Agenda for the Community Pharmacy IT Group (CP ITG) meeting

to be held on 5th June 2018

at the NPA, 38-42 St Peter's Street, St Albans, AL1 3NP

commencing at 11am and closing at 3pm

Members: Matthew Armstrong, David Broome (Vice Chair), Sibby Buckle, Richard Dean (Chair), David Evans, Colin Kendrick, Sunil Kochhar, Andrew Lane, Fin McCaul, Coll Michaels, Craig Spurdle, Robbie Turner, Iqbal Vorajee and Heidi Wright.

Secretariat: Dan Ah-Thion, Alastair Buxton and John Palmer.

Apologies for absence
At the time of setting the agenda, no apologies for absence have been received.

Minutes of previous meeting and matters arising
The minutes of the meeting held on 6th March 2018 are set out in Appendix CPITG 01/06/18 for approval.

CP ITG Work Plan items
Below we set out progress and actions required on the work plan areas. The group is asked to **consider the reports**, to **address any actions required** and to **comment on the proposed next steps.**

1	Supporting the development of PMR systems
	This group will help with consideration of usability for pharmacies. This can then support further work by the group with NHS Digital, PMR system suppliers and contractors to develop a roadmap for development of PMR systems. Work should also include looking at PMR contracts, to see how they can reflect agreed best practice or providing guidance to contractors, if changes to standard contracts cannot be agreed. The group should support PMR systems by helping to identify useful future development options.
	Relevant webpages include: psnc.org.uk/systems

Report:

- The group discussed Patient Medication Record (PMR) system warnings for Valproate at the last meeting. NHS Digital followed this up with each of the PMR suppliers who now have warnings in place as per MHRA/NHS Digital guidance.
- The Department of Health & Social Care (DHSC) published a report on reducing medication-related harm in February 2018. The report identified that:
    - lookalike/sound alike medicines (with similar names/labelling/packaging) are sources for error and medication-related harm; and
    - a key priority will be "work with pharmacy dispensing computer system suppliers to ensure that labelling contributes to safer use of medicines and does not hinder (e.g. by labels being stuck over packaging or by using unfamiliar language)."
- John Palmer contacted PMR suppliers about token printing settings following the group's last meeting. He asked whether any pharmacy 'auto-token-printing' settings are impacted if a prescription token for that EPS prescription has been printed at the GP practice. PMR suppliers have provided information about their printer settings (see Appendix CPITG 02/06/18). Pharmacy contractors and their teams are recommended to make themselves familiar with the token printing options and to consider implications for their pharmacy processes.

CP ITG Action:

- A PMR supplier has asked the group to consider for EPS prescriptions:
  - Whether the PMR should display on-screen both the name of the patient's registered GP as well as the prescriber (where different), in case the pharmacy team wishes to contact either prescriber?
  - If yes, how should this be displayed?
  - Are there any relevant common standards in relation to the above?
- Pharmaceutical Services Negotiating Committee (PSNC) has received queries from Local Pharmaceutical Committees (LPCs) about Electronic Medication Administration Records (eMARs) and interoperability. PMR suppliers are asked whether they integrate with eMAR systems.
- The group are asked to suggest topics for the group's forthcoming survey of pharmacy team members on PMR systems. Suggestions received so far include:
  - *General factors with PMR systems,* e.g. usability, clickability, challenges and favourite features.
  - *Specific features of PMR systems:* e.g. claim amend, spine confirmations that EPS claims are received by the Pricing Authority, reporting functions, processes supporting correct reimbursement, EPS-expiry prevention, prescription sorting, eRD features and scheduling options, back-up processes, and alerts during down-time.
  - *User-suggested PMR enhancements prioritised relative to each other*.
- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:

- The CP ITG PMR survey is to be published after the pharmacy IT infrastructure survey (see work plan item 6). Dan Ah-Thion can be contacted by those who wish to feed into the development of the survey.
- The Independent Company Chemists Alliance (ICCA) have conducted work on a PMR survey and will provide some support for the CP ITG PMR survey.
- PMR superusers will continue to feed into the list of commonly wanted PMR features; group members are asked to continue to identify volunteer 'superusers' to Dan Ah-Thion.

2	Connectivity, business continuity arrangements and dealing with outages
	This would include supporting the transition from N3 to Health and Social Care Network (HSCN), in terms of the sector starting to get the benefits of the new HSCN model. Also ensuring the technical architecture of pharmacy connectivity does not prevent access to key NHS web-based resources, e.g. the Leeds Care Record. Pharmacy and system supplier input should be incorporated into HSCN migration plans.
	Relevant webpages include: psnc.org.uk/itcontingency; and psnc.org.uk/connectivity

Report:

- The pharmacy system supplier aggregator, IQVIA (previously QuintilesIMS) has invited CP ITG representatives to meet to discuss the changes required for auto-access to website links within the NHS 'nww' domain. There are technical blocks which the IQVIA network team would have to further understand, unpick and resolve.
- Draft guidance on 'Mitigating EPS/IT impact when Pharmacy Circumstances Change' (ODS code, location, ownership or PMR supplier) has been prepared by PSNC with support from NHS Digital and NHS England. This draft was shared with PMR suppliers at the end of May 2018 and a final version will be published by PSNC shortly.
- One aggregator reported that NHS Digital had asked them for pharmacy contractors to complete the Connection Agreement document. Previously PSNC had advised NHS Digital's lead on the Connection Agreement that the document in its current form is not suitable for pharmacy contractors because of its length, complexity and because much of the content is already covered by other declarations (e.g. via the IG toolkit submission).

CP ITG Action:

- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:

- Dan Ah-Thion to visit IQVIA offices during summer 2018 to discuss enablement of pharmacy access to NHS 'nww' websites. An update will be provided at the next meeting.
- PMR suppliers are asked to provide feedback on the draft 'Mitigating IT/EPS impact when Pharmacy Circumstances Change' guidance to Dan Ah-Thion by 18th June 2018.
- PSNC to prepare a briefing for pharmacy contractors that will explore technical business continuity options. PMR suppliers have been asked to feed in information for inclusion in the briefing, including on 'blue light' service level agreements (SLAs), 3G/4G backup setup times, signal boosters and continuity options for the different systems. PMR suppliers that have not yet done so, are asked to email Dan Ah-Thion with this information.
- PMR suppliers are asked to provide updates regarding the transition of their aggregators from N3 to HSCN.
- John Palmer and Richard Dean to draft a letter on behalf of the group to the relevant Minister regarding 'blue light' network connectivity.
- John Palmer to publicise that contractors can register for priority for electrical supply restoration.

3	Supporting EPS and its enhancements
	Including Controlled Drugs, real-time exemption checking, Phase 4 pilot, improving the efficiency of eRD (electronic Repeat Dispensing) work flows in PMR systems, development of standard descriptors across PMR systems for the different stages of a script's EPS journey and other issues identified in the EPS issues log.
	Relevant webpages include: psnc.org.uk/eps

EPS Phase 4

A verbal update will be provided by NHS Digital.

Next Steps:

- PSNC will undertake further discussions on the changes to the regulations and the roll out of Phase 4 with DHSC and NHS England. NHS Digital will also work closely with PSNC and other community pharmacy stakeholders before and during the Phase 4 pilot. The pilot will not occur before late autumn 2018.

eRD (Electronic Repeat Dispensing)

CP ITG Action:

- PSNC has received the following feedback on potential enhancements to eRD functionality within systems. The group is asked to provide feedback on these points and to suggest additional items.
  - *Prescribing systems to provide an easier and more automated option for selecting 13 x 28 days* (364 days). Feedback suggests this has advantages compared with the frequently used 12 x 28 days.
  - *Others to be discussed at the meeting*
- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:

- Dan Ah-Thion to further develop the 'eRD wish-list' based on feedback from pharmacy contractors and the group.
- The EPS/eRD implementation group (NHS Digital, PSNC and NHS Business Services Authority (NHS BSA)) will continue discussions on strategies to promote eRD. The group will meet in Wakefield during the summer for a day to review guidance and seek alignment of the different organisations' eRD strategies.

- The available eRD guidance is being refreshed where required by PSNC, NHS Digital and NHS BSA.
- Further GP representation for the EPS/eRD implementation group is being sought. If you know of GP practices that may be interested in participating, please put them in touch with Dan Ah-Thion by mid-June 2018.

