# Draft notes for the Community Pharmacy IT Group (CP ITG) Record a Vaccination Service (RAVS) / Vaccine Digital Services meeting held via videoconference in May 2025

**About CP ITG**: The Group was formed in 2017 by <u>Community Pharmacy England</u>, <u>NPA</u>, <u>RPS</u>, <u>CCA</u>, and <u>IPA</u>. Members representing these five organisations attend the meetings, as do representatives from pharmacy system suppliers, <u>NHSBSA</u>, <u>NHS England's Transformation Directorate (NHSE's TD)</u>, <u>NHS England pharmacy team</u>, <u>DHSC</u>, and <u>PRSB</u>. For further information on the group, please visit the <u>Community Pharmacy England website</u>.

## **Present**

Matt Armstrong (Chair), Boots Pharmacy, and CCA Dan Ah-Thion (Secretariat), Community Pharmacy England Qamar Akhtar, Morrisons Pharmacy Whitney Bee Luke Bolton, Cegedim Izzy Bradshaw, Vaccination Digital Services team Adi Brown, Peak Pharmacy Eddie Brown, CP Essex Alastair Buxton, Community Pharmacy England Louis Clementson, Positive Solutions Alison Crompton, Peak Pharmacy Matthew Ellis, Positive Solutions David Evans, NPA, Daleacre Pharmacy Jon Flitcroft, Titan PMR Sanjay Ganvir, Greenlight Pharmacy Richard Harrison, Asda Pharmacy Mark Harnett, NHS England David Hollick, Logifect Saad Idrees, Invatechhealth Sima Jassal, EMIS Health Joshi Jitendra Grant Kobrin, EMIS Health Ylan Kunstler, BeWell Dan Lawson

Matthew Leary, Vaccination Digital Services team Michael Lennox, NPA Caroline Loftus Nisha Mistry. Wahid Muhammad, Invatechhealth Titan Vinesh Naidoo, Boots Pharmacy David Onuoha, Community Pharmacy England Hitesh Patel, Community Pharmacy KCW Bradley Perrow, Optum Graham Phillips, Manor Pharmacy Group Flavia Puinean Rupal Sagoo, Tesco Pharmacy Jasmine Shah, NPA Nishit Shah, Morrisons Pharmacy Sangeeta Singh, CCA Jeff Shelley, Invatechhealth Pritpal Thind, Sonar Caline Umutesi, Community Pharmacy England Lisa Wallace Jon Williams, RxWeb **Sharon Williams** Janson Woodall, Well Pharmacy

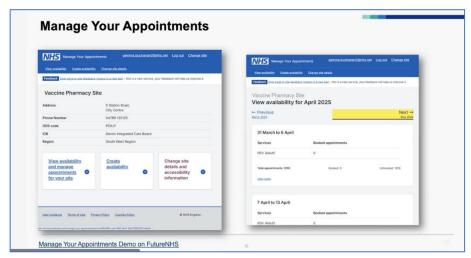
Note taker: Caline Umutesi

Queries about this document can be directed here.

### NHS Vaccine Digital Services (VDS): RAVS (Introduction)

- The VDS team provided an overview of the VDS core work, including the support for seasonal vaccinations, RSV, and maternity vaccinations, and plans for pharmacy integration.
- Discussion on the new Manage Your Appointments service, its early adopter phase, and the plans for a broader rollout to support autumn and winter vaccination campaigns.
- The project team are working on an in-house appointment management system to replace the third-party software currently used for booking vaccinations. This system is designed to improve user experience, scalability, and performance in line with NHS standards.
- The system is currently in its early stages, with a small-scale implementation in the East of England for the RSV vaccination program. The plan is to roll out the system for broader use during the autumn-winter campaign, supporting various vaccination programs, including COVID, flu, and RSV.





