# **Digital Pharmacy Expert Advisory Group Agenda**

**Wednesday 28th February, 12:00-13:30**

**Via Microsoft Teams:**

## **1: Recognition**

**Introductions, apologies and declarations of interest (12:00-12:05)**

**EAG members:**,Angela Burgin (ABur), Penny Daynes (PD), Esther Gathogo (EG), Stephen Goundrey-Smith (SGS), , Sean MacBride-Stewart (SMS), Darren Powell (DP) Chair and Euan Reid (ER).

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

**Apologies:** Anna Bunch (AB), Alisdair Gray (AG), Dipak Duggal (DD), Leon Zlotos (LZ), Rob James (RJ)

**Guest:** Paul Wright (PW) (Standards Implementation Engagement Lead (Pharmacy), Pharmacy Terminology, Transformation Directorate, NHS England)

**Observers**: Alexander, Catherine Horne, Ola Howell, Inesa, Fatema Jessa, Carol Jenkins, Marcus Warner, Catherin Seibert, Devesh Patel

**Staff:** Heidi Wright (HW) (Practice and Policy Lead, England), Fiona McIntyre (FM) (Policy Lead, Scotland), Ross Barrow (RB) (PA lead, Scotland)

**Welcome:** DP as chair welcomed DPEAG members, guest speakers and observers to the meeting

|  |  |  |
| --- | --- | --- |
| **1.1** | **Update from previous meeting** | **12:05 - 12:10** |
| **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** | **Actions:**  Grass roots digital maturity – stalled at the moment.  Prescribing proposition project – invite Marcia to May meeting for update.  Review sub-groups offline and if there is a continued need for these  Potential pharmacogenomics in Scotland project halted.  Paul and Rahul to receive regular invite to meeting | |

## **2: Relevance**

|  |  |  |
| --- | --- | --- |
| **2.1** | **NHS England** | **12:10 - 12:25** |
| **Description** | This session will provide the group with an update on behalf of the NHS England Digital Medicines Programme. | |
| **Purpose** | To receive an update on developments pertaining to the NHS England Digital Medicines Programme. | |
| **Outcomes** | ***Two main updates:***  Terminology update   * Updating the dm+d ‘VMP <DRUG\_FORM> attributes * Phase 1 changes took place 20 November 2023 and now working on phase 2 changes * Phase 2 will take place over a number of weeks in Q1 2024 * Creating new Drug Forms within the dm+d terminology * Existing Drug Foms will be retained but will be assigned to VMPs as the exception rather than the rule.   First of Type scheme   * 148 expressions of interest and now have 24 individual projects that are being funded * Open to any Trusts that could deliver First of Type capability or functionality that could subsequently be made available to other Trusts. * Applications were assessed and scored against a set of criteria relating to the technical capability/functionality, the scalability to other trusts, delivery confidence and supplier support and engagement. * A set of objective criteria was then used to achieve a spread of bids with consideration against system suppliers, category and regions. * Spread across regions * Updates on projects can be provided at future meetings * Can also update on other projects   **Actions:** PW to provide a list of current projects and share slides | |

|  |  |  |
| --- | --- | --- |
| **2.2** | **RPS priorities for 2024** | **12:25 – 12:35** |
| **Description** | This session will provide the group with an update on the priority areas of focus for RPS across GB. The group will be able to explore where they can provide expertise and support the country boards in the delivery of the work. | |
| **Purpose** | To receive an update on the current focus of RPS across the three countries | |
| **Outcomes** | AI and Digital Capabilities are two main areas of focus and are on the agenda for discussion. Other key policy areas in 2024 are:   * Gender incongruence * Palliative care * Medicines Shortages | |

|  |  |  |
| --- | --- | --- |
| **2.3** | **Artificial Intelligence** | **12:35 - 12:55** |
| **Description** | This session will provide the group with an update on the workplan for AI across 2024 and provide an opportunity for group members to feed in their thoughts and views. | |
| **Purpose** | Comments and feedback | |
| **Outcomes** | Right approach to developing a position statement?   * Have started to have conversations around this * Thanks to SGS who developed the content for appendix 1 and forms the outline of position statement. Tried to see what literature was already available in the pharmacy space. Lots of speculative material. Tried to identify issues in principle; we don’t know how it is going to develop but need to have principles to stand by as it develops * Recommendations outlined in SBAR * Will potentially lead to ongoing policy development * AB keen to be involved in focus group * How AI develops in terms of using good data input * Behaviour change is interesting – why people make the decisions they do and possibilities of how it can inform AI. <https://www.ucl.ac.uk/behaviour-change/research/human-behaviour-change-project-hbcp> * AI is a sociotechnical system * Will also be about stimulating this conversation within the profession * Other Royal Colleges have produced statements on this topic * Symbiosis of people and technology * Lots of different tools coming out and need to guide pharmacists – evaluation and ensuring they are credible. Pulling data from different sources and not necessarily from your source country * Have a use case and build in AI * NHSE endorses them, verifies sites / sources of information * A lot of 'hype' currently but also a lot of colleagues dabbling using AI (Copilot / Chat GPT) to write papers (SBARs, business cases, writing info leaflets, etc.) Care that we don't forget about data protection / confidentiality. Also the E&T / academic side and the ability of AI to answer straightforward knowledge based questions extremely well. * Keeping pharmacists up to date about how AI works and especially data is shared and where it might go * Need to ensure systems are clinically safe * Think we need to consider assistive AI tools (chat gpt) and diagnostic/therapeutic tools separately due to the direct/indirect patient impact. NICE has developed some standards which incorporate AI tech so perhaps worth linking in with them * If pharmacists provide data that turns out to be erroneous then who is accountable – need to ensure systems are validated * For any decision-support AI tools, the transparency on the training resources (an explicit list) should be mandatory. Monitored access is so important - possibly the OpenSafely-like approach could be adapted for it. I am sure there will be a lot of activity in the field from the medics too * <https://www.gov.scot/publications/scotlands-ai-strategy-trustworthy-ethical-inclusive/> * <https://www.scottishai.com/> * <https://scottishairegister.com/> * NHS DTAC, not sure if they will expand their technology assessment and criteria to AI tools <https://transform.england.nhs.uk/key-tools-and-info/digital-technology-assessment-criteria-dtac/> * AI augments and does not replace pharmacists as healthcare professionals * Example from SGS – system suppliers for community pharmacy (InvaTech) * There are so many AI-powered tools being developed by colleagues who are taking part in the NHS Clinical Entrepreneur Programme. Some pharmacists there too, so these might be potentially good people to work with, learn from and involve in any policy/framework development * Big questions around ownership of copyright material * will IT systems need to be upgraded in all pharmacies to enable AI to work well, how can we do this? Challenge with the wide range of IT providers. plus costs of upgrades and also it can be slow for system providers to change their systems especially if built on a legacy platform but would be good to hear about AI pharmacy success stories * Will AI be able to add onto existing systems or will it be completely separate, from my point of view working in an internet pharmacy it has been very difficult to merge the old IT systems with the online systems. For example Amazon built there system from the beginning with great success   **Actions:** DPEAG members to let Fiona know if they would like to be involved in focus groups | |