Real-time prescription charge exemption checking project

Report:
- The exemption checking process changes are intended to enable pharmacy teams to have exemption information 'to hand' rather than them needing to ask patients for evidence of exemption.
- Three system suppliers are involved with testing (Positive Solutions, EMIS and Clanwilliam). The data flow is planned between the pharmacy and NHS BSA, so as well as providing information on exemptions, it may be possible for the change to act as an enabler for future projects between the two parties. The planned next steps are: an end-to-end proof of concept, with a view to full piloting in 2018 and phase one of roll-out after.

CP ITG Action:
- The group are to consider Appendix CPITG 03/06/18 including the questions at the end.
- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:
- PSNC will continue to work with NHS Digital, DHSC and NHS England on the planning for this change in process within pharmacies and an update will be provided to the group at its next meeting.

EPS Controlled Drugs (CDs)

Report:
- The EPS CDs pilot is scheduled to begin once outstanding technical issues are resolved. A notice period is planned to be given by NHS Digital to allow communication to pharmacy teams ahead of the commencement of the pilot. PMR suppliers will support the communications plan by using pop-up windows on systems.
- The EPS CD pilot duration will take place across a month-end period to allow a review of submitted EPS CD prescriptions.
- Additional information will be provided in a verbal updated from NHS Digital at the meeting.

CP ITG Action:
- The group will be briefed and asked to consider a newly identified issue with certain EPS CD items which may default to show an expiry of six months rather than the correct 28 days.

Next Steps:
- As appropriate following the discussion at the meeting.

General EPS matters

Report:
- NHS Digital is continuing to support the rollout of EPS within urgent care prescribing systems (Advanced Adastra, IC24, TPP and EMIS) and to their users.
- NHS Digital Integrating Pharmacy Across Care Settings (IPACS) team is also continuing to explore making relevant EPS Tracker information available in urgent care settings.
- The EPS log has been updated (see psnc.org.uk/epslog) and PSNC continues to welcome feedback

from CP ITG members and community pharmacy team members.

- NHS Digital are continuing discussions with pharmacy and general practice representative organisations on guidance for prescribers on the issuing of clinically urgent prescriptions.
- NHS Digital will provide a verbal update at the meeting.

CP ITG Action:
- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:
- NHS Digital plans to further analyse EPS enhancement survey results and will share their findings with the CP ITG once completed.

4	Seeking a standard process for importing PMR data into a new PMR system
	The lack of a standard approach means there are clinical (including patient safety), ethical and legal risks related to the potential for data to be inappropriately transposed.

Report:
- The CP ITG agreed at its December 2017 meeting to explore a standard data process for transitioning pharmacy contractors from one PMR system to another to improve the continuity of care. Martin Jones is chairing a joint project amongst all the PMR suppliers to standardise patient data export and import (single patient or bulk) to ensure a consistent approach across the industry. The export may be progressed in two stages, with the initial stage being read-only core data with NHS/Community Health Index number and dm+d codes. A draft dataset has been discussed by PMR suppliers and further discussions will be scheduled.
- Martin Jones will provide a verbal update at the meeting.

Next Steps:
- The PMR suppliers will continue to explore this issue and a report on progress will be made at the next CP ITG meeting.

5	Seeking the development of interoperability/integration where appropriate
	This could be between different community pharmacy systems (e.g. PMRs and Services Support platforms) and between community pharmacy systems and other health and care record systems. This would necessitate community pharmacy systems supporting the recording of interventions/services in a coded manner (using SNOMED CT) with a clear aspiration for computable dose instructions across all systems including EPS.
	Relevant webpages include: psnc.org.uk/interoperability and psnc.org.uk/dosesyntax

Summary Care Record (SCR)

Report:
- NHS England, PSNC and NHS Digital are working together to consider what can be done to increase use of SCR by pharmacy teams.
- An SCR 'one click' feature is being developed so that records can be viewed from within pharmacy systems, rather than by logging into separate web applications. The functionality has the potential to make access easier, with the hope that usage will increase.
- An increasing number of patients now have an enriched SCR (SCR with additional information).
- The Community Pharmacy Digital email Group (CPDG) provided comments to support the development of NHS Digital's new SCR statistics online dashboard during March 2018. An 'export to spreadsheet' feature has been requested for the dashboard.

CP ITG Action:

- PMR suppliers are asked to provide updates regarding plans to introduce SCR integration e.g. 'full message integration' or 'one click'.

Next Steps:

- PSNC will continue work with NHS England and NHS Digital to increase SCR use.

General interoperability matters

Report:

- NHS Digital and the Professional Record Standards Body (PRSB) are undertaking work on standard datasets for transfer of community pharmacy information, starting with vaccinations, to support interoperability of community pharmacy and other health IT systems.
- The local areas which were successful in their bids to be a Local Health and Care Record Exemplar were announced in May – Greater Manchester, Wessex and 'One London'. These areas will receive national investment to support the development of shared health and care record initiatives.
- The NHS Dictionary of Medicines and Devices (dm+d) uses a standard description for all medicine items but does not provide a standard 'coded' system for representing dosage instructions, for example, a code for 'Take two tablets three times a day'. Without more standardisation, information needs to be sent and stored electronically using 'free text', e.g. from GP practice system to pharmacy system. Appendices CPITG 04/06/18 and CPITG 05/06/18 outline the case for more computable dose instructions and some suggested next steps.

CP ITG Action:

- The group is asked to consider the questions at the bottom of both Appendices CPITG 04/06/18 and CPITG 05/06/18 regarding computable dose instructions.
- PRSB are seeking community pharmacists to take part in upcoming workshops and discussions to consider how records standards apply to community pharmacy.

Next Steps:

- Dan Ah-Thion and Stephen Goundrey-Smith (Royal Pharmaceutical Society (RPS)) are maintaining a small mailing list for pharmacy team members with an interest with datasets. Contact Dan Ah-Thion if you would like to join this mailing group or know someone that might wish to participate in in this or the PRSB work.

6	Developing a wider IT roadmap
	To support useful and usable IT beyond PMR systems and EPS.

Report:

- Content to inform the development of a wider IT roadmap for the sector is contained within the group's workplan and agendas, PSNC's EPS log and most commonly requested features for the development of NHSmail. Additional information on current IT infrastructure and future needs will be collected via a survey of pharmacy teams, which will be issued by the group later in 2018.

CP ITG Action:

- The group are asked to suggest topics that could be included in the draft Pharmacy IT infrastructure survey which will be issued by the group. Suggestions so far include questions relating to computer terminal to staff ratio, training requirements, perceptions of connectivity speed and any limitations, use of and enthusiasm for IT (use of work or personal mobile devices,

access to WiFi for patients and/or staff, signal boosters, and 3G/4G and other backup options for network connectivity).
- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:
- The 'CP ITG Pharmacy IT infrastructure survey' is being developed for release this year. Any members who wish to assist with this work should contact Dan Ah-Thion.
- A discussion on the wider IT roadmap will be undertaken at the next meeting of the group.
- Group members should continue to encourage pharmacy team members to provide IT ideas at psnc.org.uk/itfeedback.

7	Supporting cyber security and Information Governance
	Supporting the use of minimum hardware specifications and the development of a revised Information Governance Toolkit for community pharmacy, NHS Digital training resources and developing guidance and resources for pharmacy teams on cyber security and information governance (including GDPR and handling patient requests for access to their data).
	Relevant webpages include: psnc.org.uk/ig

Report:
- The pharmacy General Data Protection Regulation (GDPR) Working Party (including PSNC, NPA, and RPS) published joint GDPR guidance document for community pharmacy eight weeks before the GDPR start date of 25th May 2018. Gordon Hockey (PSNC) is also publishing a series of GDPR blogs on the PSNC website.
- PSNC organised a meeting on 17th May 2018 with system suppliers, the NPA and NHS Digital to discuss IG and GDPR. Shortly after this meeting, several suppliers shared their GDPR website links for inclusion on PSNC's website. The links are: Analyst (Positive Solutions), Pharmacy Manager / Nexphase / Healthi (Cegedim Rx), ProScript LINK/Connect (AAH), Proscript systems (EMIS), PharmOutcomes (Pinnacle), RxWeb (Clanwilliam Health), Sonar (Sonar Informatics), and Webstar Health (CegedimRx).
- The NHS IG toolkit is now named the 'Data and Security Protection (DSP) toolkit'. Several CP ITG members tested a prototype version and commented on the new questions to help inform the final content suitable for pharmacy contractors. NHS Digital is working with PSNC so that pharmacy contractors who have completed the GDPR workbook may have some of the DSP toolkit questions auto-completed.
- National Data Opt Out Programme pharmacy guidance has been published on the PSNC website. Patients have been able to set their opt-out since 25th May 2018, and all health and care organisations will be required to uphold this by March 2020. Pharmacy contractors are advised to signpost patients that ask about opt-out to the patient-facing website nhs.uk/your-nhs-data-matters/. Patients may also call NHS Digital if they cannot access the website.
- NHS England previously published Lessons learned: review of the WannaCry Ransomware Cyber Attack. A summary note has been produced for the group which is set out in Appendix CPITG 06/06/18. It was recommended 'NHS organisations' should:
  - move away from Windows 7 by Jan 2020;
  - seek compliance with Cyber Essentials Plus standard by June 2021;
  - use best practice standards equivalent or in alignment with recognised standards such as ISO27001[1]; and

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[1] International Organization for Standardization's (ISO's) information security management system standard 27001.