- The vaccination digital service team introduced the Record a Vaccination Service (RAVS), its
  core principles, and the expansion plans for community pharmacies to support COVID, flu,
  and other vaccinations.
- RAVS is an in-house NHS tool designed to simplify and improve the recording of vaccination events across different settings, with a focus on supporting clinical staff.
- It integrates with existing systems to reduce administrative burdens and streamline the vaccination process without replacing other tools.
- The intended current principles behind RAVS:
  - Vaccine and setting agnostic to allow scalability and reaction to evolving NHS needs
  - Evidence-led continuous improvement
  - o Designed and tested with users, including accessibility, usability & inclusion
  - Supported by helpdesk and backed up by NHS infrastructure
  - Data security and compliance with NHS and UK data protection regulations
  - Increase the efficiency of recording vaccinations and reduce the administrative burden
  - Support for POC system marketplace and innovation
  - Integrate with existing systems
- RAVS launched in September 2024 and has been onboarded by over 341 organisations, starting with maternity services and expanding to other settings like community pharmacies, vaccination centres, hospitals, GOP federations and independent healthcare providers. Over one million vaccinations have now been recorded within RAVS.
- By April 2025, RAVS will support the recording of COVID-19 and flu vaccinations in community pharmacies, with further expansion planned for more vaccination types.
- The service will continue to evolve, focusing on reducing the time required to record vaccinations and improving integration with other systems to minimise the need for users to log in and out of multiple platforms.
- There are ongoing efforts to improve how RAVS integrates with systems like NHS Manage Your Appointments to streamline workflows and reduce duplicate data entry.

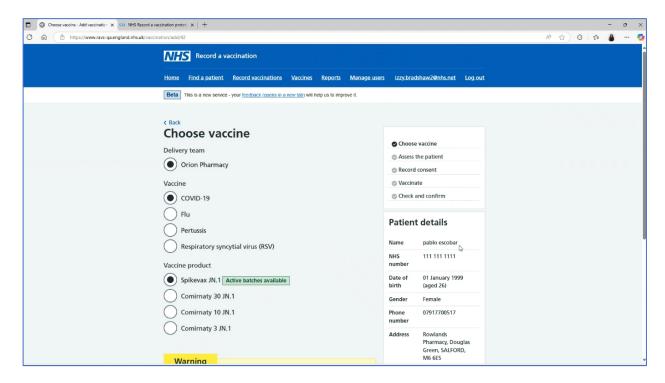
#### Sub-group Call

• Matt Leary, service lead for the Record Vaccination Service (RAVS), along with his colleague Izzy Bradshaw, presented an overview and demonstration of RAVS. The goal was to explain

- the background, purpose, and ongoing development of the service, as well as to encourage collaboration with community pharmacies and system providers.
- RAVS was created in response to the need for better vaccination data recording and sharing, especially highlighted during the COVID-19 and flu vaccination campaigns. The existing system, owned by NHS England, lacked flexibility and user-centred design.
- The aim was to develop an in-house, user-friendly system to record all Section 7A vaccinations (not just COVID/flu), with near real-time data capabilities, improved inclusivity, and better local adaptability.
- The initial pilot was in May 2024 with four trusts in the South West.
- Full rollout to all maternity services by August 2024, supporting new RSV and existing pertussis vaccinations.
- Solved issues like manual GP updates from maternity units.
- Introduced RAVS to 38 community pharmacies in the East of England as part of an RSV pilot.
- By January 2025, RAVS was live across all trusts, recording over 1.2 million vaccinations with around 12,000 users.

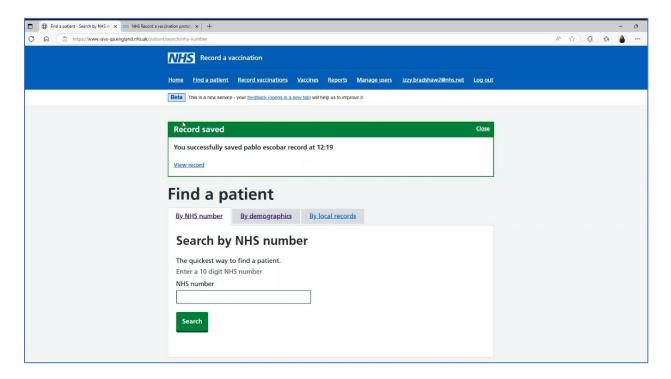
#### **RAVS** demo prototype

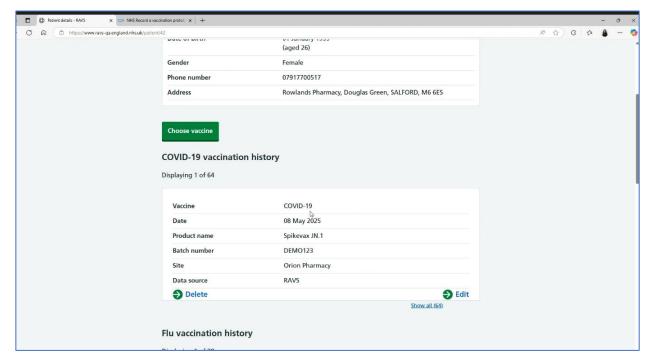
- The RAVS team demonstrated the current RAVS interface and a new prototype, aimed at improving efficiency and reducing friction in vaccination recording.
- The team demonstrated the current user journey in the Recorder Vaccination Service and previewed a more streamlined version in development.
- Users log in using an NHS-associated email address.
- If a user works with multiple organisations, they are prompted to select the relevant one (e.g., a pharmacy).
- Once logged in, users see a dashboard summarising vaccination data (by date and vaccine type) recorded at their organisation.
- Users can manually input vaccine type, product, enter a batch number, expiry date, and pack size.
- Users then review and confirm the details before the vaccine is added to stock.



