

Community Pharmacy IT Group

Meeting: 21st September 2022

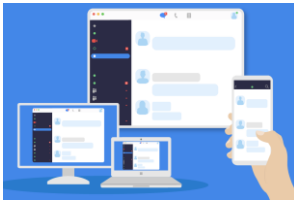


Agenda

	Session	Time
1.	Welcome from Chair	10.00-10.05
2.	Pharmacy IT priorities: overview	10.05-10.10
3.	Independent prescribing: upcoming changes	10.10-10.20
4.	CPCS Minor Illness Post Event Message	10.20-10.30
6.	Professional Record Standards Body (PRSB) update	10.30-10.55
7.	CPCF: Toolkits	10:55-11:00
8.	Contraception Service Technical Toolkit	11:00-11:10
9.	GP Connect: Access Records	11.30-11.34
10.	Electronic Health Records	11.34-11.35
11.	Payment and data Manage Your Service (MYS) APIs for CPCF services	11.35-11.40
12.	Booking and Referral Standards (BaRS)	11.40-11.45
13.	Cancer referrals pilot	11.45-11.55
14.	Vaccinations	11.55-12.05
15.	Appointments standards	12.05-12.15
16.	Electronic Prescription Service (EPS)	12.15-12.25
17.	Real Time Exemption Checking (RTEC)	12.25-12.30
18.	Smartcard admin portal	12.30-12.40
19.	Smartcard identity checking process to be digitized: Apply Care ID'	12.40-12.50
20.	Post-meeting CP ITG communications and messages	12.50-12.50
21.	Any other business and close	12.50-12.55

Take part: continue using usual methods

- **Seek attention of Chair** e.g.
use Zoom 'raise hand' feature



- **Use Zoom chat** (use it
throughout meeting)

Pharmacy IT priorities and upcoming independent prescribing changes

Session timing: 10.05-10.10



Digital priorities – overall update

Gemma Ramsay
NHS England, Senior Policy Lead – Digital Pharmacy

Session timing: 10.05-10.10

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Our priorities

1. Development against the [Electronic Prescription Service API](#)
2. Pharmacy to GP system interoperability: Compliance with the Professional Records Standards Body (PRSB) [Community Pharmacy Data Standard](#)
3. Additional access to patient care records
4. Integrated referral pathways
5. Payment and Data APIs

Priorities 22/23

- Structured Community Pharmacist Consultation Service Minor Illness post event message to general practice
- NHS BSA Payment and Data APIs

Community Pharmacy Data Standard

Engaging with Professional Review Standards Body (PRSB) to update the standard this year.

[Community Pharmacy Standard V2.2 – PRSB \(theprsb.org\)](https://theprsb.org)

Looking to 23/24 for supplier conformance against the updated standard

What's next?

- 111 online
- Contraception toolkit
- Early Cancer referrals
- Independent Prescribing

Independent prescribing: upcoming changes

Session timing: 10.10-10.20



Priority: Data standard and CPCF IT



Priority: Data standard and CPCF IT

CPCS Minor Illness Post Event Message

Session timing: 10.20-10.30



Priority: Data standard and CPCF IT

Professional Record Standards Body update

Session timing: 10.30-10.55



Priority: Data standard and CPCF IT

CPCF Toolkits update

Session timing: 10.55-11.00



Community Pharmacy Contractual Framework Toolkits

Technical toolkits have been created to provide suppliers with a high-level overview of the technical components required to deliver the clinical services under the CPCF

Four toolkits have been developed:

- Discharge Medicines Service
- New Medicine Service
- Blood Pressure Check Service
- Smoking Cessation Service

Contraception service toolkit to be developed at a later date following completion of a pilot

Current status:

- A Prior Information Notice was issued (May 2022)
- Supplier feedback received (7 suppliers)
- Minor refinements made to toolkits
- Common feedback points and FAQs shared with suppliers
- Toolkits undergoing final internal sign off and publication approvals
- Once published, upload to the BSA website

