About CP ITG: The Group was formed in 2017 by PSNC, NPA, RPS, CCA and AIMp. The meetings are attended by members representing the five organisations and representatives from pharmacy system suppliers and NHS Digital. Further information on the group can be found on the PSNC website.

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

Secretariat: Dan Ah-Thion and John Palmer.

Member apologies for absence
- Robbie Turner (Royal Pharmaceutical Society (RPS)) has changed roles and RPS’s replacement representative will be Ravi Sharma.
- Apologies from Coll Michaels.

Minutes of previous meeting and matters arising
The minutes of the meeting held on 4th September 2018 were emailed out to members.

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

Supporting the development of patient medication record (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

CP ITG Action:
- The group are asked to share their views on the optional display of patient photos within PMR system records. Some clinicians fed back that if there is space on screens, patient photos can support verification of identity and support the patient/clinician relationship. The NHS App team is considering comments that patients may one day choose to use the NHS App to allow health and care staff to make use of a photo uploaded using the app.
- The final draft of the CP ITG preferred PMR features survey has been prepared. This is planned to be published with CP ITG branding. Group member organisations are requested to nominate an individual to feed into this by 12th December 2018. Others may also contact Dan Ah-Thion by email if wishing to comment onto it.
Next Steps:

- CP ITG’s “Using community pharmacy systems and supporting their development: Commonly suggested features” will be published imminently given the recent approvals from this group and from pharmacy contractor reviewers. It will be updated regularly to reflect further feedback from pharmacy staff and PMR suppliers.
- PMR suppliers agreed at the September 2018 meeting to ‘tick’ against the “suggested features” list and confidentially share with Dan Ah-Thion so that a future iteration of the list can filter out those items already completed by all PMR suppliers. The ticked list from PMR suppliers will not need to be shared with the group.
- The group will explore some principles about fair contracts as part of its future work.

<table>
<thead>
<tr>
<th>3</th>
<th>Supporting EPS and its enhancements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>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.</strong></td>
<td></td>
</tr>
</tbody>
</table>

Relevant webpages include: [psnc.org.uk/eps](http://psnc.org.uk/eps)
EPS Phase 4

Report:
- NHS Digital planned to begin the piloting of EPS Phase 4 on 27th November 2018. Initially, up to four GP practices will be able to use EPS for patients without an EPS nomination: patients will be given a paper Phase 4 token with a scannable barcode instead of a signed paper prescription. The pilot sites are expected within Greater Manchester, Essex, South-east London and Devon. Phase 4 was further explained within a detailed discussion at the March 2018 meeting.
- All pharmacy staff need to be aware that they could soon receive a paper EPS Phase 4 token from a patient to process. NHS Digital, PSNC, and PMR suppliers and others have issued communications.
- A verbal update may be provided at the meeting by NHS Digital.

Next Steps:
- EPS Phase 4 issues that require reporting can go through the usual escalation routes. Additionally, if contractors receive an EPS Phase 4 prescription and have any questions or comments, they should contact Dan Ah-Thion.
- Feedback from community pharmacies, GP practices, PSNC and other stakeholders will be used to refine the process prior to further roll-out. The initial pilot GP practices are planned to be followed by around four more practices in December. Additional GP practices (less than 12) are planned to join the pilot in January 2019. If the pilot is determined as successful, EPS Phase 4 will be deployed to further sites.

Real-time prescription charge exemption checking (RTEC) 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. Exemptions are intended to be onboarded in phases. Further details were outlined within the CP ITG June 2018 papers and within PSNC’s RTEC news item: “How will it work?” following contractor queries.
- A verbal update may be provided at the meeting by NHS Digital.

Next Steps:
- PSNC will continue to work with NHS Digital, Department of Health and Social Care (DHSC), NHS BSA and NHS England on the planning for this change in process within pharmacies.

EPS Controlled Drugs (CDs)

Report:
- NHS Digital began to pilot the prescribing and dispensing of EPS Schedule 2 and 3 Controlled Drugs (CDs) in England. From early October 2018, a small number of GP practices with EMIS or Vision were granted the ability to prescribe CDs with the project aiming to demonstrate that EPS CD prescribing capability is safe and appropriate to be rolled out increasingly widely. Prescriptions have been processed successfully at the prescriber and pharmacy end. All pharmacy staff need

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1 (a) Maternity, medical, pre-payment, low income scheme and HMRC exemptions; (b) All Department for Work and Pensions (DWP) exemptions, including Universal Credits when they become available; (c) Possibility of onboarding the Education and Ministry of Defence exemptions explored.
to be aware that they can now receive EPS CD schedule 2/3 prescriptions. NHS Digital, PSNC, PMR suppliers and others have issued communications.

