CP ITG’s Digital Priorities list.

**Background**

**Pharmacy owners – getting the best from systems**

Pharmacy owners and their teams frequently report that they do not yet use their systems to the fullest extent. To support the efficient operation of pharmacies, it is therefore essential that they learn about and effectively utilise existing features. Practical steps that pharmacy owners could take include:

* learning about and using settings and customisation options within their system that could assist their pharmacy workflows;
* asking questions about system functionality and providing feedback to your system supplier, as this helps to shape their plans for the development of their system;
* making best use of system training opportunities so you become familiar with the system and can optimise use and benefits obtained from it; and
* ensuring the hardware and software within the pharmacy is appropriate, as recommended by your system supplier and NHS England (e.g. the [Warranted Environment Specification (WES)](https://digital.nhs.uk/services/spine/spine-technical-information-warranted-environment-specification-wes)) and that software updates provided by suppliers are applied promptly.

**Development of systems**

System suppliers may comply with NHS minimum specifications, e.g. EPS suppliers align to EPS minimum standards[[1]](#footnote-2). The following list includes features of systems over and above the minimum requirements, which pharmacy staff frequently identify as being desirable, in order that systems efficiently support the provision of community pharmacy services now and in the future. Many systems already have much of this functionality, and it is recognised that:

* suppliers have finite resources and must carefully consider which changes are feasible and a priority;
* suppliers will follow their long-term development roadmaps, and making quick/complex/unexpected changes won’t always be viable;
* variation amongst the systems can help to ensure there is innovation and healthy competition in the pharmacy IT market; and
* some of the requested features listed below cannot yet be developed by suppliers until suitable NHS IT standards or technical changes to the underlying NHS IT are implemented. The [Community Pharmacy IT Group (CP ITG)](https://cpe.org.uk/cpitg) will continue to push for those NHS IT changes necessary to support progress.

The list below will be updated, and pharmacy team members and IT suppliers are encouraged to provide feedback on the content. Features are categorised into four areas: *Interoperability and security*; *Reducing burden*; *Good use and enhancement of digital*; and *Patient tools*.

The items will be assigned an estimated priority (low, medium, or high) and a feasibility rating (easy, medium, or hard).

**1. Requested features: Interoperability and security**

### *Priority: Ensuring people’s health and care info is safely and securely accessed, wherever it is needed.*

**Interoperability and security overview**

CP ITG’s overall digital priorities outline records and standards priorities.

**Records**: Community pharmacies require records such as appropriate access to Summary Care Record (SCR) with Additional Information (with one-click functionality), Shared Care Record (ShCR), national records locator service integration and integration with other needed records information. Pharmacy teams also need reading and writing ability linked to records. The read and write ability, once set up, should be:

* set up in a structured manner; and
* enable pharmacy teams to auto-view diagnoses to assist pharmacist and patient discussion.

SCR with Additional Information (one-click) should be the default SCR, and patients should be able to continue opting out of SCR while being reassured by the existing auditability of the system.

**Standards**: Pharmacy IT systems should utilise standards (e.g., those agreed upon by the Professional Record Standards Body with stakeholders and published). Standards should include, but not be limited to, the national standards for the items below.

* Notifications from pharmacy systems to GP systems, including flu vaccination data, emergency supply information, the Community Pharmacist Consultation Service, and the New Medicines Service, among others.
* Interoperability with hospital systems, enabling receipt of structured discharge information.
* Computable dose standards (dose syntax).
* Appointments, referrals, signposting, and medicine status standards.
* Growth of PRSB pharmacy information flows datasets.
* A common Shared Care Record (SCR) transmission standard, allowing system suppliers that have integrated into one Local Health Care Record (LHCR) system to integrate with another easily.

The pharmacy IT system features that support interoperability and security are outlined below.

