Minutes of the Community Pharmacy IT Group (CP ITG) meeting held on 3rd September 2020 by videoconference

> 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.

Present

Richard Dean (Chair), Association of Independent Multiple pharmacies (AIM), Dean and Smedley pharmacy
Dan Ah-Thion (Secretariat), Pharmaceutical Services Negotiating Services (PSNC)
Paul Abrams, Cegedim
Matt Armstrong, Boots
Steve Ash, Day Lewis Pharmacy
Melanie Brady, Day Lewis Pharmacy
Gemma Binns, CegedimRx
David Broome (Vice Chair), Stancliffe Pharmacy and PSNC
Alastair Buxton, PSNC
Matthew Ellis, Positive Solutions
Martin Fisson, Invatechhealth
Simeon Green, Cegedim
Martin Hagan, NHSBSA
Claire Hobbs, NHS England and NHS Improvement (NHSE&I)
Gareth Jones, NPA
Sima Jassal, EMIS
Ghalib Khan, Written Medicine
Sunil Kochhar, Regent Pharmacy and PSNC
Rikesh Lad, Asda Pharmacy
Fin McCaul, Prestwich Pharmacy and PSNC
Coll Michaels, NPA
Alison O'Brien, NHSBSA MYS
Libby Pink, NHSE&I
Shanel Raichura, EMIS Health
Rupal Sagoo, Tesco Pharmacy
Jeff Shelley, Invatechhealth
Pritpal Thind, Sonar Informatics
Faisal Tuddy, Asda Pharmacy
Iqbal Vorajee, AIM
Ed Waller, NHSE&I
Gary Warner, Pinnacle and Regent Pharmacy
Don West, NHSX
Jon Williams, RxWeb
Janson Woodall, Well Pharmacy

Apologies for absence from members: Sibby Buckle (RPS), David Evans, (NPA), Andrew Lane (NPA), Ravi Sharma (RPS), Craig Spurdle (CCA) and Stephen Goundrey-Smith (RPS).

Introductions, minutes of previous meeting and matters arising

The group agreed the minutes of the previous meeting. Remaining actions were carried into the agenda papers' 'next steps' for this meeting and some outstanding actions are listed within the minutes. The group was encouraged to freely use the chat feature during the virtual meeting, because relevant comments could be added to the meeting notes and because such comments could help the group's post-meeting work.

CP ITG Work Plan items

<table>
<tr><td>WP</td><td>To support useful and usable IT beyond pharmacy PMR systems and EPS
Relevant webpages include: /itfuture
Information from the agenda and papers was noted and the group agreed the proposed next steps.</td></tr>
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Five Year framework IT strategy: Ed Waller (NHSE&I Director for Primary Care Strategy and NHS Contracts) and Libby Pink (NHSE&I Pharmacy IT Lead) spoke with the group about IT to support the 5-year Community Pharmacy Contractual Framework (Five-Year framework) and related IT strategy. Ed Waller explained:

- Community pharmacy's funding increasingly will relate to new clinical services and offerings, as the balance between spend on dispensing and new CPCF services is reviewed and adjusted over time.
- At present, 400,000 referrals from NHS 111 to GP practices are potentially avoidable, but many of those may have been suitable for referral onto a pharmacy instead.
- Discharge Medicines Service (DMS) should be an integral part of what all pharmacies are doing and contractors could be offering many more services related to: GP Community Pharmacist Consultation Service (CPCS), minor ailments, bacterial testing, smoking cessation, medicines for end of life care, an expanded New Medicine Service, contraception services (more within the CPCF grid). Good IT is an enabler for all of this. Pharmacy will be better suited and able to support service provision if pharmacy IT connects into GP IT.
- Prescribers might one day be able to include service-related instructions alongside EPS prescriptions – if systems and standards allow.
- NHSE&I want to support pharmacy and GP practice systems being ready so that pharmacy teams can get on with the service delivery, and if the pharmacy IT is limited, this can impact: pharmacists' ability to start delivering new services or impact their ability to deliver as many services as needed.
- More structured information is starting to pass from hospital to GP practice records and some of that medicines information is relevant to pharmacy as well – via Local Health and Care Record access.

