PSNC Service Development Subcommittee Agenda

for the meeting to be held on Tuesday 12th March 2013

at The University of Sunderland, Dale Building, Chester Road, Sunderland, SR1 3SD

starting at 11.15am

Members: Paul Bennett, David Evans, Elisabeth Hopkins, Indrajit Patel, Adrian Price, Alan Robinson, Omar Shakoor, Gary Warner (Chairman)

1. Apologies for absence

No apologies for absence have been received at the time of setting the agenda.

2. Minutes

The minutes of the meeting held on 16th January 2013 were shared with the subcommittee and are available to download from PSNC's website.

3. Matters arising

4. Work Plan

The 2013 work plan is set out at **Appendix SDS 02/03/13** for consideration by the subcommittee.

ACTION / RATIFICATION

5. New Medicine Service

Feedback has been received that pharmacists are not always using the MUR and NMS consultation guides to structure their conversations with patients. This information has raised concerns at DH and NHS Employers, as it is possible that the effectiveness of the services will be lowered if the quality of the conversation with the patient is not optimal. A communications programme to highlight the importance of using the consultation guides is being implemented.

A verbal update will be provided on the discussions with DH/NHS CB on the NMS.

6. Medicines Use Review

Recent consideration of likely future developments in the contractual framework led a Committee member to enquire about the provision of MURs over the phone. MURs can be undertaken over the phone where permission to do this has been granted by the PCT for each individual MUR. The responsibility to authorise such MURs will pass to the NHS CB's area team from April. The draft NHS CB SOP for management of Advanced services has been sent to PSNC for review; a description of the emerging Board policy on telephone MURs will be given at the meeting.

During the negotiations for the 2005 contract, PSNC was very clear that it saw MURs conducted in the pharmacy as the norm, in order that the maximum value of a face to face communication could be achieved. It is possible to provide NMS consultations over the phone, but these generally relate to only one medicine, compared to the multiple medicine scenarios seen in the MUR service. The views expressed by DH and NHS Employers at the time of developing the NMS service specification were that telephone consultations were viewed as a 'second best' in comparison to a face to face discussion with the patient. This view recognised the need for different skills to be used when consulting over the phone, the lack of visual cues to communication available in a telephone consultation and the inability to undertake physical assessments, such as checking inhaler technique.

It is worth noting that the communications behaviours of the population are undergoing a radical change, facilitated in particular by the widespread use of smart phones and video messaging facilitated by easy access to computers with webcams. Consumer expectations are also changing with regard to remote service provision, particularly outside the health sector, with many people expecting to be able

to access services over the internet or by phone. The DH consultation on modifying the GMS contract reflects some of these changing consumer expectations in the proposals for online ordering of repeat prescriptions and booking of appointments. There is also a proposal to increase the remote management of diseases, starting with hypothyroidism, to reduce the need for patients to visit the GP practice (but exact details of what this entails are yet to be published).

The requirements of the Equality Act mean that pharmacies, as service providers, would need to consider making reasonable adjustments to their service provision to cater for the needs of certain client groups, including housebound patients.

The subcommittee is asked to consider whether PSNC should seek a review of the approach to authorisation of telephone MURs in discussions with the NHS CB.

7. Royal Pharmaceutical Society document on multi-compartment compliance aids

The RPS has shared an advance copy of a document they are due to publish shortly on multi-compartment compliance aids. The document is included at the end of the SDS agenda, but it should not be disseminated further until the RPS publishes the final version. The subcommittee is asked whether it has any comments on the document.

8. Falsified Medicines Directive

Following the discussions at the January meeting, a paper, set out at **Appendix SDS 03/03/13**, has been submitted by Raj Patel for consideration by the subcommittee. A PowerPoint presentation on the European Stakeholder Model is appended at the end of the agenda papers.

REPORT

9. Quality measures for community pharmacy

An update on discussions with DH on quality measures for community pharmacy will be provided at the meeting.

10. Modernising Pharmacy Careers (MPC) programme

Future pharmacist workforce project - DH has commissioned the Centre for Workforce Intelligence (CfWI) to undertake a project on the supply of undergraduate and pre-registration pharmacy training places and demand for qualified pharmacists in the workforce. The MPC Professional Board will assure the quality of the outputs of the work and the technical aspects will be overseen by a group led by Dr Sue Ambler, the DH Pharmacy Workforce Policy lead.