**1a Interoperability**

**General**

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| **Summary** | **Item** | **Priority** [lo/m/hi] | **Est. feasibility** [easy/m/m/h] | **Column for IT suppliers** **to add notes** | **Column for the pharmacy team** **to add notes** |
| Data transfer process  | **Can allow complete transfer of patient records to a new equivalent system, if the system is to be changed** to support safe care | **H** | **H** |  |  |
| Patient records  | **The patient transfer record would ideally include:** allergy status, intolerance status, hospital discharge summaries, acute vs repeat medicines lists and New Medicine Service (NMS) records,  | **H** | **H** |  |  |
| Update Record | **Can integrate with** [**GP Connect Update Record**](https://cpe.org.uk/digital-and-technology/standards-and-interoperability-it/gp-connect/gp-connect-update-record/) | **H** | **H** |  |  |
| Access Record | **Can integrate with** [**GP Connect Access Record**](https://cpe.org.uk/digital-and-technology/standards-and-interoperability-it/gp-connect/gp-connect-access-record/) | **H** | **H** |  |  |
| BaRS | **Can integrate with existing and future** [**Booking and Referral Standards (BaRS)**](https://cpe.org.uk/bars) | **H** | **H** |  |  |
| Appointments integration | **Can integrate with existing and future appointment IT standards** | **H** | **H** |  |  |
| Service data share | **Can share anonymised service data with Community Pharmacy England and other appropriate organisations to evaluate the impact and outcomes of pharmacy services** (e.g. NMS, and flu vaccination) | **M** | **M** |  |  |
| SNOMED doses | **Can use coded (SNOMED clinical terms (CT)) dose instructions** | **M** | **M** |  |  |
| Clear doses  | **Can print patient dose instructions in a user-friendly manner**, e.g. ONE tablet to be taken FOUR TIMES a day | **L** | **E** |  |  |
| SCR 1-click  | **Can access Summary Care Record (SCR)[[2]](#footnote-3) information speedily (via ‘OneClick’ or message integration),** reducing the need for pharmacy staff to require Smartcard re-authorisation or ‘clunkier’ SCR access | **H** | **M** |  |  |
| ShCRs | Can integrate or interoperate with: **Shared Care Records (ShCRs)**  | **H** | **H** |  |  |
| National Record Locator (NRL) | Can integrate with NRL | **M** | **H** |  |  |
| DoS  | **Can provide a link to the Directory of Services (DoS)** to enable the pharmacy to obtain the information required to send Interoperability Toolkit (ITK2) messages | **M** | **M** |  |  |
| ITK2 receipt | **Can enable community pharmacies to receive Interoperability Toolkit (ITK2)[[3]](#footnote-4) messages from other care settings, e.g.** to support the secure transfer of information from community pharmacy to other settings | **H** | **H** |  |  |
| ITK2 sending | **Can enable community pharmacies to send Interoperability Toolkit (ITK2) messages to other care settings,** e.g. to support the secure transfer of information from urgent care to community pharmacy. Messages from the pharmacy to primary care may include interventions and information on advice provided to patients | **H** | **H** |  |  |
| API-led | **API-led connectivity[[4]](#footnote-5)** to allow easier interoperability | **M** | **M** |  |  |
| GP integrations | **Can be directly or indirectly compatible with GP systems,** so structured clinical information can be shared with GPs | **H** | **H** |  |  |
| Service provision | **Can support the provision of services** and recording of clinical data, e.g. support for NMS, vaccinations | **H** | **M** |  |  |
| NHSmail | Can integrate or interoperate with: **NHSmail** and can notify pharmacy staff of new NHSmail, e.g. audible or screen alert | **L** | **H** |  |  |
| EPOS  | Can integrate or interoperate with: **Electronic point of sale (EPOS) systems** | **M** | **M** |  |  |
| NHS App | Can integrate or interoperate with **the** [**NHS App**](https://cpe.org.uk/nhsapp) **and other patient apps,** including data input by the patient into their app, e.g. ‘dose taken at [time]’, | **H** | **H** |  |  |
| Stock control | Can integrate or interoperate with **stock control systems** | **M** | **M** |  |  |
| eRS | Can integrate or interoperate with **NHS e-referral service (eRS)** | **M** | **M** |  |  |
| Service system integration | Can integrate or interoperate with **web-based pharmacy service clinical systems** | **M** | **M** |  |  |
| CD register | Can integrate or interoperate with: **Electronic controlled drug registers** | **M** | **M** |  |  |
| Patient messaging | Can integrate or interoperate with: **patient messaging systems** e.g.notifications that medicine is ready for collection – via email, SMS text or app notifications, or NHSmail text notifications | **H** | **E** |  |  |
| Smartcards  | Can integrate or interoperate with: **all Smartcard software**, e.g. Gemalto middleware, Oberthur middleware and the Smartcard Care Identity Service (CIS) 1 and 2 | **L** | **E** |  |  |
| Robots | Can integrate or interoperate with: **dispensing robots and smart devices** e.g. smart fridge and its temperature | **M** | **M** |  |  |
| Four nations alignment  | Can be ready for alignment to **legislative changes introduced to any of the four nations**: England, Northern Ireland, Scotland and Wales | **H** | **H** |  |  |
| PRSB | Can **align to Professional Record Standards Body standards** including pharmacy information flows standard, where these standards have been endorsed by RPS and Community Pharmacy England – including the Community Pharmacy Data Standard (CPDS) and the Core Information Standard (CIS) | **H** | **H** |  |  |

Additional IT interoperability standards listed at [cpe.org.uk/specs](http://www.cpe.org.uk/specs). Additional IT interoperability standards listed at [cpe.org.uk/specs](http://www.cpe.org.uk/specs). Additional IT interoperability standards listed at [cpe.org.uk/specs](http://www.cpe.org.uk/specs).

**1b Resilience**

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| **Summary** | **Item** | **Priority** [lo/m/hi] | **Est. feasibility** [easy/m/h] | **Column for IT suppliers****to add notes** | **Column for pharmacy team****to add notes** |
| Downtime | **Should use arrangements to ensure down-time is minimal** | **H** | **M** |  |  |
| Service levels | **Can have availability % service levels independently assessed and published** e.g. by NHS England  | **H** | **H** |  |  |
| SLAs | **Can publish service level agreement (SLA) options involved** if there is a connection or broadband problem and explain the SLA options (e.g. across weekends and bank holidays) and offerings of any third-party provider | **H** | **H** |  |  |
| Compensation arrangements | **Can clearly explain the compensation process online or within contracts** in case an outage significantly impacts a pharmacy’s operation e.g. discounts against future monthly payments | **H** | **H** |  |  |

