

**Digital Pharmacy Expert Advisory Group Agenda**

**Monday 23 January, 13.30pm-15.00pm**

**By Zoom – calendar invite sent to Group members and speakers:**

<https://rpharms.zoom.us/j/93795587145?pwd=YndmQTVla3lFSjQ2T0c1UFdUNFpOZz09>

**1: Recognition**

**Introductions, apologies and declarations of interest (13.30-13.35)**

**EAG members:** Angela Burgin (ABur), Penny Daynes (PD), Dipak Duggal (DD), Esther Gathogo (EG), Mohammed Hussain (MH), Rob James (RJ), Darren Powell (DP) (Chair) and Sean MacBride-Stewart (SMS).

**Apologies:** Anna Bunch (AB), Stephen Goundray-Smith (SGS), Alistair Gray (AG), Euan Reid (ER) and Leon Zlotos (LZ).

**Guest:** Paul Wright (NHS Digital).

**Staff:** Carolyn Rattray (CR), Business Manager – Scotland, Laura Wilson (LW), Director for Scotland and Heidi Wright (HW), English Practice & Policy Lead.

The Chair gave a brief introduction to the meeting, wishing all a happy new year, welcoming LW as the new RPS Director for Scotland and thanking Clare Morrison for her hard work developing the group. The Chair thanked the DP EAG members for their commitment to the group.

| <b>1.1</b>         | <b>Update from previous meeting</b>  | <b>13.35-13.40</b> |
|--------------------|--|--------------------|
| <b>Description</b> | Agendas and outcomes from previous meetings are published on the group’s webpage at: <a href="https://www.rpharms.com/about-us/who-we-are/expert-advisors/digital-pharmacy-expert-advisory-group">https://www.rpharms.com/about-us/who-we-are/expert-advisors/digital-pharmacy-expert-advisory-group</a> |                    |
| <b>Purpose</b>     | To review the outcomes and priorities from last meeting  |                    |
| <b>Outcomes</b>    | <ul style="list-style-type: none"> <li>MH to follow up with ER re: GB working and sharing of expertise.</li> </ul>   |                    |

**2: Relevance**

| <b>2.1</b>         | <b>Locum access to NHS email (England only)</b>  | <b>13.40-14.00</b> |
|--------------------|--|--------------------|
| <b>Description</b> | The RPS English Pharmacy Board has raised the issue of locum pharmacists having access to NHS mail. There is a centralised process, but it appears to be quite difficult to use and from what we understand it requires an employing organisation to sponsor a locum in order for them to receive an NHS email address. We have been told that the process for GP locums in England is a lot easier. |                    |

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|                        | <p>We would like to discuss this at the DPEAG to understand what happens in each country and to potentially explore how the system could be improved for locums as, currently, they are not receiving information and intelligence to help them in their roles.</p> <p><b>Heidi Wright, Practice and Policy Lead, England</b></p>  |
| <p><b>Purpose</b></p>  | <p>To discuss the challenges for locums and to consider how to improve access to NHS mail.</p>   |
| <p><b>Outcomes</b></p> | <ul style="list-style-type: none"> <li>• In Wales there is an application form on Digital Health &amp; Care. This is for all pharmacists to access NHS Mail. No requirement for a sponsor. There is pharmacy community services platform which nearly all services are delivered through which Locums would need to register with</li> <li>• In Scotland, it is down to the individual health boards to consider rather than a centralised process. <b>Scottish DPEAG members to provide more information on processes</b></li> <li>• In England, NHS Pharmacy has its own container for NHS Mail. To access this, pharmacists need to be linked to a shared mailbox which is linked to a pharmacy. This is not ideal for locums as, by nature they work for various pharmacies and pharmacy managers are not keen to add them because of confidentiality issues. The ‘work around’ is that a locum is added to a pharmacy shared mailbox, is provided with access to NHS Mail and then removed from the pharmacy shared mailbox whilst retaining their access to NHS Mail. This is not ideal; DP, supported by MH has been pushing internally for a defined process linked to the 5F code on smart cards. Governance is required to identify locum pharmacists and using the 5F code would do this; waiting to see if this can be implemented. There is a delay related to NHSD merging into NHSE.<br/>GP locums appear to be able to obtain NHS emails more easily but this because of support from NHSE and the Deaneries. There is a process in place but with the mergers relating to NHSD and NHSE, there might be a delay. Easier for GPs to have locum access as generally bookings are for several weeks, whereas a pharmacist might be one location for one day.</li> <li>• In Scotland and England, patient information between GP practices and community pharmacies would go to the specific pharmacy shared email address rather than individual NHS email addresses; the issue is for matters relating to training, etc, that can only be accessed by NHS mail.</li> <li>• RPS to draft a simple document that sets out the different ways that locums can obtain NHS accounts in the different countries.</li> </ul> |

