Community Pharmacy
IT Group

Meeting: 22nd September 2021

Agenda

	Sessions
1.	Welcome from Chair
2.	CPCF IT introduction
3.	Supplier feedback and research
4.	CPCF & C19 vaccine IT
5.	Patient digital signatures
6.	**NHSX strategy work**
7.	**dm+d changes**
8.	**EPS updates**
9.	AOB, workstreams and close by Chair

Community Pharmacy Contractual Framework (CPCF) Services Digital Overview
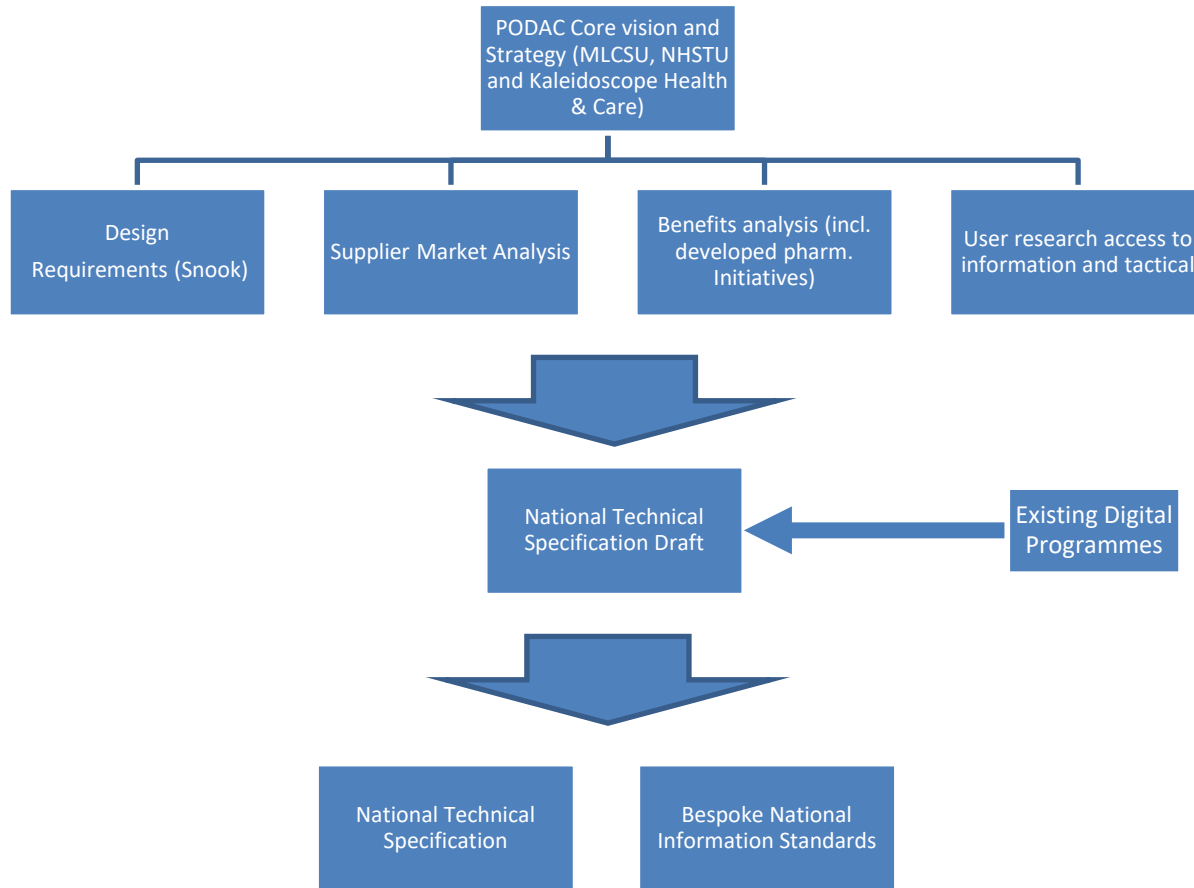
Alastair Buxton

Supplier feedback

- Suppliers have expressed to NHSE&I and PSNC preferences regarding welcoming:

  o extra notice about changes (e.g. New Medicine Service (NMS) medicines list / service changes)

  o enhanced NHS assurance processes;

  o collaboratively feeding into NHS IT specs throughout their development; and submitting information about their company and solution once to the NHS