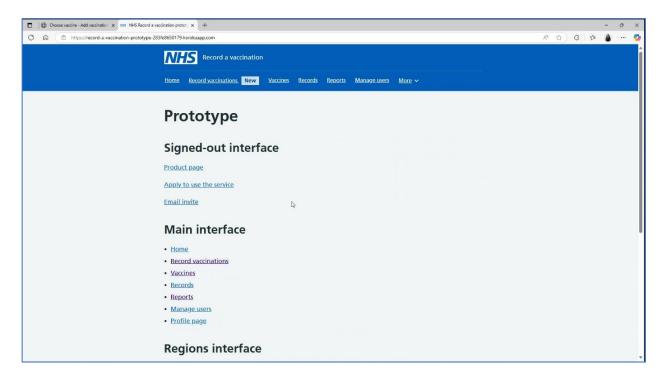
Finding a patient can be done in three ways:

- NHS number,
- o demographic details (name, DOB, postcode) and
- o local records (if NHS number/demographics are available).

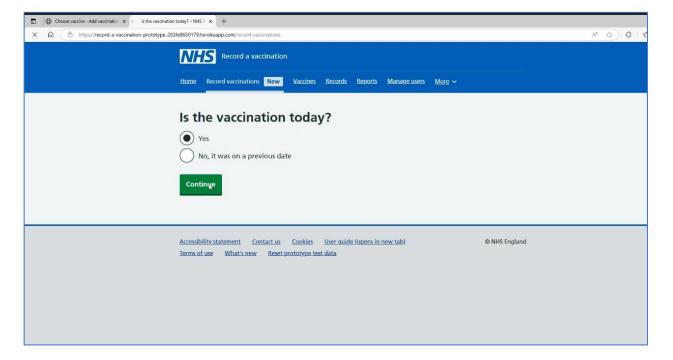


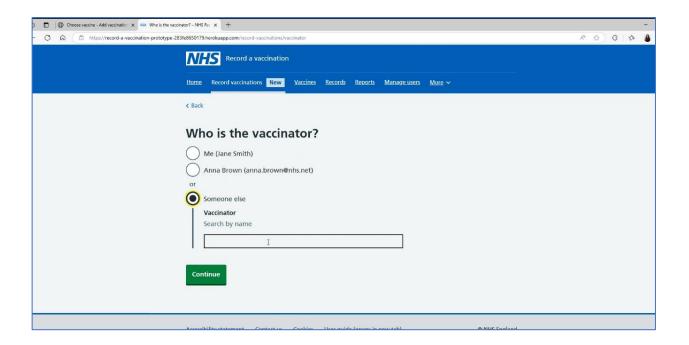


 Upon selecting a patient, users see: patient details (to confirm identity), vaccination history, shown by type and most recent doses.



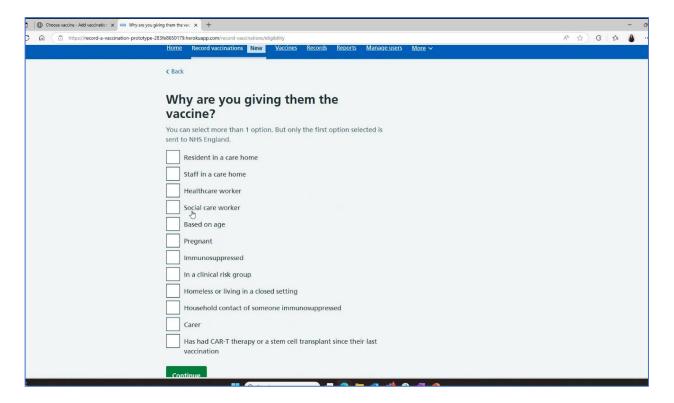
- The streamlined prototype journey is a simplified and faster version of the process, currently in development to reduce input time for administrators and pharmacists.
- Fewer prompts and input fields.
- Confirms if vaccination is scheduled for today and selects the delivery team and vaccinator.