**1c Connectivity**

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| **Summary** | **Item** | **Priority** [lo/m/hi] | **Est. feasibility** [easy/m/h] | **Column for IT suppliers****to add notes** | **Column for pharmacy team****to add notes** |
| Connectivity quality | **Can have contract provisions that ensure connection speeds will improve over time**, e.g. at minimum, in-line with the national average internet speed improvements over time | **H** | **H** |  |  |
| 4G backup | **Can have a business continuity offering for connectivity, e.g**. a 4G/5G dongle in case the wired connection fails | **H** | **M** |  |  |
| HSCN | **Can be associated with Health and Social Care Network (HSCN) connection and connectivity benefits, e.g.:*** + security/protective software/processes which protect pharmacy data and systems;
	+ internet telephone options to replace or sit alongside the typical landline option;
	+ a line of non-HSCN broadband for online usage not involving sensitive data transmission;
	+ use of secure mobile devices within the pharmacy connected to HSCN;
	+ back-up 4G/5G or dual connection to protect business continuity if the local wired internet connection is lost; and
	+ wide area network (WAN) – i.e. a shared connection across multiple pharmacy branches.
 | **H** | **H** |  |  |

**1d Security, standards and accuracy of information**

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| **Summary** | **Item** | **Priority** [lo/m/hi] | **Est. feasibility** [easy/m/h] | **Column for IT suppliers****to add notes** | **Column for pharmacy team****to add notes** |
| Security | **Can be increasingly compliant with data security principles -** recognising achieving data security compliance is a journey – | **M** | **M** |  |  |
| Patient record copy | **Can support generation of an appropriate copy of the patient’s record (digital and/or paper)** for those patients that may request access | **H** | **M** |  |  |
| Privacy notice  | **Can have all uses of data explained** within a published privacy/transparency notice | **H** | **E** |  |  |
| DSPTK compatibility | **Can have technical questions within the Data and Security Protection (IG) Toolkit auto-populated** i.e. IT suppliers have been invited to auto-insert answers against relevant questions for pharmacy owners | **L** | **H** |  |  |
| Drafted data protection impact assessment  | **Supplier can provide a draft data protection impact assessment** |  |  |  |  |
| Standards | **Can align with best practice standards equivalent** or in alignment with recognised standards such as Data and Security Protection (IG) Toolkit, [**ISO27001**](https://www.iso.org/isoiec-27001-information-security.html)**[[5]](#footnote-6)** Cyber Essentials and [Digital technology assessment criteria (DTAC)](https://transform.england.nhs.uk/key-tools-and-info/digital-technology-assessment-criteria-dtac/), and where appropriate [NHS Digital Services for Integrated Care](https://digital.nhs.uk/services/digital-services-for-integrated-care) assurance or other NHS England technical assurance | **M** | **M** |  |  |
| PDS  | **Can align patient information held within the system** with the Patient Demographic Service (PDS) and other available information to ensure the information is accurate | **H** | **H** |  |  |
| PDS death date  | **Can inform the pharmacy team about the death of a patient-**registered patient after the death date has been updated on the Patient Demographics Service (PDS) | **M** | **M** |  |  |
| Antivirus & security updates | **Can have anti-virus and security updates applied automatically and** auto-flagging of terminals which may be inadvertently missing virus updates | **H** | **E** |  |  |
| Locked PCs and tablet devices | **Can provide the option of associated physically ‘locked-down’** terminals less easy to remove (where a hardware contract applies) | **M** | **E** |  |  |
| Encryption  | **Can provide encrypted hard disks** | **H** | **E** |  |  |
| PDS  | **Can align patient information held within the system** with the Patient Demographic Service (PDS) and other available information to ensure the information is accurate | **H** | **H** |  |  |

**2. Requested features: Reducing burden**

### *Priority: Utilisation of digital technology to alleviate the burden on pharmacy teams, enabling them to focus on patient care.*

**Reducing the burden overview**

CP ITG’s overall digital priorities outline priorities for easy authentication, usability, and reduced burden.

### Easing authentication, e.g., single-sign-in systems and master log-ons, Smartcard alternatives, and single interfaces to gather various information needed, etc. System developers should look towards more innovative authentication options such as log-in with Athens, log-in with NHSmail and log-in with Care Identity Service (CIS) 2.

### Ensuring future technology is usable: Technology should:

### *Continue to be user-tested,* involving CP ITG and pharmacy teams, who test new tools or features (dummy or real login credentials should be used so that comments can be passed to developers for consideration).

### *Support workflow prioritisation* to ease rather than add to the workload. Systems should increasingly integrate notifications, emails, and appointments to support the increasing volume of messages and referrals coming into community pharmacies from other sectors, such as hospitals, GPs, and NHS 111.

### *Enable the elimination of paper (e.g., with Real-Time Exemption Checking (RTEC), good practices, more mobile devices, guidance explaining how to access Spine services on mobile devices, etc.*).

Features that contribute to the ‘reducing burden’ are outlined below.

