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

to be held on 2nd June 2020 by videoconference

commencing at 1.30pm and closing at 3pm

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, NHSBSA, NHS Digital, NHSE&I, and NHSX. Further information on the group can be found on the PSNC website.

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

Secretariat: Dan Ah-Thion.

Zoom meeting

Attendees should:

- Join with a webcam and join early to test access and to enable a prompt start.
- Use at least one large screen for proper access to features like visibility of slide-sets and polls.
- Use the 'raise hand' feature to seek the attention of the Chair.
- Use the chat feature freely to share comments, pose questions or answer other attendees' questions. (Note: Time will prevent each comment within the chat box being addressed during the meeting itself, but the comments will be saved to help the group's post-meeting work).
- Mute any devices logged into the meeting whilst not speaking (using ' 🔇 ', the device's mute option, or *6 on the phone for toggling mute/unmute).
- Make use of PSNC's quick reference Zoom guide.

The Zoom details a*re* within the invite.

1.   **Welcome from Chair**

2.   **Apologies for absence**
       No apologies for absence have been received at the time of the agenda being finalised.

3.   **Minutes of the last meeting**
       The minutes of the meeting held on 3rd March 2020 were emailed out to the group alongside this agenda.

4.   **Actions and Matters Arising**
       Outstanding actions have been carried forward within the workstream updates appendix.

Action

5. **Remote care and use of IT to support new ways of working** (page 3) ([Appendix CP ITG 01/03/20](#)) 13:30-13:50

6. **Pharmacy IT: Five Year framework IT. Expanding Smartcard/SCR flexibilities for a more mobile pharmacy workforce** (page 4) ([Appendix CP ITG 02/03/2020](#)) 13:50-14:10

7. **Future opportunity for pharmacy systems to integrate with pricing data (NHSBSA Manage Your Service (MYS))** (page 5) ([Appendix CP ITG 03/03/20](#)) 14:10-14:15

8. **Transfer of Information notifications (from Pharmacy to GP systems): Emergency supply of medicines** (page 6-7) ([Appendix CP ITG 04/03/20](#)) 14:15-14:25

9. **Digital EPS Tokens:** Views about Phase 4 / EPS tokens and standards (page 8) ([Appendix CP ITG 05/03/20](#)) 14:25-14:35

Report

10. **EPS Phase 4 roll-outs, EPS for extra prescribers, one-off nomination and NHS App nomination feature** (page 9) ([Appendix CP ITG 06/03/20](#)) 14:35-14:45

11. **Pharmacy IT updates: NHSBSA EPS work and NHSmail** (page 10) ([Appendix CP ITG 07/03/20](#)) 14:45-14:55

12. **Additional Information within SCR as the default during the pandemic:** a call-out for evidence to support the continuation of this beyond the pandemic (page 11) ([Appendix CP ITG 08/03/20](#)) 14:55-14:55

13. **Recommended minimum transfer dataset for pharmacies switching from one pharmacy medication record (PMR) system to another** (page 12-13) ([Appendix CP ITG 09/03/20](#)) 14:55-14:55

14. **For report: updates on other CP ITG workstreams projects** (pages 14-19) ([Appendix CP ITG 10/03/20](#)) 14:55-14:55

15. **Post-meeting CP ITG communications and messages** 14:55-15:00

16. **Any other business** 14:55-15:00

Upcoming pharmacy/healthcare IT events
- Listed at: [psnc.org.uk/itevents](#) and [digitalhealth.net upcoming webinars and events](#).

Future meetings
- Thursday 3rd September 2020
- Thursday 19th November 2020
- Thursday 11th March 2021
- Thursday 3rd June 2021 (to be confirmed)

Subject	Remote care and use of IT to support new ways of working
Date/time of meeting	2nd June 2020: 13:30-13:50
Status	Public
Overview	Remote care across health and care has accelerated. The group will discuss how to make the most of technology whilst providing current and future care.
Proposed action	The group is asked to discuss the questions set out.

Report:
- A huge amount has happened since the last meeting and this session and some others will encourage the group to think about IT-related reflections on the ongoing COVID-19 pandemic.
- There has been a remarkable acceleration in the use of digital tools as NHS services have moved patient activity to phone, video and other online services in response to the COVID-19 crisis.
- PSNC published new pharmacy-facing guidance (/videocon; /mobilemessage; /instantmessage; /mobiledevices; and /WiFi) in response to receiving more queries about these topics.
- NHSX have eased data security guidance, stating: "*We encourage the use of video conferencing to carry out consultations with patients and service users. This could help to reduce the spread of COVID-19. It is fine to use video conferencing tools such as Skype, WhatsApp, Facetime as well as commercial products designed specifically for this purpose. The consent of the patient or service user is implied by them accepting the invite and entering the consultation. But you should safeguard personal/confidential patient information as you would with any other consultation.*"
- NHSX have publicised a survey for health and care workers about the remote care topic.
- NHS Digital maintains a list of systems that have been assured and comply with the high standards set out in the GP IT Futures framework. Digitalhealth.com reported on the tender process.
- NHSmail users were notified about free access to Microsoft Teams (scheduled for a limited period). NHSmail team will also briefly update the group in a later session of the meeting.