Priority: Data standard and CPCF IT

Contraception service tech toolkit

Session timing: 11.00-11.10



NHS Community Pharmacy Contraception Service

- Tier 1 - People can be seen by their pharmacist for ongoing supply of their oral contraceptive that was **initiated in primary care or sexual health clinics**
- Referral routes:
 - Pharmacy initiated
 - Patient self-referral
 - GP referral
 - Sexual Health Clinic referral

NHS Community Pharmacy Contraception Service

The service may expand to the following subsequent tiers:

- Tier 2 - initiation of oral contraception via a community pharmacist;
- Tier 3 - ongoing management of Long-Acting Reversible Contraceptives (LARCs), such as implants, vaginal rings, injections, patches;
- Tier 4 - initiation of LARCs via a community pharmacist

NHS Community Pharmacy Contraception Service

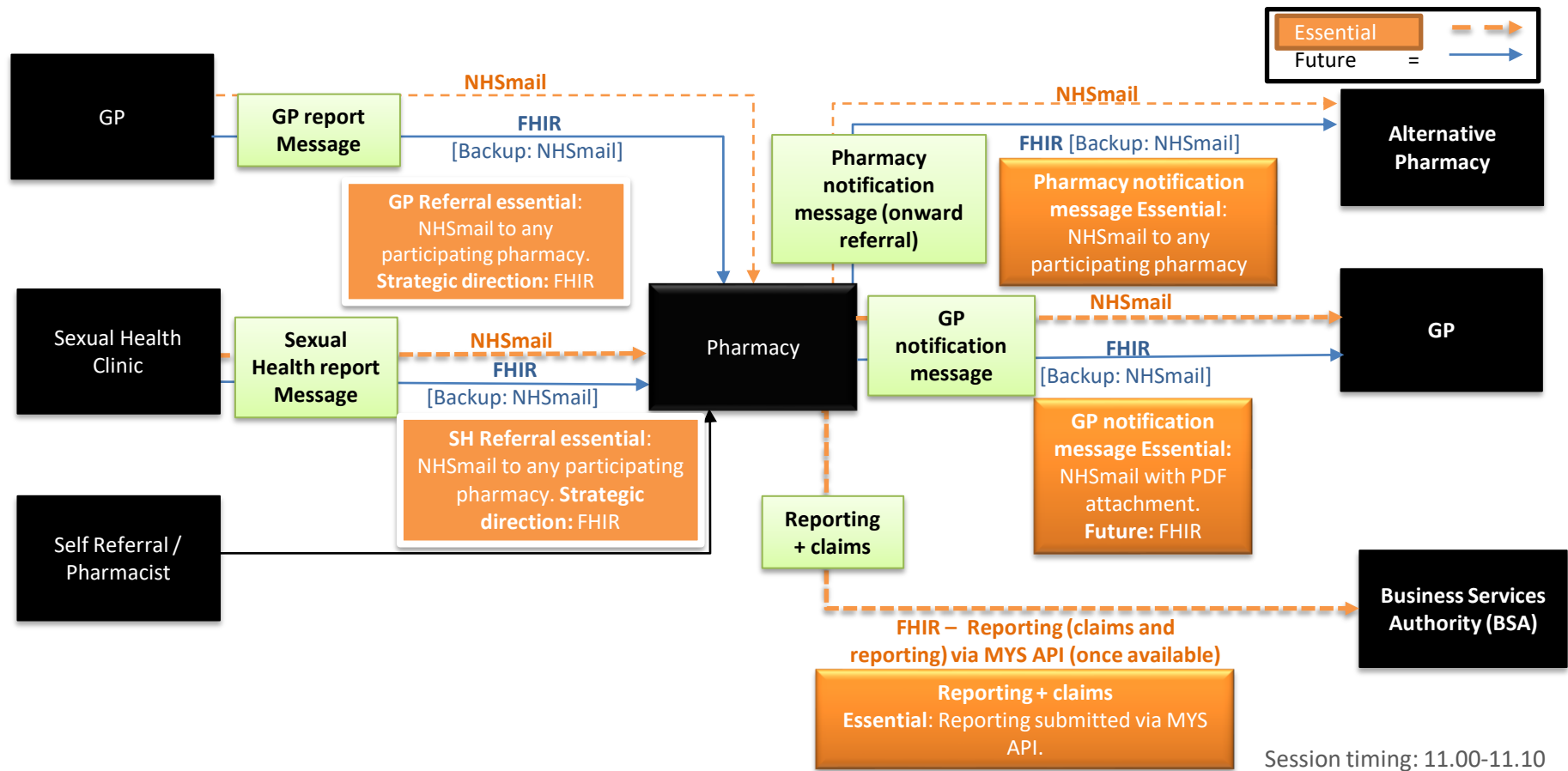
- A technical toolkit has been developed to provide a high-level overview of the technical components required to deliver the Contraception Service
- It should be read in conjunction with the **NHS Community Pharmacy Oral Contraception Service Specification**

