Community Pharmacy IT Group agenda & papers: Autumn 2020 meeting update

About the Community Pharmacy IT Group (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.

Social media: To publicly tweet about the group/meeting (excluding confidential info.) use: *#cpitg*

Meeting date: Thursday 3rd September 2020

1. **Welcome from Chair**

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

3. **Minutes of the last meeting**
   The minutes of the meeting held on 2nd June 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.

Actions

5. **Real-time exemption checking deployment plans ahead of winter 2020** (page 3) (Appendix CP ITG 01/06/20)

6. **Remote care and use of IT to support new ways of working** (page 4) (Appendix CP ITG 02/06/20)

7. **Recommended minimum transfer dataset for pharmacies switching from one patient medication record (PMR) system to another** (pages 5-6) (Appendix CP ITG 03/06/20)

8. **Pharmacy IT: Five Year framework IT– Ed Waller / Libby Pink** (page 7) (Appendix CP ITG 04/06/20)

Actions (cont.)

10. **Pharmacy IT: Five Year framework IT: final reflections** (page 8) ([Appendix CP ITG 04/06/20](#))

11. **Practicalities of going paperless** (page 9) ([Appendix CP ITG 05/06/20](#))

Report

12. **EPS future, EPS Phase 4 roll-out progress, one-off nomination, EPS Serious Shortage Protocols (SSPs)** (page 10) ([Appendix CP ITG 06/06/20](#))

13. **CP ITG workstreams** (pages 11-16) ([Appendix CP ITG 07/06/20](#))

14. **Post-meeting CP ITG communications and messages**

15. **Any other business**

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

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

Subject	Real-time exemption checking deployment plans before winter 2020
Date/time of meeting	3rd September 2020
Status	Public
Presenters	Alison O'Brien (Head of Health Exemption Services, NHSBSA)
Overview	Some RTEC deployment is halted whilst further data sharing arrangements are developed between NHSBSA and individual PMR suppliers.
Proposed action	Alison O'Brien, CP ITG suppliers with concerns, and the rest of the group will discuss how additional RTEC deployment can be restarted imminently.

Report:

- NHSBSA has led on the RTEC project since January 2020. CP ITG and PSNC have been supportive of continued roll-out subject to NHSBSA continued assurance activities drawing on the lessons from the earliest RTEC piloting. PSNC continues to work with NHSBSA, Department of Health and Social Care (DHSC), and others on the planning for this change in process within pharmacies.
- RTEC is rolling out in three main phases. Phase One comprises maternity, medical, pre-payment, low income scheme and HMRC exemptions (Phase One RTEC is rolling out now amongst PSL users). Invatechhealth have made Phase One RTEC available amongst the customers of their Titan system. PSL, EMIS and Cegedim are preparing for further Phase One roll-out to more of their customers. Read more on the RTEC phases and continued piloting of Department for Work and Pensions (DWP) RTEC at five pharmacies using PSL at: RTEC.
- Feedback has continued to be very positive from those using RTEC within PSL/EMIS/Cegedim/Titan systems. Use of RTEC across the height of the pandemic reduced the need for paper exchange between pharmacy teams and patients, assisting infection control.
- NHSBSA has been meeting with PMR suppliers to discuss the new data sharing arrangements necessary between NHSBSA and each of the suppliers. A lot of deployment has paused since July 2020 because of these continuing discussions. A CP ITG sub-group call with suppliers, PSNC and the CP ITG chair occurred on 6th August 2020 and the sub-group committed towards trying to overcome any issues with urgency – ideally within August 2020. PSNC has been asked whether it approves of a short user agreement document – which may be agreed by pharmacy contractors in the future using the Manage Your Service (MYS) portal, on the basis that contractor agreement should ease overall arrangements and enable NHSBSA and PMR suppliers to speed up deployment of RTEC – particularly in case of an upcoming winter spike of workload activity within pharmacy.
- PSNC previously announced that contractors wishing to feed into development may volunteer to be earlier adopters by emailing it@psnc.org.uk. Volunteers will be chosen partially on a 'first-come-first-served' basis and dependent upon PMR/overall deployment plans as well (see above).

CP ITG action:

- Alison O'Brien (NHSBSA Head of Health Exemption Services), CP ITG suppliers and the rest of the group will discuss how additional deployment should be authorised imminently.