CP ITG action:
The group is asked to discuss:
1. Has patient care activity over the telephone recently increased (i.e. actual provision of advice/services)?
2. Has progress been made in the use of video consultation solutions during the pandemic?
3. Are there any experiences/tips about pharmacy team use of video consultations that can be shared?
4. What kinds of systems and equipment are being used?
5. Have any problems or issues been encountered in providing care remotely?
6. What additional help is required to support pharmacy teams giving more remote care?
7. Have any contractors made use of Microsoft Teams video call feature whilst it has been made freely available to support NHS work?
8. What other IT is starting to be used to support new ways of working so that patients can receive services remotely (e.g. instant messaging or other technologies)?
9. Would any group members be willing to support piloting of use of video consultations within their pharmacies, using off-the-shelf platforms (e.g. WhatsApp video calls) or other platforms available to them, with lessons learnt to be shared back to the group? If members wish, a working group could be formed to undertake more work on use of video consultations (ideally starting work in June).

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Subject	Pharmacy IT: Five-Year framework IT. And expanding Smartcard and SCR flexibilities for a more mobile pharmacy workforce
Date/time of meeting	2nd June 2020: 13:50-14:00: Five-Year framework IT 14:00-14.10: Smartcard and SCR flexibilities
Status	Public
Presenters	Libby Pink and Nazia Kotia (NHS England and NHS Improvement – 5-Year framework). Anthony Linley and Shelley Johnston (NHS Digital Smartcard / SCR).
Overview	NHS Digital performed a centralised Smartcard bulk activity onto Smartcards to increase Smartcard flexibility. Five-Year framework IT developments are to continue.
Proposed actions	The group is to be updated about Five-Year framework IT. The group is asked to discuss the questions set out about Smartcard and SCR flexibilities.

Five-Year framework IT summary update

Report:

- A verbal update will be provided about potential further Five-Year framework IT developments from NHS England and NHS Improvement.

CP ITG action

- The group is to be updated.

Expanding Smartcard and SCR flexibilities for a more mobile pharmacy workforce

Report:

- NHS Digital have extended access to the NHS Summary Care Record (SCR) to support community pharmacy teams to work efficiently and flexibly in response to COVID-19 in an initiative supported by PSNC and NHS England and NHS Improvement.
- SCR access was granted to all those with the pharmacist 5F multi-site code on their smartcard, by the addition of a new role 'National Locum Pharmacist + SCR – COVID-19'. The new code is due to automatically expire after one year. The same activity has more recently been performed onto cards with the technician and 5F role.
- NHS Digital will provide a brief update about their work.

CP ITG action

- The group is asked:
  - whether they support these adjustments and why; and
  - whether they would support the addition of the 5F role onto more cards which contain the pharmacist/technician role, and why?

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Subject	Future opportunity for pharmacy systems to integrate with pricing data (NHSBSA Manage Your Service (MYS))
Date/time of meeting	2nd June 2020: 14:10-14:15
Status	Public
Presenters	Ben Tindale, NHSBSA MYS integration lead
Overview	The NHSBSA Manage Your service system has further developed and pharmacy system suppliers may consider how to integrate with it to enhance their offering to pharmacy contractors.
Proposed action	NHSBSA will provide a brief update. PMR suppliers may contact Ben Tindale after the session to learn more about integration opportunities.

Report:
- Manage your service (MYS) (nhsbsa.nhs.uk/mys) is a new digital system giving contractors access to a range of pricing related services. MYS aims to reduce contractor burden by providing a digital way to send and receive reimbursement information. Services available via the MYS so far include:
    - end-of-month FP34C digital submission; referred back and disallowed items;
    - paper prescription image requests;
    - Seasonal Flu Vaccination Advanced Service claims;
    - NHS Community Pharmacist Consultation Service registration and claims; and
    - non-steroidal anti-inflammatory drug (NSAID) audit.
- MYS allows pharmacy teams to digitally submit end of month information. This means:
    - there will be less room for error in the submission process;
    - past submissions are visible within one place within a structured electronic format;
    - pharmacy teams can manage their submissions more easily; and
    - verifying prescriptions after processing and payment should be much easier.
- MYS currently only uses a separate portal but pharmacy teams report interest with their PMRs integrating so they can send and receive MYS information to and from NHSBSA using the PMR. Usage of the PMR would reduce multi-login burden and could enable PMRs to provide innovative benefits, e.g. automated checks of PMR inputs vs. NHSBSA pricing, to provide analysis that could help pharmacy teams to review their submission processes. CP ITG's EPS future list included the item: "*Pharmacy teams don't have sight of automated end-to-end sight of processed vs priced prescriptions. Less time for claiming activities would allow extra time to support patients.*"
- PMR supplier feedback has previously expressed interest if application programming interfaces (APIs) or specification information can be provided to help consideration / prioritisation of PMR MYS work.

CP ITG action:
- If PMR suppliers would like to explore MYS integration opportunities, they can contact ben.tindale@nhs.net.

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Subject	Transfer of Information notifications (from Pharmacy to GP systems): Emergency supply of medicines
Paper author & presenter	Tahmina Rokib, NHS Digital Clinical Lead
Date/time of meeting	2nd June 2020: 14:15-14:25
Status	Public
Overview	NHS Digital's Transfer of Information project team's work has expanded to include emergency supply of medicines notification piloting and roll-out. An update on this work will be provided to the group.