NHS Community Pharmacy Contraception Service

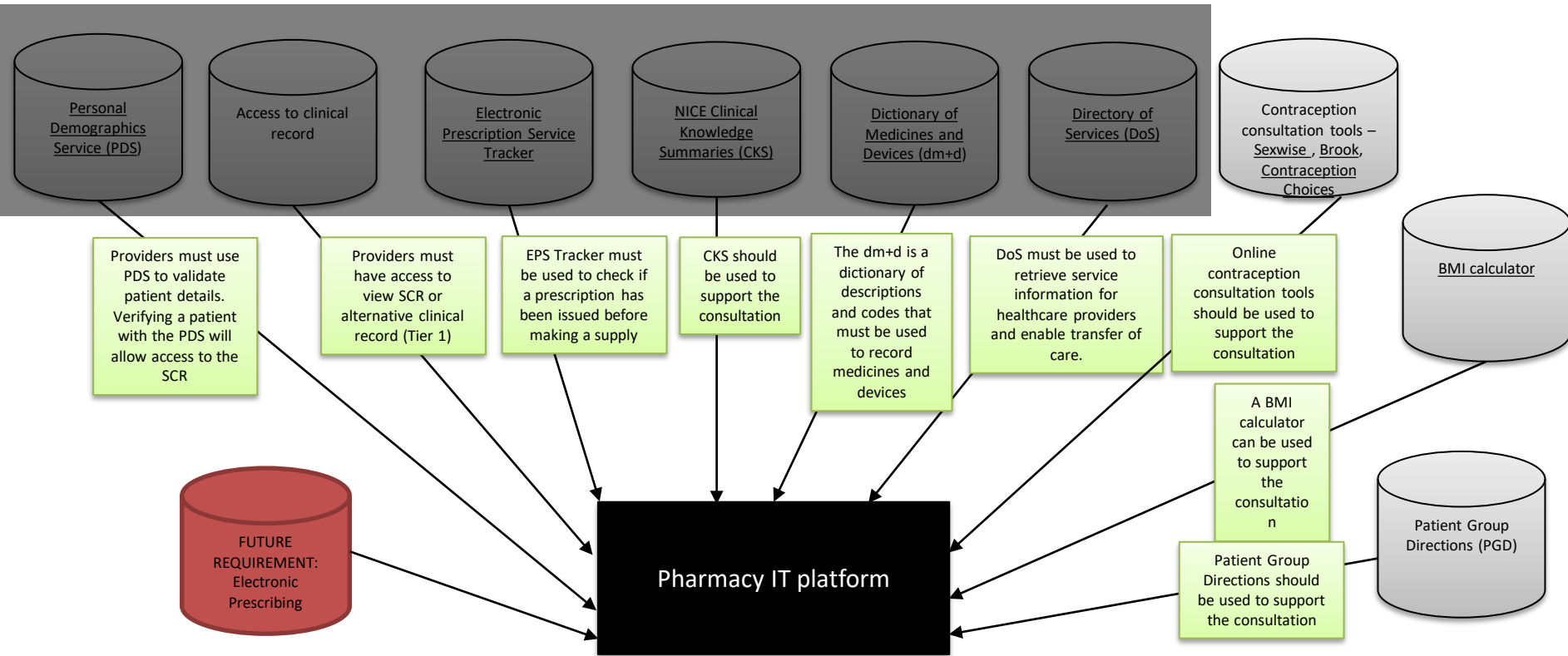
The toolkit includes:

- a technical flow diagram for the Community Pharmacy Oral Contraception Service
- details of the **essential** technical components that system suppliers must have in place to deliver the live service
- **required** future technical components
- **desirable** technical components

Contraception Service pathway flow diagram



Contraception Service technical components



Contraception Service essential / required / desirable components

Technical component	Essential requirement	Future requirement	Desirable
Personal Demographics Service (PDS)	Personal Demographics Service - FHIR API (Application-restricted access)		Personal Demographics Service - FHIR API (Healthcare worker access)
Access to Clinical Record	Summary Care Record application (SCRa) / SCR 1-Click Functionality / Shared Care Record Access (Tier 1)	Access to observations and recent pathology results (Tier 2)	
Electronic Prescription Service (EPS) Tracker	Embedded hyperlink	Prescription tracker API	
NICE Clinical Knowledge Summaries (CKS)	Embedded hyperlink		Full integration via NICE integration partner (Clarity Informatics)
Dictionary of Medicines and Devices (dm+d)	Medicines and medical devices should be described using the Dictionary of Medicines and Devices		
BMI calculator	Embedded hyperlink to NHS BMI calculator		

Contraception Service essential / required / desirable components

Technical component	Essential requirement	Future requirement	Desirable
Patient Group Directions (PGD)	Embedded hyperlink to PGDs		
Contraception consultation tool	Embedded hyperlink to at least one of the following online consultation tools – Sexwise , Brook , Contraception Choices		


Expressions of interest

Interested suppliers should contact
Claire Hobbs claire.hobbs01@nhs.net



Priority: Electronic health records

Session timing: 11.30-11.35



Comparison GP Connect and Summary Care Record (CP)	GP Connect HTML <small>(Access Record HTML (developer.nhs.uk))</small>	GP Connect Access Record: Structured	Core SCR (medication, allergies & adverse reactions)
Timescales	Available now, GPIT approved for pharmacy 6 months (typical)	FoT Cerner live with meds & allergies/ EMIS pending/ May23 for TPP (Not pharmacy setting optimised)	Available now
Real Time Access – Data is up to date at the point of request for consumption	✓	✓	X Updated by GP practice
Access From Within Clinical System -without separate application/browser window	✓	✓ Integrated into workflow of system	X SCR 1-click opens in separate window (web browser)
National Service	✓	✓	✓ Through spine
Patient Summary Page – active problems and issues, current medication, current repeat medications, current allergies and adverse reactions, last 3 encounters	✓	✓	Variable
Referrals	✓	✓	X
Consultations – Encounters	✓	✓	Variable
Problems	✓	✓	Variable
Clinical Areas	✓	✓	Variable
Current/Repeat/Past Medications	✓	✓	✓
Allergies and Adverse Reactions	✓	✓	✓
Immunisations	✓	✓	Variable
Uncategorised – Administrative Items/Clinical Items/ Observations (required for independent prescribing)	✓ Results visible but pending investigations not	✓	Variable
Documents – available through GPC where supplier has developed ‘Access Documents’ specification	✓	✓	X
Governance Person (formerly called ‘Privacy Officer’) Required	Not required	Not required	Yes- seen as a major limitation by users

Medications

Current medication Issues including repeat dispensing and medication history

A list of drugs or other forms of medicines that are currently being, or have recently been, used to treat or prevent disease for the patient.

Current Repeat Medication

A list of repeat drugs or other forms of medicines that are currently being used to treat or prevent disease for the patient. This may also include PRN occasional use medication.

Past Medication

A history view of drugs or other forms of medicines that have been used to treat or prevent disease for the patient.



EMIS test patient record: screenshot example

Encounters

Patient record transfer from previous GP practice not yet complete; information recorded before 15-Jun-2020 may be missing

All relevant items

Items excluded due to confidentiality and/or patient preferences.

