Minutes of the Community Pharmacy IT Group (CP ITG) meeting held on 3rd March 2020 at NPA, 38-42 St Peter's Street, St Albans, AL1 3NP

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.

Present

Richard Dean (chair), Association of Independent Multiple pharmacies (AIM), Dean and Smedley pharmacy
Dan Ah-Thion (Secretariat), Pharmaceutical Services Negotiating Services (PSNC)
Matt Armstrong, CCA/Boots
Melanie Brady, Day Lewis Pharmacy
Vishal Babu Takkallapelly, Tesco Pharmacy
Gemma Binns, CegedimRx (phone)
David Broome (vice chair), PSNC/Stancliffe Pharmacy
Andy Clemens, NHS Digital Service Finder (SF) for SF session
Jess Davenport, NHS Digital NHSmail team for NHSmail session (phone)
David Evans, NPA
Sanjay Ganvir, Greenlight pharmacy
Stephen Goundrey-Smith, Royal Pharmaceutical Society (RPS)
Martin Hagan, NHSBSA
Jo Hendry, Colombus / Boots
Gareth Jones, NPA
Jon Williams, RxWeb
Fin McCaul, PSNC/Prestwich Pharmacy
Coll Michaels, NPA
Richard Morgan-Greene, Positive Solutions (phone)
Libby Pink, NHS England and NHS Improvement
Layla Rahman, PSNC
Shanel Raichura, EMIS Health
Jeff Shelley (Titan, Invatechhealth) (phone)
Janson Woodall, Well pharmacy
Craig Spurdle (CCA)

Apologies for absence from members

Steve Ash (AIM), Sibby Buckle (RPS), Sunil Kochhar (PSNC), Andrew Lane (NPA), George Radford (CCA), Ravi Sharma (RPS), Iqbal Vorajee (AIM) and Heidi Wright (RPS).

Minutes of previous meeting and matters arising

The group accepted the minutes of the previous meeting. Remaining actions were carried into the agenda papers' 'next steps' for this meeting.

CP ITG Work Plan items

1a	Supporting the development of interoperability/integration

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

Reasonable Adjustments Flag (RAF) piloting. The group discussed Appendix CPITG 03/03/20 RAF update.

It is for each community pharmacy contractor to make their own assessment as to whether that contractor must make a medications-related reasonable adjustment in accordance with the legislation. It is important for auditability of who adds information to RAF and when. Other comments about RAF:

- The pilot is focussing on specialist flags so far (e.g. specialist clinics adding learning disability flags).
- Consideration is needed to mitigate the risk of patient expectations not being set correctly regarding preferences surrounding use of monitored dosage systems (MDS). Guidance and the tool itself (e.g. with drop-down options and text) may communicate that community pharmacists, instead of other healthcare professionals, as the expert for medicines should determine whether the use of MDS is a reasonable adjustment following assessment. MDS is a common preference and a private service offering, but frequently an Equality Act assessment will not determine that MDS is a necessary reasonable adjustment. The rollout of RAF information should be associated with pharmacy-specific guidance. Such guidance must also seek to ensure that patient expectations are managed. For example: suggestions within the RAF area by a community pharmacist that patients could receive MDS does not mean that another community pharmacist later servicing the patient will come to the same conclusion following their assessment.
- The group considered RAF medicine option wordings: '*Needs assistance with medication regimen adherence*'; '*Uses dispensed monitored dosage system*'; and '*Self-care deficit for medication management*'. The group said alterations were required to address the two points above e.g. for these three draft drop-down options to be replaced with 'Medicine support assessment'.

Action: The group to pass any final comments about the preferred wording to it@psnc.org.uk before the next meeting so it can be passed to the RAF team. PSNC to pass on feedback to the NHS Digital RAF team.