An acceleration of work on information transfer related to emergency supplies of medicines was formally requested by NHS England and NHS Improvement (NHSE&I) and NHSX as part of the COVID-19 response on 31st March 2020. Subsequently, the prioritisation of the project was then reviewed and approved by NHS Digital's Chief Medical Officer.

There was an increase in the number of referrals received by community pharmacies for emergency supply resulting from COVID-19, particularly following the deployment of the NHS111 online pathway. There were also increases in referrals in some areas where GP closures have taken place and this is the primary route for patients to obtain prescription medicines. NHSE&I expect that this trend will continue.

Current business process: GP practices receive notification of an emergency supply made by a community pharmacy as part of the Community Pharmacy Consultation Service (referral made by NHS 111 to community pharmacy to make an emergency supply) via NHSmail or paper. The paper notification or printed email is then scanned into the GP system. The GP practice administrator must match the patient details to the correct record and add any SNOMED codes manually if appropriate. Any additional information to be added to the patient record is transcribed e.g. medication details, allergies.

The Transfer of Information solution (see diagram):
- The pharmacy systems creates a notification (FHIR message). This is transported by MESH and received into the practice MESH mailbox. A "workflow task" is created.
- The task is automatically linked to the relevant patient record (matched by PDS).
- The FHIR message is then rendered into a PDF document and attached to the patient record.
- Some elements of the structured message are consumed into the patient record (TPP SystmOne only).
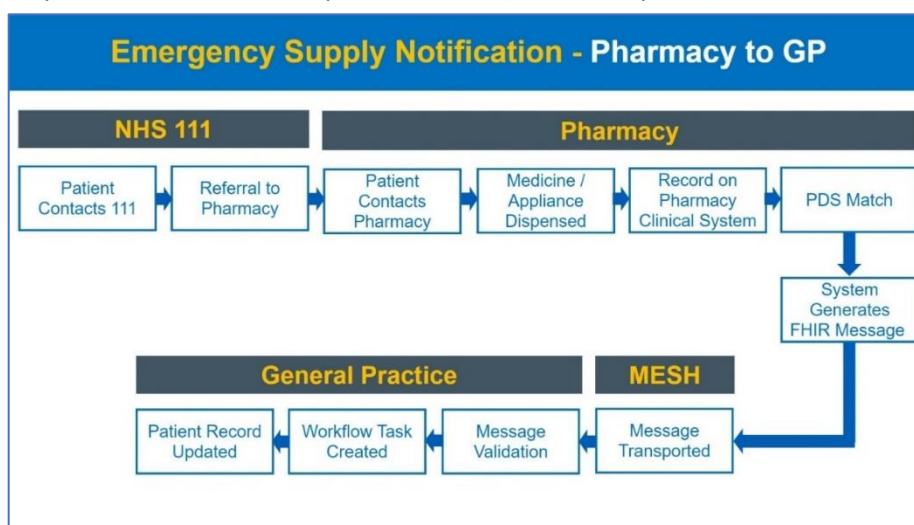
Summary of new workflow/business change:

There is no business change to the pharmacy process. However, it is expected that there will be a reduction in paper notifications and less emails that are "rejected".

- The message will be received by the generic practice MESH mailbox.
- The GP System will check that the patient is registered at the practice and that the message is valid (structured correctly with all the mandatory data elements).
- If the patient is registered at the practice, the pharmacy message will be rendered into PDF by the GP system and attached to the correct patient record.
- A workflow task will be created in the generic worklist for the practice to view.
- The practice can then choose to direct this to an individual or a team ,e.g. admin team.
- It is expected that a GP admin staff member will review the message and accept this into the patient record.
- They may also choose to add in any additional SNOMED codes or other clinically relevant information to the patient record as per local practice standard operating procedures. The TPP SystmOne solution consumes the dm+d codes for the medicines and adds the relevant SNOMED code to the record, subsequently updating the Summary Care Record..
- On occasion, it may be necessary for a pharmacy message to be reviewed by a clinician where there are specific follow-up actions requested. The admin staff would in this case send this task onwards for clinician review as per local practice standard operating procedures.

Suppliers:

- For the purposes of the acceleration request, NHS Digital are working with two GP suppliers (TPP and EMIS) and the two key pharmacy suppliers in this marketplace (Pinnacle and Sonar) that have already aligned with NHS Digital's Interoperability Toolkit.

Planned Rollouts:

- First of Type planned for late May 2020.
- Full roll out is expected early-mid June 2020.
- It is envisaged that this solution once rolled out, will reduce the variation in notification routes from community pharmacy replaced by a more efficient and unified approach.

Subject	Digital EPS Tokens: Views about Phase 4 / EPS tokens and standards
Date/time of meeting	2nd June 2020: 14:25-14:35
Status	Public
Overview	CP ITG's work to identify priorities for supporting the next generation of EPS should include considerations about digital tokens that could support the move to paperless operations.
Proposed actions	The group will be updated and is asked to discuss the questions set out and to support more testing of phone scanning.