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Subject	Remote care and use of IT to support new ways of working
Date/time of meeting	3rd September 2020
Status	Public
Overview	Remote care across health and care has accelerated. The group will discuss their recent usage of video consultation and other technology.
Proposed action	The group is asked to discuss the questions set out.

Report:
- A huge amount has happened since the start of the pandemic and the group have been encouraged to think about the use of technology beyond and irrespective of the pandemic.
- PSNC further updated pharmacy-facing guidance following feedback from those using the technology: /videocon (and additionally: /mobilemessage; /instantmessage; /mobiledevices; and /WiFi) in response to a growing use of such technology during recent months.
- NHSX's data security guidance eased at the start of the pandemic: "*It is fine to use video conferencing tools such as* Skype, WhatsApp, Facetime *or commercial products but you should safeguard personal/confidential patient information as you would with any other consultation.*"
- The NHS Digital approved video consultation solutions which have met relevant standards are so far: ACCURX, Forms4health (Aire Logic), AlldayDr for pharmacy (AllDayDr Group), Doctorlink, Online (and video) Consult / Video Consult / Anywhere Consult (EMIS Health), Evergreen Life, iPlato Remote Consultation (iPLATO), Patient Optimiser (Medloop), Q doctor (MyMed), Push Dr, RIVIAM (Targett), FootFall (Silicon Practice), and SystmOne (TPP). Some of these systems offer free trials and some have not yet created pharmacy-specific modules.
- The NHS have published a short step-by-step guide aimed at NHS staff and similar for patients.
- At the last meeting, the group were encouraged to experiment with video consultation (VC) and several members of the group volunteered to try it: Richard Dean, David Evans, Sunil Kochhar, Fin McCaul, Sian Retallick and Rupal Sagoo. Some of the group jointly discussed the lessons: the need for additional training materials; the benefit with a pharmacy studying the quantitative benefits of its service outcomes VC versus phone; the importance of patient feedback; and the need to learn from recent VC lessons within Wales and Scotland.
- From September 1st 2020, written consent for advanced services is no longer a contractual requirement enabling services to be more easily be conducted remotely (Flu Vaccination Service, Medicines Use Reviews (MUR), New Medicine Service (NMS) and Appliance Use Reviews (AUR)).

CP ITG action:
The group is asked about any changes to services since July 2020 in relation to the below.
- a. New kinds of systems and equipment introduced into your organisations (e.g. tablets / webcams). New VC or other remote care solutions.
- b. The positive experiences and the practical challenges with VC and remote care.
- c. Patient experience.
- d. 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?

The group is asked to promote the CP ITG infrastructure survey following its publication after the meeting.

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Subject	Recommended minimum transfer dataset for pharmacies switching from one patient medication record (PMR) system to another
Date/time of meeting	3rd September 2020
Overview	A drafted dataset has been suggested as potential CP ITG endorsed recommended minimum dataset for PMRs to use if pharmacy contractors change from one PMR system to another.
Proposed actions	The group are asked for comments and whether they will endorse this draft dataset.

The group previously supported developing a recommended minimum dataset for when a pharmacy contractor switched from one PMR to 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 discussed.

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 (plus optional dm+d information)	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

The list is not comprehensive for all those records within pharmacy systems, but the dataset is intended as a starting point to strengthen continued data quality compared with not having any consistently transferred data.

CP ITG action
The group is invited to send comments by email to it@psnc.org.uk before the date of the meeting.
During the meeting, feedback and final comments will be captured from:
- members;
- suppliers; and
- the wider group.

The group will be asked whether they will endorse the above recommended minimum dataset for PMR transfer (version 1.0).

Subject	Pharmacy IT: NHS and five-year framework IT strategy
Date/time of meeting	3rd September 2020
Status	Public
Presenters	Ed Waller (NHSE&I Director for Primary Care Strategy and NHS Contracts) and Libby Pink (NHSE&I Pharmacy IT Lead)
Overview	Five-Year framework IT developments are to continue.
Proposed actions	The group is to be updated.