- support use of peer-to-peer informal networks to support communications during future major cyber-attack [e.g. Batsignal], particularly because during an attack there may be less easy access to NHSmail emails (e.g. if usual work terminals are not functional).

CP ITG Action:
- Consider whether the group should issue guidance to pharmacy contractors on the lessons learned from the WannaCry attack.
- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:
- PMR suppliers met with PSNC, NPA and NHS Digital on 17th May 2018 and all agreed to explore whether new DSP toolkit technical questions could be auto-populated based on PMR supplier input (e.g. anti-virus information). PMR suppliers are asked to review the questions identified as potentially relevant and feedback comments to Dan Ah-Thion by the end of June 2018. Dan will collate responses and progress the project with John Hodson (NHS Digital).
- PSNC will continue discussions on DSP toolkit arrangements with NHS Digital and NHS England. The 2018/19 DSP toolkit has been available for completion from 1st April 2018, but further pharmacy-related enhancements to the toolkit are expected. PSNC and others will promote completion of the toolkit by pharmacy contractors in due course, following announcements on the PSNC website.
- CP ITG members are asked to continue to promote use of:
  - the joint GDPR guidance.
  - good cybersecurity practices, such as those outlined within PSNC Briefing: Ten steps to help improve data and cyber security within your pharmacy.
- Group members are asked to consider signing up to Batsignal (the peer-to-peer live service promoted by digitalhealth.net) to help coordinate the actions required during future cyber-attacks.

8	Promote the ability to collate fully anonymised appropriate patient interaction data from all systems
	To support the evaluation and further development of pharmacy services. Ensure that appropriate consent models continue to remain in place.

Report:
- The group agreed at its last meeting to explore the capability for anonymised data to be accessible so that the important interactions of pharmacy teams begin to be auditable, and the value of community pharmacy can be further demonstrated. If PMR systems were to be adapted to allow such data sharing, it would require the development of a roadmap and a standard approach to data provision, which may benefit from use of SNOMED clinical terms (CT). PMR suppliers agreed at the March meeting to connect a relevant contact from their organisation with Dan Ah-Thion.

CP ITG Action:
- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:
- A standard approach to data provision starting with Medicines Use Reviews (MURs), New Medicine Service (NMS) and flu vaccinations is to be developed.
- PMR suppliers who have not already provided a contact name to Dan Ah-Thion are asked to do so by 15th June 2018.

9	Supporting Electronic referral solutions
	Supporting the development of electronic referral solutions, for referral <u>into</u> and <u>from</u> community pharmacy. This would include coordination / consolidation of electronic hospital discharge processes, so a best practice approach is achieved which can be adopted across the country.

Report:

- NHS Digital's IPACS programme with the PRSB are working with others on discovery work to support the development of electronic referral systems. This includes solutions which involve NHSmail and Interoperability Toolkit (ITK) structured messaging.
- NHS Digital are working with portal suppliers Sonar and PharmOutcomes to improve the digital confirmations to GP practices of flu vaccinations. This would use NHSmail and a standardised PDF, but the NHSmail address selected would be the one which is already used to receive NHS 111 post-event messages. Participants in this work can provide a verbal update at the meeting, should they so wish. In the longer term, it is hoped that other clinical information can be shared in a similar manner, either from pharmacy to general practice or vice versa.

CP ITG Action:

- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:

- NHS Digital and partners will continue work on this matter and an update will be provided at the next meeting of the group.

10	Supporting NHSmail
	Work with NHS Digital to ensure completion of the rollout of NHSmail, promote its use by contractors and seek to improve usability, e.g. NHSmail migration of individual accounts to new nomenclature and the use of email address aliases to provide a user-friendly email address for day-to-day use.
	Relevant webpages include: psnc.org.uk/NHSmail

Report:

- The NHS Digital Mobile configuration guide for NHSmail explains the requirements for use of NHSmail on mobile devices such as Smartphones. The guide explains that mobile app NHSmail usage currently 'does not support shared mailboxes' but that personal accounts can be accessed. Pharmacy contractors may access NHSmail via their Smartphone web browser. Pharmacy contractors that wish to use NHSmail on mobile devices will also have to be aware of various practical considerations[2].
- The Community Pharmacy Digital email Group (CPDG) provided suggestions for their NHSmail wish-list during March 2018.

CP ITG Action:

- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:

- PSNC will continue discussions with NHS Digital on various matters, including NHSmail aliases and the transition away from legacy NHSmail accounts.
- Suggestions to make NHSmail more usable can be emailed to Dan Ah-Thion who will add these to the 'NHSmail commonly requested features list' for sharing with NHS Digital.

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[2] Practical considerations regarding NHSmail mobile device access may include: passcode settings, preventing access by others, adjusting auto-preview of messages on home-screens, ability to remotely wipe the device if stolen, and storage plus archive settings. Read more within the Mobile configuration guide for NHSmail mentioned earlier.

11	Tackling issues related to the practical use of pharmacy IT
	e.g. frequency of forced password changes, use of alternative credentials (alternatives to Smartcards) for users and changes to support improved patient safety.
	Relevant webpages include: psnc.org.uk/smartcards

CP ITG Action:

- Share any knowledge of shared whitelists used within pharmacy or more widely by health and care providers. If there are existing shared whitelists, these might be relevant for community pharmacy as well. Some community pharmacies are reporting that websites of interest are frequently blocked, e.g. the NHS Digital website.
- Suggest additional issues related to the practical use of pharmacy IT that can be considered for examination.

Next Steps:

- As appropriate following the discussion at the meeting.
- Community Pharmacy Digital email Group discussed compatibility issues regarding Smartcard software during March 2018. If further issues are identified these can be emailed to Dan Ah-Thion who may raise items with the NHS Digital Smartcard team.
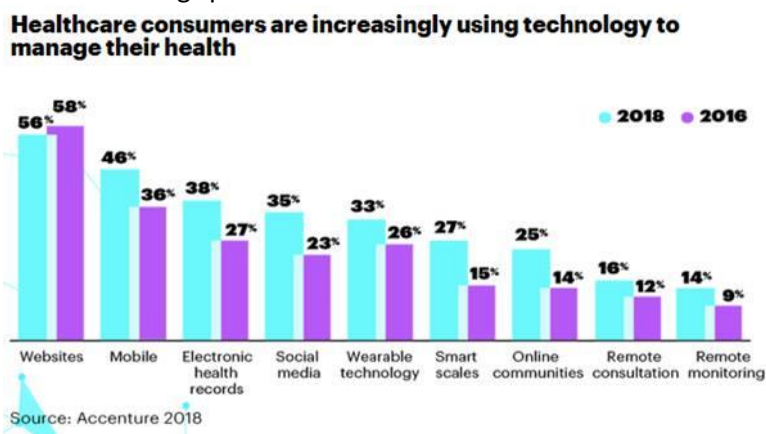
12	Consider the development of apps and wearables in healthcare
	Consider the development of guidance and a principles documents for new apps covering, appropriate usage and security for data, promotion of all pharmacies equally etc.
	Relevant webpages include: psnc.org.uk/apps

Report:

- The 'Patients, Doctors and Machines' Accenture study was distributed to CP ITG and CPDG. It found there is increasing appetite for virtual care. The study mentions:
  - o "75% of US consumers surveyed said technology is important to managing their health, up from 73% in 2016."[3]
  - o A few of the findings previewed below:

Healthcare consumers are increasingly using technology to manage their health

Source: Accenture 2018

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[3] Other statistics may relate to the overall survey result responses from: England (1,043), United States (2,301), Australia (1,031), Finland (848), Norway (768), Singapore (957), and Spain (957).

