## Community Pharmacy IT Group Summer 2025 event

Meeting: 4th June 2025

## Agenda

|      | Session   | Time          |
|------|---|---------------|
|      |   |               |
| 1-4. | Intro, apologies, minutes, actions                                      | 10.15-10.15am |
| 5.   | Use of AI data analysis tools to enhance patient engagement             | 10.15-10.30am |
| 6.   | Use of Clinical Decision Support (CDS) tools and ambient scribing tools | 10.30-10.40am |
| 7.   | NHS pharmacy services IT update   | 10.40-11.00am |
| 8.   | IT systems wishlist: requested features                                 | 11.00-11.05am |
| 9.   | Digital Clinical Safety   | 11.05-11.15am |
|      | Break   | 11.15-11.35am |
| 10.  | IT's role in pharmacy dispensing substitutions reform                   | 11.35-12.00pm |
| 11.  | Technical priorities and the NHS 10-year health plan                    | 12.00-12.10pm |
| 12.  | EPS clinical prescription tracker pilot update                          | 12.10-12.35pm |
| 13.  | The NHS Single Patient Record plans                                     | 12.35-12.50pm |
| 14.  | Cyber pilots  | 12.50-12.55pm |
| 15.  | Principles of patient choice of pharmacy within technical tools         | 12.55-1.00pm  |
| 16.  | Any other business and close from the Chair                             | 1.00-1.00pm   |

## Use of AI data analysis tools to enhance patient engagement

# Use of AI data analysis tools to enhance patient engagement

- Al-powered tools enhance pharmacy services by identifying individuals who would benefit from targeted health interventions.
- These solutions improve patient engagement and expand access to NHS and private pharmacy services.

#### For example:

- Predictive algorithms can identify high-risk patients, such as those managing chronic conditions, and recommend proactive pharmacy interventions.
- Al tools can segment patient groups and deliver tailored messaging, increasing service uptake across relevant cohorts.

## Use of AI data analysis tools to enhance patient engagement

The group's pharmacy and supplier representatives are invited to consider the following.

- a. Share examples of AI tools and IT solutions in community pharmacies.
- b. Highlight AI tools and solutions utilised in GP practices that could inspire pharmacy adoption of similar solutions.
- c. Views on how Al-driven marketing can address health inequalities while ensuring outreach to underserved and diverse communities.

## Use of Clinical Decision Support (CDS) tools and ambient scribing tools

## Use of Clinical Decision Support (CDS) tools

- Clinical decision-making tools, also known as point-of-care tools, are digital resources designed to help healthcare professionals make informed clinical decisions during patient care.
- More Clinical Decision Support (CDS) tools are expected to become more integral to modern healthcare, providing clinicians with evidence-based guidance at the point of care.

## Use of Ambient scribing tools to improve consultation notes made into the record

- NHS England's new 2025 guidance outlines how to safely and effectively adopt Al-enabled ambient scribing tools—technologies that automatically transcribe clinical conversations into structured documentation.
- These tools aim to reduce administrative burden, improve documentation quality, and enhance clinician-patient interaction. Using technology similar to that of "AI meeting notes" (e.g. Zoom AI meeting notes, Co-pilot AI meeting notes, or dedicated software to perform this function), which neatly converts meeting transcriptions into more helpful and actionable meeting summaries.

#### CDS / note-taking / AI tools: Questions

The group are invited to participate within a Slido activity to consider:

- a. Are there example tools/features in use at the moment?
- b. What are the key challenges and considerations faced by community pharmacy teams in implementing CDS and ambient scribing tools?
- c. Provide examples of potential benefits and uses of integrating Al-driven tools in community pharmacies?
- d. How can interoperability and inclusivity be ensured in the use of these tools?
- e. How would pharmacy teams recognise which solutions meet appropriate standards?
- f. How can the effectiveness of tools in improving patient outcomes or patient notes be measured?
- g. What role can the community pharmacy sector play in the development and implementation of these tools?
- h. If the group's supplier and pharmacy representatives can come to a position on these tools, after this meeting, what should be included within that position statement?