Five-Year framework IT summary update

Report:
- An update will be given by NHS England and NHS Improvement regarding the development of IT to support the 5-year Community Pharmacy Contractual Framework (Five-Year framework) and related IT strategy.
- System suppliers which wish to ask for more information about potential Community Pharmacist Consultation Service (CPCS) technical specifications can also be connected to the relevant NHSX lead. System suppliers interested in this should contact Daniel.Ah-Thion@psnc.org.uk who will connect the suppliers to NHSX.

CP ITG action
- Consider and discuss the five-year framework IT strategy in light of the update from NHSE&I.

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Subject	Practicalities of going paperless
Date/time of meeting	3rd September 2020
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 in pharmacies.
Proposed actions	The group will be updated and is asked to discuss the questions set out and potential next steps.

Report:
- PSNC wrote to Department of Health and Social Care (DHSC) during July 2020 to question the remaining need for the regulatory requirement that requires the patient or representative to sign a declaration on a prescription form or EPS token when they pay an NHS prescription charge.
- The group previously identified going paperless as a major priority – within its Digital Priority List and within Views on the next generation of EPS. However, pharmacy teams continue to report considerable use of paper and printing for reasons such as enabling prescription information to move around the dispensary given limited space for PMR terminals.
- A next step for the group was previously identified: that a Tesco pharmacy's CP ITG representative should consider the processes and lessons with David Broome and identify a suitable Tesco pharmacy to test out gradually going more and more paperless in the coming months and later report on lessons. 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 future meetings.
- Digital EPS tokens were discussed at the previous meeting (Appendix CP ITG 05/06/20). There is some work to be done to better understand whether tokens would usually be scannable at the pharmacy counter. After the meeting CP ITG and Community Pharmacy Digital Group collected additional feedback, including within pharmacy feedback about digital EPS tokens standards. NHS Digital, NHSE&I and DHSC are undertaking further work on EPS tokens.

CP ITG action:
The group is asked:
1. With the improvements with Smartphone brightness and scanners within pharmacies, will most scanners be able to scan Smartphones EPS Phase 4 barcodes?
2. Are wireless scanners linked to PMR systems available that can work at pharmacy counters or can other systems/technology assist with scanning barcodes on patients' devices?
3. What are the volumes / percentages of Phase 4 prescriptions?
4. Whether fax machines are still being used in pharmacies? If yes, for what purpose?
5. Whether there is a volunteer that previously removed their fax machine that can share their experience as the basis for a case study.
6. Aside from faxes and prescriptions/tokens, what are the other most common processes within the pharmacy which involve processing paper?
7. To identify the next steps to take on supporting the paperless agenda in pharmacies.

Subject	EPS future, EPS Phase 4 roll-out progress, one-off nomination, EPS SSPs
Date/time of meeting	3rd September 2020
Status	Public
Overview	NHS Digital's EPS work has continued throughout the pandemic.
Proposed action	None.

Report:

- NHS Digital EPS and eRD utilisation rate statistics (for the May 2020 dispensing month) are set out on the right.
- The group's comments and pharmacy team feedback went into the CP ITG's Views on the next generation of EPS version 1.0. Community pharmacy teams continue to be encouraged to contact it@psnc.org.uk to suggest further changes to future versions. NHSX, NHS Digital and PSNC met during August 2020 to discuss each of the items on the list.
- CP ITG suppliers were contacted in case they were interested to explore with NHSX some work to explore updating the EPS application programming interface (API) that might support more modern standards in the future. A new API might sit alongside the existing EPS HL7v3 API, enabling a means for suppliers to opt to integrate with the EPS using the FHIR standard (potentially more adaptable than the existing EPS HL7v3 API standard).
- NHS Digital is supporting rollout of EPS Phase 4 to many more general practices to support patients in getting their medicines during what is expected to be a busy winter season for healthcare providers. Around 60% of GP practices already have prescribing systems which can send Phase 4 prescriptions and NHS Digital is working to get other system suppliers live as soon as possible. All TPP SystmOne and EMIS Web practices that use EPS (including dispensing practices) are due to go live with EPS Phase 4 in September 2020.
- The 'one-off nomination' feature for TPP SystmOne has been 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. EMIS (GP) plan to add the feature during Autumn 2020.
- Many prescribers continue to use EPS during remote consultations with patients because of the pandemic. PSNC highlighted NHS Digital's guidance for use of EPS within remote consultations in communications to contractors. NHS Digital are working on with urgent care supplier Cleric on enabling EPS within the system during Autumn. Many prescribing and pharmacy suppliers have further progressed the EPS Free Supply endorsement meaning 'EPS FS' should soon roll-out.
- PSNC briefings published since the last meeting: A summary of EPS related forms and tokens; and the factsheet comparing a Release 1 barcoded prescription and Phase 4 token factsheet.
- PSNC also worked with the NHSBSA and PMR suppliers to highlight guidance about EPS endorsing.
- Patient consent requirements for Electronic Repeat Dispensing (eRD) have been temporarily suspended to encourage wider use of eRD during the COVID-19 pandemic.
- NHSBSA have added new EPS Serious Shortage Protocol (SSP) specification information into the NHS EPS endorsement guidance version 7.4, pages 12-13. The current SSP workaround in EPS will no longer be allowed to be used from 1st April 2021 and all EPS prescriptions dispensed under SSP must use the SSP endorsement as detailed within the guide.
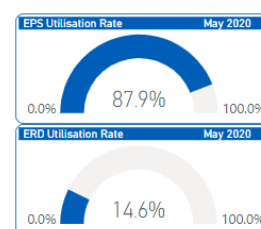
Next steps:

Suppliers can provide updates about the EPS SSP changes. The wider group may also comment on EPS SSPs, and other EPS items.   [Back to meeting overview, page 1]

Subject	CP ITG work streams
Date/time of meeting	3rd September 2020
Status	Public
Overview	This appendix provides updates on some of the other work plan areas. Comments or feedback that support progress on the priority areas, can be provided by emailing Dan Ah-Thion (it@psnc.org.uk).

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

Summary Care Record (SCR) and its Additional Information

- SCR 1-click updates including rollout to PMR and other systems are set out at: SCR within the 'SCR 1-click' section. The group members previously encouraged PMR suppliers to make this available as a major priority.
- NHS Digital made 'Additional Information' the default setting for patients (although the small number of patients which had opted out of SCR remain opted out), so that paramedics, pharmacy teams and others can view richer information to support patient care. Community pharmacy feedback and that from CP ITG members was very supportive of the SCR with Additional Information being extended irrespective of the pandemic. SCR Additional Information has been viewed more than 1 million times since April 2020 by authorised professionals.
- PSNC has fed back to NHS Digital during recent years that pharmacy teams reported 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.
- Clinical comments regarding the need for SCR with AI to continue irrespective of the pandemic:
  - *"Sight of potassium test information and notes within SCR AI helps me determine whether patient will benefit from further help with using their inhaler the right manner. Using the inhaler wrongly is common but SCR AI can help me to improve our patients' outcomes"*
  - *"Access to blood coagulation test results support my care of those patients on Warfarin. Warfarin thins the blood to reduce clot risks so using the test result history helps my discussions with patients about getting to the dose levels they need to keep them safest."*
  - *"Those with patients chronic kidney disease are best not taking certain over-the counter medicines e.g. ibuprofen (unless specifically prescribed), and access to SCR AI can sometimes highlight the information about the patients' condition to help inform potential over-the-counter sales."*
  - *"Some of my patients are getting regular results about their thyroxine levels and me having sight of this via SCR AI notes helps me understand more about what levothyroxine dosage is needed to treat them and protect them from potential complications."*
  - *"Looking at SCR AI helps pharmacy to safely dispense for those that require emergency supply, particularly non-regular patients."*
  - *"Any notes about past Clozapine prescribed by clinics instead of GP practice and can be missing from standard SCR. Sight of this information can be life-saving where indicator that if prescribed medicine some simple over the counter medicines can cause life threatening side effects."*
  - *"Healthcare Safety Investigative Branch (HSIB) investigated and reported on a death which may occurred partially due to "a lack of interoperability (the capacity to exchange, interpret and store data to common standards) between primary and secondary care electronic prescribing systems, between secondary care*

facilities, between secondary and tertiary care, and between secondary care and community pharmacy."
Although other factors also applied. Read more within the ['Electronic prescribing and medicines](#)
[administration systems and safe discharge' report](#)"

Next steps:

- The group and pharmacy teams should continue to encourage SCR usage amongst pharmacy teams, to help inform pharmacy teams about the Additional Information extension, and to share any additional experiences about how the wider SCR access supports the ability to care for patients to Dan Ah-Thion (it@psnc.org.uk) to support work by PSNC and RPS on the matter.