**2a Usability**

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| **Summary** | **Item** | **Priority** [lo/m/hi] | **Est. feasibility** [easy/m/m/h] | **Column for IT suppliers****to add notes** | **Column for the pharmacy team****to add notes** |
| User testing principles | **Can be user-tested** on an ongoing basis to support development of the system, e.g. they can be user-tested to make interfaces more usable within pharmacies and head offices | **H** | **E** |  |  |
| Intuitive  | **Can be intuitive and speedy** to use | **H** | **M** |  |  |
| Touch-screen | **Can be touch-screen compatible** | **M** | **E** |  |  |
| Secure mobiles | **Can be used on secure mobile devices** within the pharmacy | **H** | **M** |  |  |
| Dashboard (bespoke) | **Can provide a customisable dashboard/user interface** | **M** | **H** |  |  |

**2b Supporting accurate reimbursement**

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| **Summary** | **Item** | **Priority** [lo/m/hi] | **Est. feasibility** [easy/m/h] | **Column for IT suppliers****to add notes** | **Column for the pharmacy team****to add notes** |
| Claim amend | **Can enable** ‘**claim amend’** of an Electronic Prescription Service (EPS) prescription or service claim after it has been sent for pricing | **H** | **E** |  |  |
| Spine or NHSBSA acknowledgements 1 | **Can confirm those messages (e.g. service/EPS messages) which have been sent to the Spine** **or to NHSBSA** to reassure pharmacy owners that the messages have been delivered as needed  | **H** | **E** |  |  |
| Spine or NHSBSA acknowledgements 2 | **Can notify pharmacy staff about those messages which were not successfully sent to the Spine**, to reduce the need for manual reconciliation | **H** | **E** |  |  |
| Deadline warning | **Can alert pharmacy staff of EPS prescriptions or service claims approaching their claiming deadlines**, e.g. warnings about numbers of prescriptions approaching the 180-day limit, warnings about numbers of eRD issues approaching the deadline (365 after the original signed date) etc | **H** | **E** |  |  |
| Endorsement checking | **Can enable efficient checking of endorsements** so the pharmacy team member that reviews this can easily satisfy themselves that other pharmacy staff have made electronic endorsements correctly e.g. including where an invoice price is required by the pricing authority | **H** | **M** |  |  |
| Notification of missing required information | **Can alert pharmacy staff before allowing submission of non-Part VIII prescription items that are missing required information/price endorsement** to reduce the risk that the NHS BSA need to contact the pharmacy team for clarification | **M** | **E** |  |  |
| Flavour | **Can alert pharmacy staff** if multiple flavours are dispensed but the GP assorted flavours (AF) endorsement is missing | **L** | **E** |  |  |
| Reconciling packs | **Can reconcile against pricing data to the pack level**, e.g. by integrating with pricing software | **H** | **H** |  |  |
| MYS | **Can integrate with the Manage Your Service system Application Programming Interfaces (APIs)** – see [cpe.org.uk/servicesit](https://cpe.org.uk/servicesit)  | **H** | **H** |  |  |
| Endorsement of packaged dose  | **Can enable endorsement of ‘Packaged Dose’ (PD)** | **H** | **E** |  |  |
| Aligned to new FP10 | **Is adapted in line with the up-to-date versions of the FP10 stationery**  | **H** | **E** |  |  |
| Exemption support | **Can reduce the risk that a form level exemption is not wrongly applied**, e.g. prevents a form-level free of charge’ status being applied if the prescription has both a free of charge item (e.g. contraceptive or ‘FS’) and a non-free of charge item | **H** | **E** |  |  |

**2c Feedback/reporting**

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| **Summary** | **Item** | **Priority** [lo/m/hi] | **Est. feasibility** [easy/m/h] | **Column for IT suppliers****to add notes** | **Column for pharmacy team****to add notes** |
| Feedback system  | **Can use a feedback system so pharmacy staff can report issues or ideas** via phone or online and in each case a helpdesk reference number is provided | **H** | **M** |  |  |
| Helpdesk | **Can be supported by a helpdesk** open during usual office hours but ideally longer to more closely match typical pharmacy hours | **H** | **E** |  |  |
| Ticket responses | **Can be supported by transparent response times** for dealing with problems when they occur, e.g. standard ticket response times | **H** | **M** |  |  |
| Clear service route | **Can be supported by a transparent helpdesk escalation process** if staff cannot resolve their question with the first-line support | **H** | **E** |  |  |

**2d Sorting information easily**

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| **Summary** | **Item** | **Priority** [lo/m/hi] | **Est. feasibility** [easy/m/h] | **Column for IT suppliers****to add notes** | **Column for pharmacy team****to add notes** |
| Prescription information  | **Can filter/sort prescription information on-screen effectively**, e.g. prescriptions by: * + newest and by oldest
	+ patient name (and grouping to reduce some of the risk of ‘split scripts’)
	+ Release 1 and Release 2
	+ dispensed from those that are awaiting collection
	+ endorsed and ready to claim
	+ those with actions outstanding
	+ monitored dosage systems (MDS)
	+ controlled drugs
 | **H** | **E** |  |  |
| Services information | **Can filter/sort service consultations on-screen effectively** |  |  |  |  |
| Warning alerts | **Can warn if there are multiple prescriptions/services** for the same patient at the time of processing one of that patient’s prescriptions | **H** | **E** |  |  |