The project will deliver:

- a robust assessment of current pharmacist undergraduate and pre-registration trainee numbers and future trends;
- horizon scanning and scenario generation to consider the impact of changes to both pharmacist and pre-registration trainee numbers, changes to pharmacy education, technology and system-wide changes that may impact on supply or demand in the pharmacist workforce; and
- recommendations to the DH regarding the numbers of students, and any emerging imbalance between student numbers, provision of training places and the number of pharmacists required to deliver services for NHS patients through to 2040.

Developing consultation skills - in 2012 the MPC Professional Board issued proposals to help strengthen and develop the careers of post-registration pharmacists and pharmacy technicians. The proposals identified the need for a programme of work in a number of areas including developing the workforce to deliver medicines optimisation and enhancing the skills of the pharmacy team in the delivery of public health messages.

To start to progress work in this area, DH recently organised a meeting to brainstorm how the consultation skills of pharmacists and pharmacy technicians to support medicines optimisation and the

delivery of public health messages can be developed and assured. Alastair Buxton has taken part in both these workstreams on behalf of PSNC.

11. Royal Pharmaceutical Society discussions with Home Office

An update on the work being carried out by the Royal Pharmaceutical Society with the Home Office is set out at **Appendix SDS 04/03/13** for information.

12. IT Update

An update on current NHS IT projects is set out at **Appendix SDS 05/03/13** for information.

13. The National Health Service (Procurement, Patient Choice and Competition) Regulations 2013

These regulations were laid in early February, and caused an immediate flurry of activity in the media, and for LPCs.

The Regulations impose requirements on the NHS CB and clinical commissioning groups (CCGs) to ensure good practice in relation to the procurement of health care services for the purposes of the NHS, to ensure the protection of patients' rights to make choices regarding their NHS treatment and to prevent anticompetitive behaviour by commissioners with regard to such services.

It is important to note that the Regulations do not apply to Pharmaceutical services, i.e. those commissioned nationally from pharmacy by the NHS CB. The arrangements for pharmaceutical services are determined under the market entry provisions, which have been decided by Parliament. The determinations by the NHS CB are required to be made in such a way as to satisfy the NHS CB's obligations with respect to choice and competition.

However, any services of a similar nature to pharmaceutical services that could be commissioned from pharmacy by CCGs are included, so minor ailments services and supplementary prescribing services are subject to the measures seeking to ensure fair procurement practice. PSNC responses to the media have expressed support for the regulations, as they should help to ensure there is a fair playing field, with commissioners being compelled to follow good practice, in their procurement decisions.

At the time of setting the agenda, the Government announced a rethink and a verbal update will be given at the subcommittee meeting.

14. Patient consent requirements for the repeat dispensing service

Last year PSNC received feedback from GPs regarding the requirement to obtain written consent from patients wishing to use the repeat dispensing service. The GPs said this acted as a barrier to them offering the service. This feedback was recently raised with NHS Employers and the General Practitioners Committee (GPC) of the BMA at a meeting of the Professional Relations Working Group. The GPC agreed that it represented a barrier to use of the service and all parties agreed that the need for written consent should be reviewed. This can be justified given that for similar processes, e.g. referral to hospital, consent is generally given verbally.

PSNC and NHS Employers will discuss the need to review the consent arrangements with DH and the NHS CB. NHS Employers will also highlight the requirement to colleagues in the NHS Confederation who are undertaking work for DH, led by Mike Farrar, on reducing bureaucracy in the NHS.

15. Any other business

Appendix SDS 02/03/13

2013 Work Plan for the Service Development Subcommittee

The 2013 work plan for the Service Development sub-committee covers all items agreed at the November 2012 planning meeting.