Ed Waller explained he and colleagues want to encourage the group and sector to think about how pharmacy IT can be prepared in a timely way to support the sector. How can the pharmacy sector, via its IT systems, more easily receive more referrals from NHS 111, secondary care and GP practices?

Supplier comments:

- Suppliers recognise that parts of service discussions are confidential, but if there is any way that some supplier representatives could feed in earlier during the process, that would be helpful so they can submit some technical and other comments for consideration.
- Suppliers would welcome specification documents and advance notice to help their planning. Suppliers have roadmaps which extend beyond a year ahead adapting for legislative changes, changes across nations and pharmacy customer requests.
- The model which suppliers experience within Scotland in which service modules are genericised and portable may provide a model for English services. Can Scottish pharmacy IT lessons be considered?
- From a supplier perspective – there are challenges with investment and development required to try and create new functionality to take to the market, and challenges working within viable business models. Service volumes are anticipated to impact whether contractors opt to purchase extra IT functionality available, e.g. CPCS IT from April 2021.

Other comments and developments:

- Multiple pharmacies particularly benefit from advance notification about service and IT changes enabling adjustment to systems, updates, whitelists, firewalls, USB ports (e.g. webcams) etc.
- Greater use of generic standards ought to enable standards and IT to be re-used with less adjustment. A group member had a recent call about a hypertension service and was told the IT could not be ready

for two years even though the information flow was very similar to the flu vaccination service.
- The group were supportive of an upcoming CPCS spec that could be prepared in such a way it might later be re-used or extended to cover other CPCF services.
- Can the same datasets apply for all services with relevant fields being completed for relevant services?
- More consideration is needed about how to make standards and IT more portable, e.g. so that less adjustment is needed for similar IT used that enables communication to other sectors about different types of pharmacy services that have been delivered.

Actions:
- The pharmacy information flows standards originally published by the Professional Record Standards Body require review with potential for some parts to be genericised and updated. CP ITG should be provided with an opportunity to make comment on some of that work.
- A market questionnaire for suppliers is intended to be published within weeks and will be distributed out, including to the CP ITG suppliers.
- System suppliers which wish to feed into a potential CPCS technical specification 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. Additionally: A supplier walkthrough of CPCS specification plus some one-to-one discussion is also possible from NHSX / NHSE&I. CP ITG suppliers will be contacted so they can take part should they wish.
- The group will further consider how it can support CPCF IT progress after the meeting.

CP ITG digital priorities list and workstreams:
- The group's comments at the previous meeting were incorporated into the CP ITG digital priorities list (DPL). Community pharmacy teams can contact it@psnc.org.uk to suggest changes for future versions.
- Matt Armstrong and Dan Ah-Thion have prepared the information into draft DPL infographics.
Action: Pharmacy teams and the group can feed back about the draft infographics to it@psnc.org.uk.

IT arrangements survey: This CP ITG survey is prepared in Survey Monkey format. Comments and next steps:
- The survey question about 'which supplier' should include expanded options beyond PMR systems.
- The group can feed back further about survey question wording. Multiples will be invited to make head office submissions before wider publication. Given current pharmacy workloads, wider publication will occur later instead of September 2020.
Action: The group are asked to support promotion of the survey once it is published.

WP	Consider the development of apps, wearables and technologies in healthcare
	Relevant webpages include: /apps and /videocon Information from the agenda and papers was noted about NHS App and video consultations and the group agreed the proposed next steps.

Remote care and use of IT to support new ways of working: The group discussed Appendix CPITG 02/09/20 and the questions within. Group comments:
- Video consultation should become a new skill within the pharmacists' 'toolset'.
- Sunil Kochhar had been successfully using LIVI and Jelly software for video consultations (VC).
- NHSX & NHSE&I are progressing discussions with the Digital First Primary Care team about opening the existing VC framework to other care settings including pharmacy.
- RPS VC guidance includes tips around remote consultations. RPS are envisioning a role for community pharmacies to act as digital hubs and support patients to access and use technology to undertake remote consultations. Volunteers can contact RPS to provide case studies and support RPS work.
- Community pharmacies within Yorkshire are piloting VC usage using accuRx.
- NHS Scotland VC guidance explains how Scottish pharmacy teams can use the Near Me VC solution. Some of the multiples with pharmacy branches within Scotland had prepared hardware, USB ports

and processes for Near Me usage. Wales are also piloting VC across pharmacies in September 2020.