- A suppliers working group plans to further document such preferences and share this back to the group at the November 2021 meeting.
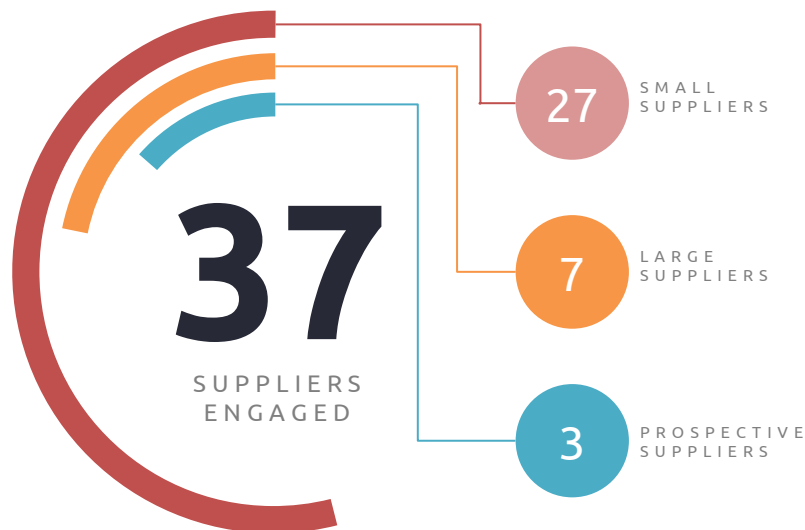
CP ITG - PODAC supplier research

James Palmer, Head of PODAC, NHS Digital

Research participants

NHS Digital

Community Pharmacy IT Group

Engagement:

37 SUPPLIERS ENGAGED

27 SMALL SUPPLIERS

7 LARGE SUPPLIERS

3 PROSPECTIVE SUPPLIERS

28 SUPPLIER INTERVIEWS

2 PROFESSIONAL BODY INTERVIEWS

Settings engagement:

P 13/39 (33%)

O 8/28 (29%)

D 9/32 (28%)

A 17/54 (31%)

C 24/63 (38%)

Roles:

12 CEO/Founder/MD

7 Business Development/ Partnership Director

6 IT/ PM/ Strategy Director

4 Developers / Architects

3 Account Executives

3 Consultants

3 Product Owner/ Project Manager

2 Head of Operations

1 Information Governance Lead

2 Clinical Leads

NHS Digital

Community Pharmacy IT Group
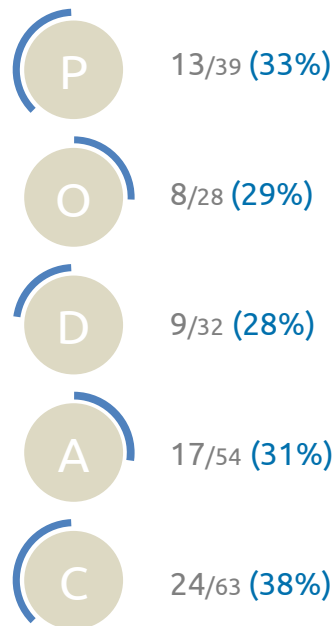
Key themes

AS-IS LANDSCAPE

1. The system landscape across the NHS and across settings is very fragmented making it difficult to transform

STANDARDS

2. Standards provide the uniformity required to interoperate, but they are unfairly upheld in the current state

STANDARDS

3. Standards need to be balanced to ensure they are an enabler and not a barrier, and well managed to ensure adoption from suppliers

DATA

4. Suppliers find it difficult to cut through the red tape to access data while others fail to see a need from their customers to build functionality to enable data sharing

DATA

5. Data management is inconsistent across systems, and the existing infrastructure hinders integration

PROCUREMENT AND COMMERCIAL

6. Procurement processes are anti-competitive due to unregulated practices

PROCUREMENT AND COMMERCIAL

7. There is an unfair advantage towards large incumbents that blocks other suppliers from providing new ways to improve the current state, larger suppliers hold the power and the data