**2e Ready for change**

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| **Summary** | **Item** | **Priority** [lo/m/hi] | **Est. feasibility** [easy/m/h] | **Column for IT suppliers****to add notes** | **Column for pharmacy team****to add notes** |
| Agile | **Can be agile enough** so that enhancements can be made to support changes to the community pharmacy contract and other service developments | **H** | **H** |  |  |

**2f Submission reconciliation**

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| **Summary** | **Item** | **Priority** [lo/m/hi] | **Est. feasibility** [easy/m/h] | **Column for IT suppliers****to add notes** | **Column for pharmacy team****to add notes** |
| Report for FP34C | **Can generate a report to support the monthly submission form (FP34C) completion**, including the report considering the claiming window periods (e.g. the EPS 5-day-claiming-window) – at pharmacy or pharmacy organisation level | **H** | **E** |  |  |
| High value item report | **Can generate reports for high value or unusual items** | **H** | **E** |  |  |

**2g Dealing with problems**

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| **Summary** | **Item** | **Priority** [lo/m/hi] | **Est. feasibility** [easy/m/h] | **Column for IT suppliers****to add notes** | **Column for pharmacy team****to add notes** |
| Backups 1 | **Can automatically and securely back-up data on a regular basis** | **H** | **E** |  |  |
| Backups 2 | **Can ensure regular back-ups are taken** (e.g. daily) and alerting pharmacy staff if back-ups are not made within a defined time | **H** | **E** |  |  |
| Downtime alerts | **Can alert pharmacy staff when the system is down**, e.g. when connectivity to the internet is lost or the local system is unable to connect to the central NHS Spine or message broker | **H** | **E** |  |  |
| Data restore  | **Can support transition after system down-time** by supporting use of back-ups and efficient reconciliation of records on the system and downloaded electronic prescriptions and service consultations once connectivity is restored | **H** | **E** |  |  |

**2h Efficient working**

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| **Summary** | **Item** | **Priority** [lo/m/hi] | **Est. feasibility** [easy/m/h] | **Column for IT suppliers****to add notes** | **Column for pharmacy team****to add notes** |
| EPS recall DNs, and service recall message | **Can recall an EPS dispense message / service consultation submission message** in case adjustment is required | **H** | **E** |  |  |
| Module switch | **Can alternate between modules speedily** (e.g. paper and EPS, or different types of services) | **H** | **E** |  |  |
| Patient records  | **Can display patient medication history on-screen clearly** to support pharmacy staff in efficiently reviewing the relevant history (see also interoperability section: SCR one-click) | **H** | **M** |  |  |
| Digital communication to patient | **Can communicate information to patient digitally** * + Supporting information from a service consultation e.g. SMS text, email, or virtual consultation chat stream
	+ **E.g. from the right-hand side of the prescription**: Can ‘remember’ if the pharmacist changed the instructions for the last prescription for the patient to support automatically converting the GP’s abbreviated message to a suggested alternative. Can organise repeat medicines into alphabetical order so a comparison can be performed against the prescribing system’s alphabetical list
 | **H** | **M** |  |  |
| Electronic signatures | **Can enable patients to electronically sign their name**, e.g. via a touchscreen mobile device | **H** | **H** |  |  |
| Delivery flag | **Can enable display of a ‘delivery patient’ flag** to advise pharmacy staff where home delivery is required | **M** | **M** |  |  |
| MDS | **Can integrate EPS with other business processes**, e.g. can integrate with monitored dosage systems (MDS) | **M** | **M** |  |  |
| Nomination list | **Can enable generation of a nominated patients list** for management purposes that have recently received prescriptions via nomination | **M** | **M** |  |  |
| Follow-up process | **Can allow outstanding actions to be recorded/filtered/displayed**, e.g. follow-up phone call is required for patient | **M** | **M** |  |  |
| Spell check of instructions passed to patient | **Can provide spell-check facilities for patient instructions** (e.g. service-related instructions or dose instructions)but should not auto-correct without user confirmation or action (to avoid the risk of spurious auto-correction) | **M** | **M** |  |  |
| Phone barcodes | **Can enable scanning of barcodes on Smartphones** i.e. some scanners do not support this | **H** | **M** |  |  |

**2i Auditability**

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| **Summary** | **Item** | **Priority** [lo/m/hi] | **Est. feasibility** [easy/m/h] | **Column for IT suppliers****to add notes** | **Column for pharmacy team****to add notes** |
| Speedy sign-in and CIS2 | **Can use authentication technology to allow usable and secure access to systems**, using Care Identity Service (CIS) 2 alternatives to Smartcards, e.g. speedy ‘user selection’, key fob, two-factor or multi-factor authentication, and NHS login compatibility for staff | **H** | **H** |  |  |

**2j Training opportunities**

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| **Summary** | **Item** | **Priority** [lo/m/hi] | **Est. feasibility** [easy/m/h] | **Column for IT suppliers****to add notes** | **Column for pharmacy team****to add notes** |
| Training 1 | **Can provide training at start of system use, as well as ongoing and refresher training** | **H** | **E** |  |  |
| Training 2 | **Can provide ongoing training opportunities** delivered through factsheets, videos and on-screen help* + **Can be explained with mini ‘how-to’ videos that are** **freely accessible online**, so any pharmacy team members or locum staff can watch on any computer without requiring any login
 | **H** | **E** |  |  |