- EMIS explained that pharmacy teams were using or trialling their VC solution, e.g. for support with emergency supply, health and wellbeing, patient group directions and weight loss services.
- From September 1st 2020, written consent for Advanced services is no longer a contractual requirement enabling services to be more easily conducted remotely (Flu Vaccination Service, Medicines Use Reviews (MUR), New Medicine Service (NMS) and Appliance Use Reviews (AUR)). Local NHSE&I permission is no longer required for remote MURs.
- Well Pharmacy have been installing webcams across their English pharmacies.
- The advantages of desktop webcams compared with mobile device cams include the reduced movement of the camera during the consultation.
- Some of the VC solutions have the advantage of preserving the 'chat' conversation for the patient within the patient's app, so that patients can refer back to, e.g. links to NHS factsheets/links or written advice.
- VC challenges include: Time taken to prepare before a VC is a challenge alongside regular ad hoc work; pharmacy specific modules preferred but may not always be present within VC solutions; HQ webcams are in high demand because of the pandemic; and WiFi is not always present.

WP	Supporting the development of interoperability/integration
	Relevant webpages include: /interoperability and /dosesyntax Information from the agenda and papers was noted and the group agreed the proposed next steps.

Interoperability:
Action: RPS and PSNC are to jointly write to NHS Digital to summarise the benefit with Summary Care Record (SCR) Additional Information being the standard SCR, irrespective of the pandemic.
Action: The group were encouraged to support pharmacies receiving login details for Dorset Care Record and other LHCR initiatives open to pharmacy. Pharmacy IT support desks may need to whitelist LHCR domains.

WP	Supporting NHSmail
	Relevant webpage(s) include: /NHSmail Information from the agenda and papers was noted and the group agreed the proposed next steps.

NHSmail aliases for email address for pharmacy shared mailboxes: NHS Digital and Accenture have implemented the preparations for NHSmail aliases based on past feedback from CP ITG, pharmacy, and other sectors. NHS Digital will make mailbox aliases available at a national level for pharmacy, dentistry optometry and social care. This change will be applied to pharmacy NHSmail users from mid-September 2020.

NHSmail account upgrades: Pharmacy NHSmail accounts will soon be upgraded.

NHSmail 'application accounts': The process for setting up of NHSmail pharmacy application accounts is to be publicised (the set-up process is now explained online at PSNC's NHSmail webpage). System suppliers or contractors may set-up application accounts for pharmacy contractors so that the clinical system can auto-send SMS text messages to patients (e.g. medicines 'being prepared', 'ready for collection' or 'delivered'). It is not anticipated the upcoming NHSmail upgrade will impact the management of application accounts.

WP	Supporting maintenance and demonstration of data security and information governance arrangements
	Relevant webpage(s) include: /ds Information from the agenda and papers was noted and the group agreed the proposed next steps.

Data Security and Protection Toolkit (Toolkit) update: Considering the ongoing COVID-19 pandemic, the deadline for Toolkit had been re-scheduled from March 31st 2020 to September 30th 2020. PSNC previously issued guidance and held a webinar relating to the completion of this year's Toolkit: psnc.org.uk/dsptk. Dan Ah-Thion, Sunil Kochhar, Richard Dean and Boots will join calls to feed into NHS Digital about plans to change the Toolkit next year.

Electronic prescription signatures: NHS electronic prescriptions must be sent and processed via EPS which uses an appropriate advanced electronic signature system. A further update about electronic prescription systems will be emailed to the group after the meeting.

WP	Connectivity, business continuity arrangements and dealing with outages
	Relevant webpage(s) include: /itcontingency; and /connectivity
	Information from the agenda and papers was noted and the group agreed the proposed next steps.