ENGAGEMENT WITH THE NHS

8. Suppliers struggle to engage with the NHS to understand their requirements and business cases can hinder progress

FEASIBILITY OF A NATIONAL SPECIFICATION

9. A national specification is feasible and would help unlock potential and ensure systems that are procured enable interoperability

Prioritised Recommendations

NHS Digital

Community Pharmacy IT Group

RECOMMENDATIONS AND WORKSTREAMS	IMPACT (STRATEGIC AIMS)	IMPACT (SUPPLIER BARRIERS)	EASE OF IMPLEMENTATION	PRIORITY
Develop a national specification for PODAC	10.0	6.0	6.0	7.3
Improve processes for assurance and policing of standards	9.0	7.0	5.0	7.0
Support, training and knowledge sharing	7.0	7.0	5.0	6.3
Review of contractual terms with existing suppliers	8.0	6.0	4.0	6.0
Standardise procurement processes across PODAC	7.0	7.0	2.0	5.3

FEASIBILITY OF A NATIONAL SPECIFICATION

NHS Digital

Community Pharmacy IT Group

9

A national specification is feasible and would help unlock potential and ensure systems that are procured enable interoperability

Suppliers were mostly unanimous that a national specification for PODAC is feasible and would help enable the market to interoperate and share data. A baseline system standard would open the door for the market to operate between providers, settings, and geographies. It is also seen as a way to support local leaders and providers to understand the minimum requirement when procuring systems in the ecosystem.

From a supplier perspective, a specification would provide standardisation that would make it possible to bring solutions and data together, reducing the customisation required to integrate. This is also true for providers who wish to onboard new suppliers, when there is a baseline that can be expected it is perceived to be simpler to migrate data. A specification levels the playing field and provides easier entry for new suppliers, increasing the options available to providers so they select the best solutions to meet their needs.

Changing the status quo between the NHS and incumbent suppliers must be considered to ensure delivery of strategic aims. There is a feeling that without reviewing the current terms with suppliers, particularly in relation data access, the NHS will struggle to enable interoperability and data sharing across the PODAC landscape. This is also true for adherence to a specification. Methods to ensure adoption, such as funding and strict compliance processes, must be considered.

Although a national specification for PODAC would support the aims for these settings, it should be noted that patients and providers across the NHS would benefit from a holistic strategy to enable interoperability and data access from all healthcare settings. Some of the suppliers we spoke with expressed concerns about building a specification for PODAC and not for the wider healthcare ecosystem. Enterprise platforms and centralised databases that are accessible by all types of healthcare practitioners are seen as a way to ensure everyone has access to all required data in real-time. Ensuring all systems are at a baseline standard will take a huge amount of time and cost from suppliers that will, in most cases, be charged back to the NHS. Even if all required systems were to integrate in the ecosystem, having scattered pots of data inevitably means they will be out of sync. Data needs to be real-time at the point of care if it is to be useful.

> *Local leaders procure local products that are cheap and cheerful... There needs to be a national standard stipulated by the national leaders so that they meet a minimum standard, even if they don't have the technical expertise locally, otherwise the NHS will never meet their aims* **(P001, Supplier, DAC)**

> *Community pharmacists don't have access to the full shared care record... a tech spec would be incredibly helpful... Community Pharmacy should be able to consume or populate information into the shared care record* **(P011, Professional Body)**

> *If there was a standard set of data fields and functionality that systems must have that would absolutely help... anything that makes integration easier means we have more time to innovate and drive growth... yes, yes, yes* **(P003, Supplier, PAC)**

> *If there are those at HIMSS level 3 and they have spent a lot of money to get there from a level 1 they don't want to back out, so they keep spending to improve the score. But you will never get to the level you want to be without an enterprise solution* **(P022, Supplier, C)**

> *Everyone is trying their best to integrate. There's such an open market for people to come in and develop, however that might pull the integrations back because the more people that come onboard the more people you have to integrate with, so there's no real control of the market…* **(P017, Supplier, PAC)**

FINDINGS & FREQUENCY:

A national specification is feasible

LOW ————————————— HIGH
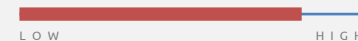
A national specification would unlock potential and support strategic aims

LOW ————————————— HIGH

NHS Digital

Community Pharmacy IT Group
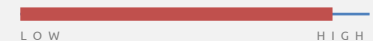
Interoperability of systems

USER FINDINGS:

- Staff are creating time-consuming workarounds and adapting current systems because systems are 'fragmented' and 'not fit for purpose'.