Pharmaceutical Interface Product (PIP) Codes and data flows across the pharmacy supply chain: The group discussed Appendix CPITG 05/03/20. National Pharmacy Association (NPA) and Chemist + Druggist (C+D) representatives presented the topic and explained NPA/C+D were working on: (1) an infographic to better explain the current data flows; and (2) considerations as to whether the model and flows could be improved. Comments about the infographic and topic:

- The infographic is a simplified version of data flows and does not reflect real-life each data flow e.g. use of Virtual PIP code isn't fully explained.
- The GTIN code and FMD code go all the way from manufacturer to patient and in future patients may 'FMD scan' their own FMD medicines.
- Some suppliers are not updating PIP information. C+D aim to maintain a comprehensive database. However, some items have no PIP code.
- Manufactures are mandated to update certain information about certain products to dictionary of medicines and devices (dm+d) but do not always do so. Some items have no dm+d code – particularly some supplements, devices and some over the counter (OTC) medicines.
- C+D and NPA should collect more feedback from wholesalers.
- A weakness with overall current model is that depending on where a product barcode is scanned, different information may show within different systems, and there is a risk that occasionally the 'wrong' medicine information could display on a screen depending on systems and set-up.
- If there was a new or amended single database or repository it would ideally be comprehensive and bring more benefits such as linked to dm+d manufacturer barcode, FMD information, robotics, POS systems and safety benefits. Any such new database or model must be clinically validated to a standard that is suitable for use with automated dispensing systems and accuracy scanning systems which would support the NHS agenda for patient safety and dispensing efficiency. If the database could not be relied on by healthcare professionals in this way the value of it would be significantly less and would still leave a product database gap in the market.

NHS website: It is anticipated the nhs.uk website will change the way it enables pharmacies to enter their service information in the coming months, and the way information is displayed to patients will change.

The Directory of Services (DoS) database and pharmacy service information: DoS is a central directory which provides NHS 111 call handlers and other health and care staff with information about services available in case this can support a particular patient. During the last few years, pharmacy contractors have used the pharmacy 'updater tool' to update their pharmacy profile information so local DoS leads can use those inputs to make corrections to DoS database information. The group commented about DoS, its information and preferences of group members:

- DoS should be updated so that an organisation has a master profile and services available from that organisation sit under the master organisation profile – but this is a major change.
- ODS codes as unique organisation identifiers should be present throughout DoS-related information and Service Finder (SF) even though it is not yet.
- DoS information correction and profiling must be urgently updated to be sufficiently accurate, given that SF relies partially on DoS information and local DoS lead information and given that SF continues to be beta tested by many health and care staff (and given that the SF team were planning for a fuller release later).
- Health and care staff using SF beta might be relying (and could in future rely) on DoS information and local DoS lead information to inform patients about which services to use.
- Some LPCs work with local DoS leads to support improved local profiling of DoS and SF.

Action: PSNC to explore further with NHS colleagues the reasons for discrepancies of data identified within meeting.

The beta Service Finder (SF) tool: Andy Clemens (NHS Digital SF) and his team continue to develop the beta SF tool and anticipate a full release would come later. Feedback now would help if received during the pilot phase. The tool is 'mobile friendly'. NHSmail users can quickly register to obtain their beta SF logins to help take part with beta testing. The group had been invited to beta test the tool following their November 2019 meeting and to feed back about it by email to PSNC. At the March 2020 meeting, the group considered Appendix CPITG 06/03/20 about beta SF and the pharmacy comments so far. SF team presented a demonstration explaining the tool should allow health and care staff to search for health and care services information (including non-public information such as non-public phone numbers). SF 'pulls' on DoS and local DoS leads' profiling work. There is geographical variation of full DoS coverage (the % of organisations correctly listed from within their locality). Beta SF has acted as a driver for DoS Leads to perform profiling work within recent months. Beta SF users can use the button on each service to enter 'problems with the information for this service' so that information can be updated. DoS Profile Updater can also be used. There are two search types: 'look up services' or look-up a 'specific service'. The search results differ for these search types. Comments about SF:

- The first priority for SF at this time was to work with national and local DoS leads to ensure that DoS profiling was fully comprehensive to reduce risk that patients are signposted to the wrong place (e.g. to reduce risk that patients are encouraged to travel a greater distance than required) or provided with inaccurate information because SF is not yet fully accurate.
- All organisations need to display for both types of search types.
- SF requires disclaimers to explain that not all organisations are listed if some are missing.
- Some group members said that SF not displaying as expected e.g. certain organisations may be missing or displayed inaccurately? Examples to be investigated.

Actions:
- The group were encouraged to register to use SF beta (with NHSmail or another email address). Registration should be simple but the group may contact Dan Ah-Thion for sign-up support.

- The group to provide pass comments to Dan Ah-Thion shortly or before the next meeting so this can be passed to the SF team and others. Emailed examples are welcomed as case studies.
- PSNC to explore further with NHS colleagues the reasons for discrepancies of data identified within meeting.