Local Health and Care Records and records update

- Updates about [LHCR](#) arrangements have been included within previous meeting papers. LHCRs contain extra information compared with SCR with AI. LHCR project teams plan to get more information into LHCRs beyond the limited GP record and to include more information from hospitals, community health teams, social care, specialist clinics etc. to enable those caring for patients, including pharmacists, to have a fuller picture – reducing the need for patients to repeat themselves and protecting patients from risks of medicines information being 'missing' to the pharmacist.
- Dorset Local Pharmaceutical Committee (LPC) has worked with the Dorset Care Record (DCR) LHCR project team so that community pharmacy within the area have started to have access to the LHCR from August 2020.
- CP ITG members are asked to continue to support any access to LHCRs and to try to encourage pharmacies to make use of access, where this has been granted locally.
- The group previously discussed that [a common LHCR transmission standard is required](#) (e.g. NHS Digital might consider whether it can explore integration standards) so that system suppliers that have integrated into SCR Additional Information or any LHCR system have ability to subsequently easily integrate with any other LHCR system so that the relevant medicines information could be made easily visible to the pharmacist.
- [Greater Manchester shared care record has been deployed across the whole region](#).
- [Cheshire went live with CarePlus children information system](#).
- RPS published [Future of pharmacy](#) during July 2020. It includes the principle of 'appropriate access to individual patient records, technical infrastructure and training where needed'. The RPS report refers to a YouGov public survey which showed [85% of respondents want healthcare professionals treating them to have secure electronic access to data from the GP record](#).
- [Northern Ireland confirmed a deal with US firm Epic to supply a country-wide EPR](#).
- The results of the [OneLondon Citizens' Summit on public's expectation of data use across health and care were published](#). There was almost unanimous agreement (97%) that all health and care organisations in London should join up identifiable data to support the provision of care to individuals.
- [Northamptonshire has chosen Graphnet Health to provide a shared care record for people living in the county](#).
- [Somerset went live with National Records Locator (NRL) powered by Servelec](#). NHS Digital has further updated its information about [NRL](#).

GP Connect

- Since the last meeting PSNC has published a new webpage on [GP Connect](#).
- A CP ITG / Community Pharmacy Digital Group (CPDG) sub-group call was held on 6th July 2020 to discuss GP Connect, sharing of appointments, signposting and records information. See: [collated pharmacy feedback relating to the call and feedback after](#). The notes will be published on CP ITG's webpage during late September (if you wish to request changes to the notes please

contact it@psnc.org.uk before 17th September 2020).

- Pharmacy suppliers were provided a point of contact for the GP Connect team.
- NHS Digital's GP Connect discovery team assessed recommendations based on their research and prioritised the highest ones based on the expected benefits. One of these recommendations is that: a pharmacy system should become compatible with GP Connect appointment standards so that GP practices or NHS 111 can use their systems to book patients into pharmacy's systems using NHS GP Connect appointment standards. If suppliers or others within the group have comments or otherwise can think of potential blocks to progressing possible work on this, please raise these with it@psnc.org.uk during the first half of September so feedback can be collated and passed to the GP Connect discovery team. NHS Digital would need to work with one pharmacy supplier to create a proof of concept before building and testing a solution in live – possibly starting at earliest - late 2020 or 2021. If that was successful, NHS Digital may wish to publish the identified requirements as a specification and invite other pharmacy suppliers to develop against the same specification, further broadening out the scope and remit and benefit of the GP Connect standards.
- Additionally clinical system suppliers such as pharmacy system suppliers may seek to use the existing NHS Digital guidance to integrate with GP Connect standards in other supplier-led initiatives (record sharing, scheduling-related etc.), separate to the potential workstream above.

Other updates about interoperability

- NHS Digital user researchers may be conducting user interviews to help development during NHS Service Finder's pilot phase soon. If you'd like to take part email it@psnc.org.uk. The topic will be revisited at a future meeting.
- 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 reported that COVID-19 test results are now being automatically reported to GP systems as well as being communicated to the individual, giving GPs visibility of which of their patients have had COVID-19 tests and whether they have tested positive or negative.
- PSNC has updated its website information about Reasonable Adjustment Flag (RAF) information.
- PSNC has highlighted in its communications to contractors, that most community pharmacy contractors in England can now send electronic notifications for urgent supplies of medicines provided as part of the Community Pharmacist Consultation Service (CPCS).