- Staff are frustrated by having to use multiple platforms to access or log patient data and referrals.

- Knowledge of the other healthcare professionals previously and currently involved in a patient's care, can help direct clinician's decisions on a patient's pathway.

SUPPLIER FINDINGS:

As-Is Landscape:

The system landscape across the NHS and across settings is very fragmented making it difficult to transform… the fragmentation means it is exceedingly difficult to develop and roll out solutions that will enable interoperability.

As-Is Landscape:

In the view of the supplier, problems are solved in silos without considering the whole picture and there is a lack of consideration for how systems impact one another, particularly when considering data sharing, data quality and patient safety.

Data:

The time and effort to interoperate with other systems is substantial taking some suppliers years to create the mechanisms to allow data to pass from one system to the next.

Data:

Those that have managed to create such mechanisms (interoperate with other systems) are reliant on there being open and transparent communication between suppliers to ensure system changes that impact the flow of data are managed effectively.

As-Is Landscape:

Organisations can increase efficiency and reduce operational costs by integrating and assimilating systems.

Feasibility of a National Specification:

A national specification is feasible and would help unlock potential and ensure systems that are procured enable interoperability.

CPCF services digital overview

- Community Pharmacy Contractual Framework (CPCF) Services Digital Workshop was held for IT suppliers on 9 September 2021

- Workshop slides and recording are available on request

- 2020/21 the **Community Pharmacist Consultation Service (CPCS)** was expanded to GP practices

CPCF services digital overview

- Further work is underway to develop the **CPCS** referral routes from Emergency Departments and Urgent Treatment Centres

- In February 2021 the **Discharge Medicines Service (DMS)** became an Essential service to improve medicines safety on discharge from hospital

- In September 2021 the **New Medicine Service (NMS)** was expanded to include additional therapeutic areas

CPCF services digital overview

- There will be new advanced services rolled out over the next year:
  - In October 2021 the **Hypertension Case-Finding Service** will be introduced as an advanced service to support the prevention of cardiovascular disease
  - In January 2022, a **Smoking Cessation Service** will be introduced as an advanced service to enable NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway
- Pilot : routine monitoring and supply of **oral contraception** (including some long-acting reversible contraceptives) in community pharmacy

Feb 2021	Sept 2021	Oct 2021	Jan 2022
Discharge Medicines Service	New Medicine Service expanded	Hypertension Case-Finding Service	Smoking Cessation Service
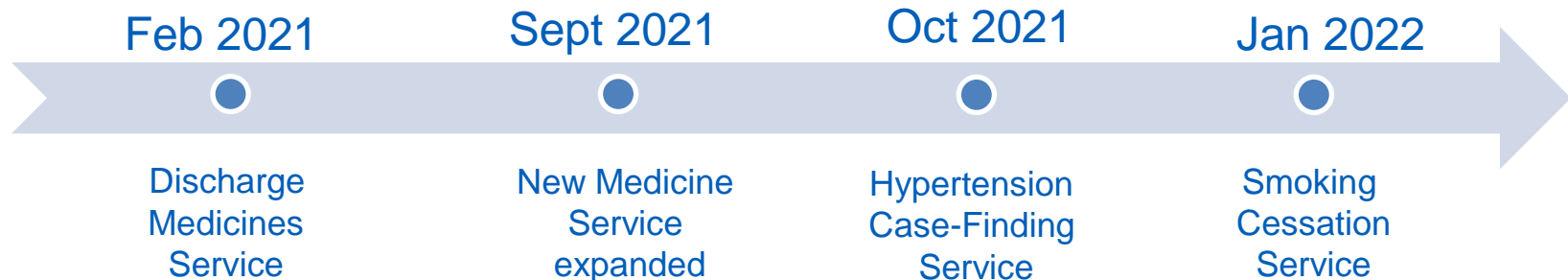
Next steps

- Develop technical toolkits for services with interested suppliers to help shape, innovate and co-produce digital service models
- If you have any further questions please contact Claire Hobbs (NHSE&I) which can be done via it@psnc.org.uk

Discovery work about patient digital signatures

Department of Health and Social Care

Discussion: patient digital signatures

1. What is the best way to capture digital signatures for prescriptions in community pharmacies and would this method integrate into current systems?