SNOMED Implementation Forum: The SNOMED-CT Implementation Forum meets each quarter. This group acts as a user/stakeholder group to monitor the implementation of the standards SNOMED and dm+d into NHS systems and to highlight current and potential future issues. Most attendees join remotely. Stephen Goundrey-Smith attended the most recent meeting for Royal Pharmaceutical Society (RPS) (February 2020). The group discussed that:
- CP ITG has previously called for more SNOMED interoperability within pharmacy systems.
- The meeting remit reached beyond professional matters to include long-term system development matters.
- It was recommended that all pharmacy system suppliers remotely attend to ensure that SNOMED developments align with pharmacy system development and the community pharmacy sector and at minimum at least one pharmacy PMR supplier should attend and to feed back to CP ITG via meetings and/or CP ITG emails.

Action: Shanel Raichura, Stephen Goundrey-Smith and Dan Ah-Thion to discuss whether at minimum: one EMIS representative can attend future meetings on behalf of pharmacy systems suppliers and report into CP ITG with key developments. All suppliers were encouraged to attend to have their views considered.

NHSX/NHS Digital appointments/referrals discovery work: The group confirmed Dan Ah-Thion should confirm the to NHSX and NHS Digital that the group are supportive of hearing about developments and supportive of more interoperability which relates to referrals and appointments-setting.

1b	Supporting NHSmail

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

NHSmail aliases for email address for pharmacy shared mailboxes: 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 for NHSmail to look-up others by ODS code, postcode and name. NHS Digital's conducted an NHSmail alias survey during December 2020. The group supported communications encouraging pharmacy teams to complete the survey. Survey respondents were supportive of alias options. NHS Digital expects to see Accenture publish a proposal to explain how NHSmail share mailbox aliases could be created at a national level for pharmacy, dentistry optometrist and social care.

NHSmail and SMTP enablement: NHSmail team were asked about SMTP enablement that allowed the PMR system or text message systems to send email or text messages to patients such as 'medicines ready for collection'. NHSmail team said shared mailboxes could be set to enable this.
Action: Dan Ah-Thion and NHSmail team to discuss the information for further updating the group.

1c	Supporting maintenance and demonstration of data security and information governance arrangements

The information in the agenda was noted and the group agreed the proposed next steps.
Windows transitions: Windows 10 update deadlines are to be added to the group's Windows guidance.

Data Security and Protection Toolkit ('Toolkit') update: Guidance has been published to support pharmacy contractors' completions of the Toolkit ahead of the 2020 deadline - including guidance about the opt-out system and how to complete the opt-out Toolkit question. This mentions pharmacy contractors and their PMR suppliers should continue to ensure that named patient data or non-fully-pseudonymised patient data is not used with only planning / research as the basis. PMR suppliers and aggregators should, at the earliest opportunity, to reassure pharmacy contractors and patients: (1) make their own Toolkit submissions including confirming alignment with the National data opt-out system for patients, and (2) confirming the same alignment with opt-out policy within public privacy notices.
Action: Signpost contractors to Toolkit completion guidance at psnc.org.uk/ds.

2a	Support reduced burden through tackling issues related to the practical use of pharmacy IT and promoting good IT practices

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

Elimination of paper within EPS processes: The group discussed having one or more from within the group to pilot going paperless within the coming months to report back lessons to the group at a future meeting. The lessons to also inform guidance and encourage use of less prescription printing.
Action: Tesco pharmacy's CP ITG representative to consider the processes and to help identify a suitable Tesco pharmacy branch to trial going more and more paperless in the coming months.

Feedback about pharmacy team experience of multiple logins: Accenture are doing some work to understand NHS staff challenges with multi-logins. The group supported representations being made from the group based on past comments regarding the burden with many systems and logins needed.
Action: Dan Ah-Thion to share past feedback from the group about the burden of many logins to the project team working on this and update the group later about NHS Identity developments.

2b	Connectivity, business continuity arrangements and dealing with outages

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

3a	Supporting the development of pharmacy systems

The information from the agenda and papers was noted and the group agreed the proposed next steps.
Action: Sanjay Ganvir to facilitate Dan Ah-Thion visiting some London GP practices, when suitable, to explore GP systems to explore if there may be system development lessons to bring back to the group.
Action: Tesco pharmacy's CP ITG representative and Dan Ah-Thion to explore text messages from GP practices to patients which imply medicines are immediately available and suggest alternative wording.

