

Digital Pharmacy Expert Advisory Group Agenda

Wednesday 21 June, 18:30-20:30

Via TEAMS: calendar invite sent to Group members and speakers:

1: Recognition

Introductions, apologies and declarations of interest (18:30-18:35)

EAG members: Anna Bunch (AB), Angela Burgin (ABur), Penny Daynes (PD), Rob James (RJ), Darren Powell (DP) (Chair), Sean MacBride-Stewart (SMS) and Euan Reid (ER).

NPB observers: Iain Bishop (IB), SPB and Cheryl Way (CW), WPB.

Apologies: Dipak Duggal (DD), Alisdair Gray (AG), Esther Gathogo (EG), Mohammed Hussain (MH), Stephen Goundray-Smith (SGS) and Leon Zlotos (LZ).

Guest: Rahul Singal (RS)

Staff: Carolyn Rattray (CR), Business Manager – Scotland and Laura Wilson (LW), Director for Scotland.

Welcome:

1.1	Update from previous meeting	18:35-18:40
Description	Agendas and outcomes from previous meetings are published on the group's webpage at: https://www.rpharms.com/about-us/who-we-are/expert-advisors/digital-pharmacy-expert-advisory-group	
Purpose	To review the outcomes and priorities from last meeting	
Outcomes	<ul style="list-style-type: none"> • CR to follow up with HW on actions pertaining to locum access to NHS email. • NHS Digital – changes to terminology. This is ongoing but Paul Wright (PW) to update the group at the next meeting. 	
	Action: CR to invite PW to September meeting	

2: Relevance

2.1	FCI development of the CI pathway for pharmacists	18:40-19:00
Description	The development of a specialist clinical informatics training route for pharmacists.	
	Anna Bunch	

<p>Purpose</p>	<p>For the group to be aware of, and consider, the development of a specialist clinical informatics training route and progress with embedding the CI core competencies into training and development.</p>
<p>Outcomes</p>	<ul style="list-style-type: none"> • Competencies set out to what makes a clinical informatician and the different stages of the CI education journey. • RPS doesn't have any guidance to support CI students on their journey; there is no clear career pathway. As this is a growing area, particularly within secondary care, it is important that this gap should be plugged. • HEE has produced a digital pharmacy toolkit, but this is very much England focussed. • Wales is launching a pharmacy workforce strategy which has a digital aspect to it. • It is hoped that the RPS will work with the Faculty of Clinical Informatics (FCI) to support pharmacy staff across the whole of GB. The FCI is keen, as a group, to promote the digital pharmacy education and informatics standards. • Recommendation: The group agreed that the RPS should work with the FCI to create guidance/a toolkit that is GB focussed to support pharmacy staff the area of CI. • To be able to define and support the development of a CI career pathway would be beneficial to the FCI, RPS and would be a tangible outcome for the DPEAG. <p>Discussion points:</p> <ul style="list-style-type: none"> • Think of ways to promote CI as a career. • Promote amongst groups of younger pharmacists; isn't included as part of the MPharm degree at the moment. • Infrastructure – making sure that the infrastructure is in place to allow progression in CI careers. • Continue to upload case studies and biographies to the DPEAG web page to raise awareness of CI careers. • There is a debate at the moment about specialisms and allowing people the time and space to train in areas such as CI. • A national multi-disciplinary workforce strategy, which includes CI, is about to be launched. • Rahul Singal (RS) has had discussions with the GPhC re: the undergraduate degree and Initial Education Standards and introducing digital systems into the undergraduate course would be beneficial. RS would be happy to support. • DP asked LW if this subject should be raised with the NPBs as it is important to highlight the different pathways. It was confirmed that CI is part of the RPS pharmacy vision. There is career information on the RPS website, but it tends towards the more traditional roles, e.g. community, primary care, etc; need to consider how best to raise awareness of CI opportunities