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|  | <ul style="list-style-type: none"> <li>• HW to clarify the 'ask' is that the locum requires a general NHS email account or a specific shared mailbox? List out the different challenges, e.g. required functionality. <b>(Action: HW)</b></li> <li>• Explore if same challenges with hospital pharmacy as with community.</li> <li>• RPS England to work jointly with PSNC to enable locum pharmacist access to individual NHS email addresses, HW to share with DP EAG before finalising. <b>(Action: HW)</b></li> </ul> |
|--|---|

| 2.2                | NHS Digital   | 14.00-14.15 |
|--------------------|---|-------------|
| <b>Description</b> | This session will provide the group with updates from NHS Digital. Invited speaker:<br>Paul Wright, NHS Digital Terminology Specialist  |             |
| <b>Purpose</b>     | To be up to date with NHS Digital and Interoperable Medicines and be informed about a current survey: Hospitals Medicines Interoperability Hospitals and Sites.   |             |
| <b>Outcomes</b>    | <ul style="list-style-type: none"> <li>• PW to share slides with DPEAG. CR to upload to the DPEAG page of the rpharms website. <b>(Action: PW/CR)</b></li> <li>• DPEAG to provide feedback on changes to the terminology products. (All)</li> <li>• DP to follow up off-line with PW re: road map <b>(Action: DP)</b></li> <li>• PW to share agenda for the Structured Medications Collaboration group meeting when available.</li> </ul> |             |

| 2.3                | Subgroup updates  | 14.15-14.30 |
|--------------------|---|-------------|
| <b>Description</b> | The Digital Pharmacy EAG subgroups has the following subgroups: to discuss their priorities and workplans: <ul style="list-style-type: none"> <li>• Technologies subgroup</li> <li>• Medicines Record subgroup</li> <li>• Key performance indicators subgroup</li> </ul>  |             |
| <b>Purpose</b>     | To receive updates from the subgroups on their priorities and work.   |             |
| <b>Outcomes</b>    | <p>There were no updates for this meeting.</p> <ul style="list-style-type: none"> <li>• 'Refresh' who is on what group <b>(CR)</b> and then Chair of each group to provide updates at each DPEAG meeting.</li> <li>• It was agreed that breakout rooms should be organised for future meetings with time allowed during the meeting for the groups to meet and then report back. <b>(CR to action breakout rooms and incorporate into agendas as a standing item)</b></li> <li>• There should be expected outcomes and specific agendas for each of the working groups</li> </ul> |             |

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| <b>2.4</b>         | <b>Community Pharmacy IT Group</b>   | <b>14.30-14.40</b> |
| <b>Description</b> | DPEAG Chair to provide an update on some of the topics on the agenda of the CP-IT group in the coming months.  |                    |
| <b>Purpose</b>     | To receive an update on the work of the Community Pharmacy IT Group.   |                    |
| <b>Outcomes</b>    | <p>DP wasn't able to attend the normal rescheduled meeting. There were two briefing meetings:</p> <ul style="list-style-type: none"> <li>• Connecting and benefiting from records – an update on changes to the national care record service in England (successor to the SCRA portal)</li> <li>• Independent prescribing initiatives (England) – expression of interest meeting on 25 January for groups to find out how pharmacies might prescribe in the community. HW is hoping to attend the meeting on 25 January. Already happening in Scotland – Pharmacy 1<sup>st</sup> +</li> <li>• <b>DP to attend the next meeting in March and will feed back.</b></li> </ul> |                    |
| <b>2.5</b>         | <b>Responses to consultations</b>  |                    |
| <b>Description</b> | There are no current consultations pertaining to Digital.  |                    |
| <b>Purpose</b>     |  |                    |
| <b>Outcomes</b>    | <ul style="list-style-type: none"> <li>• DPEAG recommendations for areas of focus – have the NPBs considered these. <b>LW to check NPB minutes and feed back to DPEAG.</b></li> <li>• A Board member from each NPB will attend each of the EAGs to enhance communications between the NPBs and EAGs. An email will be sent to the EAGs to confirm.</li> </ul>  |                    |