## NHS pharmacy services IT update

# Current pharmacy services IT priorities overview (NHS England update)

NHS England, the Department of Health and Social Care, and the CP ITG have identified key IT priorities for the pharmacy sector. These include:

- the Professional Record Standards Body (PRSB) Community Pharmacy Data Standard;
- the Community Pharmacy Contractual Framework (CPCF) IT;
- electronic health records;
- service data APIs;
- Booking and Referral Standards (BaRS); and
- the next generation of EPS.

IT systems wishlist: requested features

## IT systems wishlist: requested features

The group previously published its "Use and development of pharmacy systems - Suggested features list v1.0".

Updates to the latest iteration (<u>draft ver 1.1</u>):

- expanding the document so that some sections could be relevant to suppliers other than those providing EPS and Community Pharmacy Contractual Framework (CPCF) service IT solutions;
- including a column for pharmacy to populate e.g. during system selection;
- including a column that suppliers can consider populating;
- making this available in Word document format; and
- alignment to newer NHS IT guidance.

## **Digital Clinical Safety**

## Digital Clinical Safety

- Overview: Support to ensure NHS digital health tools are safe, effective, and reliable.
- Key Standards & Guidelines: <u>DCB0160</u>: <u>Clinical Risk Management in IT systems</u>
   and
- DCB0129: Clinical Risk Management for IT suppliers
- Support for Suppliers & Pharmacy Owners: NHS safety and safety use case templates. Assured system suppliers may provide summaries to users.
- **Training Options:** <u>Digital Clinical Safety training options</u>, including e-Learning for Healthcare (e-LfH) for pharmacy teams.

#### Digital Clinical Safety: Qusetions

The group can consider via the chat stream and discussion:

- a) What are the key remaining challenges faced by community pharmacies and system suppliers in implementing digital clinical safety measures?
- b) What support might system suppliers and pharmacy owners benefit from to achieve enhanced digital clinical safety levels?
- c) Anything the group should share to Community Pharmacy Patient Safety Group?
- d) Regarding DCB0129 and DCB0160: Are there any key themes missing? Is the scope sufficient? Are there any key themes that should be retired from the standards? Views on the extent to which the standards (or future versions) should be prescriptive / mandated

#### IT Elements for Discussion

- Reviewing key IT considerations and system requirements.
- Exploring potential scenarios, a system must be able to manage.
- Encouraging structured thought processes to address IT challenges.

#### Scenario 1 – Dose change

A patient presents with an Electronic Prescription Service (EPS) prescription for 21 Amoxicillin 500mg Capsules TDS. The 500mg capsules are currently unavailable due to a supply disruption; however, the 250mg capsules are available. The pharmacist therefore wishes to supply 42 Amoxicillin 250mg Capsules taking two capsules TDS.

#### Scenario 2 – Formulation change

A patient presents with an EPS prescription for 250mg/5ml Amoxicillin Liquid, TDS for seven days. This is unavailable, but the 250mg capsules are available and the patient is happy to take them. The pharmacy therefore wishes to supply 21 Amoxicillin 250mg Capsules taking one capsule TDS rather than the liquid.

## Questions for the Community Pharmacy IT Group to consider for these scenarios

#### Considerations:

#### 1. Audit Trail and Record-Keeping

- How could flexibilities be clearly recorded in the PMR and EPS?
  - i. Original prescribed item.
  - ii. Substituted item.
  - iii. Reason for substitution.
  - iv. Pharmacist's credentials and timestamp.
- b) Can this be done in a paperless and automated way?