- A verbal update may be provided at the meeting by NHS Digital.

Next Steps:
- Feedback from GP practices, community pharmacies, PSNC and other stakeholders will be used to refine the process prior to further roll-out. If the pilot is successful, EPS will be deployed to all Vision and EMIS sites in due course. Other GP system suppliers (SystmOne (TPP) and Evolution (Microtest)) are developing CD prescribing capability for testing during early 2019 and NHS Digital will continue to manage the deployment on a supplier-by-supplier basis.
- EPS CD issues that require reporting can go through the usual escalation routes. Additionally, if contractors receive an EPS CD prescription and have any questions or comments, they should contact Dan Ah-Thion.

General EPS matters

Report:
- NHS Digital is continuing to support the rollout of EPS within urgent care clinical systems (Advanced Adastra, IC24, TPP and EMIS) and to their users.
- PSNC continues to welcome feedback from CP ITG members and community pharmacy team members on the EPS log: psnc.org.uk/epslog.
- PSNC is continuing discussions with pharmacy and general practice representative organisations on guidance for prescribers on the issuing of clinically urgent prescriptions.

CP ITG Action:
- The group are asked to comment on Confidential appendix CPITG 01/09/18 and the questions at the end of it.

Next Steps:
- The EPS/eRD utilisation group (NHS BSA, PSNC, NHS Digital and NHS England) will continue to work to align EPS and eRD strategies across organisations.

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 drafted dataset was passed to Cegedim’s technical architect during spring 2018.
- Martin Jones will provide a verbal update at the meeting.

Next Steps:
- PMR suppliers to continue to collaborate on this workstream.
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) and other electronic health records (EHRs)

Report:
- The Pharmacy Digital Forum (PhDF) group asked to hand over to CP ITG an ongoing item to support greater usage of SCR within community pharmacy. NHS England, PSNC, RPS and NHS Digital are working together to consider what can be done to increase use of SCR by pharmacy teams.

Next Steps:
- PSNC, RPS and others will continue work with NHS England and NHS Digital to increase SCR use.
- SCR guidance materials are being refreshed where required.

General interoperability matters

Report:
- NHS Digital have published their “draft of a new framework that will set out the core standards on technology and data by which all IT systems and digital services in the NHS must abide”.
- NHS Digital are working with portal suppliers Sonar and PharmOutcomes to improve the digital confirmations to GP practices of flu vaccinations. Participants in this work can provide a brief 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.
- The Professional Record Standards Body (PRSB), NHS Digital, RPS and others continue work on standard datasets for transfer of community pharmacy information (vaccinations, emergency supply, New Medicine Services (NMS), Medicine Use Review (MUR), Appliance Use Review (AUR) and the Digital Minor Illness Referral Services (DMIRS)) to support interoperability of community pharmacy and other health IT systems. PRSB held a workshop to look at draft DMIRS draft standards on 22nd October 2018. A pharmacy project reference group met on 20th November 2018 to progress the development of the standards.
- CP ITG’s review of the computable dose instruction arrangements was shared with NHS England at the suggestion of NHS Digital’s terminology department. NHS England’s Associate Chief Clinical Information Officer Ann Slee has advised CP ITG that NHS England would like to explore opportunities to support more computable dose instructions – potentially starting shortly and continuing into 2019. Related feedback opportunities are anticipated next year.
- Digital Health reported that US health IT is approaching FHIR tipping point with an estimated 32% and rising of the health IT developers using Fast Healthcare Interoperability Resources (FHIR).

CP ITG Action:
- PMR suppliers are asked to support the computable dose instruction work by sharing anonymised prescription datasets – applying to at least one pharmacy for at least one month and with medicine item field and the dose instruction field included.