Report:

- The group's updated Views on the next generation of EPS had set out priority items for exploration including: "*Enable paperless prescription processing (digital tokens developed and suitable guidance and standards in place) (EPS Phase 4 prescriptions and NHS Digital token specification [2008] updated to specify digital token requirements).*"
- Many GPs and other prescribers in general practices are now using EPS during remote consultations with patients because of the pandemic. PSNC reported on NHS Digital's updated guidance for use of EPS within remote consultations.
- Some GP practice apps might display barcodes and IDs but may do so without those digital tokens having been formally approved by NHS Digital, given that the current Token specs outline paper requirements. Previous Phase 4 updates to CP ITG suggested the group would need to revisit the matter of which types of digital Phase 4 tokens would be preferred.
- See images within Appendix CP ITG 05A/06/20 Examples of paper and digital EPS token images.
- Feedback so far about future Phase 4 prescription / digital tokens has suggested that:
  - o Nominated prescriptions (even one-off) provide enhanced patient experience vs Phase 4.
  - o Suppliers should display both the number and the barcode. The barcode should be high resolution and should be displayed suitably large across a phone screen.
  - o There are extra pandemic-related challenges with scanning phones.
  - o There is some work to be done to better understand whether counter scanners will usually scan phone barcodes okay. Testing should be carried out and results considered.

CP ITG action:

The group is asked in relation to digital Phase 4 / prescription tokens (currently on green paper tokens):

1. With the improvements with Smartphone brightness and scanners within pharmacies, will scanners be able to scan Smartphones? Are wireless scanners available at the counter?
2. What are the preferred requirements for digital Phase 4 tokens?
3. What digital token guidance (patients/prescribers/pharmacies) is necessary to protect patient experiences and expectations?
4. Are there group members willing to support some testing of barcode scanning? Can PMRs share a test barcode (if necessary)?

The group is asked in relation to electronic dispenser tokens for display on a mobile device:

5. For views about high priority information that should be included.
6. For views about what might be on paper tokens but not needed on digital dispensing tokens?

Subject	EPS Phase 4 roll-outs, EPS for extra prescribers, one-off nomination, and NHS App nomination feature
Date/time of meeting	2nd June 2020: 14:35-14:45
Status	Public
Presenters	Jo Lambe (NHS Digital's EPS Product Manager)
Overview	NHS Digital's EPS work has continued throughout the pandemic.
Proposed action	None.

Report:

- NHS Digital's COVID-19 EPS work has continued including:
  - Continued roll-out of EPS Phase 4 (more than 43% of GP practices are now live with it after EMIS and TPP rollouts have been able to continue).
  - EPS started being used by urgent care prescribers in 2018 and it is available within:
    - Advanced Adastra prescribing system;
    - IC24;
    - EMIS Web systems; and
    - TPP systems.
  - The new 'one-off nomination' feature for TPP SystmOne was made available and pharmacy feedback has been very positive about how this has helped with the pandemic - reducing the need for Phase 4 non-nominated prescriptions.
- Previously the CP ITG fed into the NHS App team that the nomination feature should be added. EPS nomination feature was added to the NHS App from April 2020.
- Many prescribers are using EPS during remote consultations with patients because of the pandemic. PSNC reported on NHS Digital's updated guidance for use of EPS within remote consultations.
- NHS Digital will provide an update about NHS Digital's COVID-19 EPS work.

Subject	Pharmacy IT updates: NHSBSA EPS work and NHSmail
Date/time of meeting	2nd June 2020: 14:45-14:55
Status	Public
Presenters	Various
Overview	The group are to receive an update.
Proposed actions	None

Report on some of NHSBSA's EPS work

- Martin Hagan (NHSBSA) will provide an update about some of NHSBSA's recent work to support EPS usage - such as some potential ODS process changes.

Report about NHSmail

- NHS Digital NHSmail team are aware of feedback (from CP ITG / pharmacy / elsewhere) that communicating long shared mailbox addresses over the phone is less ideal than use of alias addresses. Improvements to the NHSmail 'People Finder' tool last year have made it easier (see guidance factsheet) for NHSmail to look-up others by ODS code, postcode and name. NHS Digital conducted an NHSmail alias survey during December 2020. The group supported communications encouraging pharmacy teams to complete the survey. Work had been planned to understand how mailbox aliases might be technically created at a national level for the PODS NHSmail system (PODS = Pharmacy, Optometry, Dentistry, and Social care). Alias work had to be deprioritised considering the recent COVID-19 support work and NHSmail Teams roll out. Provisionally, alias work is being rescheduled.
- NHSmail users were notified that Microsoft Teams usage had been enabled for them from March 2020 for a free period. This was intended to support collaborative work during the ongoing COVID-19 pandemic. For organisations that run NHSmail, all users will have access to Teams including secure video conferencing functionality which can be used between two NHSmail users from different health and care organisations. Read more at: support.nhs.net and psnc.org.uk/videocon.
- CP ITG members had asked about using NHSmail and using pharmacy systems to send patient reminders (e.g. that 'prescription being prepared') at the group's last meeting. An update about this type of NHSmail usage is set out below. The process and the NHSmail helpdesk's support for it, is being further developed and may involve the following:
  - o The contractor NHSmail administrator will need to set-up an NHSmail *'application'* account linked to the pharmacy shared mailbox (this counts as using one of the standard allowance of up to ten individual email accounts linked to the shared pharmacy mailbox).
  - o The contractor NHSmail administrator contacts the pharmacy NHSmail admin helpdesk to request for the 'application NHSmail account' to be set-up and enabled (the service route process for raising technical queries is outlined at: psnc.org.uk/nhsmailescalation).
  - o There are some naming considerations for the application NHSmail account: the account email address should not be named a person, but it can be named *text.reminders.[ODS code]* or similar.
  - o The process may be further amended and updates may be made to psnc.org.uk/nhsmail about this topic after the process is further developed.
- Jess Davenport (NHSmail team) will provide a short update at the meeting about NHSmail.