1b	Supporting NHSmail
	Relevant webpage(s) include: /NHSmail

- The group had discussed with the NHSmail team at previous meetings the benefits of email aliases instead of using the longer current email addresses. Contractors that set-up their shared NHSmail account from July 2020 onwards were given a slightly different (shorter) naming convention (nhspharmacy.ODScode@nhs.net). Further changes to the wider pharmacy directory (and other directories) are planned and further communications on this may be issued imminently.
- Within the late part of 2020, the NHSmail team are further improving the NHSmail service and as part of this, pharmacy accounts are being upgraded. The upgrade may enable pharmacy NHSmail users to use some Office 365 features, some of which can be already accessible now. Further updates will be added to the PSNC website (NHSmail) within the 'Upgrade' section closer to the time that accounts begin to be refreshed.

- 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 the process to set this up has been added to the [NHSmail webpage](#) within 'Using NHSmail'.

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

- Data Security and Protection Toolkit (Toolkit) update: PSNC previously issued guidance and held 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 had been re-scheduled from March 31st 2020 to September 30th 2020.
- NHS Digital DSPTK user researchers would like to conduct 30-45-minute telephone/MS Teams calls to help development of next year's Toolkit questions and they are conducting the research during the first half of September. People who have not completed the DSPTK in the past, are particularly welcome. Independents are also particularly welcome given that some multiples feedback has been captured already. If you'd like to take part, please email [it@psnc.org.uk](#).
- 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.
- [A video consultation supplier has reported that its GP app suffered a data issue in which users were able to access video recordings of other patients' consultations](#).
- The National Data Guardian (NDG) published a new [Information sharing to support direct care](#) report and its [annual report](#) during August 2020. [Department of Health and Social Care (DHSC) seeks a new NDG to oversee the collection and use of patient data (to replace Dame Fiona Caldicott)](#).

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 further updated to support with business continuity . This webpage links to additional business continuity advice.
- An [Emergency closure checklist for community pharmacy](#) has been published including those IT actions required if there is a short-term closure because of COVID-19 or for another reason.

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

- NHS Digital has been working with Entrust on a new virtual smartcard solution utilising [NHS Identity](#) standards. It is a new option for authentication to Spine systems, provided in addition to existing physical Smartcards. As of August 2020, the solution is not yet EPS assured. NHS Digital's [Entrust virtual smartcard guidance hub](#) includes guides such as an [organisational onboarding journey factsheet](#) and a [user set-up factsheet](#).
- NHS Digital have notified local Smartcard Registration Authorities (RAs) that provisionally registered pharmacists can be granted access to SCR, using the 'National Locum Pharmacist + SCR

– Covid19' position for a period of 12 months. This is recognising that newly qualified pharmacists are experiencing delays converting from pre-registration students to fully registered with the General Pharmaceutical Council (GPhC) because they are unable to sit assessments with the GPhC. PSNC advocated to NHS Digital that provisionally-registered pharmacists should have the same Smartcard rights as pharmacists.

- 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.
- Institute of Public Care (IPC) published the Report on the use of technology within adult social care which includes lessons about NHSmail use and mobile device usage.
- Health Europa reported on use of barcodes within healthcare and the ability of barcode usage to better protect patient and staff from the spread of disease.

4a	Consider the development of apps, wearables and technologies in healthcare
	Relevant webpages include: /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:** The first supplier was made available through the NHS App in April 2020 with a wider launch in the following months – initially with eConsult and the NHS App team continues to work with other VC suppliers.
  - **Push notification capability**: This could include reminders for referral appointments, reminders for online consultations, etc. 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. Target release date: 2020.
  - **Personal Health Records (PHRs) integration with NHS App**: The first supplier was made available in the NHS App from April 2020 and NHS App team are working with others throughout 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.
- NHS Digital previously made available its proposed strategy for the NHS App. System suppliers or interested parties are encouraged to complete the short NHS Digital NHS App survey.