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	<p>Actions:</p> <ul style="list-style-type: none"> • Angela Burgin (ABur) to link RS with contact at Bradford who teaches undergrads (includes digital element). • ABur/AB to discuss credentialling outside the meeting. • Establish a subgroup to define what the career pathway is. • CR to email the group for volunteers to work with the FCI to define competencies. ABur volunteered, SGS? • Once the competencies have been defined, present to the RPS NPBs to see if they will support this work. <p>Links relevant to AB's presentation can be found at the end of the notes.</p>
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2.2	HEE CLF Project "Digital Skill Development of the Pharmacy Workforce"	Postponed to next meeting
Description	<p>This session will look at the outputs of a CLF project which explored the barriers and facilitators to the development of digital skills in the pharmacy workforce across the ICB (so all sectors).</p> <p>Angela Burgin</p>	
Purpose	To receive an update	
Outcomes	•	

2.3	An update from the Chief Pharmacy and Medicines Information Office (CPIO) for NHS England (NHSE)	19:00-19:30
Description	<p>DPEAG group to receive an update on the workstreams led by the Chief Pharmaceutical Officer for NHS England (CPIO) for (NHSE).</p> <p>Rahul Singal, CPIO for NHSE</p>	
Purpose	To receive an update	
Outcomes	<p>RS introduced himself as the recently appointed CPIO for NHSE. NHS Digital is part of the Transformation Directorate within NHSE. RS is responsible for the professional leadership within CI. There is a programme of work, the Digital Medicines Programme to deliver against.</p> <p>There are 4 key areas within the programme of work:</p> <ol style="list-style-type: none"> 1. Improving medicines interoperability 2. Deployment of electronic prescription services in all care settings 3. Making secondary care prescribing data flow nationally 4. Focus on the prescriptions part of the NHS app. <p>The team is made up of clinicians and there is also a major 'delivery arm'.</p>	

	<p>Improving medicines interoperability: a challenging piece of work, ensuring consistent terminology – progressing and about 60% compliant re: mapping.</p> <p>Deployment of electronic prescription services: This is progressing well and, it is hoped, by Spring 2024, that NHSE will have one of the first systems where meds info flows from hospital to general practice and back to hospital with no manual transcription.</p> <p>EPS in all care settings: a huge piece of work, getting the EPMA suppliers on side. There have been questions about timescales of when EPS will be ready to roll out and whether to use different systems in the meantime.</p> <p>Medicines data: Another significant area of work. Nearly at the stage where legal direction can be published; this will allow data to be collected nationally. It is expected that data will start to ‘flow’ in the second half of 2024.</p> <p>NHS app: This is one of the top ministerial priorities. Already, the Rx feature on the NHS app is the most used feature after the vaccination feature. There has been very little marketing of the app and the people who are using it have found it rather than been directed to it. Plans are to promote the app as a place to order your repeat prescriptions. Developing functionality to offer a digital Rx token on the app, improve tracking of prescriptions. Working with stakeholder groups to see how to improve the app further in the future.</p> <p>RS was thanked for his update.</p> <p>Action: CR to contact Rahul for his slides. Check that happy for them to go on to the website.</p>
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2.4	Grassroots Digital Maturity Assessment - Project Update	Postponed to next meeting
Description	<p>Dr Joe Zhang will be presenting on behalf of the National Clinical Informatics Collaborative to update the group on progress of the grass roots Digital Maturity Assessment project which will include information about the plans to run the survey across hospital clinical teams in England over the summer.</p> <p>Dr Joe Zhang</p>	
Purpose	To receive an update.	
Outcomes	•	

2.5	Subgroup updates	Postponed to next meeting
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Description	The Digital Pharmacy EAG subgroups has the following subgroups: to discuss their priorities and workplans: <ul style="list-style-type: none"> Technologies subgroup (Dipak Duggal, Stephen Goundray-Smith), Robert James, Darren Powell and Leon Zlotos). (Angela Burgin, Esther Gathogo & Mohammed Hussain also on this s-group) Consolidated Medicines Records subgroup (Anna Bunch, Penny Daynes, Alistair Gray and Sean MacBride-Stewart). (Angela Burgin also on this group). Key performance indicators subgroup (Darren Powell and Euan Reid).
Purpose	Each group to split into breakout rooms for 25 minutes and then feedback to the main group for 10 minutes.
Outcomes	•