#### 2. Workflow and Usability

- a) How can the substitution process be streamlined to avoid burdening pharmacy teams?
- How can the system be designed to reduce clinical risk from the burden of using the flexibility?
- c) To what extent is this connected to the group's call for changes to the EPS message to enable messages to be sent back to the GP without cancellation?
- d) Can the system:
  - i. Offer one-click substitution options?
  - ii. Pre-fill substitution notes for pharmacist review?
  - iii. Integrate with barcode scanning to reduce errors?

#### 3. Interoperability and Communication

- How will substitution data be shared with GPs, NHS Spine, and patient records?
- can EPS messages be updated to notify prescribers and patients of changes in real time?

#### 4. Patient Communication

- can systems generate automated patient notifications (e.g., via NHS App or SMS text messages) explaining the substitution?
- b. How can pharmacists document patient consent or awareness digitally?

#### 5. Clinical Safety and Substitution Logic

- a. How can systems be designed to safely guide pharmacists in selecting appropriate alternative doses or formulations?
- b. Can clinical decision support tools be integrated to:
  - i. Flag therapeutic equivalence?
  - ii. Check for contraindications or allergies?
  - iii. Suggest dose conversions automatically?

#### 6. Data for Public Health and Policy

- a. How can substitution data be aggregated for national reporting on medicine shortages and prescribing trends?
- b. Can anonymised data be used to inform supply chain resilience?

#### 7. Vendor and System Readiness

- What changes will be required from EPS and PMR vendors?
- b. How can updates be standardised across systems to ensure consistency?

- 8. Any other technical considerations
- 9. What IT questions should DHSC consider including in the upcoming consultation?

## Technical priorities and the NHS 10-year health plan

# IT priorities and the NHS 10-year health plan

A CP ITG workshop was held late last year with pharmacy representatives from each of the CP ITG pharmacy bodies to discuss the proposed next steps to support progress. The group has been updated on the latest versions of the following. See:

- Next steps for pharmacy IT (CP ITG) (prose version)
- Next steps for pharmacy IT (CP ITG) (abridged slides)
- Next steps for pharmacy IT (CP ITG) (full slideset)

| Area                 | Workstream   |
|----------------------|--|
| Access Record (GP    | Additional IT suppliers are invited to express interest in the DSIC intake         |
| Connect)             | Access Record for independent prescribing  |
|                      | BaRS endpoints for Hypertension Case-Finding Service, Pharmacy Contraception       |
|                      | Service (PCS) and Discharge Medicines Service (DMS)                                |
|                      | NHS DSIC workstream supports supplier development                                  |
| Booking and Referral | Pharmacy to GP practice referral standard  |
| Standards (BaRS)     | BaRS for Pharmacy-to-Pharmacy referral standard                                    |
|                      | Appointment IT standard  |
|                      | Referral standard for ordering blood tests   |
|                      | Pharmacy to other care settings (referral standard)                                |
| Contractual          | Emergency Hormonal Contraception into Pharmacy Contraception Service (PCS)         |
| framework (CPCF) IT  | Inclusion of antidepressants in the New Medicine Service (NMS)                     |
| changes              | Pharmacy First updated clinical pathway (awaiting publication) (IT impact tbc)     |
| NHS Digital Services | Additional IT suppliers are invited to express interest in DSIC CPCF IT            |
| for Integrated Care  | Supplier development supported   |
| (DSIC)               | DSIC pharmacy team expanded, and other NHS IT programmes link to DSIC              |
|                      | Suppliers are supported on the EPS Fast Healthcare Interoperability Resources work |
|                      | EPS status development, including supplier 'readiness' within the NHS App          |
| Electronic           | EPS Tracker improvements   |
| Prescription Service | Prescription commenting / return and dispensing substitutions reform               |
| Next Gen             | Change to four-item-limit on EPS prescription                                      |
|                      | Electronic Repeat Dispensing (eRD)   |
|                      | EPS instalment dispensing & other enhancements                                     |