2. Have contractors/suppliers started to capture other digital signatures. If so, what solutions are being used?

3. What are the main challenges in implementing digital signatures?

4. What benefits might there be in implementing digital signatures? E.g. benefits for pharmacies/patients, and benefits with moving to more paperless processes.

Please submit answers via survey at: forms.office.com/r/VYUw5geidT

Digital Strategy for
Community Pharmacy Services
Improving digitisation and productivity using digital technologies

Zoeta Manning – CP ITG update
Senior Programme Manager - Digital Community Pharmacy

Purpose

To provide an update on the digital strategy, following the Digital Community Pharmacy Stakeholder Engagement Workshop held on 30th April 2021

Our journey so far

Engagement activity

- Desk review looking at:
    - How digital works within community pharmacy services
    - Existing evidence on digital capabilities within community pharmacy services
    - Future digital developments.
- Interviews with key community pharmacy stakeholders, looking across a range of perspectives including: community pharmacists, professional bodies and national stakeholders

- Engagement workshop with community pharmacy stakeholders, co-hosted with PSNC

- Workshops and interviews with patient/carer organisations and individuals, working with e.g. Healthwatch (national and local), National Voices, Carers UK

- Opportunity to provide online feedback

- Strategy reviewed by Ed Waller (Director for Primary Care Strategy and NHS Contracts, NHS England and NHS Improvement)

- Close working with linked programmes, such as digital medicines programme

Ambition

Digitise

Connect

Transform

Increased use of digital technologies to provide more joined up care, linking in with the wider healthcare systems to deliver better outcomes for patients.

Expand the access and sharing of appropriate clinical information held within NHS systems, improving patient safety, care and reducing staff workload.

1st Stage

Broad stakeholder engagement (NHS Midlands and Lancashire CSU and Kaleidoscope Health and Care)
desk research, workshops, online feedback
Access to Clinical Information interviews (NHS Digital)

PODAC Digital Strategy

A three-year digital strategy for each of PODAC care setting.

This 3-5 year strategy seeks to build on the key opportunities and barriers, identified through stakeholder engagement and desk research undertaken in its formation.

Partner: Kaleidoscope

Link to Full Strategy

Year 1: Digitise Ensuring basic level of access to digital services.

Year 2: Connect Building digital connections with the rest of the health system.

Year 3: Transform Start service transformation and affecting patient outcomes.

Year 4-5: BAU Gradual transition to business as usual.

*Links to Sector Engagement Reports

517
Stakeholders Consulted

100
Community Services

63
Optometry

49
Ambulance

49
Patients/ Patient Representatives/ Carers

162
Cross-sector

78
Community Pharmacy

60
Dental

Deliverable 1

Proposed Plan

NHS^x

Year 1 (2021/22)

Development of technical digital requirements to understand the architecture of pharmacy systems and structure of clinical information

Development of the standards, guidance and use cases to encourage wider adoption of remote consultations

Development of messaging standards for direct communications between pharmacies, other professionals and patients

Work with the NHS BSA to build opportunities for robotic process automation

Year 2 (2022/23)

Development of national system standards for pharmacy management systems (PMS)

Implementing interoperability standards for practice systems to build shared care records (MVS 2.0)

Development of national standards for electronic referrals and booking systems

Expansion of Community Pharmacy Standard (clinical information standards)

Development and launch of an innovation framework for evaluation of new technologies

Year 3 (2023/24)

Evaluation and wider implementation of shared care records that embed information derived from community pharmacy

Evaluation of outcomes from robotic process automation pilots; wider implementation of impactful solutions

Transition to Business as Usual

Principles for implementation

Principles for implementation

We keep our eyes on the patient experience, and on staff satisfaction, even while we use a range of available levers to mobilise change.

Build on established assets. Even where existing assets are not perfect, we choose to build on them rather than replace them. We take account of the costs of change as well as of implementation.

We align enablers. We recognise that the enablers of change at the frontline are not currently well aligned for digital transformation in these five sectors. We work to align efforts at the centre, the regions and at ICS level. We also work to remove barriers, both technical and governance, to successful digitisation and connection.