Reasons why healthcare consumers will/will not use an AI-powered virtual doctor

Why use AI?
- 47% Available whenever I need it
- 36% Saves time by avoiding a trip to the doctor
- 24% Assesses vast amounts of relevant information

Why not?
- 29% I like visiting the doctor
- 26% I don't understand enough about how...
- 23% I don't like to share my data

Source: Accenture 2018
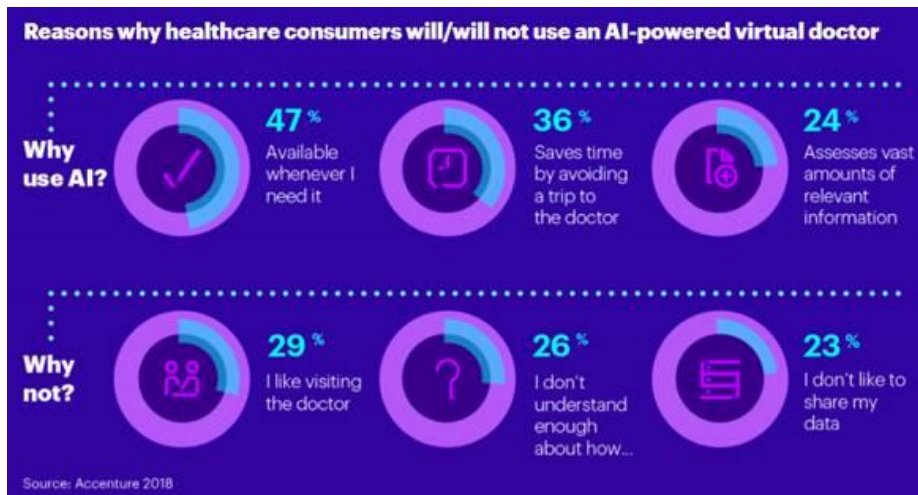
- PSNC has received reports from LPCs and pharmacy contractors about apps which may effectively support the direction of prescriptions or restrict patient choice in other ways. This matter has been raised with DHSC, NHS England and NHS Digital and discussions are ongoing. PSNC Health Policy and Regulations Subcommittee approved a list of principles to guide further work and discussions (see Appendix CPITG 07/06/18).

CP ITG Action:
- Share any information on any apps which restrict patient choice of dispenser with Dan Ah-Thion.
- Consider what other work the group could undertake (potentially in partnership with the Pharmacy Digital Forum) to help pharmacy contractors embrace the use of apps and wearables, maximising their value for patients and the sector.

Next Steps:
- As appropriate following the discussion at the meeting.
- PSNC will continue discussing the risk of prescription direction via apps with DHSC, NHS England and NHS Digital and an update on the issue will be provided at a future meeting.

13	WiFi
	Explore use of WiFi within pharmacies and develop guidance if necessary. Consider whether NHS funding for WiFi should be sought.

Report:
- The NHS Digital WiFi programme is currently commissioned to roll-out patient WiFi across GP practices and secondary care.
- Community pharmacy contractors may take up commercial WiFi opportunities.

CP ITG Action:
- The group is asked to comment on Appendix CPITG 08/06/18 which outlines some of the benefits of the expansion of WiFi within community pharmacy.

Next Steps:
- The group will continue to develop a 'Case for WiFi' document. Group members or pharmacists interested in participating in this work can contact Dan Ah-Thion.
- John Palmer is drafting guidance for contractors on WiFi.

14	Supporting Digital literacy
	Collate a central list of IT training opportunities available for all pharmacies and consider other ways to work with Pharmacy Digital Forum (PhDF), RPS, Health Education England and Faculty of Health Informatics to help boost the digital literacy of pharmacy staff.
	Relevant webpages include: psnc.org.uk/digitaltraining

Report:

- The digital training list options has been updated following discussion at the group's last meeting. The list now includes a link to Health Education England's (HEE) Matrix of digital training opportunities[4].

CP ITG Action:

- Suggest further work which the group could undertake to support digital literacy.

Next Steps:

- As appropriate following the discussion at the meeting.

Any other business

Upcoming pharmacy/healthcare IT events

- Digital Healthcare Show, 27th-28th June 2018, London
- Pharmacy Digital Forum (quarterly), 5th July 2018, London

Future meetings
Future meetings of the group:

4th September 2018;
28th November 2018;
5th March 2019; and
4th June 2019 (to be confirmed at meeting).

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[4] See 'Existing Educational Resource Mapping and Analysis', section 6, HEE Appendix 2 Resource database.

Minutes of the Community Pharmacy IT Group (CP ITG) meeting held on 6th March 2018 at NPA, 38-42 St Peter's Street, St Albans, AL1 3NP

Present

Richard Dean (chair), (Association of Independent Multiple pharmacies (AIM)), Dean and Smedley pharmacy
Dan Ah-Thion (Secretariat), (Pharmaceutical Services Negotiating Services (PSNC))
Alastair Buxton, PSNC
Andrew Lane (National Pharmacy Association (NPA)), Alchem Healthcare
Martin Jones, CegedimRx
Fin McCaul, (PSNC) Prestwich Pharmacy
Iqbal Vorajee (AIM), Cohen's Chemist
Sunil Kochhar (PSNC)
David Evans (NPA), Daleacre Healthcare pharmacy
David Broome (Vice Chair), PSNC
Robert Vaughan, Lincolnshire Co-op pharmacy
Ian Lynch, Positive Solutions
Matthew Armstrong (Company Chemists' Association (CCA)), Boots
Melanie Brady (AIM), Day Lewis
Sima Jassal, EMIS Health
Simon Gregory, Celesio
Julian Horsley, ClanWillam
Paul Clifford, Celesio
John Palmer (Secretariat), NPA
Hooman Safaei, Invatech Health
Ghalib Khan, Written Medicine

Minutes of previous meeting and matters arising

The minutes of the meeting held on 5th December 2018 were agreed.

CP ITG Work Plan items

1	Supporting the development of PMR systems

The information in the agenda was noted and the group agreed the proposed next steps.

Sodium Valproate
This was one of the items covered by a recently announced review of how the NHS responds to patient safety incidents. GP systems may not warn GP practice staff if a patient has been on Valproate for some time. NHS Digital has received feedback about which systems have the pop-up warning for Valproate containing medicines. More work is needed to ensure that every PMR system has the popup warning, that the latest wording is used, that a warning label is printed, and that the changes are rolled out across all the estate. NHS Digital is following this up.

Action: John Palmer to write a letter regarding Valproate warnings to the PMR system suppliers and the CP ITG Chair will endorse it.

Supporting the development of PMR systems

Some volunteer "superusers" have signed-up with Dan Ah-Thion and are working on a list of features but further volunteers are welcome to participate (email da@psnc.org.uk to volunteer). As of 6th March 2018, forty individuals had signed up to the Community Pharmacy Digital email Group (CPDG) and this group will feed-in thoughts on this workplan item. Further work has been undertaken on a survey to seek pharmacy teams' views on PMR developments.

Action: Richard Dean will share the Independent Company Chemists Alliance's recent survey with Dan Ah-Thion in case this can inform the development of survey questions.

2	Connectivity, business continuity arrangements and dealing with outages

The information in the agenda was noted and the group agreed the proposed next steps.

- Dan Ah-Thion has continued discussions with QuintilesIMS about their investigation into the nww access issue. Their network team continue to find that each specific nww link needs to be approved. Ironically the next year's test IG toolkit website was accessible over the internet, but not via a pharmacy N3 connection. The IG toolkit team are working on this issue.
- The move to EPS phase 4 makes business continuity and especially network connectivity vital. Even if a premium is paid to Openreach for a 'blue light' level of service (like the service that GPs have), the time to fix may still be too long. A mobile data 3G/4G solution can assist if the local connection is broken, but pharmacies in some areas do not have good 3G/4G coverage. A 3G/4G signal booster may help some contractors.
- For mobile data solutions:
  - EMIS offers 'Constant Connect';
  - CegedimRx has a similar offering (and offers express dongle deployment by courier if required); and
  - for the one web-based system you are not tied to you PMR supplier's solution.
- The move to the Health and Social Care Network (HSCN) model ought to be an opportunity for system suppliers and pharmacy contractors to review their connections, with new suppliers entering the market. For example, Virgin Media Business has secured Stage 2 HSCN compliance certification.
- Enhanced Openreach packages (e.g. quicker response times) may be within the art of the possible but may not be appealing given their price. It was suggested that the NPA could approach Openreach for a member's blue light deal. A clear offer of business continuity connectivity options from each supplier would help the group to raise the awareness of pharmacy contractors of the need to put in place business continuity arrangements.

