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
Daniel 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 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. Andrew Coates (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 patient medication record (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. Andrew Coates 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 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. 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
Dawn Friend and Matt Spencer from the 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 clinical terms (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 j.palmer@npa.co.uk.

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 9/2/2019:
- *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