

Digital Pharmacy Expert Advisory Group Agenda

Wednesday 27 September, 13:30-15:30

Via Zoom:

<https://rpharms.zoom.us/j/91985821101?pwd=SFpsMDRyR0cvZ1BvNDhldDZST2dmQT09>.

1: Recognition

Introductions, apologies and declarations of interest (13:30-13:35)

EAG members: Anna Bunch (AB), Angela Burgin (ABur), Penny Daynes (PD), Dipak Duggal (DD), Esther Gathogo (EG), Stephen Goundray-Smith (SGS), Alisdair Gray (AG), Mohammed Hussain (MH), Rob James (RJ), Sean MacBride-Stewart (SMS) (Acting Chair) and Euan Reid (ER).

NPB observers: Sibby Buckle (SB), RPS English Pharmacy Board (EPB) and Cheryl Way (CW), Welsh Pharmacy Board (WPB).

Apologies: Esther Gathogo (EG), Darren Powell (DP), Laura Wilson (LW) and Leon Zlotos (LZ).

Guest: Paul Wright (PW), Engagement Lead, NHS England Digital Medicines Programme.

Staff: Carolyn Rattray (CR), Business Manager – Scotland and Heidi Wright (HW), Practice & Policy Lead – England.

Welcome: Sean MacBride-Stewart (MS) welcomed everyone to the meeting extending a special welcome to Paul Wright (PW), Engagement Lead, NHS England Digital Medicines Programme, Sibby Buckle (SB), EPB observer, and Cheryl Way (CW), WPB observer. SMS explained that, in Darren Powell's absence, he had been invited to act as Chair for this meeting.

SMS advised the meeting that Joe Zhang had been in touch to say that he didn't have an update and that it had been agreed that his agenda item would be postponed to a future meeting.

1.1	Update from previous meeting	13:35-13:40
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	The action notes from the meeting, held on 21 June 2023, were agreed as accurate.	

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	<ul style="list-style-type: none"> • Anna Bunch to be denoted as AB and Angela Burgin as ABur. <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 linked AB to Atif Saddiq (AS) (Digital Lead at the University of Bradford) and Finbar Canney (FC) (Lead Clinical Informatician at the University of Birmingham). • AB has met with AS and FC; they are working together to form a community of practice in terms of the digital teaching agenda. They are hoping to involve Rahul Singal in this collaboration. • ABur/AB to discuss credentialling outside the meeting. ABur/AB have met to discuss credentialling. Have started with the Consultant Pharmacist Framework and a mapping exercise is underway to see where there are gaps; this is 'a work in progress'. CR provided Joseph Oakley's email address. JO is Head of Credentialling at RPS. • Establish a subgroup to define what the career pathway is. ABur reported that this is being established. • CR to email the group for volunteers to work with the FCI to define competencies. ABur volunteered, SGS? CR actioned. • Once the competencies have been defined, present to the RPS NPBs to see if they will support this work. Ongoing.

2: Relevance

2.1	NHS Digital	13:40-14:00
Description	<p>This session will provide the group with an update on behalf of the NHS England Digital Medicines Programme.</p> <p>Paul Wright, Standards Implementation Engagement Lead (Pharmacy), Pharmacy Terminology</p>	
Purpose	<p>To receive an update on developments pertaining to the NHS England Digital Medicines Programme.</p>	
Outcomes	<p>PW provided a brief update as his colleague, Rahul Singal, had already provided a comprehensive update to the June 2023 meeting.</p> <p>An action from the previous meeting had been for RS to make contact with a colleague at Bradford re professional networks. PW confirmed that contact had been made with FC and RS/FC are progressing conversations.</p> <ul style="list-style-type: none"> • PW provided an overview of the main workstreams since June 2023. 	

- The 'dose syntax' has now been included on the GPIT Futures Framework this means that systems suppliers will be paid to develop against this standard.
- The programme, itself, is working very closely with one of the GPIT suppliers to ensure that structured medication dosage instructions are included in their messaging going forward.
- Changes to the VMP ID within the dm+d; communicating with suppliers to make them aware of changes and impacts. The VMP ID changes are occurring in 18 batches, due to be completed in November '23. Changes should occur in the background.
- Changes to Drug Form attributes, at VMP level within dm+d. Drug forms are being changed to align more closely with EDQM dose forms. Systems are being tested, to be completed in 2nd quarter of 2024. Now monitoring for potential impact. All information on web page.
- EPS – CLEO Systems remains the only accredited EPS supplier in secondary care; working to get other suppliers on the Framework.
- Major focus in NHSE Translation Directorate on Mobile First. The NHS App team is piloting some work, where people will be able to see a digital version of the Rx on the app, Rx tracking with bar codes.
- Meds Data for secondary use: There had been a Covid-19 data collection system between one supplier and approx. 25 trusts. This has now been decommissioned and data is no longer flowing and is being handed over within NHSE. This work stream is in the final stages of achieving ministerial approval for national EPMA data collection; this will come in the form of an ISN (Information Standards Notice). This is expected to be published, autumn 2023. Likely to have a 9mth timeframe to have established data flow on a weekly basis.
- RJ and SMS noted developments and progress in Wales and Scotland respectively.