The workforce is the key asset. Without the workforce, no amount of technology can bring improvements. We focus on behaviour change, not tools.

We track and manage benefits and communicate these to stakeholders. We baseline our starting point, measure the impact of digital change on services and patient outcomes and track the realisation of benefits across the system.

We learn from previous digital programmes. Recognising the vast number of providers of services we will learn from programmes such as GP IT Futures which supported a large number of providers of varying scale. Where possible support will be provided on an ICS or PCN scale.

Digital Service Design Requirements

2ⁿᵈ Stage

The digital service design requirements research **complements** the work undertaken as part of the digital strategy (1ˢᵗ Stage).

The key aim of this research is to identify how we best deliver our strategic priorities, looking at **user needs, mapping processes,** identifying **technical requirements** and finding the **right solutions**.

Interviewee Questions?

Challenges around digitisation?

What are the barriers staff may have when using technology to share clinical information?

How will the patient information need to be accessed and presented?

IT Supplier Market Analysis

3rd Stage

Understanding the market, solutions, services and products is essential

Utilising innovation and working with industry experts to deliver the most effective solutions

3 Aims

Supplier Market Analysis

Enablers and Infrastructure Discovery
- barriers
- data security
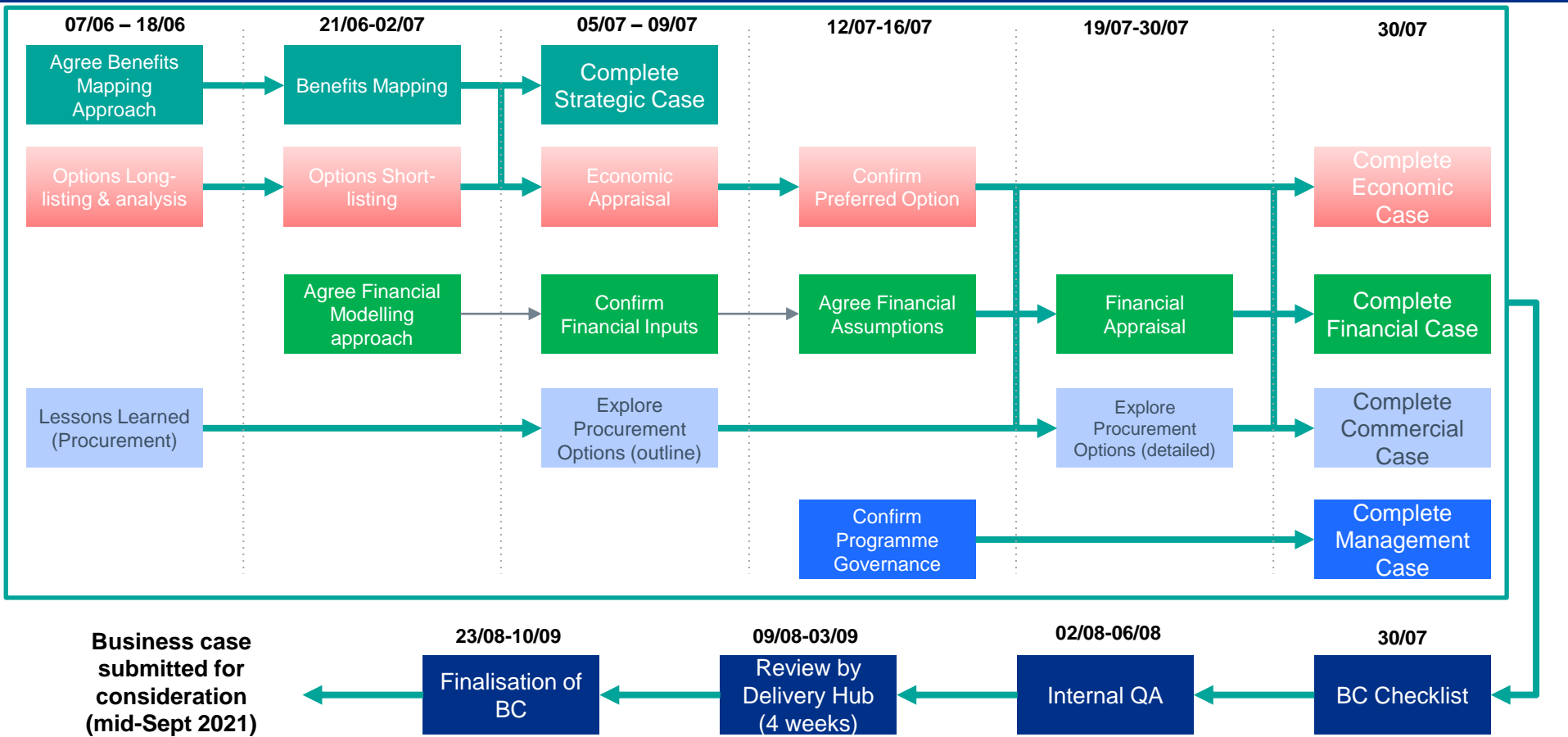- interoperability
- connectivity