Subject	Additional Information within SCR (SCR AI) as the default during the pandemic: a call-out for evidence to support the continuation of this beyond the pandemic
Date/time of meeting	2nd June 2020: 14:55-14:55
Status	Public
Overview	Additional Information has been added to most patients' NHS Summary Care Records (SCR) during the pandemic.
Proposed actions	None required during this meeting. However, meeting attendees may use the Zoom chat feature to submit any experiences or scenarios which demonstrate the value with continuation of Additional Information within SCR by default even after the pandemic.

Report:

- PSNC has reported feedback to NHS Digital during recent years that pharmacy teams report that the older SCR AI framework relying on patients requesting GP practices to have to activate this was burdensome for patients and GP practices causing few patients (around 5%) to get the benefit of having SCR with Additional Information turned on.
- NHS Digital recently made 'Additional Information' the default setting for patients (although the small number of patient which had opted out of SCR remain opted out), so that paramedics, pharmacy teams and others can view richer information to support patient care.
- Standard SCR information includes medicines, allergies, adverse reactions, and the Shielded Patient Flag.
- SCR with Additional Information includes:
    - details of the management of long-term conditions;
    - medications;
    - immunisations;
    - care plan information; and
    - significant medical history, past and present.
- For the duration of the pandemic, patients will not need to ask their GP practice to activate Additional Information. This action is being taken in response to the Notice issued on 20th March 2020 under Regulation 3(4) of the Health Service Control of Patient Information Regulations 2002, requiring confidential patient information to be shared in the circumstances set out in the Notice.
- Pharmacy teams report huge benefits for patients if the default SCR AI remains, or if the framework is made easier for patients and GP practices. PSNC is welcoming specific scenarios, experiences and evidence about why the extended access would have been in patients' interests even were it not for the pandemic.

Next steps:

- The group is asked to urgently share any experiences about how this wider SCR access supports the ability to care for patients to Dan Ah-Thion (it@psnc.org.uk) to support work by PSNC / RPS on the matter. The topic may be explored at a future meeting.
- Community pharmacy contractors and teams are also encouraged to contact it@psnc.org.uk to share evidence.

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Subject	Recommended minimum transfer dataset for pharmacies switching from one pharmacy medication record (PMR) system to another
Date/time of meeting	2nd June 2020: 14:55-14:55
Overview	The group are to receive an update.
Proposed actions	None during the meeting. After the meeting, the group may email it@psnc.org.uk with comments about this workstream or dataset. Suppliers and the wider group will be asked at their next meeting if they will endorse this recommended minimum dataset for PMR transfer.

The group previously supported developing a recommended minimum dataset for when a pharmacy contractor switched from one PMR top another. For the sake of continuity of patient care, it is critical for some information to be transferred. The drafted dataset below has previously been considered.

Recommended Output	Description of content	Format of output
Patient		
Patient ID	PMR Patient ID	Free Text
Patient Title	Title	Free Text
Patient Forename	Forename/First Name	Free Text
Patient Surname	Surname/ Last Name	Free Text
Patient Address Line 1	Address line 1	Free Text
Patient Address Line 2	Address line 2	Free Text
Patient Address Line 3	Address line 3 (e.g. Town)	Free Text
Patient Address Line 4	Address line 4 (e.g. City)	Free Text
Patient Address Line 5	Address line 5 (e.g. County)	Free Text
Patient Postcode	Postcode	Free Text
Patient Gender	Gender	Single Character (M/F/U) U=Unspecified
Patient Date of Birth	Date of Birth	YYYY-MM-DD
Patient NHS number	NHS Number (ENG/WALES/NI) / CHI Number (SCOT)	Numeric
Patient Tel Home	Home Tel Number	Free Text
Patient Tel Mobile	Mobile Tel Number	Free Text
Patient Email	Email Address	Free Text
Patient Visually Impaired	Visually Impaired Flag	True/False
Patient Notes		
Patient ID	PMR Patient ID	Free Text
Note Subject	Subject/Category - Free Text	Free Text
Note Text	Free Text	Free Text
Note Date	Date Time of Note	YYYY-MM-DD HH:MM:SS
Note Author	Author/User of Note	Free Text
Prescription		
Prescription ID	Unique Identifier for prescription	Free Text
Prescription Type	Type of Prescription e.g. GP10 , FP10, Electronic	Free Text
Patient ID	PMR Patient ID	Free Text
Prescriber ID	PMR ID of the Prescriber	Free Text