Next Steps:
- PRSB continue to seek community pharmacists to take part in upcoming workshops and discussions to consider how records standards apply to community pharmacy.
• Dan Ah-Thion and Stephen Goundrey-Smith (RPS) are maintaining a small mailing list for pharmacy team members with an interest with datasets. Contact Dan Ah-Thion if you know someone that might wish to participate in this or PRSB opportunities.
• NHS Digital Integrating Pharmacy Across Care Settings (IPACS) team will continue to work on projects such as: PMR supplier integration opportunities\(^2\), consolidation of the multiple pharmacy contractor lists/directories of services, NHSmail Skype for Business trial within Hertfordshire and more.

### Developing a wider IT roadmap

| To support useful and usable IT beyond PMR systems and EPS. |

#### Report:
- Department of Health and Social Care (DHSC) published “The future of healthcare: our vision for digital, data and technology in health and care” during October 2018. This outlines what DHSC believes is needed to enable the health and care system to make the best use of technology to support preventative, predictive and personalised care.
- The final draft of the CP ITG IT infrastructure survey has been prepared. This is planned to be published with CP ITG branding. Group member organisations are requested to nominate an individual to feed into this by 12th December 2018. Others may also contact Dan Ah-Thion by email if wishing to comment onto it.

#### Next Steps:
- The group asked the secretariat to explore options for arranging a meeting with a skilled ‘blue-sky facilitator’ during 2019 for the group and/or a sub-group. The discussion also should include commercial representation so that comments are fed in regarding how business plans and investments can make change happen.

### 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:
- NHS England and PSNC recently agreed that one of the new Quality Payments Scheme gateway criteria was for demonstratable compliance of the pharmacy’s operating system and browser versions with NHS Digital’s Warranted Environment Specification (WES) requirements for connectivity to NHS Spine systems. Pharmacy contractors will need to login into the Summary Care Record (SCR) portal landing page to have their operating system and browser details logged. From December, contractors will receive emails from the NHS to inform them whether they have met the WES Gateway criterion.
- Pharmacy contractors selecting a ‘standalone’ Falsified Medicine Directive (FMD) system may wish to check that the system aligns with WES.
- Digital Health reported that DHSC estimated that the WannaCry incident cost the NHS £92m in direct costs and lost output.

\(^2\) Further Patient Demographic Service (PDS) integration, easier one-click Summary Care Record (SCR) access; Interoperability Toolkit (ITK2) messages and linking to the Directory of Services (DoS). Read more within CP ITG’s September 2018 papers.
• NHS Digital, NHS England and PSNC have agreed to explore with pharmacy contractors what cyber security support could be offered by NHS Digital (see below).

• NHS Digital continue to develop a single system for verifying the identity of those requesting access to digital health records and services, to authenticate people for access to information about themselves and those they care for. NHS login will be important in supporting future NHS Digital national programmes, local initiatives and other government organisations. It will use the Citizen Identity platform but will be known as NHS login.

• NHS Digital published guidance: "Identity Verification and Authentication Standard for Digital Health and Care Services" setting out some expectations for identify checking of patients using NHS and non-NHS healthcare services.

CP ITG Action:
• Review the document on cyber security set out in Appendix CPITG 02/11/18 and respond to the questions at the end of it.

Next Steps:
• PMR suppliers, PSNC, NPA and NHS Digital previously agreed to explore whether the new Data and Security Protection (DSP) toolkit’s technical questions could be auto-populated based on PMR supplier input (e.g. anti-virus information). NHS Digital are currently reviewing the PMR supplier submissions.

• 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 are expected. PSNC and others will promote completion of the toolkit by pharmacy contractors in due course.

• NHS Digital, PSNC, NPA and a group of pharmacy contractors to continue to further consider cyber security - building on the group’s discussion at the November 2018 meeting.

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 a previous meeting to explore the capability for anonymised data to be accessible so that the important interventions 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 a previous meeting to connect a relevant contact from their organisation with Dan Ah-Thion. A telecon will occur shortly so that this project can progress.

Next Steps:
• A standard approach to data provision starting with Medicines Use Reviews (MURs), New Medicine Service (NMS) and flu vaccinations is to be pursued. A sub-group including PSNC and PMR representatives will progress the project during an imminent telecon.

9 Supporting Electronic referral solutions
Supporting the development of electronic referral solutions, for referral into and from 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.

Next Steps:

- NHS Digital and partners will continue work on these matters.

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:

- NHS England and PSNC recently agreed that one of the Quality Payments Scheme new gateway criteria was for contractors to have the ability for staff to send and receive NHSmail from their shared premises NHSmail account, which must have at least two live linked accounts.