Action: John Palmer and Richard Dean to draft a letter to the minister regarding blue-light network connectivity.
Action: Pharmacy system suppliers to share information on network business continuity packages with Dan Ah-Thion.
Action: John Palmer to publicise that contractors can register for priority for power restoration.

3	Supporting EPS and its enhancements

The information in the agenda was noted and the group agreed the proposed next steps.

Phase 4
- The CP ITG was supportive of the EPS phase 4 pilot because Phase 4 will help to reduce the dual system of paper and EPS scripts. Phase 4 is to rollout, starting with paper tokens. Nomination will remain important because it brings patient and pharmacy benefits. After scanning the barcode

on a token, the script will fall into the normal EPS processing system, like an EPS release 1 token. Phase 4 makes business continuity arrangements even more important.

- Some challenges remain with making Phase 4 a success:
  - In business continuity situations, GPs can be reluctant to revert to issuing paper scripts; the joint GP / pharmacy guidance needs to be further considered.
  - NHS Digital may wish to explore digital EPS tokens after Phase 4 has deployed, e.g. emailed barcodes. However, scanning tokens on smartphones will need further consideration; there are challenges surrounding handling patients' smartphones and having updated scanners which can scan from smartphone screens and which are located on the medicines counter or another appropriate location in the pharmacy (wireless scanners may be an option).
- Before the pilot the pharmacy and general practice regulations will need to be updated by DHSC. NHS Digital will work closely with PSNC and other community pharmacy stakeholders.

EPS Controlled Drugs
In an update from Candice Moore (NHS Digital), it was explained that two pharmacy chains are due to fix a 'line break' technical issue by the end of March 2018. First of type use is expected in early April, with the Vision system; the others GP systems are being tested in the test environment if all then ready. One month's notice is planned to be given by NHS Digital. The first of type site will be monitored for a few days; assuming all goes well it will be expanded to more sites for a further 3-4 weeks of monitoring. During this time, the wider rollout methodology will be determined. Schedule 2 and 3 CDs are a pre-requisite for the full deployment of EPS phase 4.

EPS enhancements
Work by NHS Digital on the end-user survey results has been delayed by work on winter pressures. The results are now being considered and a roadmap is due to be developed by the end of March 2018.

Exemption checking project
The NHS BSA are working with pharmacy system suppliers; data will be drawn directly from the NHS BSA, bypassing the spine.

Integrated urgent care and EPS
Further pilots will mean more EPS scripts being sent using Advanced Adastra, IC24 and EMIS.

One-off nominations
One-off nominations are being used in the integrated urgent care pilot and NHS Digital are looking to include development of this functionality for general practice in the next GP Systems of Choice (GPSoC) agreement.

EPS prescription item limit
The group considered the implications of increasing the current limit of four prescription items per EPS script to six or eight items. If the limit increases, owings may be a bigger issue for some pharmacy contractors, depending on their processes. Additionally, if you cannot supply one item and decide to return the script to the spine, you are returning many items.

Printing out tokens could be an issue, as many contractors still print token to facilitate the physical dispensing process and the clinical check; an increase in the item limit might mean information may not all be displayed on print-outs or on screen within available display boxes. The impact for system suppliers could be significant if a change to the EPS requirements is necessary.

An increase might reduce some of the risk of split scripts scenarios, but pharmacy system suppliers could already consider doing more to group scripts together for each patient (recognising that these don't always arrive at same time). The benefits of any change to increase the EPS prescription item limit and

any subsequent changes that would be required in PMR systems, would need to be considered against the benefits that may come from improving the grouping of patients' scripts in PMR systems

Fast Healthcare Interoperability Resources (FHIR) standards and EPS
FHIR messaging might be considered as part of the NHS Digital proposed EPS roadmap. Pharmacy system suppliers expressed the view that this would be a huge change to their EPS systems and other priority developments would also need to be considered ahead of any such change. A clear business case would be required for such a change to be agreed.

Clinically Urgent Prescriptions
The last meeting on clinically urgent prescriptions had a collaborative spirit and it was agreed that in the short term it is key that there should be appropriate communications flowing between general practice and community pharmacy. In the longer-term, electronic GP to community pharmacy messaging may be considered, with urgent flags on relevant scripts. Any future technical changes would need careful consideration by all stakeholders, so that new risks are not created.

GPs at the workshop wanted a closed loop in which they have sight of whether an item marked "urgent" has been supplied to the patient. A third workshop was to be held on the day following the meeting of the group. The group agreed that it would be good to get national guidance on communication of urgency by prescribers (that might be by phone or Skype for Business messaging if agreed).

Action: John Palmer to follow up any pharmacy system suppliers that haven't answered the previous query regarding token printing and the effect of the 'EPS tokenIssued' field.

4	Seeking a standard process for importing PMR data into a new PMR system

The information in the agenda was noted and the group agreed the proposed next steps. Pharmacy system suppliers have begun a series of conference calls to discuss standard exports; all suppliers plan to take part with these. The export is for either a single patient record or the whole pharmacy patient database. The appropriateness of provision of the data directly to patients or via an encrypted export to the destination pharmacy needed to be considered. The export may be progressed in 2 stages, with the initial stage being read-only core data with NHS/CHI number and dm+d codes.

5	Seeking the development of interoperability/integration where appropriate

The information in the agenda was noted and the group agreed the proposed next steps. A verbal update on the work the PRSB and NHS Digital are undertaking on transfer of flu vaccination data was provided. This data is likely to continue to use NHSmail in 2018/19, but the new system will remove the need for some general practice NHSmail addresses to be validated ahead of the vaccination season. Members should contact Dan Ah-Thion if they want to join the PRSB work on record standards.

6	Developing a wider IT roadmap

The information in the agenda was noted and the group agreed the proposed next steps.

7	Supporting cyber security and Information Governance

The information in the agenda was noted and the group agreed the proposed next steps.

NHS Digital National Opt-out programme
The NHS Digital Opt-out team talked the group through the information set out in the agenda papers. The group discussed the application of the opt-out to community pharmacy use of identifiable data for

management and research purposes. It concluded that pharmacy contractors were very unlikely to be using identifiable patient data in a way which would be covered by the opt out. Pharmacy teams should therefore be aware of the opt-out and be able to direct patients to further information about it, but beyond that, further involvement in the programme was unlikely to be necessary. Dan Ah-Thion will stay in contact with the Opt-out team to support further work on communications to community pharmacy teams.

General Data Protection Regulation (GDPR).
System suppliers provided a verbal update on the work they were doing to comply with GDPR. There was a reference by one supplier to the need to delete patient records or to redact patient identifiers. The group was reminded that the right to erasure does not apply to data concerning health, so pharmacy records should not be deleted. Gordon Hockey has drafted a template letter from pharmacy contractors to data processors (including pharmacy system suppliers) which will be included in the GDPR working group's toolkit.

Action: System suppliers are asked to consider whether they could issue a statement to their customers which would cover the points included in Gordon Hockey's template letter.

8	Promote the ability to collate fully anonymised appropriate patient interaction data from all systems

The importance of collating such data was discussed by the group and it agreed the proposed next steps. Dan Ah-Thion had been discussing extraction of anonymised data with Gary Hollis at CegedimRx; some systems such as Sonar and PharmOutcomes already share some data with NHS England and PSNC to support evaluation of service outcomes. If PMR systems were to be adapted to allow such data sharing, it would require the development of a roadmap and a standard approach to data provision, which may benefit from use of SNOMED CT.

Action: Pharmacy system suppliers to provide a named contact to Dan Ah-Thion to allow further discussions to take place on this topic.

9	Supporting Electronic referral solutions

The information in the agenda was noted and the group agreed the proposed next steps. Candice Moore provided a verbal update on behalf of the Integrating Pharmacy Across Care Settings (IPACS) team. The team were continuing to explore NHSmail smartphone usage. Work is ongoing with Sonar and PharmOutcomes to improve the digital provision of data on flu vaccination to general practices. This would use NHSmail and a standardised PDF, but the NHSmail address selected would be the one which was already used to receive NHS 111 post-event messages. A proof of concept study is expected in April 2018, followed by preparatory work by Sonar and PharmOutcomes in May and June 2018, with rollout in September 2018. In the longer term, it is hoped that other clinical information can be shared in a similar manner, either from pharmacy to general practice or vice versa.

