






The [Community Pharmacy IT Group \(CP ITG\)](#) focuses on these work plan items and will co-work with relevant organisations and its own participants to pursue this work.

Workstreams should continue to align with CP ITG's vision (See: the [full list](#); or [infographics version](#)) [Five-Year Community Pharmacy Contractual Framework](#) and the [CPCF grid](#).

Workstream area 1/5: Interoperability and security: Ensuring information about people's health and care can be safely and securely accessed, wherever it is needed.	
WS1a. Supporting the development of interoperability/integration:	
	This could be between different community pharmacy systems and between community pharmacy systems and other health and care record systems. This would necessitate community pharmacy systems supporting the recording of interventions/services in a coded manner (using SNOMED CT) with a clear aspiration for computable dose instructions across all systems including EPS and pharmacy systems. The group will also support the development; of electronic referral solutions, for referral into and from community pharmacy; and transfer of information passed from and to community pharmacy in a structured manner – ideally via clinical systems e.g. flu vaccine, emergency supply, New Medicines Service, Community Pharmacist Consultation Service notifications from pharmacy to GP systems, smoking cessation referrals from secondary care, interoperability with hospital systems for discharge information etc. The group supports pharmacy systems extracting anonymised information to support evaluation and further development of pharmacy services. The group will keep a watching brief on developments relating to Professional Record Standards Body and group participants may feed into Professional Record Standards Body (PRSB) pharmacy-related work. <i>Relevant webpage(s) include: interoperability and dosesyntax</i>
WS1b. Supporting NHSmail:	
	Work with NHS organisations, promoting NHSmail use by contractors and seek to improve usability, e.g. NHSmail migration of individual accounts to new nomenclature and the use of email address aliases to provide a user-friendly email address for day-to-day use. Guidance will also give examples of how NHSmail can be used. <i>Relevant webpage(s) include: NHSmail</i>
WS1c. Supporting maintenance and demonstration of data security and information governance arrangements:	
	Supporting the use of minimum hardware specifications and the development of the Data and Security Protection Toolkit for community pharmacy, NHS Digital training resources and developing guidance and resources for pharmacy teams on cyber security and information governance (including data protection laws and handling patient requests for access to their data). <i>Relevant webpage(s) include: ds</i>
WS1d. Connectivity, business continuity arrangements and dealing with outages:	
	This would include supporting the transition from N3 to Health and Social Care Network (HSCN), in terms of the sector starting to get the benefits of the new HSCN model. NHS Digital's Internet First policy and other NHS and wider IT/digital/infrastructure developments will be considered, a watching brief being kept and implications for community pharmacy IT arrangements may be considered. Also ensuring the technical architecture of pharmacy connectivity does not prevent access to key NHS web-based resources, e.g. the Leeds Care Record. Pharmacy and system supplier input should be incorporated into HSCN migration plans. A standardised approach is required where there is a change by a pharmacy from one PMR system to another given there are clinical (including patient safety), ethical and legal risks related to the potential for data to be inappropriately transposed. <i>Relevant webpage(s) include: itcontingency; and connectivity</i>

Workstream area 2/5: Reducing burden: Use of digital to reduce the burden on pharmacy teams, so they can focus on patients, and appropriate infrastructure for the task.	
WS2a. Support reduced burden through tackling issues related to the practical use of pharmacy IT and promoting good IT practices:	
	E.g. tackling issues like frequency of forced password changes, use of alternative credentials (alternatives to Smartcards), multi-login options, for users and changes to support improved patient safety. Additionally, learning and promotion of good practices such as: less use of paper and more WiFi within pharmacies. <i>Relevant webpage(s) include: itworkflow</i>

Workstream area 3/5: Good use of digital: Support the use of digital within pharmacy to improve health and care productivity, improve patient safety outcomes and improve cooperation between pharmacy teams and the health and care system.

WS3a. Supporting the development of pharmacy systems:



The group will help with consideration of pharmacy medication records (PMR) systems usability, interoperability for pharmacies and Community Pharmacy Contractual Framework (CPCF) and the five-year framework. The work can support further work by the group with NHS organisations, PMR system suppliers and contractors to develop a roadmap for development of PMR systems. The group should support PMR systems by helping to identify useful future development options – importantly to become increasingly patient-focussed and the group will maintain the list of commonly requested features. The group intends to keep a watching brief on potential regulatory changes that may impact pharmacy IT. *Relevant webpage(s) include: [systems](#)*

WS3b. Supporting EPS and its enhancements:



The group are to support NHS Transformation Directorate, NHSE&I, NHS Digital and others by continuing to develop and share their views on the next generation of EPS. Real-time exemption checking, support of Phase 4 roll-outs, improving the efficiency of eRD (electronic Repeat Dispensing) workflows in systems, development of standard descriptors across PMR systems for the different stages of a script's EPS journey and other issues identified in the EPS optimisation log. *Relevant webpage(s) include: [eps](#), [rtcc](#) and [itfuture](#)*

WS3c. Signposting to the Community Pharmacy Patient Safety Group (CPPSG):



CP ITG may signpost newly emerging patient safety items (with a digital aspect) for CPPSG's consideration as/if needed. *Relevant webpage(s) include: [CPSSG](#)*

Workstream area 4/5: Patient tools: Support enabling patients to be able to choose digital tools to access medicines information and pharmacy services directly, so they can receive the best outcomes, recognising the need to also remain inclusive for all patients.

WS4a. Consider the development of apps, wearables and technologies in healthcare:



Consider the development of guidance and principles, where required, for new pharmacy and patient technologies covering, appropriate usage and security for data, promotion of all pharmacies equally within technologies etc. Support patient tools (NHS/pharmacy ones) which are usable, useful and inclusive. Support patient data standards being developed by PRSB and others. Support 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'. User research which indicates patient expectations within this arena may also be considered to help the group's wider work. *Relevant webpage(s) include: [apps](#)*

Workstream area 5/5: Set out roadmap priorities: Development and promotion of a wider community pharmacy digital roadmap / vision.

WS5a. To support useful and usable IT beyond pharmacy PMR systems and EPS.



The group will conduct further work to develop its vision which should align with its workstreams and the NHS Transformation Directorate missions. The roadmap should demonstrate the value to patients if the pharmacy digital vision is fulfilled. The digital roadmap should incorporate a wide range of feedback from the sector. The group will also seek pharmacy system supplier input and support as to those roadmap items which are more feasible within the nearer future for pharmacy systems. *Relevant webpage(s) include: [itfuture](#)*

Note: The group and its participants should also individually and collectively seek to communicate out to community pharmacy teams in relation to making the case for progress against workstream areas or reporting on the progress and future of workstreams. Note that: Community pharmacy digital capabilities issues may be able to be dealt with by Pharmacy Digital Forum which includes membership from pharmacy organisations and others. Falsified Medicines Directive (FMD) work is led by the Community Pharmacy UK FMD Working Group's activity; that group may seek assistance from the CP ITG if required (relevant webpage(s) include: [FMD Source](#) from FMD group).

About CP ITG: The group brings together pharmacy representatives, system suppliers and policy makers to develop a vision for the optimum use of technology in community pharmacy. 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 [NHS Transformation Directorate](#). Further information on the group can be found on the [CP ITG webpage](#).