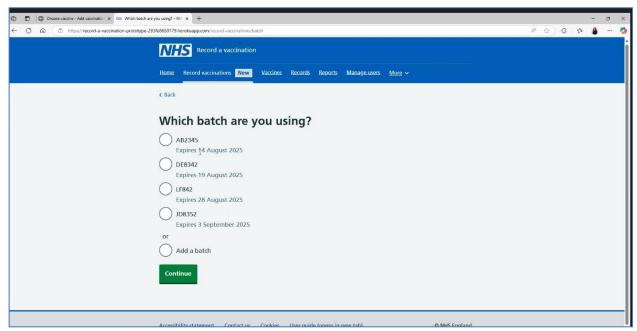




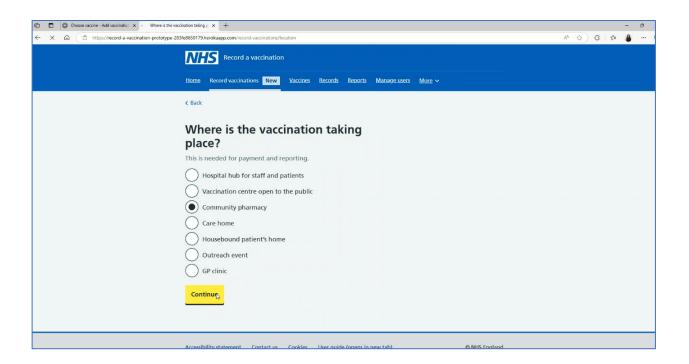


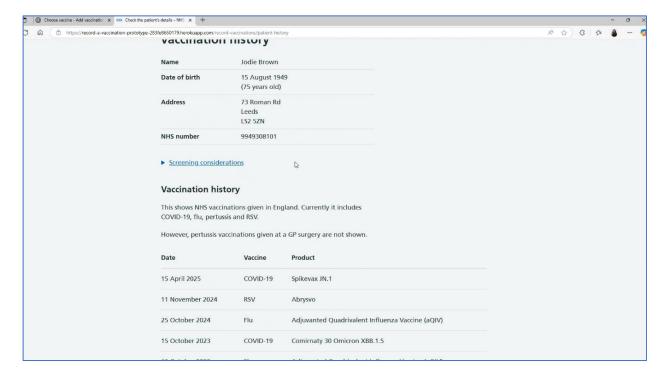
Uses checkboxes for reasons of vaccination.





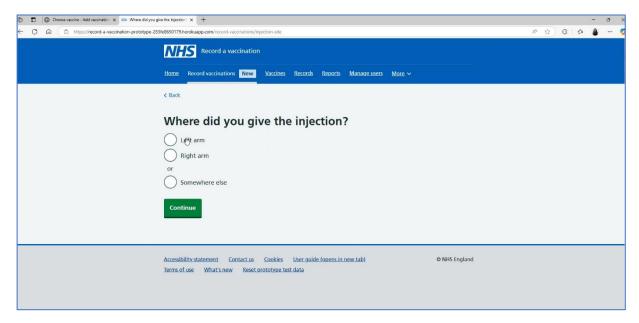
- Reduced options for vaccination site (e.g., left or right arm).
- Patient identification and consent steps are more direct.