Recommended minimum transfer dataset for pharmacies switching from one pharmacy medication record (PMR) system to another: The group previously supported a recommended minimum dataset for the sake of continuity of patient care. Appendix CPITG 03/09/20 set out the draft dataset. Comments:

- The dataset should be aligned to the pharmacy information flows dataset.
- Contractors with a new PMR benefit from an archive for post payment verification record checks.
- Transmission principles should be specified: that the dataset is for both import and export, within a specified format (e.g. csv), and the dataset is to be treated as read only.
- The patient notes section should be excluded from the initial dataset version 1.0.
- The dataset would ideally have the below items added later (even though not within v1.0):
  - Drug name in text format plus dm+d coding (additionally recognising the importance of minimising mapping error risk).
  - Service delivery date, e.g. NMS dates to ensure NMS prompts are displayed correctly.
  - Other time-bound information.

Actions:
- Suppliers should send additional dataset comments to it@psnc.org.uk during September 2020.
- Stephen Goundrey-Smith to contact the secretariat to discuss the dataset and confirm RPS sign-off.
- NHSE&I are in the process of commissioning a review of the previous pharmacy information flows dataset to align it with recent developments and ambition of the CPCF and can also incorporate this use case for the information flows as part of that review
- Subject to further approvals an endorsed dataset and future 'effective date' will be published.

WP	Support reduced burden through tackling issues related to the practical use of pharmacy IT and promoting good IT practices
	Relevant webpages include: /itworkflow
	Information from the agenda and papers was noted and the group agreed the proposed next steps.

Elimination of paper: 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.

Comments about fax machines:
- The group continues to support the eradication of fax machines from within pharmacy.
- Some dentists / GP practices ask for faxes from pharmacy teams but this has reduced given the targets to remove faxes across the NHS. Private doctors request faxes because they may not have NHSmail.

Comments about paper and paperless EPS process:

- Some pharmacy teams use wireless mobile devices to scan the bag out at the time of collection. Handheld devices need the right type of software, with ability to 'stack' prescriptions on screen.
- Paperless prescription processing requires more space compared to processing paper prescriptions, particularly when there is full or partial reliance on desktop terminals.
- Technical hurdles need resolving so that any pharmacy team can access PMR or EPS on local devices.
- A mindset change is needed: more confidence for working from labels, and for breaking habits.

Additional comments and questions for further consideration beyond the meeting:
- With RTEC deploying, it is timely to identify lessons and support newly prepared paperless guidance.
- Consider the reasons why EPS tokens are printed? E.g. picking list, lack of confidence with labels etc.
- How do teams pick differently when using paper-based labels or handheld device?
- How many desktop terminals and how many stations are required to enable paperless processing?
- Consider studying additional use of mobile devices for processing prescriptions.
- It was noted Invatech Titan users have a more paperless process.
- The cost of handhold devices might be less than long term printing costs.
- NHS Digital has been working with Entrust on a new virtual smartcard solution utilising NHS Identity standards. This isn't EPS assured yet.

Actions: Tesco pharmacy's CP ITG representative is to consider the processes and to help identify a suitable Tesco pharmacy branch to trial going more and more paperless in the coming months.
Action: The secretariat will facilitate a sub-group meeting to identify the specific steps for any contractors to process EPS prescriptions using less paper and try using the steps. David Broome, Rupal Sagoo, Richard Dean, Jon Williams, Gemma Binns and Dan Ah-Thion will have a meeting on the topic. Further volunteer pharmacy contractors or suppliers can also take part by contacting it@psnc.org.uk.

Ability to scan medicine pack QR codes: QR codes can usually be scanned within the dispensary because of Falsified Medicines Directive (FMD) functionality. But many counter systems will not read QR barcodes. Some pharmacy teams need to use linear barcodes to check stock in from deliveries and for accuracy checking.

WP	Supporting EPS and its enhancements
	Relevant webpages include: /eps, /rtec and /itfuture
	Information from the agenda and papers was noted and the group agreed the proposed next steps.

Next generation of EPS: NHSX, NHSE&I, NHS Digital and PSNC met during August 2020 to discuss each of the items on the CP ITG's Next generation of EPS list. NHSX are doing some early work to explore opportunity for the updating of the EPS application programming interface (API) that might support a parallel FHIR standard.

General EPS updates:
- All TPP SystmOne and EMIS Web practices that use EPS (including dispensing practices) are due to go live with EPS Phase 4 shortly. EMIS (GP) will add the one-off feature in September 2020.
- Janson Woodall and NHS Digital are checking if eRD download timing is always working as it should.
- Claire O'Connell highlighted to NHSE&I that the improved repeat re-ordering process via nhs.uk and NHS App impacts Electronic Repeat Dispensing (eRD) usage. NHSE&I are speaking with NHS Digital.