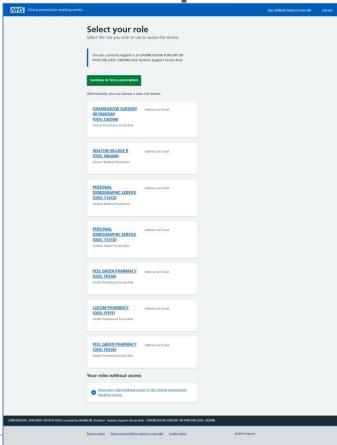
|                                   | <ul> <li>Additional IT suppliers are invited to express interest in DSIC IP</li> </ul> |
|-----------------------------------|--|
|                                   | Expansion of IP IT scope   |
| Independent                       | Improve solution quality and scope   |
| prescribing (IP) IT               | NHS assurance capacity is optimised to address this                                    |
|                                   | NHS DSIC workstream supports supplier development                                      |
| IT business cases                 | Further business case approval sought to progress critical NHS pharmacy IT work        |
| Managa Vaur Camiaa                | Discharge Medicines Service (DMS), New Medicine Service (NMS) and Smoking              |
| Manage Your Service<br>(MYS) APIs | Cessation Service (SCS) MYS APIs   |
| (WITS) AFIS                       | Testing  |
|                                   | Appointments   |
|                                   | DSIC mechanism for NHS Pharmacy First triage and signposting GP IT to maintain         |
| NHS App / NHS<br>website          | clinical/cyber/technical standards and protect patient choice of pharmacy.             |
| website                           | Combine, expand and improve service finders for patients                               |
|                                   | The EPS nominated pharmacy is cc'd into medicine orders placed via the NHS App         |
|                                   | Expand Professional Record Standards Body Community Pharmacy Data Standard             |
|                                   | Care Identity Service (CIS) 2 is assurance EPS   |
| Standards                         | PRSB's Core Information Standard is expanded and fully coded                           |
|                                   | Appointment integration  |
|                                   | DSIC frameworks / open NHS APIs for patient-facing apps and new pharmacy tools         |
|                                   | Supplier development supported   |
| Update Record (GP                 | Vaccinations   |
| Connect)                          | Relevant supplied over-the-counter medicines are recorded in the record                |
|                                   | Emergency supply   |
|                                   |  |

## EPS clinical prescription tracker pilot update

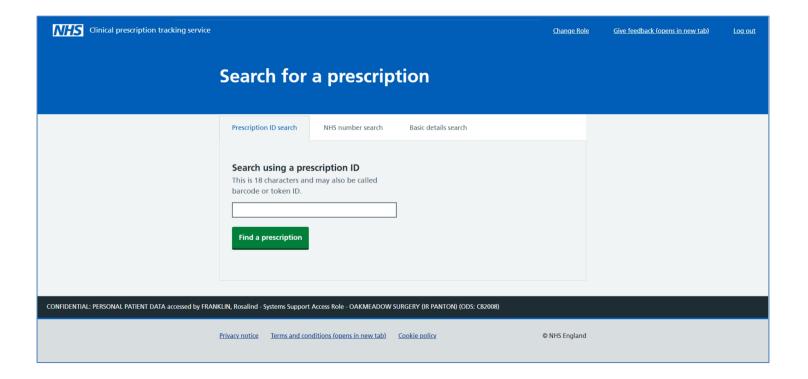
## EPS Tracker pilot update

- Jack P and Jo C (both EPS team) will provide an update.
- The EPS team intend to share their screen to demo the latest iteration.