### 3: Communication

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|--------------------|--|--------------------|
| <b>3.1</b>         | <b>Messages for RPS members</b>  | <b>14:40-14:50</b> |
| <b>Description</b> | 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.  |                    |
| <b>Purpose</b>     | 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. |                    |
| <b>Outcomes</b>    | <ul style="list-style-type: none"> <li>• Use the DPEAG</li> <li>• RPS Connect (in the future)</li> </ul>   |                    |

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|  | <ul style="list-style-type: none"><li>• From Today's meeting, PW's slides would be useful to add to the website. <b>PW to share slides for publication with DP. CR to upload to the website</b> with actions from the meeting.</li><li>• Use the PJ to relay messages, agenda items and dates of meetings.</li><li>• <b>LW to speak to Comms to re: messages to go out in member newsletters</b></li></ul> |
|--|--|

**4: Any other business**

**14:50 – 15.10**

DP EAG members to raise any other business.

SGS is the Clinical Lead for the current work that the PRSB is carrying out around the community pharmacy standard. Consultation webinars for system suppliers taking place on 2 February and then clinicians and citizens on 7 February. **All to share with networks. SGS to provide an update at next meeting.**

# Digital and Interoperable Medicines

Paul Wright - Pharmacy Terminology  
23<sup>rd</sup> January 2023



# Trust Information Gathering Survey



## Information gathering survey - NHS Digital

### Medicines Interoperability Hospital and Site Survey 2022



This report is based on the Medicines Interoperability Survey, sent to a range of organisations including Acute, Mental Health and Community Trusts and Independent providers in June 2022. The survey collects information on the IT systems used to handle medicines and prescribing information in hospitals in England. In particular a hospital's Electronic Prescribing and Medicines Administration System (ePMA), Pharmacy Stock Control and Dictionary of Medicines and Devices (dm+d) status and whether Trusts are live with an ePMA system or plan to go live.

If you have any queries or updates in relation to the data within this report, please contact the Interoperable Medicines Team via their mailbox: [interopmeds@nhs.net](mailto:interopmeds@nhs.net)

|                                 |  |
|---------------------------------|--|
| <b>Contents</b>                 |  |
| <b>Respondents</b>              | Summary of responses received and site coverage.   |
| <b>ePMA System Status</b>       | Data on whether sites are live with an ePMA system.  |
| <b>dm+d</b>                     | Site data on Dictionary of Medicines and Devices (dm+d) interoperability standards, mapping and user knowledge.            |
| <b>Electronic Prescriptions</b> | Site data on the estimated proportions of prescriptions written electronically for inpatients, outpatients and discharges. |
| <b>ISN</b>                      | Trust data on Information Standard Notice (ISN) awareness  |
| <b>Workflow Status</b>          | Trust data on commencement of workflows using Interoperable Medicines Standards.   |
| <b>Question Responses</b>       | Search a selection of individual questions in the survey and see the responses from all.                                   |
| <b>ePMA Suppliers</b>           | Supplier ePMA landscape and site status.   |
| <b>ePMA Timeline</b>            | Organisation and site ePMA timelines.  |
| <b>Survey Questions</b>         | List of all questions for survey.  |
| <b>Data Quality</b>             | Overview of data collection, data processing and data quality.   |

If you are a trust who has not submitted its data through the initial survey link but are now ready to do so, please contact us at: [interopmeds@nhs.net](mailto:interopmeds@nhs.net). We will ask your PIRM team colleague to contact you to gather your responses.



# Changes to dm+d and SNOMED CT UK Drug Extension content in 2023



The NHS [Digital and Interoperable Medicines Programme](#) is making changes to the NHS Dictionary of Medicines and Devices (dm+d) and SNOMED CT UK Drug Extension to reduce the potential for clinical errors across NHS clinical IT systems.

Several changes are being made to the two terminologies during 2023 to bring them into closer alignment in terms of content and availability.

This will:

- improve safety and efficiency
- reduce transcription and clinical errors
- allow staff to focus even more on care
- provide patients with a better experience

Further information and supporting resources for the specific changes is available [here](#), including the proposed delivery timescales. A 20 minute [video](#) explaining the changes is also available which provides guidance to NHS Trusts.