PW has provided an answer to a question asked by AG:

Q. Are there any future plans for prescription data from other sources than primary care to be made available in the NHS App?

A. For the pilot, which is starting in October 2023, there will be new digital prescription functionality which will allow patients to see the prescription status in the NHS App for an item prescribed by an EPS enabled secondary care NHS Trust. The plan is for the pilot to be followed by ICB and then national roll-out but timeframes for these are to be determined.

	Action: CR to share slides.
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2.2	HEE CLF Project "Digital Skill Development of the Pharmacy Workforce"	14:00 -14:20
Description	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).	
	Angela Burgin	
Purpose	To receive an update.	
Outcomes	<p>As part of her Clinical Leadership Development year, ABur did a project on Digital skills' development of the pharmacy workforce. The impetus for this project was that NHSE and HEE had developed a Health & Care Digital Capabilities Framework intended to support pharmacists to develop digital skills and systems to develop best patient care and improve outcomes; however, it was apparent that the framework wasn't commonly known. One of the aims of the project was to look at the risks of not developing digital skills in the workforce.</p> <p>From 'on the ground experience', it was apparent that digital systems weren't being used to their full potential. The project explored the risks of not developing the digital skills of the workforce, including potential 'burn-out'.</p> <p>Not developing digital skills or developing them but using them in different ways hinders innovation and means that the true transformation is not being achieved.</p> <p>The aim of the project is to define what the real-world barriers and facilitators are and create recommendations.</p> <p>The project looked across sectors in the ICP network, using focus groups and workshops to reach out; as well as the focus groups, interviews and workshops, a questionnaire was developed and piloted which had very good take-up (75/102). Seven themes were identified; there was a real resonance about change, the consequences of digital and what that meant for the pharmacy teams in terms of skills.</p> <p>ABur created a 'found' poem about digital change with quotes taken from those who'd engaged with the project – tells a story. The poem was called: Integrated Collective Perceptions. The poem painted a very powerful reflection of people's fears and worries about the impact of change including:</p> <ul style="list-style-type: none"> • Fixed mindset – 'I can't do computers, I'm a child of the 1980s', safety, jobs changing. • Psychological aspects of change – significant impact. As leaders, need to provide better support. 'Bridge's Transition Theory' 	

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	<ul style="list-style-type: none"> • Development of digital skills – 93% stated that there was no meaningful discussion or support. • Planned change methodology – essential for tangible and practical change. Emergent change is more challenging but is necessary and needs to be understood. Important for staff to be involved in /buy into any change. <p>Action: ABur to share recommendations. Action: DD/ABur to touch base out with the meeting re: burnout.</p>
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2.3	Grassroots Digital Maturity Assessment - Project Update	14:20-14:40
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	Action: CR to add this to next agenda.	

2.4	Prescribing Proposition Project Update	14:40-15:00
Description	<p>To receive an update on the RPS prescribing proposition project.</p> <p>Marcia Reid (MR), RPS Programme Manager</p>	
Purpose	Comments and feedback	
Outcomes	<ul style="list-style-type: none"> • MR introduced herself and noted that her role is to clarify the prescribing proposition for RPS Members. Not just engaging with prescribers but also the membership as a whole and keeping them up to date. • Aim is to reach all prescribers, those wanting to become prescribers, Foundation trainees, DPPs and the 2026 cohort of students and beyond. 'It is hoped that pharmacists will consider RPS as partners in this journey'. • Listened to RPS members and others; have distilled what is required into 4 'pillars': current awareness, education, guidance and support. • Pharmacy Rx web pages to be launched 2 Oct 2023 • From January 2024, there will be a Rx helpline. • MR to keep in touch with the group and would like to be invited to the next meeting to update on progress. 	

	<p>Action: CR to invite MR to the next DP EAG meeting. Action: CR to share slides</p>
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2.5	Standing items for EAG meetings	
Description	<ul style="list-style-type: none"> For DPEAG to be updated on RPS workstreams. 	
Purpose	To receive an update on the RPS standing items for EAG meeting	
Outcomes	The DPEAG was updated on current work streams. There were no actions.	

2.5	Sub groups	
Description	The sub-groups were agreed when the DP EAG was established and may not now be considered fit for purpose.	
Purpose	To consider and agree if the sub-groups, in their current form, are still relevant and how they should be taken forward.	
Outcomes	<p>Action: Have the sub-groups as the first agenda item at the next meeting to discuss the value of the sub-groups in their current form. Action: Consider the terms of reference.</p>	

3: Communication

3.1	Messages for RPS members	15:00-15:20
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.	
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"> This item was not considered. 	

4: Any other business 15:20-15:30

There was no other business.

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