**Local pharmacy digital priorities**

We collated views on priorities– into four areas that align with [NHSX missions](https://www.nhsx.nhs.uk/about-us/what-we-do/): *Interoperability and security*; *Reducing burden*; *Good use and enhancement of digital*; and *Patient tools*. We took into account the national [CP ITG digital priorities](https://psnc.org.uk/itlistimage).

### 1. Interoperability and security

### *Priority: Ensuring people’s health and care info is safely and securely accessed, wherever it is needed.*

**1a. Records**

Community pharmacies require records such as appropriate access to Local health and shared care records (LHCRs) and more. Pharmacy teams also need read and write ability linked to records. The read and write ability, once set-up should be:

* set-up in a structured manner; and
* enable pharmacy teams to auto-view diagnosis to assist pharmacist and patient discussion.

**1b. Standards**

Pharmacy Patient Medication Records (PMR) systems and other pharmacy systems should use standards (e.g. those which Professional Record Standards Body have agreed with stakeholders and published and if PSNC has also endorsed those standards on behalf of the English community pharmacy sector). Standards should include but not be limited to the national standards for the items below.

* Notifications from pharmacy systems to GP systems with flu vaccination data, emergency supply information, Community Pharmacist Consultation Service, New Medicines Service and so on.
* Interoperability with hospital systems enabling receipt of structured discharge information.
* Computable dose standards (dose syntax).
* Appointments, referrals, signposting and medicines statuses standards.
* A common Local health and shared care record transmission standard so that system suppliers that have integrated into one record system have ability to easily integrate with another.

### 2. Reducing burden

### *Priority: Use of digital technology to reduce the burden on pharmacy teams, so they can focus on patients.*

### 2a. Ease authentication

### E.g. single-sign in systems and master log-ons, Smartcard alternatives, single interfaces to gather various info needed etc. System developers should look towards smarter authentication options such as log-in with Athens, log-in with NHSmail and login with NHS Identity.

### 2b. Ensure future technology is usable

### Technology should:

### Continue to be user-tested involving CP ITG and pharmacy teams testing new tools or features (dummy or real login credentials should be used so comments are passed to developers for consideration). Any local projects or piloting should involve community pharmacy user testing and professional user researchers should capture the lessons and document these for sharing locally and with the LPC.

### Support workflow prioritisation to ease rather than add to workload. Systems should increasingly integrate notifications/emails/appointments, to support the increasing messages and increasing referrals coming into community pharmacy from other sectors (Hospital, GP, NHS111 etc).

### Enable elimination of paper (e.g. with good practices, more mobile devices, guidance explaining how to access use mobile devices for local service provision etc).

### 3. Good use of digital

### *Priority: Support technology usage within pharmacy to improve health and care productivity, improve patient safety outcomes and improve cooperation between pharmacies and the local health and care system. (including Patient Medical Records (PMRs), and related safety measures).*

### 3a. Further expansion of development and integration of existing and future tools

### (or appearance of integration) for local records etc. (whether the tools are NHS or otherwise). The group’s supports priority items:

* **Pharmacy systems that support the goals of the Community Pharmacy Contractual Framework (**[**CPCF**](https://psnc.org.uk/fyc)**) and the five-year framework.** Support for related specifications that pharmacy suppliers could use with the user comments feeding into the development of those.

### Remote care including video consultation options should increasingly be offered from community pharmacy teams.

### Make systems used by pharmacy teams more patient-focussed with suitable information displayed to maximise the impact of each interaction between a pharmacy team member and a patient. Systems should enable the quick recording of patient’s information which patients expect to be recorded or make use of information patients have already recorded elsewhere. Both patients and pharmacy teams should not be expected to re-key information repeatedly.

### 4. Patient tools

### *Priority: Enable patients to choose digital tools to access medicines info and pharmacy services directly, so they can receive the best outcomes, recognising the need to also remain inclusive for all patients.*

**4a. Expansion of suitable patient tools**

The group supports:

* **More patient tool usage** (tools of NHS and pharmacy variety, to meet patients’ current and future expectation.
* **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’.
* **Patient tools which are usable and inclusive**.
* **More Patient data standards being developed by PRSB and others** (if PSNC has also endorsed or supported such standards).

We may continue work to develop views on these four digital priority areas and the continued alignment of these with the [Five-Year Community Pharmacy Contractual Framework](https://psnc.org.uk/fyc) and the [CPCF grid](http://psnc.org.uk/cpcfgridit).

If you require further information, or you work within a community pharmacy and can suggest further changes, contact **xxx**.