**2k Exemption category processes**

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| **Summary** | **Item** | **Priority** [lo/m/hi] | **Est. feasibility** [easy/m/h] | **Column for IT suppliers****to add notes** | **Column for pharmacy team****to add notes** |
| Exemption process support | **Can support exemption category processing (before the real-time exemption checking** system is in place):* + **Can support accurate recording of exemption type** when it is obtained at point of hand-out
	+ **Can prevent submission before exemption status altered** preventing prescriptions being submitted with ‘paid’ status by accident if they should have been marked exempt
	+ **Can use exemption expiry dates** preventing prescriptions falsely being marked ‘exempt’
	+ **Can report exemption category summaries** to support the pharmacy manager checking that staff have entered exemption information and monthly submission form (FP34C) completion
	+ **Integrates with real-time exemption checking (RTEC)**
 | **H** | **E** |  |  |

**2l Fair and transparent contracts**

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| **Summary** | **Item** | **Priority** [lo/m/hi] | **Est. feasibility** [easy/m/h] | **Column for IT suppliers****to add notes** | **Column for pharmacy team****to add notes** |
| Clear upgrade costs | **Can explain its upgrade costs clearly** (one-off and ongoing) | **H** | **E** |  |  |
| Fair contract length | **Can be contracted for a fair length**,i.e. an option for one year or less that is not cost-prohibitive compared with a longer contract (e.g. two or three years) | **H** | **E** |  |  |
| Clear hardware costs | **Can have its contract transparently communicate hardware commitments** | **H** | **E** |  |  |
| No unfair penalty for changing  | **Should not have an unreasonable penalty clause for early termination** of the contract, e.g. one-month’s software costs for a software only contract | **H** | **E** |  |  |
| Aligned contract for all services | **Can have its contract aligned with related contracts**,i.e. if multiple existing contracts for hardware, support, software and Health and Social Care Network (HSCN) connection the timing will be aligned | **H** | **E** |  |  |
| Flexible contract | **Can have a contract with flexibility for upgrades**, e.g. the speed of the connection or service level agreement (SLA) ‘time-to-fix’ can be improved without an excessive charge or wait | **H** | **E** |  |  |
| Published offer | **Can have contract offerings published** so they can easily be compared against alternative offerings | **H** | **E** |  |  |
| Clear contract | **Can have contract accessible and written in plain English** e.g. important information is not ‘hidden’ within complex small-print e.g. a ‘layered’ digital contract with top-level important information quickly made clear but ability to ‘click’ to show the further detail | **H** | **E** |  |  |
| Hardware replacement | **Can be associated with hardware replacement**:* + Can be associated with transparent replacement options
 | **H** | **E** |  |  |

**3. Requested features: Good use of digital**

### *Priority: Support technology usage within pharmacy to improve health and care productivity, improve patient safety outcomes and improve cooperation between pharmacies and the health and care system.*

### *(including Electronic Prescription Service (EPS), and related safety measures).*

**Good use of digital overview**

CP ITG’s overall digital priorities set out priorities for easy authentication and usability and reduced burden.

### Further expansion of development and integration of existing and future tools

### (or appearance of integration) for Summary Care Record (SCR), EPS etc. (whether the tools are NHS or otherwise). The group’s supports priority items:

* *EPS enhancement* (see [CP ITG priorities for EPS next generation](https://cpe.org.uk/epsfuturelist)).
* *Digital development in support of the Community Pharmacy Contractual Framework* ([CPCF](https://cpe.org.uk/fyc)) with suitable specifications available for potential suppliers.

### *Remote care including video consultation options from pharmacy* (service requirements apply).

### *Patient-focussed systems* enabling quick recording of patient’s info to reduce double keying.

Features that fit into the Good use of digital area are set out below.

**3a Community Pharmacy Contractual Framework (CPCF) ready**

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| **Summary** | **Item** | **Priority** [lo/m/hi] | **Est. feasibility** [easy/m/h] | **Column for IT suppliers****to add notes** | **Column for pharmacy team****to add notes** |
| CPCF IT compatible  | **Can align to existing and future NHS CPCF arrangements**  | **H** | **M** |  |  |
| DMS/CPCF and MYS | **Can integrate with the Manage Your Service system**  so that service information auto populates MYS preventing double keying (see [services IT requirements](https://cpe.org.uk/digital-and-technology/it-policy-and-development/pharmacy-services-it-requirements/)) | **H** | **M** |  |  |
| Ready for future CPCF services | **Services modules are ready for existing and future CPCF IT services** because alignment to [services IT requirements](https://cpe.org.uk/digital-and-technology/it-policy-and-development/pharmacy-services-it-requirements/) | **H** | **H** |  |  |