National Technical Specification

Digital Strategy for
Community Pharmacy Services
Improving digitisation and productivity using digital technologies
Business Case update

Business Case - Critical Path

NHS^x

07/06 – 18/06	21/06-02/07	05/07 – 09/07	12/07-16/07	19/07-30/07	30/07
Agree Benefits Mapping Approach	Benefits Mapping	Complete Strategic Case			
Options Long-listing & analysis	Options Short-listing	Economic Appraisal	Confirm Preferred Option		Complete Economic Case
	Agree Financial Modelling approach	Confirm Financial Inputs	Agree Financial Assumptions	Financial Appraisal	Complete Financial Case
Lessons Learned (Procurement)		Explore Procurement Options (outline)		Explore Procurement Options (detailed)	Complete Commercial Case
			Confirm Programme Governance		Complete Management Case

23/08-10/09	09/08-03/09	02/08-06/08	30/07
Finalisation of BC	Review by Delivery Hub (4 weeks)	Internal QA	BC Checklist

Business case submitted for consideration (mid-Sept 2021)

dm+d code changes and synchronisations

Discussion: dm+d

1. When should prescribing system suppliers align so done at similar time to pharmacy suppliers e.g.:

   o first working day of the month;

   o first working day of the week;

   o first day of the month;

   o Mon after the first Thurs of the month (for the first sync of the month) to align with dm+d table availability; or

   o another time.

   ➢ Also, can changes be scheduled in advance by suppliers (e.g. e.g. first day of the month even on a weekend)?

2. What notice is needed ahead of changes to many dm+d codes?

3. Are there recommendations regarding the capture of prescribing system supplier feedback (aside from direct contact to companies) e.g. via organisations, events and communication bulletins that reach prescribing suppliers

Suppliers should submit answers via survey to: forms.office.com/r/hkuXEwYfCt

EPS update for CP ITG
22nd September 2021

Dawn Friend, EPS Product Specialist

NHS Digital, Live Services

EPS Live Service (1/1)

- EPS Service is stable and utilisation at 90.9% overall (June 2021)and over 95% for pharmacy.

- EPS Utilisation dashboard has been adjusted to remove items that are currently unable to be claimed via EPS.

- *Coming soon* - further developments of dashboard to improve consistency of nomination data, and inclusion of EPS activity from 'other care settings'

- Continuing assurance work for prescribing/dispensing systems

EPS Next Gen (1/2)

- First prescribing system using new FHIR API working towards First of Type with a secondary care trust – targeting October

- Another secondary care supplier actively developing, and more are engaged – prescribing and dispensing systems

- Onboarding process is established and documentation available for suppliers to access

EPS Next Gen (2/2)

- Development of APIs for dispensing and primary care prescribing, and discovery work for Homecare

- Events, with NHSX, – 'Learnathon', hackathon, CPC – all to encourage users to work with suppliers to engage

- Prioritisation of development and potential enhancements continues - new user research team

Meeting close by 14:00

- Please complete polls at or shortly after the meeting :
    - 1/3: Patient digital signatures forms.office.com/r/VYUw5geidT
    - 2/3: Supplier dm+d form: forms.office.com/r/hkuXEwYfCt
    - 3/3: Product naming options: DoS+NHS website updater https://forms.office.com/r/s8kQiZiAh6

- Post meeting queries: it@psnc.org.uk

Thank you!