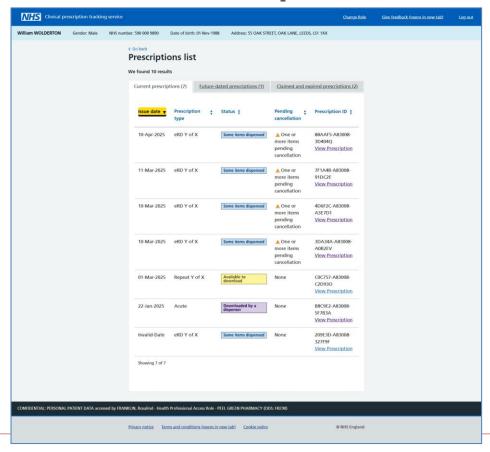
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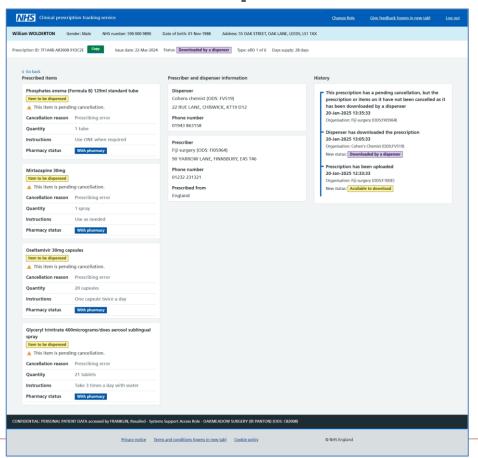




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#### **New EPS Tracker: What's next?**

- Complete the final pieces of development work before pilot
- Update the name of the service from the 'Clinical Prescription Tracking Service' to 'Prescription Tracker'
  - More inclusive for user types across the NHS
- Apply a new Activity Code which can be used by users who aren't Clinical
  - B0401 View Patient Medication
  - Currently checking with System Suppliers how this is implemented in their system
- Apply improvements from our recent Accessibility Audit to ensure the product complies with WCAG 'AA' rating
  - Apply these improvements to ensure they are implemented before national roll out
- To get final approvals from internal NHS England boards before 'go-live'
  - Ensure the safety of the product before users start using it
- Start pilot and gather feedback

#### EPS Tracker – volunteer to use it first

The EPS team are looking for pharmacies that are interested in getting first access to the updated version of the Electronic Prescription Tracker.

The pilot will last around seven weeks and it has just started this month but more pilot users are being requested. If you are interested in getting involved, fill out the survey below:

https://feedback.digital.nhs.uk/jfe/form/SV\_0CcHZnNSRQFlipM

### The NHS Single Patient Record plans

### The NHS Single Patient Record (SPR)

- The NHS is transitioning from analogue to digital healthcare through the SPR initiative.
- Objective: Centralise health records, test results, and medical letters into one accessible location via the NHS App.

#### The NHS SPR team have been engaging with suppliers:

- <a href="https://nhse-dsic.atlassian.net/wiki/spaces/SPR/overview">https://nhse-dsic.atlassian.net/wiki/spaces/SPR/overview</a>, and suppliers were invited to feed back earlier this month.
- The NHS SPR also published a webinar video: <a href="https://www.youtube.com/watch?v=L4etnVuzmeY">https://www.youtube.com/watch?v=L4etnVuzmeY</a>

#### The NHS Single Patient Record (SPR)

#### The group is to consider:

- a. What are the key challenges in implementing the Single Patient Record in community pharmacies?
- b. How can community pharmacies contribute to the success of the SPR?
- c. How can the SPR improve patient care?
- d. How can feedback from community pharmacies be incorporated into the development of the SPR?

### Cyber pilots

### Cyber pilots

#### Aims of the cyber pilot

- Structured Support: Helps pharmacies shape a scalable cybersecurity model.
- Staff Confidence: Enhances ability to recognize, respond to, and report cyber incidents.
- Cyber Threat Awareness: Builds understanding of risks affecting pharmacy operations.
- Access to Free NCSC Tools: Provides resources tailored for small organizations.
- Peer Collaboration: Encourages sharing effective cybersecurity practices.
- Expert Connections: Links pharmacies with local cybersecurity specialists.
- Measurable Improvements: Strengthens cyber hygiene and resilience across participants.

#### Cyber pilots

#### How to express interest in joining the pilot

We are now accepting Expressions of Interest (EOIs) from community pharmacy organisations interested in participating in the pilot.