Next Steps:

- Suggestions to make NHSmail more usable can be emailed to Dan Ah-Thion who will add these to the ‘NHSmail commonly suggested features list’ for sharing with NHS Digital.

NHSmail queries can be raised using the usual escalation routes: i.e. to pharmacyadmin@nhs.net and if further escalation is required for the correspondence including reference numbers to be sent to PSNC.

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

Report:

- PSNC continues to receive feedback that the Smartcard model is not suited for community pharmacy purposes because of the need for many staff to use the same terminal within a short space of time and within a small area.
- NHS Digital may provide an update about the long-term roadmap regarding Access Control and the Smartcard model.
- DHSC published an Artificial Intelligence (AI) code of conduct to support appropriate practices for suppliers processing data in an automated way: “Initial code of conduct for data-driven health and care technology”.

Next Steps:

- PMR suppliers agreed at the last meeting to share whitelists with Dan Ah-Thion so that a 'joint' CP ITG whitelist could be considered. PMR suppliers who have not yet done this are asked to do so by the end of December 2018.

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:
- Since the last meeting, PSNC has updated its apps webpages to include a list of patient apps with details about their pharmacy-related functionality.
- Parkinson’s UK and Our Mobile Health have launched a new online library of apps and devices for Parkinson’s.

CP ITG Action:
- The group are asked to consider the future development of the NHS App by reviewing and commenting on Appendix CPITG 03/11/18 and the questions at the end of it.

Next Steps:
- The group and pharmacy staff can continue to email Dan Ah-Thion with further feedback about the NHS App so that he can collate and share this with the NHS Digital App team, including at the 6th December 2018 “NHS App event: continuing the conversation”.

<table>
<thead>
<tr>
<th>WiFi</th>
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<tr>
<td>Explore use of WiFi within pharmacies and develop guidance if necessary. Consider whether NHS funding for WiFi should be sought.</td>
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</table>

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

Next Steps:
- The group will continue to support the further expansion of WiFi.

Any other business

Report:
- Computer Weekly reported that Matt Hancock plans for five million genomes to be sequenced over the next five years. The goal is for “tailor-made treatments and tailor-made drugs that are the best fit for a patient, not a best guess”.

Upcoming pharmacy/healthcare IT events

NHS App events (intended mainly for system suppliers):
- 4th December 2018, Liverpool “NHS App event - continuing the conversation”

Other events:
- 6th February 2019, London, "Digital Primary Care Congress"

Future meetings
5th March 2019.
4th June 2019.
3rd September 2019.
19th November 2019 (to be confirmed).
How should the Electronic Prescription Service (EPS) continue to develop over the longer term?

The group discussed Confidential Appendix CPITG 01/11/18 and agreed that the group and a sub-group would progress work on the topic before the next meeting.
Optimising pharmacy cyber security

The [NHS Digital Data security centre](https://www.nhsdigital.nhs.uk) (DSC) department supports health and care organisations to manage cyber security risk with the objective of enabling safe and secure use of data and technology for delivery of improved patient care.

NHS Digital DSC has started to explore cyber security with NHS Digital Digitising Community Pharmacy & Medicines Programme, PSNC and CP ITG. NHS Digital DSC expertise might be able to support optimising community pharmacy cyber security.

The proposals below are to be further explored:

**Proposals for quick wins**

<table>
<thead>
<tr>
<th>Title</th>
<th>Possible offer?</th>
<th>Dependencies?</th>
<th>Pharmacy comments so far include:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Engagement Campaign</strong></td>
<td>Incorporating community pharmacy into national communications and engagement campaign plans on ‘cyber hygiene’ – producing free-to-use materials for local tailoring and running campaigns.</td>
<td>• Procurement of supplier of engagement materials (due 2019).&lt;br&gt;• Understanding and ensuring relevance of content to pharmacy audience.</td>
<td>• Can materials be tailored, e.g. messages intended for pharmacy teams – to be adapted into plain English. Some messages more relevant for PMR suppliers. &lt;br&gt;• Should NHS Digital data security centre have a cyber lead contact at each of the system houses, e.g. in case of a WannaCry-level incident.</td>
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<tr>
<td><strong>NHS Digital Cyber Security Operations Centre (CSOC) Threat Intelligence</strong></td>
<td>Provision of relevant and actionable alerting, intelligence and guidance for relevant staff in pharmacy, designed to identify and mitigate threats to IT and data.</td>
<td>• Understanding responsibilities for cyber security in pharmacies of different size and scale, i.e. large chain, small chain, independent).&lt;br&gt;• Understanding the supply chain risk if bad actors were to interfere with the ability of many pharmacy staff to be able to order medicines.</td>
<td>• What role would PMR suppliers have and pharmacy system supplier aggregators? &lt;br&gt;• How might pharmacy contractors know they are under attack if they do not have real-time information and security specialists within the organisation? (You need to know what normal looks like on your network.)</td>
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Note: The Data Security and Protection toolkit (previously Information Governance (IG) toolkit) and upcoming related guidance from NHS Digital and PSNC also provides opportunities for some quick wins. Read more within the papers.