10	Supporting NHSmail

The information in the agenda was noted and the group agreed the proposed next steps.

- Regarding NHSmail email address aliases, there was a preference for pharmacy name concatenated with ODS code. Some flexibility should be allowed, and bespoke email addresses could be considered where necessary.
- Old pharmacy NHSmail accounts have been identified and the pharmacies will be contacted to arrange the migration of these accounts to the pharmacy NHSmail container.

- Premises shared NHSmail accounts will increasingly be used as the default pharmacy address for use by the NHS BSA, NHS England local teams and LPCs.
- Users would like the shared mailbox to open automatically when they open their personal one.

Action: System suppliers to respond to Dan Ah-Thion if they would like to be able to apply for an NHSmail account.

11   Tackling issues related to the practical use of pharmacy IT

The information in the agenda was noted and the group agreed the proposed next steps. NHS Smartcards now seem to logout the user after a specific period of time; further information on this should be sent to Dan Ah-Thion.

12   Consider the development of apps and wearables in healthcare

The information in the agenda was noted and the group agreed the proposed next steps.

13   Wi-Fi

The information in the agenda was noted and the group agreed the proposed next steps. It was noted that some community pharmacies use separate (non-N3) broadband for staff and/or customer Wi-Fi access.

Action: pharmacy system suppliers were asked to provide the details of any Wi-Fi packages they offer to customers.

14   Supporting Digital literacy

The information in the agenda was noted and the group agreed the proposed next steps. It was noted that digital training can form a useful part of apprenticeships.

Action: pharmacy system suppliers to let Dan Ah-Thion know of any additional digital-related training courses not already in the PSNC and RPS list in the agenda Appendix CPITG 07/03/18.
Action: any London pharmacy that wishes to host a visit by HEE, to allow them to observe and interview pharmacy technicians and pharmacists about their digital capabilities and how they can build on these should contact John Palmer.

Any other business

Community Pharmacy Digital email Group (CPDG)
As of 6th March 2018, forty members had signed up to the Community Pharmacy Digital email Group (CPDG) and this group would help feed-in to the work of the CP ITG.

Action: Dan Ah-Thion to send an invitation to all CP ITG members to join the CPDG.

Falsified Medicines Directive (FMD):
The Arvato sandpit is now available for use by system suppliers. The UK is seeking a high level-alignment with Europe as part of Brexit negotiations; this includes on medicines legislation.

Pharmacy system suppliers provide a verbal update on their plans for FMD functionality, available to customers by 9th February 2019:

- *CegedimRx*: FMD will be more integrated in Pharmacy Manager than in Nexphase.
- *Positive Solutions*: Are going to have something ready and are working with customers.
- *EMIS*: Is reaching out to customers and the UK FMD Working Group; Needs more information on community pharmacy registration and whether the ODS code will be used – it was suggested Arvato/SecurMed be contacted; is working on an FMD solution.
- *ClanWillam*: "Official position on FMD is that we will offer an application that meets the requirements on or by the due date, however, that application will be standalone and will not integrate with Rx Web. We will then work with our customers to better understand their FMD workflow requirements with a view to adding integration with Rx Web as part of our product roadmap."

A general discussion on FMD followed:
- FMD affects workflow and effort; SOPs need to change, as may pharmacy layout.
- Robot companies need to be contacted.
- Enforcement is to be discussed with the General Pharmaceutical Council (GPhC).
- It will take time for medicines manufacturers to comply and for new stock to work its way through the supply chain.
- It was suggested the UK FMD Working Group for community pharmacy give video guidance to contractors.

Action: pharmacy system suppliers to consider putting FMD information on their website
Action: pharmacy system suppliers to share FMD pricing information with Alastair Buxton.

Communications following this meeting

It was agreed that the group's March 2018 agenda can be published and shared with the Google group (CPDG). Future agendas can be shared with the CPDG (marked confidential).

The CP ITG March 2018 meeting minutes are to be published, after approval at the next meeting, and after removing anything that is highlighted as confidential.

Future meetings

Future meetings of the group:

5th June 2018
4th September 2018
28th November 2018
5th March 2019

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PMR information: Electronic Prescription Service (EPS) token printing settings

John Palmer (NPA) agreed to follow-up with PMR suppliers about their EPS token printing settings following the March 2018 CP ITG meeting, to check whether auto-printing settings are affected if an EPS prescription token has been printed at the GP practice.

PMR suppliers have confirmed the position as of May 2018:

System	Printing settings information
Analyst (Positive Solutions)	Analyst PMR has three settings: 1. 'Always print a token'; 2. 'Never print a token'; and 3. 'Only print a token not issued by prescriber'. Non-dispensed prescriptions remain visible on the main 'Script Queue' screen in Analyst, even from previous days, so it is 'hard to lose them entirely'.
Pharmacy Manager / Nexphase (Cegedim Rx)	The system always prints (and will show if printed in GP and in pharmacy).
Proscript systems (EMIS)	If you download a batch of prescriptions and print the batch, prescriptions already printed at the prescriber end are not printed and would need to be printed manually if required. EMIS explain this is according to NHS Digital specification. It is important that pharmacy teams be aware of this to ensure no script is overlooked (and equally to be careful if printing manually that the patient hasn't brought a printed copy, and you dispense twice).
Lloyds CoMPaSS	It prints the token in the pharmacy even if the GP has flagged the 'token issued' field as 'true' [i.e. it may have been printed at GP practice end].
RxWeb (Clanwilliam)	The system does not print any Dispensing Token automatically. Dispensing Tokens are only printed from our system if instigated by the end user. We have a flag that denotes if the Dispensing Token has been previously printed in our system. We do not display if a Prescribing Token has been printed in the GP system.

Pharmacy contractors and their teams are recommended to make themselves familiar with the standard and optional token printing settings and any implications for their processes.

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Real time exemption checking: Background and project plan

NHS Digital have provided the following background information about this project, an update on the proposals and some discussion points for the CP ITG to consider.

Background

- *Business requirement*: This is a high profile and high priority Ministerial initiative and is being driven by the Secretary of State for Health and Social Care in order to reduce the significant amount of prescription fraud.
- *Commissioning Organisation*: Department of Health and Social Care (DHSC) is the commissioning organisation for this project.
- *Primary Funding Organisation*: Discussions are ongoing with the DHSC to agree the source of funding. This will be arranged through DHSC governance.
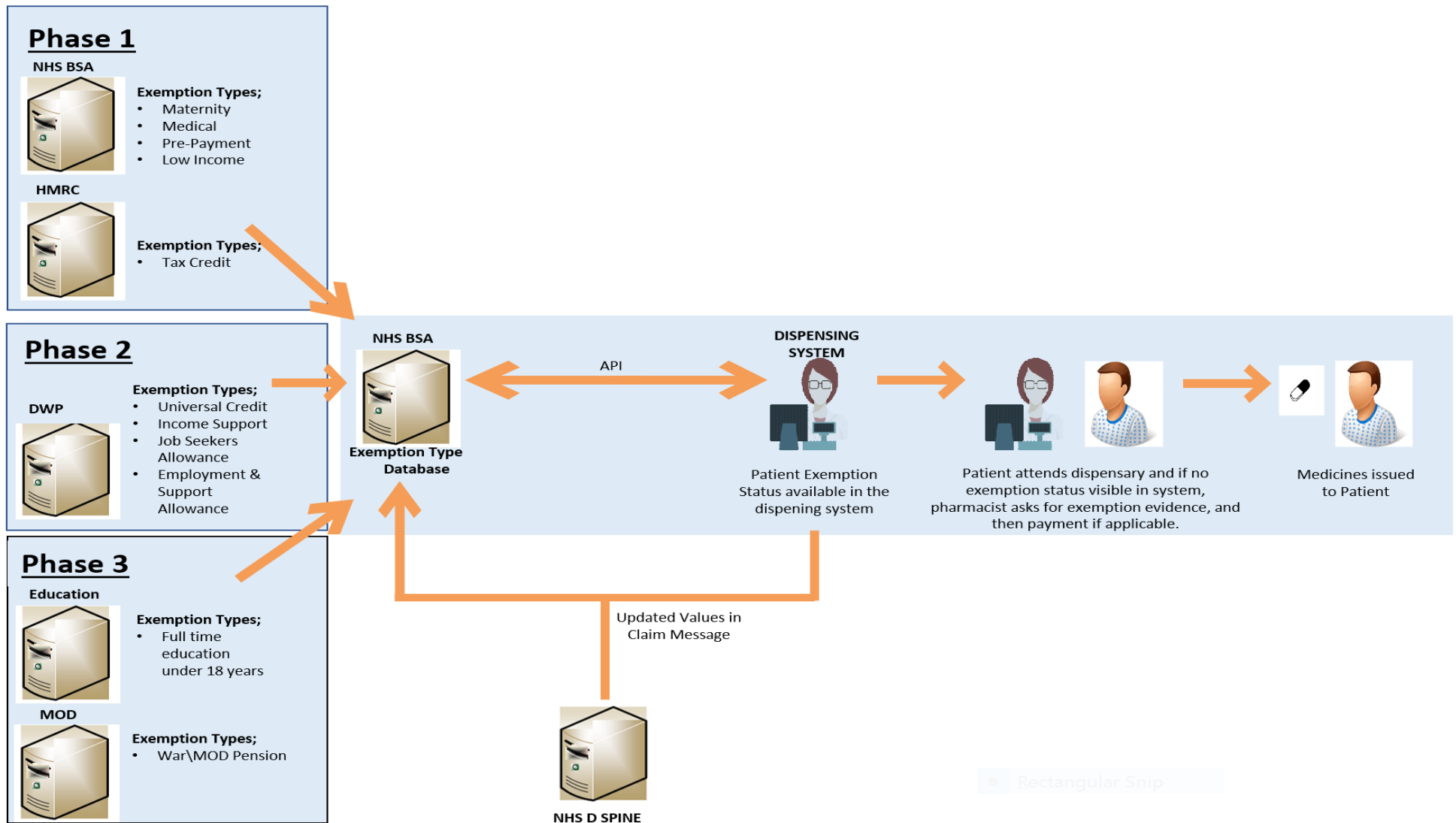
Problem statement