To apply, please email the CP ITG Secretariat <a href="mailto:da@cpe.org.uk">da@cpe.org.uk</a> using the email subject title "Cyber Pilots" by 28th June 2025:

- Pharmacy organisation name
- ODS code(s)
- Primary contact name and email address
- Confirmation of your interest in participating in the pilot

- Endorsed Principles: Safeguard patient choice in selecting a pharmacy.
- EPS Prescriptions Focus: Initially applied to electronic prescriptions but extends to all pharmacy services.
- Key Stakeholders: Healthcare providers and IT solution providers play a role in upholding these principles.
- Implementation: Ensuring systems and practices support patient autonomy in pharmacy selection.

- 1. Patients must be free to choose any pharmacy to dispense their prescription or provide other clinical pharmacy services.
- 2. Patient sign-up for the nomination process or service must be separate and unbundled from any other sign-up procedures. It should also require proactive agreement (not a pre-ticked box).
- 3. Patient information using the NHS logo must not, directly or indirectly, direct a patient's choice of pharmacy (take a patient's choice of pharmacy) for dispensing or other pharmacy services.
- 4. Patient information using the NHS logo should follow the NHS England processes for nomination and freedom of patient choice.

- 5. Patient information must follow the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 on nominations and the relevant NHS England service specifications.
- 6. Patient information provided by General Practitioners to assist with the choice of pharmacy must include a list of all pharmacies in the area (as provided for in the GP contract) (at least the nearest four, where the most local four is relevant), and inclusion of the current pharmacy nominated for EPS prescriptions, can be included within a list presented to patients.
- 7. Pharmacies (including those using third-party apps) must have the informed consent or agreement of a patient to dispense the patient's prescription and the provision of pharmacy services.

- 8. Pharmacies must comply with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, specifically, the regulations on the nomination of prescriptions and prescription inducements (including when using third-party apps).
- 9. General practitioners must not seek to persuade a patient to choose to nominate a specific pharmacy (as provided for in the GP contract), including when using third-party apps.
- 10. The NHS logo should be used only following NHS identity guidelines, e.g., only by service providers and not third parties.
- 11. The criteria for NHS-approved technologies, or any similar NHS approval procedure (NHS IM1 integration, NHS GP IT Futures, etc), and continued assured status, should be given/continued only if there is adherence to the above criteria (1-10).

### Any other business

### AOB1: Digital change checklist

- The group previously fed into a checklist of recommended steps to support IT development relating to future NHS pharmacy policy changes.
- This has been converted into a draft spreadsheet: Checklist to support digital pharmacy changes (draft June 2025).
- Next steps: The group are encouraged to suggest further comments prior to 18th June 2025 to the secretariat to help changes within the next iteration of this: <a href="mailto:da@cpe.org.uk">da@cpe.org.uk</a>