Apps and tools

- NHS Digital have further updated their Interface mechanism (IM1) guidance about which systems and apps are integrating with IM1 NHS standards and how (which features).
- Pharmacy suppliers which are already integrating with IM1 or NHS patient facing services are asked to contact it@psnc.org.uk so that PSNC's information on the topic is updated.
- PSNC is feeding back to NHS Digital about the next iteration of NHS Digital's digital assessment questions (DAQ). Read more about DAQ and its contents within this CP ITG update about DAQ.
- Patients Know Best (PKB) became the first personal health record fully integrated into NHS App.
- The group are asked to comment during the meeting or contact it@psnc.org.uk to comment on whether guidance is required beyond current EPS nomination principles and NHS EPS nomination

guidance for when other pharmacy-related apps start to be able to directly change EPS nomination (i.e. further apps aside from NHS App, which already has this functionality).

- NHSX helped to fund and launch healthandcarevideos.uk - a national video library with over 600 patient information videos available to patients for free for six months.

Video consultation

- Digitalhealth.net reported on a large pharmacy chain's offer of video consultations to cancer patients utilising the LIVI solution.
- HSJ reported that a video GP provider revealed plans to partner with 111 to provide callers with the option of having a remote appointment (subscription needed to read full article).
- Digital health.net reports on experience of video within maternity care.

5a	To support useful and usable IT beyond pharmacy PMR systems and EPS
	Relevant webpages include: /itfuture

- Matt Hancock (Secretary of State for Health and Social Care) spoke about the future of healthcare and posted a short blog about how technology helped shape the pandemic response.
- Deputy director for general data and digital at New Zealand's Ministry of Health shared some lessons about their digital response to the pandemic: use of a contact-tracing platform which they created by taking "an existing platform for bowel screening and re-platforming it", embracing cloud technology within health and care, and working with third parties.
- IT arrangements/infrastructure survey: The CP ITG IT and infrastructure survey has been prepared into online Survey Monkey format. Each of the CP ITG member bodies have fed into its development. This will be published imminently. The group are encouraged to test out the survey before the meeting and provide final comments by email. It will be published shortly after the meeting, and the group is encouraged to support the promotion of it. The results will be shared amongst the group.
- A BMJ opinion piece cautioned about digital exclusion during the pandemic.
- Laura Wade-Gery the chair of NHS Digital will lead a review of NHSX, NHS Digital, and NHS England and NHS Improvement's approach to digital transformation.
- The group's PMR system wishlist has been further updated with recent requests including: changes to reduce risks that eRD prescriptions go inadvertently unclaimed, alignment with the new exemption categories, and more logic to reduce the risk of wrong category selection if there is a free-of-charge (FOC) and non-FOC item on the same prescription. The list will be further developed after the meeting, including items being further categorised by priority. Community pharmacy teams or the group can contact it@psnc.org.uk to take part with developing the list. This may be discussed at a future meeting.
- The group's comments at the previous meeting were incorporated into the CP ITG digital priorities list. Community pharmacy teams can contact it@psnc.org.uk to suggest changes for future versions. Matt Armstrong and Dan Ah-Thion have been working to present the information within infographics set out below. A PowerPoint version is available upon request for commenting onto. The group and pharmacy teams are encouraged to make comments about these two infographics to it@psnc.org.uk.

CP ITG: digital vision overview

Community Pharmacy IT Group (CP ITG) gathered views and priorities within four NHSX missions areas.

Interoperability and security

(a) **Records:** SCR with Additional Info, Local Health and Care Records (LHCRs) and other records integrate with pharmacy systems so that pharmacy 'reading and writing' supports services to patients, reduces clinical risk and reduces patients' need to repeat information.

(b) **Standards:** Pharmacy systems use standards set out by PRSB, NHS Digital and others, for notifications from and to pharmacy systems (e.g. flu vaccination; referral from/to hospital/NHS111/GP; medicines statuses; and doses), and for integration with any LHCR or other record.

Reducing burden

(a) **Easy sign-in:** Systems use single sign-on/biometrics to reduce time spent logging in and out of many systems.

(b) **Usable and seamless tech:** Future technology is usable, paperless, user-tested, and eases workload. Systems integrate notifications, messages and appointments, to support referral from/to Hospital/GP/111 etc.