- *The problem is*… There is currently no 'live' technical solution for a pharmacy team to check a patient's active prescription exemption status.
- *The result of this problem is*… Exemptions are not always applied correctly prior to medication being dispensed for a patient.
- *If this problem was solved*… Exemptions would be applied correctly to prescriptions thereby potentially reducing prescription fraud in England which currently stands at £237 million a year.

Intended benefits anticipated by NHS Digital

Intentions are that:

- The NHS (as a whole) may benefit from the reduced cost of prescription fraud due to a decrease in false prescription claims.
- It will remove the burden and time taken to manage numerous exemption certificates within the care environment.
- Patients will benefit from fewer Penalty Charge Notices caused by accidental/erroneous exemption claims. Patients will benefit by not paying for prescriptions when they didn't realise they were exempt.
- Patients may no longer need to provide physical proof of exemption saving patient time whilst also reducing administrative and postage costs for the NHS BSA.
- Pharmacy teams will benefit from more efficient exemption status checks due to digitising the process.
- Less confrontation between patients and pharmacy team members thereby reducing stress to pharmacy staff.

Proposed technical solution

Phase 1

NHS BSA

Exemption Types;
- Maternity
- Medical
- Pre-Payment
- Low Income

HMRC

Exemption Types;
- Tax Credit

Phase 2

DWP

Exemption Types;
- Universal Credit
- Income Support
- Job Seekers Allowance
- Employment & Support Allowance

Phase 3

Education

Exemption Types;
- Full time education under 18 years

MOD

Exemption Types;
- War\MOD Pension

NHS BSA

Exemption Type Database

API

DISPENSING SYSTEM

Patient Exemption Status available in the dispening system

Patient attends dispensary and if no exemption status visible in system, pharmacist asks for exemption evidence, and then payment if applicable.

Medicines issued to Patient

Updated Values in Claim Message

NHS D SPINE

The NHS Digital proposals

Real time exemption checking proposals were discussed at the December 2017 CP ITG meeting. As of May 2018, three dispensing system suppliers are participating in the end-to-end proof of concept. The data flow is expected to be directly between the pharmacy and NHS BSA, so as well as providing information on exemptions, it will act as an enabler for future projects between the two parties.

The end-to-end proof of concept is expected to conclude later with a view to then piloting and if all goes well to move to rollout of Phase one exemptions. NHS Digital have said they will be happy to work with PSNC and CP ITG members on the pilot, implementation and communication plan.

NHS Digital are proposing the following for exemption checking:
- Dispensing systems will have the ability to manually check a patient's exemption status, this will include the ability to check exemptions for FP10 prescriptions.
- Dispensing systems will also have the facility to automatically check a patient's exemption status in the background.
- Exemptions will be on boarded in three phases:
  - o Phase One will comprise of maternity, medical, pre-payment, low income scheme and HMRC exemptions.
  - o Phase Two will include all Department for Work and Pensions (DWP) exemptions, including Universal Credits when they become available.
  - o Phase Three will investigate the possibility of onboarding the Education and Ministry of Defence exemptions.
- Dispensing systems will process the digital exemption information and utilise this within the claim message.
- There will be no change in the current business process if exemption information is not returned from the NHS BSA.
- The intention is to include the exemption category type, as well as the exemption end date.

Discussion points:

1. How would use of digital exemption information be best incorporated into the work flow of community pharmacy teams and what impacts would this have?
2. If exemptions are automatically updated within the patient record, should the exemption information be highlighted to make the pharmacist aware that exemption information has been updated digitally?
3. Would pharmacists benefit from the option of having the ability to toggle exemption information being updated in the background?
   (*Please note*: this does not mean that all patient records would be updated with the latest digital exemption information, only those patient records where a prescription has been downloaded from the Spine.)
4. Is multiple exemption information required or would the exemption with the longest expiry date be sensible to return?
5. As exemptions will be on boarded in three phases, should pharmacy systems make end users aware that exemption information can only be checked for specific categories (i.e. a message pop-up) or would a communications campaign created by NHS Digital and PSNC suffice?

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Supporting more computable dose instructions: Why is this needed?

The CP ITG previously considered development of more 'Computable Dose Instructions'[5].

Reasoning why primary care pharmacy teams need standardised Computable Dose Instructions

More computable dose instructions will enable information to be communicated via a more standard coded format and diverse clinical systems to manipulate more of the data transferred, e.g. allowing greater calculation of dose or quantity. This could improve patient safety by further standardising the way that dosage instructions are communicated and may reduce misinterpretation risks.

The International Journal of Pharmacy Practice (IJPP), 23 (Suppl. S2 2015), pp. 23–105 evaluated a sample of GP practice prescription dose instructions and found that:

- 39.9% of prescriptions contained dosage instructions which were identified as requiring intervention;
- 25.2% items were identified as requiring to be edited in the pharmacy to improve quality and clarity;
- an extensive re-write was recommended for 14.7%; and
- of these the instruction 'as directed' was present in 3% items and 2% were prescribed with instructions containing Latin dose abbreviations.

The IJPP's paper concluded that 'there is an urgent patient safety need to establish a standardised format for written dosage instruction for inclusion on Electronic Prescription Service Release 2 prescriptions'.

EPS messages currently use free-text for dose information. The lack of more computable dose instructions is particularly an issue when drug information is transferred between primary and acute care service providers as their methods for describing dose and product are quite different.

The e-Medication Standards Requirement (2015) said that: '*Dose syntax needs to be standardised to enable dosage instructions to be re-used when transferred between care settings. Until this is achieved, human intervention will be needed, i.e. the recipient will need to translate the instruction if it is not in the format used in their e-prescribing system... Dose syntax is an important component of the medication record and work on it should be linked into the discharge summary.*'

Reasoning why secondary care pharmacy teams need standardised Computable Dose Instructions

Andrew Gledhill, a hospital pharmacist supporting computable dose instructions project work has explained that:

- 'Many UK hospitals are now introducing more sophisticated e-Prescribing and e-Medicines Administration (ePMA) systems to replace the traditional paper drug chart. These systems have been developed to perform both basic and extremely complex prescribing scenarios. For the safe and accurate handling of complex data elements and complex paediatric calculations these systems cannot be designed/configured using anything but an absolute minimum of unstructured and 'free text' information.'

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[5] A detailed update about recent work on computable dose instructions was provided within the CP ITG March 2018 agenda papers.

Overview

In summary, more computable dose instructions are expected to:

- improve patient safety by reducing manual transcription errors in the care delivery process;
- support more intelligent patient outcomes analyses for drug prescriptions which in turn can improve public health;
- assist managing work related to communicating dose data from prescribing through to dispensing;
- reduce the prescription queries from pharmacy staff to GP practice staff;
- allow equivalence to be proved by computer, aiding medicines reconciliation during Medicine Use Review (MUR), discharge to pharmacy and on hospital admission; and
- be welcomed by the pharmacy profession.