**Proposals for longer-term strategy**

<table>
<thead>
<tr>
<th>Title</th>
<th>Possible offer?</th>
<th>Dependencies?</th>
<th>Pharmacy comments so far include:</th>
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<tbody>
<tr>
<td><strong>On-site Discovery/Piloting</strong></td>
<td>Working with the NHS Digital data security centre’s specialist suppliers to test the applicability and relevance of National Cyber Security Centre’s (NCSC) ’10 Steps to Cyber Security’ (or other comparative national standard) with pharmacies of different size and scale.</td>
<td>• Willing early adopters representing a cross-section of community pharmacy sector?&lt;br&gt;• All pharmacies encouraged to have a relevant cyber/IT lead to ensure success of pilot?</td>
<td>• A small group could work with NHS Digital to test the approach. &lt;br&gt;• Larger pharmacy organisations may have specialist IT leads, but smaller pharmacies would not include subject matter experts. It could be tricky for them to act on very technical instructions.</td>
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<tr>
<td>Production of reference guidance (specific to pharmacy) by NHS Digital / pharmacy?</td>
<td>Following on from discovery/piloting, production of a standardised set of guidance for local implementation in pharmacy – if necessary, tailored to large chains, small chains and independents</td>
<td>• Successful pilot phase completed with meaningful lessons and intelligence garnered? • Framing against relevant existing standard, e.g. ’10 Steps’?</td>
<td>• A voluntary standard for optimising security further beyond the standards laid out within the mandatory elements of the DSP toolkit?</td>
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<tr>
<td>Knowledge library (generalised)</td>
<td>Access and signposting to the NHS Digital data security centre knowledge library (once refreshed) – providing meaningful guidance and intelligence for local use on policy, standards, etc.</td>
<td>• Refresh of national knowledge library. • Discovery work/pilot undertaken, and meaningful lessons and intelligence garnered.</td>
<td>• Could some user testing be done with the drafted materials?</td>
</tr>
<tr>
<td>On-site technical assessment/review – assistance from NHS Digital?</td>
<td>Providing chains with on-site assessment and ‘Blue Team’ activity (i.e. Board-level training and infrastructure review), tailored to address nuances of pharmacy chains, providing them with action plans and remediation activity to reduce risk and vulnerability in a prioritised manner?</td>
<td>• Foundational capability in place within chains? • Willingness of pharmacy contractors and chains to engage on national NHS initiatives? • Will it be feasible for the NHS Digital data security centre to ensure the service offer is sustainable and repeatable over time?</td>
<td>• ”I think this would be of benefit to highlight any issues and to also be used as a learning technique for people with a low IT knowledge base.” • Assessments could provide wider lessons for similar organisations and inform guidance priorities”</td>
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</table>

For CP ITG discussion:
1. The group are asked to comment on the draft ‘Quick wins’ table.
2. The group are asked to comment on the draft ‘Longer-term strategy’ table.
3. The group are asked for any additional items that could be added to either table.
4. Could the public sector protective [Domain Name System (DNS) Service](#) have lessons or relevance for pharmacy and the wider health and care system?
5. How should NHS Digital, with community pharmacy contractors, progress discovery work to develop a final set of proposals?
6. Any further comments on this appendix?
The NHS App: features and future developments

Background

The NHS App will enable patients in England to connect to digital health services on their mobile or tablet device. Testing began in October 2018 and it will be rolled out gradually across England from December 2018.