**3b Clinical information and notifications**

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| **Summary** | **Item** | **Priority** [lo/m/hi] | **Est. feasibility** [easy/m/h] | **Column for IT suppliers****to add notes** | **Column for pharmacy team****to add notes** |
| Video consultation tool available  | Can integrate with or otherwise **allow a remote care video consultation option where appropriate** | **H** | **E** |  |  |
| Clinical records  | **Can record:*** + **patient conditions**,e.g. asthma, hypertension, diabetes
	+ **in an auditable way** (i.e. author and date)
	+ **clinical observation and other data** including lung capacity (FEV1/FVC ratio), body mass index (BMI), smoking status, blood pressure, international normalised ratio (INR) and other blood measures
	+ **allergies** to medicines or other substances
	+ **interventions**
	+ **clinical assessments**
	+ **discharge notes (if received) electronically**
	+ **signposting**
 | **H** | **H** |  |  |
| Relevant NHS guidance is adhered to | **Can align with NHS guidance e.g. where relevant, the below:*** [Clinical decision support systems: an implementation guide](https://www.england.nhs.uk/long-read/supporting-clinical-decisions-with-health-information-technology/)
* [Robotic Process Automation (RPA) recommended standards](https://transform.england.nhs.uk/key-tools-and-info/guidance-for-designing-delivering-and-sustaining-rpa-within-the-nhs/checklist/). (RPA is software using "bots," to automate repetitive, rule-based tasks typically performed by humans (e.g. data entry, transaction processing, and responding to simple customer queries).)
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 **3d Digital clinical safety**

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| **Summary** | **Item** | **Priority** [lo/m/hi] | **Est. feasibility** [easy/m/h] | **Column for IT suppliers****to add notes** | **Column for pharmacy team****to add notes** |
| Supplier has aligned their system to the Clinical Risk Management framework and provide draft summary copies for users | **Can align to clinical risk framework.** * [DCB0160: Clinical Risk Management](https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb0160-clinical-risk-management-its-application-in-the-deployment-and-use-of-health-it-systems) – includes a framework to enable health and care workers to be aware their systems are suitable*.*
* The NHS England guide [DCB0129: Clinical Risk Management](https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb0129-clinical-risk-management-its-application-in-the-manufacture-of-health-it-systems) is designed to support IT system suppliers to assist with their own assessment of their solutions – with a focus on digital clinical safety. NHS England guidance has indicated that system suppliers which are assured may be able to provide a copy of a summarised copy to users of their systems.

**See also:**General digital clinical safety (DSC) support materials (NHS England):* [DSC template documentation](https://digital.nhs.uk/services/clinical-safety/documentation)
* [Strategy for DSC safety](https://www.england.nhs.uk/patient-safety/patient-safety-systems/digital-clinical-safety-strategy/)
* [DSC Team of NHS England](https://digital.nhs.uk/services/clinical-safety)
* [DSC training options](https://digital.nhs.uk/services/clinical-safety/clinical-risk-management-training) (includes the option of the e-Learning for Healthcare (e-LfH) about this)
 | **H** | **H** |  |  |
| Draft safety hazard log provided | **Suppliers can use** [**NHS safety and safety use case templates**](https://digital.nhs.uk/services/clinical-safety/documentation)and share summary copies to users who request this | **H** | **H** |  |  |
| Clinical records | **Can allow easy printing/digital-sharing of materials targeted for patients based on the clinical information held**,e.g. option for stop smoking or dietary advice sheets to be auto-shared for relevant patients | **H** | **M** |  |  |
| Clinical records | **Can enable the pharmacist to clinically authorise repeats** because a further clinical check is not required until the medicines for that patient are changed – to free pharmacist time for other care | **H** | **M** |  |  |
| Sending messages | **Can send structured clinical messages to other healthcare providers**, e.g. GP practices, care homes and secondary care | **H** | **H** |  |  |
| Warning alerts | **Can issue medicine interaction warnings and other warnings**,for pharmacy staff via pop-up messages, printing of warning labels etc. For example, Sodium Valproate being prescribed to women of childbearing age | **H** | **M** |  |  |
| PILs | **Can share or print patient information leaflets (PILs)** | **H** | **M** |  |  |

**4. Requested features: Patient tools**

### *Priority: Enable patients to choose digital tools to access medicines info and pharmacy services directly, so they can receive the best outcomes, recognising the need to also remain inclusive for all patients.*

CP ITG’s overall digital priorities set out priorities for patient tool:

* *More patient tool usage* (tools of NHS and pharmacy variety, to meet patients’ expectation.
* *Patients being able to choose to share info* with chosen organisations (e.g. blood glucose)
* *Patient tools being usable and inclusive*.
* *More patient data standards* being developed by PRSB and others.

Many pharmacy owners use a [specialist patient app or a patient engagement platform](https://cpe.org.uk/apps) separate from their EPS or CPCF IT system. Although many systems may also provide some patient engagement capability.