Date	Title	Details
21-Jan-2022	Dr. Peter Whitcombe (General Medical Practitioner) - TEMPLE SOWERBY MEDICAL PRACTICE (A82038)	<ul style="list-style-type: none">• Type : GP Surgery• Location : EMIS Test Practice Location• Comment :<ul style="list-style-type: none">• Simple consultation to show latest item so it is clear the previous confidential one is missing and not filtered by date and can be deleted later
21-Jan-2022	Dr. Peter Whitcombe (General Medical Practitioner) - TEMPLE SOWERBY MEDICAL PRACTICE (A82038)	<ul style="list-style-type: none">• Type : GP Surgery• Location : EMIS Test Practice Location• History :<ul style="list-style-type: none">• Patient has been suffering anxiety following recent procedures• Examination :<ul style="list-style-type: none">• Mixed anxiety and depressive disorder - still suffering anxiety but much reduced
10-Jan-2022	Dr. Peter Whitcombe (General Medical Practitioner) - TEMPLE SOWERBY MEDICAL PRACTICE (A82038)	<ul style="list-style-type: none">• Type : GP Surgery• Location : EMIS Test Practice Location• Examination :<ul style="list-style-type: none">• No peak flow meter at home• Inhaler technique - poor• History :<ul style="list-style-type: none">• Asthma never disturbs sleep• Asthma sometimes restricts exercise• Follow up :<ul style="list-style-type: none">• Asthma
21-Dec-2021	Dr. Peter Whitcombe (General Medical Practitioner) - TEMPLE SOWERBY MEDICAL PRACTICE (A82038)	<ul style="list-style-type: none">• Type : GP Surgery• Location : EMIS Test Practice Location• Assessment :<ul style="list-style-type: none">• Anticoagulation monitoring enhanced service completed• International normalised ratio 3.1• Target international normalised ratio 2.6• Additional :<ul style="list-style-type: none">• Alcohol consumption 18 U/week
12-Oct-2021	Mr. GPONE TEMPLE SOWERBY (General Medical Practitioner) - TEMPLE SOWERBY MEDICAL PRACTICE (A82038)	<ul style="list-style-type: none">• Type : Other• Location : EMIS Test Practice Location• Document :<ul style="list-style-type: none">• (Document) Letter from specialist - Cetrizine.oxps• Additional :<ul style="list-style-type: none">• Letter from consultant - Text added tp 'letter from consultant' code item• Comment :<ul style="list-style-type: none">• This is a free text comment for the attachment

TPP HTML extract example

Administrative Items

All relevant items

Date	Entry	Details
16 Feb 2011	P wave axis	
16 Feb 2011	APTR actin FS ratio	
16 Feb 2011	APTR actin FSL ratio	
16 Feb 2011	Endodontics - specialty	
16 Feb 2011	Result comments	This is the microbiology result
16 Feb 2011	Sigmoid colon brushings sample	
30 Mar 2002	Urine pregnancy test	NEGATIVE In normal pregnancies the test will usually be positive from the second day after the expected menstruation.
30 Mar 2002	Total white blood count	
30 Mar 2002	Serum paracetamol level	
30 Mar 2002	Serum oestradiol level	
30 Mar 2002	International normalised ratio	Prophylaxis 2.0 - 2.5 DVT and PE 2.0 - 3.0 Recurrent DVT and PE 3.0 - 4.5 MI,arterial disease,heart valves 3.0 - 4.5
30 Mar 2002	Mean cell volume	
30 Mar 2002	Haematocrit	
30 Mar 2002	Red blood cell count	
30 Mar 2002	Full blood count	
30 Mar 2002	Mean cell haemoglobin level	
30 Mar 2002	Basophil count	
30 Mar 2002	Percentage monocyte count	
30 Mar 2002	One stage prothrombin time	
30 Mar 2002	Percentage basophil count	
30 Mar 2002	Clotting screening test	
30 Mar 2002	Serum ACTH level	Test not available
30 Mar 2002	Serum oestradiol level	
30 Mar 2002	Serum ACTH level	Test not available
30 Mar 2002	Eosinophil count - observation	
30 Mar 2002	Percentage eosinophil count	
30 Mar 2002	Haemoglobin concentration	
30 Mar 2002	Mean cell haemoglobin concentration	
30 Mar 2002	Platelet count - observation	
30 Mar 2002	Neutrophil count	

