Dear System Supplier leads,

Further to our letter in April we hope that this subsequent letter provides some of the additional detail as promised, and more importantly that this letter evidences our intention to keep this conversation with you open in order that we can support the ambitions of the sector and ensure we can collectively deliver the digital capabilities required to support the vision set out in the Community Pharmacy Contractual Framework (CPCF) for community pharmacy to play an increased role in the delivery of primary care, delivering more services, in safe and efficient ways, for patients .

Working collectively, the NHS Business Services Authority (BSA), NHS Digital (NHSD), the Department of Health and Social Care (DHSC) Pharmacy Team and both NHS England and NHS Improvement (NHSEI) Transformation Directorate and Pharmacy Team, have defined what we believe to be the 'Top 5' digital priorities for the community pharmacy sector over the next 22 months. This will take us to April 2024, the end of the current transformative five-year CPCF.

For system suppliers that are supporting the Electronic Prescription Service (EPS):

1. **Development against the [Electronic Prescription Service API](#)** (next generation). EPS is currently the de-facto mechanism by which primary care prescriptions are sent to dispensers so patients can receive their medication. A range of improvements to the service have been identified and a programme has started to design and develop core changes that will modernise the service, allowing innovation for new capabilities and reducing system development time. A new fully FHIR based service is being developed which will improve the user experience for prescribers, dispensers and patients alike. The work will support a further reduction in paper and provide a modern, flexible EPS. We are working with dispensing system suppliers to support their development and will develop central capability to support the live service during the transition to the new infrastructure. We anticipate readiness engagement with system suppliers to commence in Q4 of 2023. For further information please contact interopmeds@nhs.net.

For system suppliers that are offering or want to offer the system functionality to support the delivery of community pharmacy clinical services as per the current CPCF:

2. **Compliance with the Professional Records Standards Body (PRSB**) **[Community Pharmacy Data Standard](#)** to enable information about services provided by community pharmacies to be recorded and transferred in a safe and efficient manner to their GP practice. The standard was first published by PRSB in 2018 and uplifted in 2021 to meet the full requirements of the CPCF. Further information regarding supplier conformance is available from the **[PRSB](#)**. NHSD are preparing the technical specification to develop interoperability between community pharmacy and GP systems and expect it to be available to suppliers by September 2022.

3. **Access to patient care records**
   We are aware that a number of system suppliers have already enabled pharmacy contractor access to patient care records through integration with the Patient Demographic Service (PDS) and 1-click access to the Summary Care Record (SCR).

   For the duration of the coronavirus (COVID-19) pandemic, contractors had access to SCR additional information to help support clinical decision making. This access is to continue while permanent policy changes, taking into account issues such as patient safety and data security, are being considered.

The shared vision for community pharmacy to play an increased role in the delivery of primary care was set out in the 5-year deal. As pharmacy services continue to develop and expand, there is consensus that community pharmacists having the ability to view and contribute to the medical records of patients, where appropriate permissions are given, including but not limited to; access to baseline measurements and pathology results, is necessary to achieve this safely and effectively. Options for additional integration and record access include:

GP Connect Access Record. This provides direct access to a defined community pharmacist, enabling them to see an appropriate view of a patient's GP record either as a read-only document, (as an HTML), or subject to further development, and agreement of standards, pharmacists will be able to retrieve structured information from a patient's GP practice record, see **GP Connect - NHS Digital**. Further information will be provided regarding this functionality at the Community Pharmacy IT Group (CPITG) meeting on the 8 June.

Shared Care Records (known as 'ShCR', 'Local health and shared care records', 'LHCRs' or simply 'records') include information from multi care settings e.g., General practice and secondary care. National ShCR guidance due out in the summer provides the next steps towards the target for wider implementation of shared care records in 2023/2024.

4. **Engagement and development associated with the Bookings and Referrals Standard (BaRS),** the strategic interoperability standard for healthcare IT systems. This will enable booking and referral information to be sent between NHS service providers quickly, safely and in a format that is useful to any clinicians. Working with the BaRS programme we are hoping to prioritise the following use cases; NHS 111 and General Practice to pharmacy (22/23) and secondary care to pharmacy (23/24). An initial workshop has been scheduled for **Tuesday 12th July from 10am to 1pm** and all system supplier leads would be very welcome to attend. For further information please contact bookingandreferralstandard@nhs.net

5. **Payment and Data APIs**
The BSA are being commissioned to develop and support application programming interfaces (APIs) for all of the community pharmacy clinical services within the Community Pharmacy Contractual Framework (CPCF). These APIs will support both the payment of service fees along with the provision of additional data to support the future evaluation and commissioning of services. API specifications for COVID and Flu vaccinations, Community Pharmacist Consultation Service (CPCS) and the Smoking Cessation Service (SCS) are already available, and the draft specification for the Discharge Medicines Service (DMS) has just been shared for review. This financial year, the BSA will also develop and issue the API specifications for the Blood Pressure Check Service; the New Medicine Service (NMS) and any future services subject to negotiations. For further information regarding this project please contact rob.hills@nhs.net.

We recognise that this is an incredibly challenging roadmap, and we all want to work with you to ensure this is achievable and will meet the needs of the users, the pharmacy contractors, to provide safe and efficient patient care.

You will have seen that a **[Prior Information Notice (PIN)](#)** was recently issued in relation to **CPCF service specific 'technical toolkits'** that includes references to some or all of the above. Supplier engagement sessions regarding the technical toolkits and feedback opportunities are being scheduled, with further information available from June. In addition, NHSD have also been commissioned to publish a Future Enterprise Architecture document, based on user needs, for community pharmacy covering a number of the foundation services and providing a picture of the longer-term direction of travel. This will be available this summer on the NHSD webpage.

Work is also underway to look into commercial requirements and opportunities that will support both the needs of the sector and system suppliers now and in the future. Further information will be shared in due course. It remains the policy intent that we will continue to support and develop an open supplier market and your views on how we can go about this are always welcome. It is the case that pharmacy contractors, as commercial businesses, cover the costs of their preferred IT solution(s) and have the freedom to choose the supplier that most meets their specific needs.

We are also looking beyond April 2024, working closely with colleagues and stakeholders on the future strategy for community pharmacy and what digital capabilities and requirements MAY be required to support future services. Examples of potential discovery projects include capabilities to support independent prescribing; access to and the recording of pathology and/or phlebotomy tests, additional referral pathways etc. These areas are speculative at this stage, and need to be informed by wider policy developments, such as the Fuller Stocktake and the transition of commissioning to Integrated Care Systems.

We recognise your continued commitment to the community pharmacy sector and the users of your systems, and we share your determination to ensure community pharmacies are able to provide the best possible care within the NHS and have the best IT to be able to do so to support the Community Pharmacy Contractual Framework and beyond.

Our aspirations for this sector remain high and we continue to have an ambitious and challenging roadmap to ensure that pharmacy contractors do have the best IT available to them to support the current 5-year CPCF framework but also the 'what's next'.

You will note that we have not mentioned vaccinations within this letter and this is an area where we expect that there may be additional requirements of suppliers providing these services. We are engaging with the vaccination programme and will share more information once this is available.

We trust this letter is received in good faith and look forward to further discussions either via the CPITG or via alternative mechanisms in due course.

Signed on behalf of

NHS England and Improvement (Pharmacy policy team), NHS England and Improvement Transformation Directorate, Department of Health (Pharmacy policy team), NHS Business Services Authority Digital development team and NHS Digital Medicines and PODAC programmes.