|  |  |  |
| --- | --- | --- |
| **2.4** | **Digital Capabilities** | **12:55 - 13:10** |
| **Description** | This session will provide the group with an update on the workplan for DC across 2024 and provide an opportunity for group members to feed in their thoughts and views. | |
| **Purpose** | Comments and feedback | |
| **Outcomes** | * AB did clinical leadership fellow with HEE North. Undertook workshops and interviews with Yorkshire ICB and collected data and nobody had come across the digital capabilities framework – needs to be shared more. * UG is a good area to start - think undergraduate education is critical and the importance of digital capabilities for the future pharmacy workforce * Atif Saddiq set up a community of practice and looking at this (will be invited to May meeting) * Post graduate support is also critical – skills need to be acknowledged by line managers and staff * Missing in scope – translation of technology use in practice, need to broaden people’s involvement in what this will look like in practice and also medicines safety associated with technology * Technology has changed role e.g. electronic prescribing, tasks have changed – what is the purpose as technology replacing processes. What does this mean for the profession * HEIW also have a digital capability framework for Wales [Digital capability framework - HEIW (nhs.wales)](https://heiw.nhs.wales/our-work/digital-capability-framework/) * upskilling of current pharmacy staff is also a challenge depending on the individual and organisational behaviour * HEE postgraduate skills important * Databases are a huge area and how to work with them is crucial * Need to think about patient and user in terms of design to make it more intuitive * Need to be inclusive and develop tools with all in mind e.g. neurodiversity etc * organisational cultural change will be crucial to supporting pharmacy staff - there needs to be an impetus for change about database skills and even coding skills   **Actions**: Connect with Rahul as NHSE doing work in this area | |

|  |  |  |
| --- | --- | --- |
| **2.5** | **Locum access to NHS mail** | **13:10 – 13:20** |
| **Description** | This session will provide the group with an update on this item and seek further views and thoughts | |
| **Purpose** | Comments and Feedback | |
| **Outcomes** | * DP clinical lead for NHSmail at NHSE. Fighting for access for locums. Started a process to getting locums to apply for NHSmail. Utilising CIS and requires a secure email address (not personal) * Activities cost money and need to be budgeted for * Equivalent for GPs * Locums in Wales can have access to NHS Wales e-mail   **Actions:** Group members to send Heidi any further comments by 15 March 2024 | |

|  |  |  |
| --- | --- | --- |
| **2.6** | **Shared patient records** | **13:20 – 13:25** |
| **Description** | This session will provide the group with an update on this item and seek further views and thoughts | |
| **Purpose** | Comments and Feedback | |
| **Outcomes** | * In a different place to England and Wales * No national system for access with pharmacists to shared patient records * Positive reception politically * Health Committee wrote to Cabinet Secretary to clarify the position and pointed to access ECR summary but this is not inclusive of all information - <https://static1.squarespace.com/static/601d44b7e8475c7d8be2ea36/t/616ff7032df1493e5488f40a/1634727684605/ecs-faq.pdf> * RPS pushed back and new Cabinet Secretary has been appointed. Plans are underway to share access to a shared patient record for pharmacists * Seeking timescale and scope of access * Community pharmacists in Wales have access to the Welsh GP record via the Choose Pharmacy system. This is the same access as secondary care staff have via the Welsh Clinical Portal. * Pharmacy First will be via GP Connect and that should be available soon – but needs to be widened to other activities * Looking at GP Connect to provide structured feedback into GP systems * GPs can reject the information from pharmacy but what information then goes back to the pharmacy to let them know? * Need engagement earlier in process to ensure information has shared * Whose data is it? Should be owned by patients and we are all custodians of that person’s data | |

## **3: Communication**

|  |  |  |
| --- | --- | --- |
| **3.1** | **Messages for RPS members** | **13:25 - 13:30** |
| **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** | All of the topics discussed are relevant and should be shared  **Actions**: Darren to provide a short video for social media | |

## **4: Any other business and close**

None