Prescription form changes and amendments to EPS Dispensing Systems Specification: The group discussed Appendix CPITG 08/03/20 which outlined changes linked with contractor guidance. Group comments: pharmacy contractors are beginning to see more of the new forms but these remain the minority. NHSBSA are processing some of the new forms and once these are entered into the NHSBSA Capacity Improvement Programme (CIP) the new and old forms look the same.

3b	Supporting EPS and its enhancements

The information in the agenda was noted.

Next generation of EPS: The group discussed the EPS updates within Appendix CP ITG 01A/03/20 which had repeated but restructured the group's comments. Dan Ah-Thion and Matt Armstrong to further work on the EPS-future items, aiming to publish these within CP ITG agenda so pharmacy team can further inform the inputs shared to NHSX (before the next meeting). It must be noted that EPS-future is only one aspect which fits in amongst more and wider other digital priorities. Other comments about EPS-future:

- Suppliers had hoped the move from Spine 1 to Spine 2 would make EPS enhancement easier and further improvements to Spine but making adaptations remains challenging and further improvements to the central Spine could facilitate EPS enhancements being easier to make.
- NHSX to receive some information about the reasoning for the EPS-future comments.
- Discussion of whether EPS may be expanded beyond medicine prescriptions but some of group said right for EPS to continue to focus on medicine prescriptions at this time given feasibility issues with properly pursuing expansion beyond that in the short and medium term.
- EPS should assist elimination of paper related to processing of prescriptions instead of just 'lessen paper usage'.
- NHS Digital previously invited suppliers to consider EPS FHIR reform. That can be reconsidered given how FHIR has further progressed since then and the change may be more feasible.

eRD (Electronic Repeat Dispensing) terminology: The group discussed eRD including comments from GP practices and patients to pharmacy teams about the terminology. It is not really an 'IT issue' but the name of the service so others would determine any re-branding. NHS Digital had previously looked at alternative names but there was never a consensus established about a good/suitable potential alternative name backed by all of relevant stakeholders.

Group comments and emailed comments from Community Pharmacy Digital Group included:

- The use of "dispensing" can cause confusion and put off GP practices and patients.
- The 'electronic repeat' part of the terminology has been helpful whilst EPS at a lower %. However, GP practices and others also frequently use 'repeat' for those medicines patient reorder causing confusion. Similarly, if eRD was re-branded as 'Repeat medication' or 'Repeat prescriptions' these may get mixed up with other types of repeats.
- With Phase 4 ongoing ('EPS as default'), could there be support for the paper Repeat dispensing option to be removed with the aim to convert paper RD usage to eRD usage? Could 'electronic' be removed in the event of re-branding?
- 'Batch prescription' is used / understood by many GP practices and patients. 'Batch' is used in some systems for eRD. Individual prescriptions are sometimes referred to as 'batch issues'.
- The group discussed alternative names for consideration such as: with "Batch Prescription" (BRx), "Batch Repeat Prescriptions" getting the most support but some of the group preferred other terminology. Serial prescriptions (SRx)' has been used in Scotland.
- The group suggested it is not an 'IT' issue but relevant parties should consider a re-brand to assist faster adoption but recognised additional feedback was required for an alternative name supported by all. Future surveys (including those to some GP practices / patients) might consider exploring could explore preferred terminology amongst a larger number of users.
- The eRD % usage when monitored dosage systems (MDS) usage is excluded is much lower than overall eRD % (around 15%).
- The need to tie in name change with a full review of how the system works for patient, GP and CP (going beyond the IT).

| 3c | Signposting to the Community Pharmacy Patient Safety Group (CPPSG) |

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

4a	Consider the development of apps, wearables and technologies in healthcare

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

NHS App: The group discussed Appendix CPITG 10/03/20 NHS App update about its upcoming features. The group discussed that one item discussed previously and which continues to be requested is ability for patients ordering medicines via the NHS App to also auto-notify their EPS nominated pharmacy of the medicine order. This helps for scenarios such medicines have been ordered but in error have not yet been prescribed. NHS App team are inviting further pharmacy system supplier comments at a 4th March 2020 meeting. The group may continue to suggest wanted features to it@psnc.org.uk so that those can be communicated to the NHS App team.
Action: Dan Ah-Thion to speak with Sanjay Ganvir about London contractor preferences as to how pharmacy could be notified of NHS App medicine orders e.g. whether by NHSmail or in another fashion.