Clinical Items

All relevant items

Date	Entry	Details
03 Aug 2010	Antibody Screen	notes on the checked antibody screen checkbox
03 Aug 2010	Urine pregnancy test	These are some notes attached to the urine preg test
03 Aug 2010	Mycoses	these are fungal infection notes
03 Aug 2010	Chiropody	some notes on foot care
03 Aug 2010	(Lonely) or (lives alone) or [loneliness]	notes about living alone
03 Aug 2010	Nail normal	these nails are normal
03 Aug 2010	(Alopecia unspecified) or (baldness) or (hair loss)	hair loss notes
03 Aug 2010	STS Positive	Positive
03 Aug 2010	Anti-nuclear factor level	freetext note for Mit Abs
03 Aug 2010	Mitochondrial antibody	freetext note for Mit Abs
03 Aug 2010	Helicobacter Pylori Positive	This is a read code
03 Aug 2010	Result comments	This is a read code
03 Aug 2010	HIV negative	moist skin notes
03 Aug 2010	Observation of moistness of skin	moist skin notes
03 Aug 2010	Dry skin	dry skin notes
03 Aug 2010	Thickened nails	stupid nails
03 Aug 2010	Type of specimen	this isa description of specimen type
03 Aug 2010	Chlamydia Positive	notes on +ve clam test

Encounters

All relevant items

Date	Title	Details
17 Feb 2021	Dr Drone Drone (General Medical Practitioner) - West Farm Surgery	SystemOne Outgoing Record Sharing consent changed to: Yes SystemOne Incoming Record Sharing consent changed to: Yes
17 Feb 2021	Dr Drone Drone (General Medical Practitioner) - West Farm Surgery	NHS Number Changed From '8474621232'
02 Sep 2011	Phil Mott ('Other' Community Health Service) - West Farm Surgery	One-off script message for next script -
16 Feb 2011	Phil Mott ('Other' Community Health Service) - West Farm Surgery	P wave axis (X77CD) -175 degrees
16 Feb 2011	Phil Mott ('Other' Community Health Service) - West Farm Surgery	APTR actin FS ratio (XaIe4) 0.02 s APTR actin FSL ratio (XaIdr) 0.01
16 Feb 2011	Phil Mott ('Other' Community Health Service) - West Farm Surgery	Endodontics - specialty (XaJKY) 50,000,000 millions/ml
16 Feb 2011	Phil Mott ('Other' Community Health Service) - West Farm Surgery	Result comments (XaIiD) - This is the microbiology result Sigmoid colon brushings sample (XaBmr)
10 Feb 2011	Phil Mott ('Other' Community Health Service) - West Farm Surgery	Pathology Request (Complete): FBC, U+Es (Manual)
04 Feb 2011	Phil Mott ('Other' Community Health Service) - West Farm Surgery	Blah Report, Normal, No Further Action: Manual path report with no results Report, Normal, No Further Action Previous GP Code - 998877 Acceptance Code - Acceptance Previous GP - Dr someguy
20 Dec 2010	Phil Mott ('Other' Community Health Service) - West Farm Surgery	Current Home Address: 1, Northern Parade, Portsmouth PO2 9PF Previous Home Address: 1, Northern Parade, Portsmouth PO2 9PF One-off script message for next script - even more notes with some symbols !@#%^^&*() SMS Message Consent - Consented Mobile telephone number: 01234 567943 Home telephone number: 01432 999 1234 Pathology Request (Request Sent): Some test request freetext notes (Manual) Pathology Request (Request Sent): This is a pre-dated test request freetext note entered on 20th Dec 2010 for a request on 3rd Aug 2010 (Manual) Prolactin level (4435.) 12 mU/L Serum follicle stimulating hormone level (XM0lx) 8 iu/L Serum oestradiol level (4465.) 0 pmol/L Serum oestriol level (XE25M) 3 nmol/L Plasma TSH level (XaELW) 3 mu/L [10 - 14] Serum free T4 level (XaERr) 1 pmol/L [< 4] Prostate-specific antigen level (XE25C) 2 ng/ml Thyroid stimulating hormone level (XE2wv) 4 mIU/L