NHSBSA EPS work on EPS SSPs: Martin Hagan (NHSBSA) updated the group about NHSBSA's work on EPS Serious Shortage Protocols (SSPs). NHS EPS endorsement guidance now sets out EPS SSP specification information. All EPS prescriptions dispensed under SSP must use the SSP endorsement from 1st April 2021. System suppliers can pass comments directly to NHBSA. Supplier comments made during the meeting:
- Some PMRs need to consider whether there are issues with scenarios such as the dispensing of multiple replacements for the SSP. E.g. prescription issued for Fluoxetine 30mg capsules x 28 capsule. At least some PMRs have rules to ensure the dispensed items are a child of the prescribed item.

- There may be labelling issues, as each may need different label info.

Action: Suppliers are encouraged to feed in any comments to NHSBSA (Kerry Frenz or Martin Hagan).

Future scanning of EPS Phase 4 digital tokens:
- Most pharmacy contractors will not be able to scan EPS Phase 4 barcodes at the counter because most counter scanners are not yet linked to the clinical system and/or the scanners cannot scan phones. However, some pharmacies will have updated their scanners because of Falsified Medicines Directive (FMD) developments. A minority of contractors will have adopted wireless scanners or wireless mobile devices with cameras within the pharmacy linked into the clinical system.
- EPS Phase 4 non-nominated prescriptions are the minority of EPS prescriptions and nomination is still the preferred and most efficient option, even if the one-off nomination.

Apps and EPS nomination: NHS App has let patients update the NHS Spine with their EPS nomination choice – since April 2020. The existing nomination guidance outlines nomination principles to protect fair patient choice. If other pharmacy apps introduce a feature to enable direct nomination change, then nomination change guidance should specify extra detail about the wording/interface suitable to continue those principles.

Real Time Exemption Checking (RTEC): Appendix CPITG 01/09/20 set out RTEC updates and that some RTEC summer deployment had halted whilst NHSBSA and PMR suppliers discussed new arrangements for data sharing. PSNC explained it had been asked whether it approves of a short user agreement document for contractors which would contribute towards quicker progress with deployment plans and fewer arrangements being necessary between NHSBSA and PMR suppliers. Alison O'Brien (NHSBSA Head of Health Exemption Services) provided some updates: That progress during this week or next week would be particularly helpful given that the user agreement could be made available within NHSBSA's Manage your service (MYS) as soon as mid-September. NHSBSA plan to further discuss with PMR suppliers a new data sharing questionnaire and a data sharing agreement document. NHSBSA will firstly prioritise speaking with those suppliers that are not currently further deploying to new pharmacies. Wider RTEC communications for pharmacy contractors about RTEC development may be issued in due course once these are ready. Discussion points:
- Pharmacy contractors already using RTEC must not have RTEC switched off because all their processes will have adapted around RTEC. David Broome reported that RTEC was rolled out to his pharmacy and now 0.5% of EPS tokens at his pharmacy required an ink signature, and only 30 EPS tokens were passed to NHSBSA recently within the most recent monthly submission.
- A process is needed to prevent contractors being cut off from RTEC inadvertently. NHSBSA will further discuss the RTEC user agreement arrangements and process with PSNC.
- The group supported rapid progress so that more deployment could occur as soon as possible and in case of a winter spike of COVID-19. NHSBSA and relevant PMR suppliers committed to prioritising and aiming to resolve the issues during September.
- Some RTEC prescription examples may be shared to the secretariat after the meeting (for onward referral to NHSBSA) about incidents in which RTEC exemption was not confirmed, but the patient seemed to have NHSBSA exemption. As per discussion within previous meetings, NHSBSA and PSNC RTEC guidance explains the RTEC system cannot currently confirm exemption if the patient's name and address records do not align (NHSBSA vs Spine records).

Any other business

Future meetings (following a poll):
- Weds 18th November 2020
- Weds 10th March 2021
- Weds 9th June 2021
- Weds 22nd September 2021