The NHS App intends to enable: online symptom checking and triage, patient record access, GP practice appointment booking, repeat prescription ordering, data-sharing preferences, organ donation preferences and more. The NHS App will have interoperability capabilities for use by commercial app developers. Some of the NHS App functionality will be like the GP online services that have been available for some time.

The NHS App team will provide the group with a demo and Q&A of the prototype version of the NHS App for further discussion.

Future development

Over time, further services will be added to the NHS App. For example, it the NHS App will:
- suggest health apps that may be of benefit to patients from the NHS Apps library; and
- enable commissioners to promote digital, or face-to-face services to patients that are available locally.

In the future, there could also be exploration of the interoperability and technical challenges with integrating any existing online consultation products. The ability to express end-of-life preferences is expected to be considered against other potential development areas.

Pharmacy contractor ‘early ideas’ comments have included those below, provided at the group’s last meeting and from pharmacy staff at a webinar on the topic hosted by the NHS App team:

<table>
<thead>
<tr>
<th>Pharmacy contractor ‘early ideas’ comments regarding NHS App future developments</th>
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<tbody>
<tr>
<td>• Could NHS app work in coordination with pharmacy systems so that relevant information is passed via the app from pharmacy system to the patient or vice versa, e.g.:</td>
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<tr>
<td>o Could community pharmacies one day be able to send a push notification such as: ‘your medicine is ready for collection’?</td>
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<tr>
<td>o Could information across NHS App and GP/pharmacy systems be aligned? Could the care records displayed within the NHS App align with digital GP records as well as the pharmacy systems? Could NHS App and pharmacy system interoperability be considered? It is understood at present the ‘Current View Record’ feature simply surfaces what is available (and permitted by the GP) from the GP record.</td>
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<tr>
<td>o Medicine reminders and data: Might the App one day provide medicine reminders and feed back information into a central health record e.g. so pharmacy staff can support patients’ medicines needs?</td>
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<tr>
<td>• Could the NHS APP support further appropriate record sharing e.g. those items below?</td>
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<tr>
<td>o Access to local records: Could the NHS App provide access to more than one health record, e.g. local record projects?</td>
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<tr>
<td>Consent/sharing preferences: Where required, patients could use the app to set consent and sharing preferences – including the sharing of information with pharmacy for the purposes of their direct care?</td>
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<tr>
<td><strong>Electronic Prescription Service nomination:</strong> Could the app provide a free, fair and trusted platform to choose any dispenser for Electronic Prescription Service nomination selection. Could patients also later check which dispenser they have nominated?</td>
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<tr>
<td><strong>Could female patients one day record into the app that they are pregnant?</strong> So that this health information may one day flow into other records. If this one day flowed into the pharmacy system, might that assist with flagging for pharmacy staff that certain medicines may not be appropriate?</td>
</tr>
<tr>
<td><strong>Nominated dispensers to view reorder requests:</strong> Might patients that use the NHS App to reorder medicine be able to have their ‘reorder request’ made visible to the staff of their EPS-nominated community pharmacy? Could that allow pharmacy staff to have more visibility of the repeat requests going to GP practices as well as pharmacy staff ability to check they can fulfil requests effectively and reconcile items as needed.</td>
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<tr>
<td><strong>Alignment of information with EPS Tracker:</strong> The NHS App could align with EPS Tracker information and pharmacy stakeholders could be involved with refining the wording to reflect pharmacy practice?</td>
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<tr>
<td><strong>Dates that medicine to finish:</strong> Could it show dates that medicines are finishing and provide push notifications to support reorder?</td>
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<tr>
<td><strong>EPS Phase 4 tokens:</strong> Could the NHS App provide EPS Phase 4 electronic prescription token barcodes on a smartphone?</td>
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<tr>
<td><strong>Could it include family/carer functionality?</strong></td>
</tr>
<tr>
<td><strong>Could it link to the Yellow Card Scheme</strong> for those patients that wish to report medicine problems?</td>
</tr>
<tr>
<td><strong>Could it work with biometrics for patient authentication e.g. Smartphone Touch ID and Face ID?</strong></td>
</tr>
</tbody>
</table>

**For CP ITG discussion:**

1. The group are asked to comment on the ‘early comments’ table, including relative priority preference.
2. The group are asked if they have additional items not listed within the table that they would like for the NHS App team to consider for adding onto their long-term development road map.

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