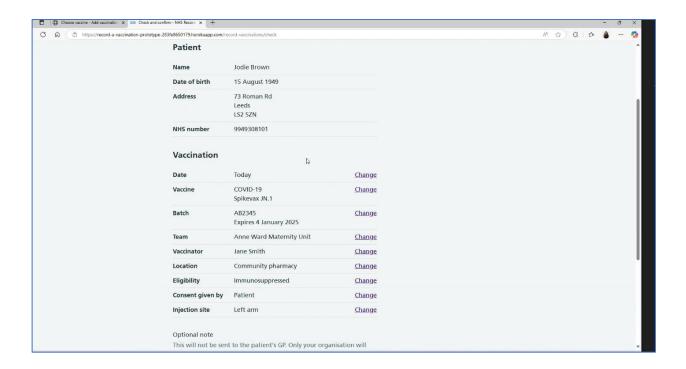


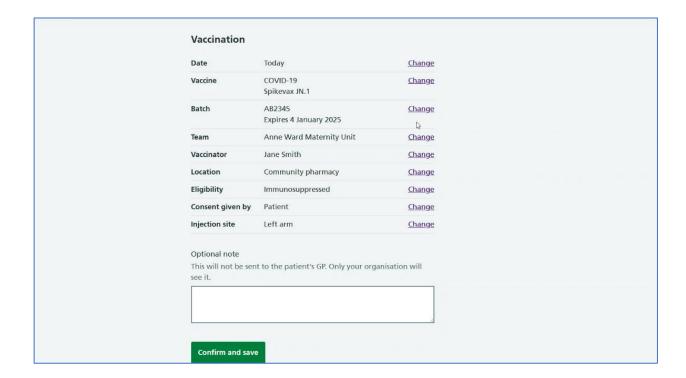








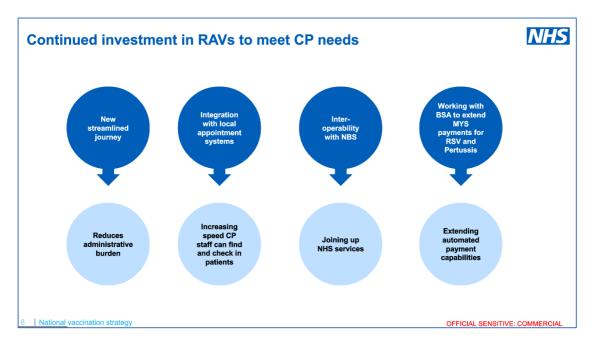




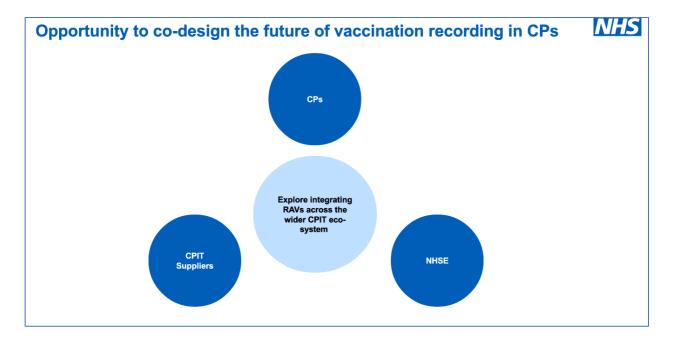
• Allows faster saving and the ability to record another vaccine quickly.



- The team emphasised their ongoing efforts to improve the Recorder Vaccine Service (RAVS) and invited participants to get involved in future research and feedback opportunities.
- The team is working towards better interoperability between RAVS and other systems (e.g., local appointment systems and the National Booking System (NBS)), to avoid duplication and make workflows more seamless for community pharmacies.
- Collaboration with the BSA is ongoing to expand the use of MYS payments to cover additional vaccines, such as RSV and pertussis, particularly as these services are expected to scale up.



 The team expressed interest in co-designing the future of vaccine recording by working with CP ITG suppliers and community pharmacies. The aim is to explore integration opportunities across broader systems and improve efficiency through upcoming APIs and evolving standards.



 Members of the group who are interested in collaborating with the team are encouraged to contact Dan from Community Pharmacy England to initiate discussions. These conversations are non-binding and intended to explore collaborative opportunities for shaping the future of vaccination services.

#### Actions:

- Members of the group interested in collaborating with the RAVS team should contact Dan Ah-Thion at da@cpe.org.uk.
- Suppliers are encouraged to put forward a contact to the secretariat <u>at da@cpe.org.uk</u>, and we can link them to the NHS VDS team.

#### Discussion and questions

1. How does the system ensure a patient hasn't already been vaccinated elsewhere (e.g., at a GP or another pharmacy)?

Does the system check external records, such as the Summary Care Record (SCR)? Does RAVS integrate with MYS (Manage Your Service) for payment processing?

- o RAVS provides full vaccination history for COVID, flu, and RSV.
- It pulls data from the same national source and API used by systems like Sonar and Pinnacle, ensuring consistency across platforms.
- RSV records are included in RAVS because of their specific focus area, but are not typically found in other systems.
- Pertussis history is not yet included unless it was administered via RAVS (e.g., in maternity services). Vaccinations done via GP aren't currently visible in RAVS for pertussis, but this functionality is in development.
- For COVID-19 and flu, RAVS operates similarly to existing systems, with pharmacies utilising MYS to submit claims.
- RSV and pertussis data do not yet flow to the BSA (NHS Business Services Authority) for payment. However, this is currently being actively developed, with a new mechanism planned to enable automatic payment processing through MYS for RSV and pertussis.
- 2. The group feedback is that the prototype version is preferred over the original. The current system's repeated drop-down menus are frustrating, especially in community pharmacy settings. The prototype feels more intuitive and streamlined. When will the prototype be rolled

out? In the case of administering a second vaccine (e.g., flu after COVID), does the system retain data from the first entry?