IT arrangements/infrastructure arrangements: The group are invited to email their final comments by email about the drafted questions within Draft of the CP ITG IT arrangements and infrastructure survey (click link to access draft) before the next meeting to it@psnc.org.uk so it can be published later.
Action: The group are asked to support promotion of the survey once it is published.

5a	Set out roadmap priorities: To support useful and usable IT beyond pharmacy PMR systems and EPS

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

CP ITG revised workstreams: The group discussed its revised proposed workstreams (Appendix CPITG 02A/03/20) which now align with NHSX five missions: interoperability and security; reducing burden; good use of digital to improve productivity; good use of digital to improve patient outcomes; and patient tools. The group commented about potential additions to sit within those areas:
- Community Pharmacy Contractual Framework (CPCF) progress and developments and IT implications to be emphasised.
- Can the group keep a watching brief on regulatory changes from an earlier stage where these may impact pharmacy IT? E.g. rounding dispensed quantity and original pack dispensing.

CP ITG digital priorities list: The group accepted the list of the top digital priorities list (Appendix CPITG 02A/03/20) once the following further changes are incorporated:
- Reading and writing of 'structured messages'.
- Additional alignment with CPCF developments and more mention of CPCF.
- Creation of CPCF specifications which any suppliers can feed into and use; support for elimination of paper instead of 'less paper'.
- The group should be on the front foot with supporting within its priorities patient apps/tools that are fit for purpose and also ideally the group supports patients being able to choose to share information with health and care organisations such as their pharmacy (e.g. blood glucose levels) that is currently restricted to 'silos'.
- The group also supported future PRSB work on patient data standards and on PRSB and stakeholders building further from pharmacy information flows datasets. There may be lessons with many IT items being linked with the GP Quality and Outcomes Framework.

Community Pharmacy Contractual Framework (CPCF) grid and IT implications: The group discussed at past meetings and at their March 2020 meeting that they supported: CPCF specifications and the group providing inputs into those. Other comments:

- The group were supportive if: the spec were to be prepared in such a way it could be re-used for future CPCF pilots.
- Scotland is a possible exemplar model to consider because module specifications have been used so that suppliers could copy files and templates, with portability in mind, enabling services within systems to more easily turn on and off.
- The specification must set out that IT suppliers must share relevant data for data evaluations.
- IT procurement decisions should be made quickly. Contractors currently performing three or four CPCS services a month may not receive reimbursement adequate to purchase an IT solution from April 2021.
- Suppliers wish to offer a CPCS solution require ITK alignment.
- CPCS IT solutions may offer and brand themselves as a 'CPCF solution' to change over time, instead of a more limited 'CPCS module', and suppliers to consider longer term beyond CPCS.
- Interoperability Toolkit (ITK) alignment: Those PMR suppliers which have not yet worked through ITK were encouraged to do so or integrate with an ITK solution for future functionality opportunities. There are many steps to work through to align with ITK.

Action: Libby Pink (NHSE&I Pharmacy IT Lead) updated the group about a plan to work with NHSX on a draft CPCS specification – potentially to be shared to the group, to suppliers and to others for comments. The group to comment on the specification after it has been distributed to them.

Action: Dan Ah-Thion / PSNC to learn about Glen Thompson's efforts within Scotland to progress pharmacy IT and to identify some lessons for English pharmacy IT.

Any other business

Falsified Medicines Directive (FMD): If contractors have expired FMD certificates, a service ticket from the FMD supplier to the SecurMed is required, and the current service model could be improved.

Action: The item was escalated to Gareth Jones because of his work within the FMD Working Group.

MYS: NHSBSA MYS team intend to present at a future CP ITG. There are opportunities for PMRs to integrate to with MYS information enabling a greater ability of end-to-end audit/oversight within PMR systems. Dan Ah-Thion can signpost PMR suppliers to NHSBSA MYS team if PMR suppliers want to hear more before NHSBSA present about MYS at a future meeting.

Future meetings

Future dates and timings have been revised.

- Tuesday 2nd June, 1.30pm – 3.30pm (videocon meeting)
- Thursday 3rd September 2020
- Thursday 19th November 2020
- Thursday 11th March 2021

Diary invites will be sent out to the group. Many future meetings may be fully videocon instead of face-to-face and webcam usage is encouraged even for those also dialling-in by phone for audio purposes. The group are encouraged to look at this guide to using Zoom video conferencing.