If you have any queries about the work please contact [nhsdigital.ukmeds@nhs.net](mailto:nhsdigital.ukmeds@nhs.net)





# Additional Updates



## 1. Future Event – UK FHIR Core Learnathon (Wednesday 1<sup>st</sup> February 2023)

- Tickets on Eventbrite ([here](#))
- The event is designed to support development and adoption of UK FHIR Core; a set of FHIR Profiles tailored to meet many of the interoperability use cases for the UK, and NOT just England.
- Planning meetings for the learnathon are taking place on Thursdays from 8:00 am. Join the meetings using this [link](#)
- Any questions, contact [secretariat@interopen.org](mailto:secretariat@interopen.org)

## 2. Future Event – Medicine Interoperability Hackathon (Tuesday 28<sup>th</sup> February & Wednesday 1<sup>st</sup> March 2023)

- Tickets on Eventbrite ([here](#))
- The event is designed to accelerate development using the FHIR Interoperable Medicines Standards and Structured Dose Syntax guidance, enabling patient medication information to move seamlessly between care providers across all care settings and ultimately creating a patient-centred consolidated medication record.
- Planning meetings for the hackathon are taking place on Thursdays from 8:00 am. Join the meetings using this [link](#)
- Any questions, contact [secretariat@interopen.org](mailto:secretariat@interopen.org)

## 3. BMJ Editorial - “[Realising the potential of shared digital medication records](#)”



Check for updates

<sup>1</sup> MEdication in General, Oxford, UK  
<sup>2</sup> BMJ, UK  
<sup>3</sup> Centre for the University of Southampton, Southampton, UK  
<sup>4</sup> UK  
<sup>5</sup> Southampton, UK  
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**Realising the potential of shared digital medication records**  
Accurate medication records accessible in all healthcare settings are critical to patient safety

San Patel,<sup>1</sup> Ann Sme,<sup>2</sup> Anthony Avery,<sup>3</sup> Aziz Sheikh<sup>4</sup>

Safe medication management is fundamental to the delivery of high quality care. But the complexity of care provision makes this far from straightforward, and medication errors still occur at an estimated 7% death rate, contributing to an estimated 712 deaths every year in the English NHS alone.<sup>5</sup>

Linking medication information from all care settings into a shared digital medication record (SDMR) – a “single version of truth” accessible to all health and care clinicians has the potential to substantially reduce medication errors and improve patient safety. This development means that the NHS in England will also have the tools required to make this a reality.

First, sharing healthcare data between primary and secondary care will be enhanced by the ongoing adoption of electronic prescribing across hospitals in England, concerning the practice before mentioned with the recent rollout of paper prescribing to secondary care and digital systems in general practice. Second, an open medication interoperability standard will be mandatory across NHS England’s digital systems by April 2023. The lack of interoperability, or a common language for all systems to use, has been a longstanding technical obstacle to reliable sharing of medication data across different healthcare services and settings. After April, all NHS providers in England, including general practices and hospitals, will need to ensure their systems are compliant.<sup>6</sup>

Their medication data is vital to maintain trust, agreement on comorbidity and clinical responsibility for medication data will be essential to ensure that records are accurate and to resolve inconsistencies in prescribing decisions.

The ability to view and share accurate medication information across diverse healthcare settings will enable better therapeutic decisions, enhance shared decision making, and reduce risk of medication errors or transitions of care as patients move between different healthcare services.<sup>7</sup> To maximise the potential offered by SDMR, a strategic approach to both design and development is required. Technology and system manufacturers can now collaborate using the agreed interoperability standards to develop shareable records. A co-design approach with clinicians and patients is needed to reduce the risk of unintended consequences that compromise patient safety and to ensure that information is presented consistently to minimise misinterpretation.

Clinical bodies and policy makers at all levels across regional, acute, and community settings should prioritise the changes to practice, process, and governance required to realise the potential of SDMR. Development and implementation will be iterative and shared across to enable with evaluation to establish the benefits and identify any avoidable harms.

Work has already begun on development in regions

BMJ: first published as 10.1136/bmj.n2022.027000 on 01 January 2023. Downloaded from <http://www.bmj.com/> on 01 January 2023.

## Website and Bulletin

**Business cases**

**Benefits toolkit**

**Strategic drivers**

**Case for change**

**Education &  
Awareness Campaign**

**eLearning**

**Talking Heads**

**Animations**

**Enhanced  
Technical guidance**

**Rendering of Meds' in  
shared care records**

**Early adopter  
blueprints**

**Weekly working group**

**Service  
Transformation**

**Trust & Provider  
Engagement**

# Connect with us

## Structured Medications Collaboration Group

Teams page set up for system suppliers, developers, trusts.

Weekly working group - 3.05pm  
Mondays

For general medicines interoperability enquiries, access to Teams site, or to join group email:

[interopmeds@nhs.net](mailto:interopmeds@nhs.net)



## Visit our website at:

<https://digital.nhs.uk/services/interoperable-medicines>

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<https://www.interopen.org/>

## FutureNHS Community of Practice

<https://future.nhs.uk/MedsOPDigitalLN/view?objectID=36504432>