To achieve progress on this matter, a consensus may be required between community pharmacy, hospital pharmacy and others.

CP ITG discussion:

 The group is asked to make any further suggestions regarding:

- the benefits of more computable dose instructions; and
- the points raised within this appendix.

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Supporting more computable dose instructions: Starting with the coding of more common dose frequencies

Some previous dose syntax efforts have focussed on building a standard that covers the vast majority of prescriptions, but this contributed to complexity which limited the speed of progress. An alternative approach is to start with a 'baby step' that can be built on later: to ensure that the most common dose frequencies are already coded with SNOMED clinical terms (CT).

As a starting point, hospital pharmacist Andrew Gledhill, has been discussing the table below with Dan Ah-Thion and a small group of hospital and community pharmacists that had expressed interest in datasets. This table is thought to cover the top 40 dose frequencies and to cover the large majority of prescriptions:

> **Key**
> Unified Code for Units of Measure (UCUM) units of time
> - s - second
> - min - minute
> - h - hour
> - d - day
> - wk - week
> - mo - month
> - a - year

Medication dose frequency (timing)	Latin abbreviation examples (variation may apply between different users, settings and systems)	Dose frequency SNOMED-coded?
Once a day	od / qd	Unknown
Twice a day	bd / bid	"
Three times a day	tds / tid	"
Four times a day	qds /qid	"
Five times a day		"
Six times a day		"
Every 30 minutes		"
Every hour	q1h	"
Every 2 hours	q2h	"
Every 3 hours	q3h	"
Every 4 hours	q4h	"
Every 4 to 6 hours	q4-6h	"
Every 6 hours	q6h	"
Every 6 to 8 hours	q6-8h	"
Every 8 hours	q8h	"
Every 12 hours	q12h	"
Every 24 hours	q24h	"
Once a day, in the morning	om	"

Once a day, at lunchtime		"
Once a day, in the evening		"
Once a day, at night	on	"
If necessary / when required	prn	"
Once only / immediately	stat	"
On alternate days		"
Every 72 hours		"
Every 4 days		"
Once a week		"
Every 2 weeks		"
Every 3 weeks		"
Every 4 weeks		"
Every 6 weeks		"
Every 12 weeks		"
Three times a week on Monday, Wednesday and Friday		"
Three times a week on Tuesday, Thursday and Saturday		"
Three times a week on Wednesday, Friday and Sunday		"
Twice a week on Monday and Thursday		"
Twice a week on Thursday and Sunday		"
Twice a week on Tuesday and Friday		"
Twice a week on Wednesday and Saturday		"
Every 3 months		"
Every 2 months		"
Once a month		"

CP ITG discussion:
The group is asked for views on the table and the approach suggested within this appendix.

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A summary of NHS England's report on 'Lessons learned review of the WannaCry Ransomware Cyber Attack'

NHS England previously published Lessons learned: review of the WannaCry Ransomware Cyber Attack. A summary note for the group can be found below. Note that the recommendations were not intended for community pharmacy but 'NHS organisations' however the findings may provide lessons for pharmacy contractors and their suppliers regarding pre-emptive protections against cyber risks.

The WannaCry attack
A post-mortem of the attack within the report explained:
- The attack was initiated through an exposed vulnerable internet-facing Server Message Block (SMB) port 30, rather than email phishing as initially assumed.
- Around the time of the attack there was inappropriate communication with GPs by, for example, asking individual GP practices to update on patching/state of IT when they are not directly responsible for this.

Recommendations for national bodies and 'NHS organisations'
Recommendations for national bodies to support NHS organisations included:
- NHS England central team, Emergency Preparedness, Resilience and Response (EPPR) teams, and NHS Digital to further develop procedures and plans for future attacks.
- Social media and informal networks [e.g. Batsignal peer-to-peer live service promoted by Digital Health] may help spread communications.
- NHS Digital Security operations centre and 24/7 Data Security helpline should work to prevent and assist in responding to attacks. Also, further experts to be appointed to NHS Digital to support cyber security.
- An annual national cyber rehearsal was suggested for the Department of Health and Social Care (DHSC), NHS England, and NHS Digital.

Suggested protections for NHS organisations included:
- Plan to remove or isolate unsupported software in the NHS organisations – including Windows XP (by April 2018) and Windows 7 (January 2020).
- It is recommended that all NHS organisations develop local action plans to move to compliance with the Cyber Essentials Plus standard by June 2021.
- NHS Digital has been commissioned to deliver on-site data security assessments aligned to Cyber Essentials Plus standards for NHS organisations. The aim should be to define proportionate guidelines that use best practice standards equivalent or in alignment with recognised standards such as ISO27001[6];.
- GP practices and Clinical Commissioning Groups (CCGs) must receive IT support from cyber accredited suppliers.
- Commissioning Support Units (CSUs) in each area must be cyber accredited and responsible for coordinating a cyber response across primary care and CCGs.

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[6] International Organization for Standardization's (ISO's) information security management system standard 27001.

Patient apps and freedom of choice: principles

Several apps have been brought to the attention of PSNC that did not appear to encourage patient choice of pharmacy and, arguably, directed patients to a specific pharmacy.

PSNC is investigating the issues and liaising with NHS Digital and NHS England. PSNC's Health Policy and Regulations Subcommittee Agenda approved a list of principles to guide further work:

1. **Patients must be free to choose any pharmacy to dispense their prescription**;

2. **Patient sign-up to the Electronic Prescription Service (EPS) nomination process** must be separate to any other sign up process. It should be unbundled from other sign up procedures, for example, online GP services; it should also require proactive agreement (not a pre-ticked box);

3. **Patient information with NHS approval** must not, directly or indirectly, direct patients' prescriptions to be sent to a pharmacy;

4. **Patient information with NHS approval** should follow the formal guidance on the nomination process (guidance approved by NHS England and NHS Digital);

5. **Patient information** must follow the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 on nominations;

6. **Patient** information provided by General Practitioners must include a list of all pharmacies in the area that provide EPS (as provided for in the GP contract);

7. **Pharmacy contractors** (including, for example, when using third party apps) must have the informed consent or agreement of a patient to dispense the patient's prescription;

8. **Pharmacy contractors** must comply with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 including those aspects on nominations and prescription inducements (including, for example, when using third-party apps);

9. **General practitioners** must not seek to persuade a patient to nominate a specific pharmacy (as provided for in the GP contract), including, for example, when using third party apps;

10. **The NHS logo** should be used only in accordance with NHS identity guidelines, e.g. only by service providers and not third parties; and

11. **The criteria for NHS app library approval, or any similar NHS approval procedure (e.g. NHS Digital's GP Systems of Choice (GPSoC) or its replacement)** and inclusion in the NHS app library or GPSoC approval should be given/continue if there is adherence to the above criteria (1-10).

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Case for expansion of WiFi within community pharmacies

Pharmacy staff and patients are finding benefits with WiFi expansion.

Community pharmacies may access separate (non-N3/non-Health and Social Care Network (HSCN)) broadband for staff and/or customer Wi-Fi access for security purposes.

Potential benefits for pharmacy staff access to WiFi
General benefits:
- Greater enablement of laptops and mobile devices.
- Reduced time for staff waiting to use the fixed PMR terminals.
- The ability of pharmacy staff to be able to access patient records throughout the pharmacy, rather than being limited to use of fixed terminals, giving both savings in time and reduction in delays in treating patients.

Potential benefits if a programme were to be commissioned for staff WiFi to be rolled out for community pharmacy:
- Satisfaction of clinicians and pharmacy staff in the reliability of WiFi, resulting in increased usage of the internet.
- Increased awareness of cybersecurity within the pharmacy, resulting from protocols implemented during any NHS Digital endorsed roll-out of WiFi.

Potential benefits with patient access to WiFi
General benefits:
- a greater awareness of services provided by the pharmacy and the NHS to patients; and
- access to clinical information to enhance their pharmacy visit.

Benefits if a programme were to be commissioned for free patient WiFi to be rolled out for community pharmacy:
- A more consistent offer for patients to be able to use WiFi within any community pharmacy, e.g. to access online health information.

CP ITG discussion:
- Comment on the above and to advise on any additional WiFi benefits.
- Consider whether a case should be made for NHS-provided WiFi within community pharmacies, or whether this is a matter for contractors to consider and implement if they wish to do so.

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