Good use of digital

(a) **Iterative:** EPS, NHS IT, and pharmacy IT continues to keep improving

(b) **Service led:** Pharmacy IT and systems are fit for purpose for patient contractual five-year framework services. Published portable NHS technical requirements enable supplier preparation and competition.

(c) **Systems enables the best care for all:** Patient-focused pharmacy systems reduce double keying. Pharmacy has IT to support face-to-face or remote care (including video consultation) options.
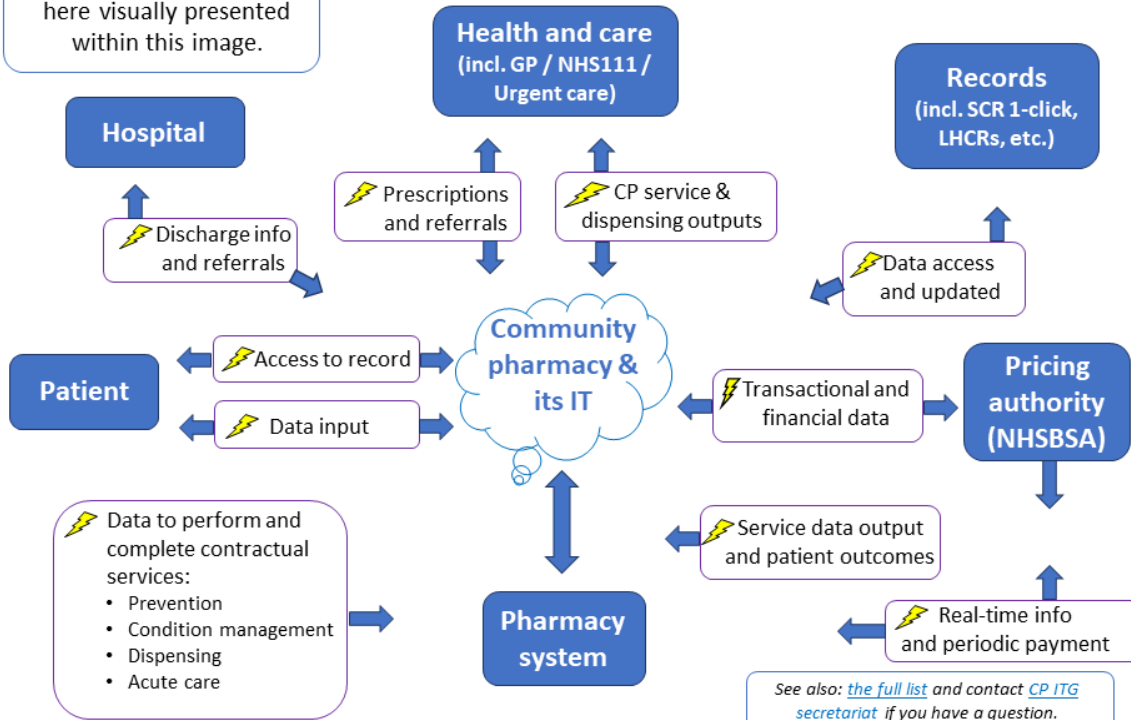
Patient tools

(a) **More patient tool usage** and tools should be usable and inclusive.

(b) **Patients toggle whether to share info** with their nominated pharmacy.

(c) **Patient data standards** set out by PRSB and others.

See also: the full list or summary list.

Contact it@psnc.org.uk if you have a question about this document or this slide.

CP ITG: digital priorities diagram

CP ITG digital priorities are here visually presented within this image.

Health and care (incl. GP / NHS111 / Urgent care)

Hospital

Records (incl. SCR 1-click, LHCRs, etc.)

⚡ Prescriptions and referrals

⚡ CP service & dispensing outputs

⚡ Discharge info and referrals

⚡ Data access and updated

Community pharmacy & its IT

Patient

⚡ Access to record

⚡ Data input

⚡ Transactional and financial data

Pricing authority (NHSBSA)

⚡ Data to perform and complete contractual services:
- Prevention
- Condition management
- Dispensing
- Acute care

Pharmacy system

⚡ Service data output and patient outcomes

⚡ Real-time info and periodic payment

See also: the full list and contact CP ITG secretariat if you have a question.