Observations

All relevant items

Date	Entry	Value	Range	Details
16 Feb 2011	P wave axis	-175 degrees		
16 Feb 2011	APTR actin FS ratio	0.02 s		
16 Feb 2011	APTR actin FSL ratio	0.01		
16 Feb 2011	Endodontics - specialty	50,000,000 millions/ml		
03 Aug 2010	Platelet antibodies test	2		
03 Aug 2010	Complement test	2		
03 Aug 2010	Anti-smooth muscle autoantibody level	> 5 AI		
03 Aug 2010	Parietal cell autoantibody level	2 IU/dL		
03 Aug 2010	DNA binding autoantibody level	2 IU/mL		
03 Aug 2010	Immunoglobulin M level	7 g/L	6 - 8	Some igm notes
03 Aug 2010	Immunoglobulin A level	8 g/L	4 - 6	Some IGA notes
03 Aug 2010	Serum endomysium antibody level	0		
03 Aug 2010	Autoimmunity profile	< 2		
03 Aug 2010	IFA - Intrinsic factor antibody	3		
03 Aug 2010	Complement component 3 test	304 mg/l		
03 Aug 2010	Serum TSH level	3 miu/L	< 5	
03 Aug 2010	Rubella IgG level	20 iu/mL		
03 Aug 2010	Serum progesterone level	3 nmol/L		
03 Aug 2010	Free thyroxine level	2 pmol/L	2 - 5	
03 Aug 2010	Free triiodothyronine level	2 pmol/L	1 - 7	
03 Aug 2010	Extractable nuclear antigen level	2 u/mL		
03 Aug 2010	Ro antibody level	0 U/ml	9 - 999,999	
03 Aug 2010	Rheumatoid arthritis latex test	3 U/ml		
03 Aug 2010	Neutrophil function test	5 %		
03 Aug 2010	Cardiolipin antibody	≤ 5 GPLU/ml		
03 Aug 2010	Immunoglobulin E level	9 ku/L	2 - 7	some IGE notes (these are all hand entered)
03 Aug 2010	Antimitochondrial autoantibody level	≥ 4		
03 Aug 2010	RNP antibody level	2 U/ml		
03 Aug 2010	Opsonisation function test	2		
03 Aug 2010	Signing of arrest of dental haemorrhage claim	3		
03 Aug 2010	Radio-allergosorbent test	6 kua/L		
03 Aug 2010	Fluorescent treponemal antibody test	2		
03 Aug 2010	Paraprotein profile	4	500 - 1,000	
03 Aug 2010	Immunofixation	3	1.45 - 7.9	

Short Q&A: GP Connect Electronic health records

Session timing: 11.30-11.35




Upcoming electronic health records event

- The, are hosting
- ‘Connecting with & benefitting from patient records webinar’
- Thurs 8th Dec 2022 [date changed]
- For LPCs and CP ITG focused on records future and improving contractors' access to Shared Care Records (ShCRs), GP Connect Records and other records.
- All CP ITG attendees and LPC Chief Officers are encouraged to attend. LPC members and contractors with an interest in improving contractor access to records are encouraged to also register to attend this event.
- NHS England’s Transformation Directorate and CP ITG are hosting
- Group to be provided with revised information about the date

Session timing: 11.35-11.35


Priority: Payment and data Manage Your Service (MYS) APIs for CPCS services

Session timing: 11.35-11.40



Priority: Referrals and appointments

Session timing: 11.40-12.15



Community Pharmacy BaRS Update

21st September 2022

Session timing: 11.40-11.45



Supplier update (BaRS)

- August 2022 – INTEROPen workshop. All suppliers invited to attend
- September 2022 – Introduction to BaRS workshop
- What suppliers want to work with us, what do they need to do now
- Suppliers going to size up work and come back with timescales



Session timing: 11.40-11.45

Next Steps (BaRS)