**4a Patient engagement capability**

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| **Summary** | **Item** | **Priority** [lo/m/hi] | **Est. feasibility** [easy/m/h] | **Column for IT suppliers****to add notes** | **Column for pharmacy team****to add notes** |
| NHS App compatible | **Can align to NHS CPCF IT standards** | **H** | **H** |  |  |
| NHS login compatible | **Can integrate with the Manage Your Service system**  so that service information auto populates MYS preventing double keying (see [services IT requirements](https://cpe.org.uk/digital-and-technology/it-policy-and-development/pharmacy-services-it-requirements/)) | **H** | **M** |  |  |
| Enhanced functionality for patients beyond NHS App capability | **Services modules are ready for existing and future CPCF IT services** because alignment to [services IT requirements](https://cpe.org.uk/digital-and-technology/it-policy-and-development/pharmacy-services-it-requirements/) | **H** | **H** |  |  |
| Provides a CRM | **A Customer Relationship Management (CRM) or patient relationship management**  | **H** | **H** |  |  |
| Reminders | **Can remind patients**• E.g. Reminders to take medicines for patients, or patient reminders to collect medicines from the pharmacy. Reminders could be sent by SMS text message, emails or app notification. | **H** | **M** |  |  |
| Healthcare information (general or personalised) | **Can provide patients**• E.g. Patient access to their own electronic health records. | **H** | **M** |  |  |
| Expressing choices about care | **Can enable patients to express choices about care**• E.g. Selection of EPS nomination choice of pharmacy: The NHS App is piloting this feature to be made available within NHS App.• E.g. Organ donation preferences can be set using the NHS App. | **H** | **M** |  |  |
| Expressing choices about their health and care data | **Can enable patients to express choices about their data**• E.g. Patient data [opt-out system](https://cpe.org.uk/optout): NHS England’s national data opt-out system offers patients the opportunity to make an informed choice about whether they wish for their personal identifiable information to be used where only research / planning as the reason. Patient can express their wish via the NHS App, the NHS website or the NHS England IT telephone contact centre. | **H** | **M** |  |  |
| To confirm their identity (Authentication) | **Can enable patients to authenticate themselves**• E.g. NHS login: Patients feedback to NHS England suggested that there had been frustration with separately authenticating their identity each time they began to use a different NHS-related app (e.g. with a new registration process to gather many new login details). The purpose of authentication systems is to protect user data. The NHS App is already integrated with the [NHS login authentication system](https://cpe.org.uk/nhslogin). This NHS login system enables the patients go through a robust authentication system which more than one app developer can align with. App developers that fulfil [criteria](https://digital.nhs.uk/services/nhs-login/nhs-login-for-partners-and-developers/nhs-login-integration-toolkit) may integrate with NHS login to provide patients with a smoother experience for patients that use multi apps that enable ‘log-in with your NHS login’. | **H** | **M** |  |  |
| To book pharmacy appointments | • E.g. Pharmacy appointment booking: Some pharmacy contractors may enable patients to use an app or website to book a pharmacy appointment with the pharmacy. | **H** | **M** |  |  |

This list has been developed and collated by CP ITG and incorporates pharmacy team feedback. If you require further information, or you work within a community pharmacy and wish to propose further changes or additions, contact Daniel Ah-Thion, Community Pharmacy England Community Pharmacy IT Lead. Join the [Community Pharmacy Digital email group](https://cpe.org.uk/contract-it/pharmacy-it/policy-the-nhs-and-it/community-pharmacy-digital-group-cpdg/) to hear about digital developments and express your views on these topics.  Read more about at [cpe.org.uk/systems](http://www.cpe.org.uk/systems).

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| **About CP ITG**: The Group was formed in 2017 by [Community Pharmacy England](https://psnc.org.uk/psncs-work/about-psnc/), [NPA](https://www.npa.co.uk/the-npa/), [RPS](https://www.rpharms.com/about-us), [CCA](https://www.thecca.org.uk/), and [IPA](https://ipa.live/). Members representing these five organisations attend the meetings, as do representatives from pharmacy system suppliers, [NHSBSA](https://www.nhsbsa.nhs.uk/nhs-prescription-services), [NHS England’s Transformation Directorate (NHSE’s TD)](https://digital.nhs.uk/), [NHS England pharmacy team](https://www.england.nhs.uk/primary-care/pharmacy/), [DHSC](https://www.gov.uk/government/organisations/department-of-health-and-social-care), and [PRSB](https://psnc.org.uk/digital-and-technology/organisations-policies-it/professional-record-standards-body-prsb/). For further information on the group, please visit the [Community Pharmacy England website](https://psnc.org.uk/contract-it/pharmacy-it/policy-the-nhs-and-it/community-pharmacy-it-group-cpitg/).  |

1. E.g. Electronic Prescription Service Release 2 (EPS R2) and CPCF service IT systems suppliers have already successfully met those minimum standards outlined within NHS England EPS specifications. Those specs explain what systems must do, as well as make some recommendations about what can be done. [↑](#footnote-ref-2)
2. SCR is an electronic record of important patient information, created from GP medical records. It can also be seen and used by authorised staff in other areas of the health and care system involved in a patient's direct care, with their consent. [↑](#footnote-ref-3)
3. The ITK aims to standardise interoperability within both health and care. It is a set of common specifications, frameworks and implementation guides to support interoperability within local organisations and across local health and social care communities. [↑](#footnote-ref-4)
4. API-led connectivity is a methodical way to connect data to applications through reusable and purposeful APIs. [↑](#footnote-ref-5)
5. [International Organization for Standardization’s (ISO’s) information security management system standard 27001](https://www.iso.org/isoiec-27001-information-security.html). [↑](#footnote-ref-6)