Prescription Dispensed Date/Time	Date/Time in which the Prescription was dispensed	YYYY-MM-DD HH:MM:SS
Prescribed Items		
Prescription ID	Unique Identifier for prescription	Free Text
Prescribed Item ID	Unique Identifier for prescribed item	Free Text
Prescribed Item Dosage	Dosage instructions for the prescribed item	Free Text
Prescribed Item Drug name	What was entered as the prescribed item into the system	Free Text
Prescribed Item QTY	Prescribed Item QTY	Free Text
Prescribed Item UOM	Prescribed Item UOM name	Free Text
Prescribed Item Warnings	Warnings associated with the prescribed item	Free Text
Prescribed Item Dispensed	Has the prescribed item been dispensed	True/False
Dispensed Items		
Prescription ID	Unique Identifier for prescription	Free Text
Prescribed Item ID	Unique Identifier for prescribed item	Free Text
Dispensed Item ID	Unique Identifier for dispensed item	Free Text
Dispensed Item Drug name	Dispensed Pack (AMPP description)	Free Text
Dispensed Item QTY	Dispensed QTY	Free Text
Dispensed Item UOM	Dispensed UOM name	Free Text
Prescriber		
Prescriber ID	PMR ID of the Prescriber	Free Text
Prescriber Title	Title	Free Text
Prescriber Forename	Forename/First Name	Free Text
Prescriber Surname	Surname/ Last Name	Free Text
Prescriber Type	Doctor/Nurse etc	Free Text
Prescriber GP code	GP code of the prescriber	Free Text
Prescriber Tel	Tel Number	Free Text
Prescriber Email	Email Address	Free Text
Practice Name	Practice Name	Free Text
Practice Address Line 1	Address line 1	Free Text
Practice Address Line 2	Address line 2	Free Text
Practice Address Line 3	Address line 3 (e.g. Town)	Free Text
Practice Address Line 4	Address line 4 (e.g. City)	Free Text
Practice Address Line 5	Address line 5 (e.g. County)	Free Text
Practice Postcode	Postcode	Free Text
Prescriber Deleted	Has the prescriber been deleted (a prescription may have the prescriber that has been deleted on it)	True/False

Next steps:

After the meeting the group may email Dan Ah-Thion it@psnc.org.uk with comments about this workstream or dataset. Suppliers and the wider group will be asked at their next meeting if they will endorse a recommended minimum dataset for PMR transfer with these items. If you would like to request changes to the dataset, please contact Dan Ah-Thion before the end of June 2020.

Subject	For report: Updates on other CP ITG work streams
Date/time of meeting	2nd June 2020: 14:55-14:55
Status	Public
Overview	This appendix provides a progress report on some of the other work plan areas which will not be covered in detail during this meeting due to time. The group members are asked to consider the reports, take any appropriate actions on the next steps and provide any comments on the proposed next steps by emailing Dan Ah-Thion (it@psnc.org.uk) before or after the meeting, or commenting during the 'any other business' section of the meeting, if there is time.
Proposed action	None

1a	Supporting the development of interoperability/integration
	Relevant webpages include: /interoperability and /dosesyntax

Local Health and Care Records update

- Updates about LHCR arrangements have been included within previous meeting papers.
- Since the last meeting, PSNC published an Update about Local Health and Care Records (LHCRs) briefing and updated its briefing about Planning and implementing for pharmacy access to LHCRs and other record systems.
- PSNC has been supporting Dorset Local Pharmaceutical Committee's work with the Dorset Care Record LHCR project team to prepare potential trial pharmacy access.
- Digitalhealth.net provided an update about LHCRs.

Summary Care Record (SCR)

- SCR 1-click: This is within Cegedim Pharmacy Manager, PharmOutcomes and Sonar Informatics. The group members previously encouraged PMR suppliers to make this available.
- New COVID 19 SNOMED CT (Systematized Nomenclature of Medicine — Clinical Terms) are being added to SCR Additional Information dataset: These codes are to capture suspected or confirmed COVID 19 status from GP systems. GPs have been instructed to record whether a patient is assumed to have had COVID 19, whether a patient has been tested, and whether the patient is at risk of medical complications should they contract the virus. If GP practices use these codes on their clinical systems, this should feed across into SCR Additional Information.
- NHS Digital added a 'Shielded Patient Flag' to SCR. This enabled community pharmacy teams using the SCRa application (or SCR 1-click) to see an alert when viewing the SCR of such a patient.

Other updates about interoperability

Report:
- NHSX published a draft NHS Digital Health Technology Standard which was intended to make it easier for the NHS to assess digital health apps and tools.
- The group agreed at a previous meeting to support 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 CT clinical terms. A PSNC-drafted dataset was prepared and a dataset for the Community Pharmacist Consultation Service could be added. If you would like to help progress this work, please contact it@psnc.org.uk.

- NHS Digital user researchers are conducting user interviews to help development during NHS Service Finder's pilot phase. If you'd like to take part email it@psnc.org.uk. The topic will be revisited at a future meeting.

1b	Supporting NHSmail
	Relevant webpage(s) include: *psnc.org.uk/NHSmail*

[Updates within earlier appendices.]

1c	Supporting maintenance and demonstration of data security and information governance arrangements
	Relevant webpage(s) include: */ds*

- Cyber and data security: Following the CP ITG discussion with the NHS Digital data security centre about pharmacy and cyber security, NHS Digital commissioned Templar Executives Cyber Security Solutions to undertake discovery work at 15 pharmacies. Templar Executives completed pilot community pharmacy sites and visited several pharmacy system suppliers. The outputs will be reported to the group once the findings have been consolidated.
- Windows: Since the last meeting, the group's Windows 7/10 transition guidance has been updated to include further Microsoft Windows 10 deadlines.
- Data Security and Protection Toolkit (Toolkit) update: PSNC has issued guidance and a webinar relating to the completion of this year's Toolkit: psnc.org.uk/dsptk. Considering the ongoing COVID-19 pandemic the deadline for Toolkit has been re-scheduled from March 31st 2020 to September 30th 2020.