- 1:1 calls
- Supplier community
- Understand the FOT
 - Who is the sending provider
 - Who is the receiving provider
 - What have we learnt from previous First of Types
- Website will be updated with the Pharmacy application and supplier status



Session timing: 11.40-11.45



User Research (BaRS)

- 6 participants interviewed
 - North East (specifically Durham and Hartlepool)
 - London (inc. Surrey)
 - Nottingham
- 3 more planned
- Need broad range of users which offer CPCS
- We need a mix of regions (urban, rural, suburban etc)
- We'd need more pharmacists to speak to




Session timing: 11.40-11.45



Priority: Referrals and appointments

Cancer referrals pilot


Session timing: 11.40-11.55



Priority: Referrals and appointments

Vaccinations

Session timing: 11.55-12.05



Priority: Referrals and appointments

Appointments standards

Appointments standards

The group will be asked via Slido three questions:

- i. Community pharmacy appointment systems should align with the NHS App?
- ii. The principles that should govern the next steps regarding the development of IT for pharmacy appointments ?
- iii. Any other comments about appointment standards.

slido



Audience Q&A Session

ⓘ Start presenting to display the audience questions on this slide.

slido



Community pharmacy appointment systems should align with the NHS App?

① Start presenting to display the poll results on this slide.

slido



The principles that should govern the next steps regarding the development of IT for pharmacy appointments ?

① Start presenting to display the poll results on this slide.

slido



**Any other comments about
appointment standards.**


① Start presenting to display the poll results on this slide.

Priority: EPS and authentication

Priority: EPS and authentication

Update from EPS team

Session timing: 12.15-12.25



EPS Q&A / discussion


e-mail for questions
medicinstandards@nhs.net
epsonboarding@nhs.net

Session timing: 10.05-10.35

Priority: EPS and authentication

Real Time Exemption Checking (RTEC) roadmap

Session timing: 12.25-12.30




RTEC roadmap

- RTEC DWP roll-out has reached over 80% of pharmacies. Contractors using RTEC should now be able to use the RTEC DWP feature.
- PSNC and other RTEC steering group members are exploring what should be added to the RTEC roadmap?
- Are there further RTEC improvements which are requested?

Priority: EPS and authentication

Smartcard admin portal

Session timing: 12.30-12.40



Smartcard admin portal

NHS Digital are seeking additional feedback about the existing portal:

- i. How do you usually go about unlocking Smartcards?
- ii. What do you think could be improved about the unlocking process? Are there requests regarding the future admin portal?

Priority: EPS and authentication

Smartcard identity checking process to be digitized: Apply for Care ID

AOB: NHSmail and multi factor authentication

Session timing: 12.10-12.15



AOB: NHSmail and multi factor authentication

- Multi-Factor Authentication (MFA) provides additional security in order for digital access
- Good data security practices include need for use of individual logins for different persons and consideration of MFA where needed
- Microsoft enables MFA for Outlook as an option
- NHS Digital are considering the impact of MFA on more NHSmail users, e.g. a recognised phone confirms the access at a relevant interval (not necessarily for every login)
- The group is asked to share views about MFA and any associated pharmacy requirement if this is to be introduced

slido



The group is asked to comment regarding the proposed intro of multi factor authentication to enable use of NHSmail

① Start presenting to display the poll results on this slide.

Meeting feedback: 3 quick questions to help improvements

Please submit your anonymous feedback to support future meetings and CP ITG work

Join at
slido.com
#itg223



Session timing: 12.55-55

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Participant type:

ⓘ Start presenting to display the poll results on this slide.

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How useful did you find this meeting?

ⓘ Start presenting to display the poll results on this slide.

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What do you want MORE OF at future CP ITG meetings and with future CP ITG work?

① Start presenting to display the poll results on this slide.

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**What do you want LESS OF at
future CP ITG meetings and with
future CP ITG work?**

① Start presenting to display the poll results on this slide.

AOB, post-meeting CP ITG communications,
messages, upcoming consultations:

Pharmacy Show

Session timing: 12.50-55



Close from Chair

Thank you!

Post meeting queries: it@psnc.org.uk