- o The streamlined journey will be rolled out before the autumn/winter season.
- If vaccinating a different patient (e.g., administering a second vaccine), specific data (such as batch number and product) will persist, as these details are unlikely to change frequently during a vaccination session.
- The system is designed to be session-based, meaning data persists during an ongoing session unless there's a significant gap or the user logs out.
- There will be prompts to ensure data quality and confirm accuracy as the user progresses.
- 3. A member of the group expressed frustration with the need to use multiple IT systems in a single day for different tasks. Concern that while the RAVS system might be helpful, it is just another platform for pharmacies to adopt, which adds to the burden of managing multiple systems. The question was raised about the need for pharmacies to adopt RAVS when other systems already exist for recording vaccinations. If pharmacies do not have MYS integration, there's a concern that RAVS data doesn't flow to BSA. This raises the question of whether double entry is required in this case, which could be an additional burden for pharmacies.
  - 99% of RAVS users are in trust settings, not community pharmacies.
  - In pharmacies, RAVS is currently used only for a specific pilot: the RSV vaccination pilot in 38 sites in the East of England.
  - Community pharmacies typically use their systems, so RAVS is not mandatory, except in the context of the RSV pilot.
  - For COVID vaccinations, RAVS integrates with MYS, eliminating the need for double entry of payments.
  - For RSV, the BSA doesn't yet receive data from RAVS. Payments are made manually through regional teams.
  - This manual process is a known limitation and is being addressed the team is developing a new mechanism to send RSV and pertussis data to BSA, enabling automated payment via MYS.
- A suggestion was made that calendars should simplify appointment booking, especially in pharmacies with multiple consulting rooms. Pharmacy teams must manually cross-reference various calendars to manage bookings and room availability.
- This complexity adds an administrative burden and increases the risk of scheduling errors.
- The idea of a single, integrated calendar across platforms is highly desirable; Any future development (like RAVS or related tools) should prioritise calendar integration as a core feature.
  - The goal is for RAVS to integrate with all types of appointment systems, including commercial platforms and the NBS.
  - This would enable users to view a master appointment list within RAVS, eliminating the need to search for patients again upon arrival.
  - This integration would improve efficiency, especially for pre-booked appointments, though walk-ins would still require manual handling.
  - While streamlining or consolidating booking systems is outside the RAVS team's direct remit, they acknowledge its importance and aim to support integration from their side.
- Current NHS digital solutions often don't follow an API-first approach, leading to integration challenges and inefficiencies. APIs are typically developed after systems are built, making it harder for external providers to integrate and creating fragmented experiences for pharmacies and patients.
- The group suggested starting with API-first development. Make APIs readily available so vendors can integrate NHS services (e.g., booking systems, vaccination recording) directly into pharmacy platforms.

- If APIs were available from the start, issues like calendar integration (mentioned earlier) could be easily resolved.
- Third-party suppliers don't want to own the data, but simply want to reduce friction by posting back to NHS systems in a seamless way.
  - The team acknowledged the helpful comment and explained that while an API exists, it's not available externally. The primary reason is the need for agility and rapid change at the national level. They want to ensure the service evolves effectively, collecting the correct data and maintaining quality. Although third-party systems are essential and understand specifications, internal strategic priorities require flexibility to implement frequent changes quickly.
- A member of the group expressed frustration over a lack of access and collaboration, emphasising that external suppliers are capable of handling rapid changes and breaking updates if given the chance.
- The current closed-door approach delays access by 18 months, resulting in solutions that fail
  to meet the broader ecosystem's needs. Instead, they advocate for open collaboration,
  allowing third parties to work alongside internal teams, which would result in better outcomes
  and mutual learning.
- The group asked if the Qflow system, which currently manages COVID and flu appointments, will be replaced by the RAVS system. When bookings are made, will they appear in the RAVS system, allowing them to proceed directly with vaccine administration from there?
  - The goal is not to replace any existing booking systems. Instead, the aim is to integrate
    data from systems like Qflow into RAVS, allowing users to view all booking information
    in one place, even if multiple systems are being used for different types of
    vaccinations.