1d	Connectivity, business continuity arrangements and dealing with outages
	Relevant webpage(s) include: */itcontingency*; and */connectivity*

- PSNC's IT and EPS contingency planning section (/itcontingency) has been updated to support with business continuity. This section also links to further COVID-19 business continuity advice.

2a	Support reduced burden through tackling issues related to the practical use of pharmacy IT and promoting good IT practices
	Relevant webpages include: *psnc.org.uk/itworkflow*

- Less use of paper within pharmacy: The group's workstream continues to support less use of paper, however pharmacy teams continue to report considerable use of paper and printing for reasons such as: to enable prescription information to move around the pharmacy given limited space for PMR terminals. Tesco pharmacy's CP ITG representative may consider the processes and to help identify a suitable Tesco pharmacy branch to test out gradually going more and more paperless in the coming months. Further volunteer pharmacy contractors within CP ITG can trial at their pharmacy premises activities to reduce their use of paper processes and report back at the next meeting.

- Feedback about pharmacy team experience of multiple logins: Community Pharmacy IT Group and Community Pharmacy Digital Group produced a list of the systems requiring separate logins to help illustrate the login burden. The feedback was shared with the Accenture project team exploring the topic across health and care for NHS Digital. Accenture have thanked the group for sharing inputs. Accenture have presented their initial findings to NHS Digital including recommendations about smarter authentication future options.
- NHS Identity (authentication) piloting continues. PSNC has updated its webpage on the topic.
  - NHS Identity authentication within piloting is performed either via:
    - a mobile device correctly set-up and with the right software; or
    - a Smartcard but without a special separate secure HSCN/N3 NHS connection.
  - It is hoped to expand this to extra methods and devices (i.e. many clinical systems only run on Windows desktops but NHS Identity cannot yet be piloted on such devices).
  - There is info for developers about how to consider integrating with the system.
- Process for obtaining SCR Smartcard rights: NHS Digital are testing a new online application form that can be used to request SCR rights onto Smartcards. The new form allows greater automation to speed up the processing times.
- Smartcard resources: PSNC published a new briefing in March 2020: Smartcard Role and Activity codes and how to update them relevant for suppliers and Smartcard administrators. Other Smartcard resources have been updated including Updating Smartcards for multi-site and SCR usage and the main Smartcard section.

Other updates: reducing burden

Report:

- UCL Partners published a How-to guide: non face-to-face consultation. This guide, developed in collaboration with NHS clinicians, managers and patients, provides a comprehensive guide to setting up non face-to-face clinics (also known as virtual clinics). These can help reduce unnecessary outpatient visits, saving time and money for patients and the health service. The NHS aims to avoid up to a third of the number of face-to-face outpatient visits over five years, removing the need for up to 30 million outpatient appointments each year. The guide is free to use, delivered through both text and videos, and includes how to develop a project plan and business case.

3b	Supporting EPS and its enhancements
	Relevant webpages include: /eps, /rtec and /itfuture

Views on the next generation of EPS

- The group's comments and other pharmacy team feedback was incorporated into the CP ITG's Views on the next generation of EPS with Matt Armstrong recently helping to progress the work. NHSX have thanked the group for its work and advised the contents are "incredibly timely and helpful". The final list will also help the work of PSNC when discussing EPS priorities with NHS bodies. A short-link has been created to access the list: psnc.org.uk/epsfuturelist. Community pharmacy teams are encouraged to contact it@psnc.org.uk to suggest changes for future versions.

Real-time prescription charge exemption checking (RTEC)

Report:
- NHSBSA is continuing to lead on the RTEC project as it has done so since January 2020.

- The RTEC system will be rolled out in phases.
    1. Phase One comprises maternity, medical, pre-payment, low income scheme and HMRC exemptions (Phase One RTEC is rolling out now amongst PSL using contractors);
    2. Phase Two will include Department for Work and Pensions (DWP) exemptions (excepting Universal Credit) (a small number of pharmacy contractors using PSL have been testing this Phase since December 2019); and
    3. Phase Three will include Department for Work and Pensions (DWP) Universal Credit exemption.
- EMIS and Cegedim are piloting Phase 1.
- Titan has Phase 1 RTEC generally available for all its Titan PMR customers.
- Feedback has continued to be positive from those piloting with EMIS/Cegedim/Titan.
- CP ITG and PSNC have been supportive of continued roll-out subject to NHSBSA continuing to perform assurance activities drawing on the lessons from the earliest RTEC piloting.
- PSNC previously announced that contractors may volunteer to be earlier adopters and would have the opportunity to provide feedback directly to PMR suppliers and other stakeholders (which could include the NHS Business Services Authority, PSNC and NHS Digital) about how the RTEC feature might best work for the pharmacy team. Contractors that wish to take part or find out more can email it@psnc.org.uk. Volunteers may be chosen partially on a 'first-come-first-served' basis and dependent upon PMR plans as well.