2.6	An update on the delivery plan for recovering access to Primary Care	19:30-20:00
Description	<p>To provide an update to the group on the digital programme for community pharmacy (and associated investment in digital infrastructure).</p> <p>Charis Stacey (CS), Assistant Director for Digital Primary Care in the NHSE Transformation Directorate.</p>	
Purpose	Comments and feedback	
Outcomes	<ul style="list-style-type: none"> CS works within the Digital Primary Care team; it covers community, optometry, dentistry and general practice which has been the main focus to date. Working with NHS BSA to establish, by March 2024, data repayment systems in place for each of the service elements, e.g. contraception, smoking cessation, etc. Delivery plan for recovering access to Primary Care – proposing significant investment into community pharmacy, particularly around the common conditions, contraception and blood pressure check services. Working to establish integrated end to end digital capable clinical pathways. Negotiations still ongoing Engaging with community pharmacy suppliers who will support and deliver the Common Conditions Service Working to ensure that integrated referrals from general practice are in place to start with and then from 111, etc. Work is progressing to support getting test results and observations, in particular, to support clinical pathways. Developing a product, GP Connect; using structured data; the data will feed into workflow and then into the clinical 	

	<p>record and the integrated system. Pharmacists will still have access to the SCR.</p> <ul style="list-style-type: none"> • Working to create a single update message capability to ensure consistency in the GP record; it uses an API which is underpinned by GP Connect • NHSE published a prior information notice to the NHS on 1 June; expressions of interest closed on 16 June and there was great interest from suppliers in the opportunities to onboard across frameworks. The vision is that by September '23, community pharmacy will have been 'onboarded' and it will be the single place to ensure that suppliers comply and are assured to deliver specific functionality; it will start to create a single marketplace. The team is working to support suppliers to onboard. <p>AB asked about the link between the GP and secondary care. The development of GP Connect is so that the functionality will align with all sectors of care.</p> <p>CS noted that it is a very challenging and busy year but with many positives; with the investment that has been secured the ability to move forward with these initiatives will enhance the patient experience overall.</p> <p>DP thanked CS for her presentation. CS was invited back to a future meeting to update on progress.</p> <p>Action: CR to share slides.</p>
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2.7	Prescribing & Dispensing	20:00-20:15
Description	RPS is developing a position on pharmacist independent Rx & dispensing from the same site.	
	Laura Wilson	
Purpose	To get comments and feedback	
Outcomes	No report at this time.	

3: Communication

3.1	Messages for RPS members	20:00 to 20:05
Description	Sharing information with RPS members is an essential role for RPS, and the EAG's advice on what information is useful and relevant to communicate is vital.	

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Purpose	To decide what aspects of the EAG's work should be shared with members, and how best to share them. To make recommendations to RPS on other communication with members needed in the EAG's subject area.
Outcomes	<ul style="list-style-type: none">• New CPIO, Rawal Singhul – share his slides• Links to HEE digital framework – Anna Bunch• Link into other CPIOs to learn about their roles Discussion about production of a simple newsletter with articles/signposting to digital initiatives Action: CR to email to wider group for articles/signposting for newsletter

4: Any other business

20:05

There was no other business.

Links relevant to AB's presentation:

Faculty of Clinical Informatics

<https://fci.org.uk/menu2/professional-competencies/core-competency-framework-fags.html>

<https://fci.org.uk/menu2/professional-competencies/core-competency-framework.html>

Digital Literacy for Pharmacy

<https://healtheducationengland.sharepoint.com/sites/NHSDAWC/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FNHSDAWC%2FShared%20Documents%2FDigi%2Dlit%2FSupporting%2DDigital%2DLiteracy%2Din%2Dthe%2DPharmacy%2DWorkforce%2DJune%2D2021%2Epdf&parent=%2Fsites%2FNHSDAWC%2FShared%20Documents%2FDigi%2Dlit&p=true&ga=1>

<https://digital-transformation.hee.nhs.uk/building-a-digital-workforce/digital-literacy/digital-capabilities-frameworks#supporting3>

[Profession and Service Specific Digital Capabilities Frameworks | Health Education England](#)

<https://digital-transformation.hee.nhs.uk/building-a-digital-workforce/current-status-of-digital-technology-in-health-and-care-education/foreword-and-executive-summary>