### AOB1: Digital change checklist

| Lirari temp    |             | : Draft checklist to support digital pharmacy changes: <topic here="" title=""></topic>   |   |             |  |                    |                    |                          |       |       |
|----------------|-------------|---|---|-------------|--|--------------------|--------------------|--------------------------|-------|-------|
| #              |             | <b>3</b>  | Ø   | <b>I</b>    | Status next steps,                             | **                 |                    | •••                      | #     | •     |
| Task<br>ID ref |             | Next step / action / task /sub-task (some cells can be clicked to learn more background about the task)                                   | Goal or success<br>criteria                     | Category    | resources required, outcomes? (enter N/A if ne | Persons<br>owning? | Timings / deadline | Extra tasks added? (y/r) | RAG - | Done? |
| 1              | <b>;</b>    | Early discussion: NHSE TD are briefed on the change or change options, so NHSE TD [and/or NHSBSA] can begin discussion with IT suppliers. | Initially assessed                              | Initiation  |  |                    |                    |                          |       |       |
| 2              | <b></b>     | Implementation sub-group feed in: to assist NHSE TD and suppliers with digital planning and implementation.                               | Implementation sub-<br>group to feed into plans | Initiation  |  |                    |                    |                          |       |       |
| 3              | 1           | Define change: The change is explained within a shared written document for IT suppliers (it will iterate over time.)                     | Change defined                                  | Initiation  |  |                    |                    |                          |       |       |
| 4              | 倡           | Assign priority: Change required has priority attached, and wider priority sequencing is considered.                                      | Change prioritised                              | Initiation  |  |                    |                    |                          |       |       |
| 5              | ø           | Initial feasibility discussion: Initial NHSE TD discussion with IT suppliers regarding feasibility for change/options.                    | Initially assessed                              | Initiation  |  |                    |                    |                          |       |       |
| 6              | <b>⟨··⟩</b> | Draft technical instructions: Technical instructions drafted.   | Tech instructions prepped                       | Preparation |  |                    |                    |                          |       |       |
| 7              | <b>₽</b>    | Share drafted technical instructions (to suppliers and the implementation group for comment).   | Tech instructions to<br>suppers for comment     | Preparation |  |                    |                    |                          |       |       |
| 8              | Đ           | Supplier and the implementation group comment: on the drafted technical instructions.   | Suppliers commented<br>on instructions          | Preparation |  | -                  |                    | _                        |       |       |

(Further rows below row 8)

# AOB2: Smartcard integration software on pharmacy terminals

Local Smartcard Registration Authorities (RAs) have identified that some pharmacy terminals providers that:

- do not have the right middleware installed to enable self-Smartcardmanagement (out-of-date or missing NHS Credential Management and missing Oberthur middleware)
- drivers and smartcard environment software data fragments left from incomplete updates or uninstallations.

# AOB2: Smartcard integration software on pharmacy terminals

The central Smartcard team has updated some of its guidance.

- An example of commonly encountered errors is set out on the right.
- IT support looking after terminals may uninstall and reinstall Identity Agent and NHS Credential Management as needed.

### Error INF1001: Initialising Smartcard ERR5022: Operation completed

This error can occur when you are trying to repair smartcal certificates.



Error: INF1014:Scanning for Smartcard ERR5022: Operation completed

This error is likely to be caused by an incorrect workstation guidance on troubleshooting smartcard management issue help.



# AOB2: Smartcard integration software on pharmacy terminals

NHS England published guidance on common error messages encountered which Smartcard users identify that they cannot self-manage their cards:

- Troubleshooting Smartcard errors.
- NHS Identity Agent / NHS Credential Management. For NHS Credential Management and NHS Identity Agent it is recommended to uninstall and reinstall instead of updating over an existing installation.
- Oberthur and Idemia (PIV) <u>Middleware</u>.
- Smartcard Reader Drivers guidance within: <u>Smartcard reader setup</u>.
- Common error message examples.
- Next steps: IT support and suppliers who provide operating systems, software and equipment are encouraged to consult this guidance and to reduce the risk of Smartcard errors.

### AOB3: Reminder: complete the Data Security & Protection Toolkit 2025

- Community Pharmacy England has published new guidance to help community pharmacy owners complete the Data Security and Protection Toolkit 2025.
- The Toolkit is used to make a pharmacy's information governance (IG) declaration and must be completed by **30th June 2025**.
- Please could all help communicate this out to their networks. Wording from this item can be used <u>cpe.org.uk/our-news/reminder-1-month-to-go-to-complete-the-data-security-protection-toolkit-2025/</u>

# AOB4: NHS England supported survey on Pharmacy Professional Leadership in Digital Transformation

 The group's pharmacy professionals are encouraged to feed into this NHS England survey about Pharmacy Professional Leadership in Digital Transformation. It should take 10 minutes to complete: https://forms.office.com/e/Epi5xH43F1

#### Close from Chair

Thank you!

Post meeting queries: da@cpe.org.uk