Next Steps:
- NHSBSA are working on assuring that NHSBSA's processing of RTEC prescriptions can be seen to be fully working as expected during recently priced dispensing months, prior to the next stage of rollouts and the PSNC audit team have fed into this process.
- PSNC will also continue to work with NHSBSA, Department of Health and Social Care (DHSC), and NHS Digital on the planning for this change in process within pharmacies.
- All the pharmacy system suppliers with EPS have committed to delivering RTEC and a couple more system are now close to testing with a couple currently progressing though the assurance process with NHS Digital to proceed to pilot.
- Further rollouts will continue.

4a	Consider the development of apps, wearables and technologies in healthcare
	Relevant webpages include: psnc.org.uk/apps

NHS App

Report:
- Details about the NHS App have been explored at the group's previous meetings and within previous papers. The NHS App is available on the Google Play store and the Apple App store.
- NHS App team are working on further features including:
    - **Online consultations integration**: use of open standards to help suppliers who provide triage systems to integrate them with the NHS App, guiding patients to the best care route for them. The first supplier was made available through the NHS App in April 2020 and NHS App team continue to work with others.
    - **Push notification capability**: NHS App team plan to build the ability to allow users to receive broadcast or targeted push notifications and messages relating to their care. This could include reminders for referral appointments, reminders for online consultations, and screening invitations, via services integrated into the app. Target release date: 2020.
    - **NHS Electronic Referral Service (NHS e-RS) integration**: the NHS App team are working with the NHS booking system for hospital appointments, NHS e-RS, into the NHS App.

This may enable patients to book their appointments when their GP refers them to a hospital specialist. Target release date: 2020.

- o **Delegated proxy access**: Giving other people secure access to an NHS App account. Examples could include parents accessing a child's account; carers booking an appointment for a patient; or patients setting delegate access for someone to act on their behalf. Planned release: practices using EMIS clinical system have now had proxy access enabled. Practices using TPP clinical system will be switched on soon.
- o **Medical record documents**: Providing ability to view letters and documents as part of the detailed medical record. Target release date: January 2020.
- o **Personal Health Records (PHRs) integration with NHS App**: PHR providers may integrate local solutions into the NHS App according to relevant open standards. This will give users greater access to their medical records. The first supplier was made available in the NHS App from April 2020 and NHS App tea, are working with others throughout 2020.
- o **Health checks and assessments access**: Public Health England (PHE) is reviewing NHS App team's work on how to give users access to the NHS Health Assessment tool, currently being designed by for patients to check aspects of their own health, through the NHS App. Target release date: 2020.

Next Steps:

- The group and pharmacy staff can continue to email it@psnc.org.uk with further feedback about the NHS App so that this can be added to CP ITG's suggested features for NHS App so that it can be shared with NHS App team.

Video consultation

Report:

- GPonline.com reported that:
  - o an estimated one in four GP appointments were face-to-face during April 2020.
  - o GP practice challenges include suitable VPNs
- HSJ reported some patients with some mental health patients "may find it [more] difficult" to adapt to digital appointments.
- HSJ reported that remote tech solutions such as messaging during triaging may be helping to speed up consultations by as much as 40%.
- Holyrood.com reported on Scottish use of NHS Highland's Near Me video consulting platform.
- RCGP.org.uk reported that "Around 7 in 10 patients now receive GP care remotely in bid to keep patients safe during pandemic"
- NZdoctor.co.nz reported a quarter of surveyed New Zealand doctors had embraced video and phone consultations since the start of the pandemic.

5a	To support useful and usable IT beyond pharmacy PMR systems and EPS
	Relevant webpages include: *psnc.org.uk/itfuture*

- The group's comments were incorporated into the CP ITG digital priorities list. Community Pharmacy teams can contact it@psnc.org.uk to suggest changes for future versions.
- The group's comments were incorporated onto their revised CP ITG workstreams.
- IT arrangements/infrastructure survey: The final draft of the CP ITG IT arrangements and infrastructure survey has been prepared and each of the CP ITG member bodies have fed into its development. This is planned to be published with CP ITG branding now that the CP ITG PMR preferences survey has closed. The group are invited to make final comments about the survey - either during the meeting or by email (it@psnc.org.uk) by the 16th June 2020. The draft can be seen at this link: Draft of the CP ITG IT arrangements and infrastructure survey.

IT policy updates

Report:
- Matthew Gould NHSX CEO summarised NHSX work within the year leading up to Feb 2020.
- Digitalhealth.net interviewed NHS Digital CEO who said healthcare tech is 'here to stay' after COVID-19 although some items will need reviewing such as SCR AI arrangement which is in place introduced under the time-limited Control of Patient Information legislation.
- NHSX are consulting and inviting comments in relation to their Tech Plan Vision draft.
- Publictechnology.net reported about Matt Hancock issuing a six-month order for NHS to share confidential patient data to support health and care organisations being able to share the data needed – currently set until Sept 30th 2020.

GP Connect
- UKauthority.com reported that NHS Digital and NHSX have introduced a service named GP Connect for GPs to securely share patient records with each other during the Covid-19 pandemic. While the arrangement is due to run only as long as the COVID-19 emergency notice is in force (currently scheduled through to September 30th 2020), the organisations said they will be reviewing the experience of patients and clinicians to consider whether there could be benefits in retaining them when the period comes to an end. Any such proposals would be subject to consultation.