Key for RAG coding
Red – needs attention / not started / high risk
Amber – underway / in progress
Green – completed / no further attention

Target Plans	Target date	Comment / Update on progress	R/A/G
In 2013 PSNC will develop recognition of the value and potential of community pharmacy service provision in meeting the health needs of our population. We will support development of strong and productive relationships with the NHS Commissioning Board at local and national level. We will ensure that developments in technology support the community pharmacy service and will work to ensure that regulations and their administration meet contractor needs. • PSNC will work to develop models for service delivery in all four domains (medicines optimisation, minor ailments, public health and supporting independent living) ensuring they support the achievement of elements of the health and social care outcomes frameworks. Medicines optimisation services may focus on a specific patient cohort where day to day care of the patient's LTC is managed by the patient in partnership with their pharmacy. • PSNC proposals for the four domains will include robust and manageable quality and outcome measures, where possible aligning with those for other primary care service providers, notably GPs. • PSNC will seek to ensure the continued commissioning of NMS, and make progress towards the integration of tMUR and NMS as fully funded Essential services. • PSNC will seek to persuade the NHS CB and / or Public Health England to develop national standard specifications for a range of services in order to facilitate the commissioning of services at a national or local level.			
Review the management of common long term conditions in order to assess which could be most appropriately managed within community pharmacy.	March	This work is underway and will be discussed at the next meeting of the subcommittee.	Amber
Develop a business case and supporting documentation / resources to support the commissioning of medicines optimisation services.	August	This work will be commenced in due course.	Red
Develop a business case and supporting documentation / resources to support the commissioning of public health services.	November	This work will be commenced in due course.	Red

Develop a business case and supporting documentation / resources to support the commissioning of services to support independent living.	November	This work will be commenced in due course.	Red
Develop a business case and supporting documentation / resources to support the commissioning of self-care/minor ailment services.	August	This work will be commenced in due course.	Red
Continue to collaborate with DH on building the case for the re-commissioning of NMS.	Ongoing	Following submission of the PharmOutcomes NMS evaluation, discussions are continuing with DH. A verbal update on these discussions will be provided at the meeting.	Amber
Continue to collaborate with the DH appointed academic team evaluating NMS to support the provision of timely information to assist in future negotiations on the extension of the service.	Ongoing	Alastair Buxton and Gary Warner attended a meeting of the NMS Evaluation Advisory Group in February, where an update on the progress of the research was provided. AB has also had a bilateral meeting with a member of the research team to provide assistance on recruiting more pharmacies to the research.	Amber
Continue to develop contacts at the NHS CB and PHE and discuss development of standard service specifications once appropriate individuals are in post.	Ongoing	Initial discussions have been held with our new contacts at the NHS CB, bit it is currently too early to commence substantive discussions. PHE have just filled all their senior posts, but many other post are currently vacant; most people will join the organisation in April.	Amber
• PSNC will work to ensure amending regulations and implementation of changes for administration of pharmacy services are effective for contractors and LPCs (working with LIS). • PSNC will work to ensure that Market Entry and PNA regulations are implemented effectively (working with LIS).			
See the LIS work plan for action points related to the above issues. If problems with implementation are identified SDS will consider the appropriate action to be taken in partnership with LIS.			
• PSNC will work to ensure implementation of EPS will incorporate full protection of risks to contractors, including protecting patient choice, and be managed to avoid any distortion of the market (working with LIS).			
Work closely with DH to ensure patient choice is protected during the implementation of EPS Release 2.	Ongoing	Guidance has recently been issued to LPCs on the NHS re-organisation. A particular concern is the loss of the duty on PCTs to proactively monitor use of the EPS nomination functionality however the NHS CB will continue to be obliged to respond to complaints.	Amber
Monitor the implementation of EPS closely to identify problems arising and support sharing of lessons learned to feed into discussions with DH on ensuring the system works	Ongoing	Continuing to work to collate feedback. A few new issues have arisen linked to changes in the message broker used by some system suppliers – however there is consistency in the majority of issues that are being reported.	Amber

effectively for pharmacies.			
Work with DH to agree guidance to support minimising the risk of system failures occurring and their impact and ensure that there is recognition in the funding arrangements of changes in business risk.	Ongoing	Discussions are on-going on business continuity guidance and the funding linked to this. It is hoped that this will be resolved soon.	Amber
• PSNC will support LPCs to develop their relationships with Local Authorities, Health & Wellbeing Boards and Clinical Commissioning Groups, and promote the commissioning of community pharmacy services at a local level (working with LIS).			
The LIS workplan contains a range of activities to support LPCs in line with the above action point. LIS will oversee the development of support materials and resources as appropriate and will seek the input of SDS on service related matters.			

Appendix SDS 03/03/13

EU Falsified Medicines Directive (2011/62/EU)

The Falsified Medicines Directive was adopted in July 2011. The Directive introduces a number of requirements across the supply chain:

1. In order to facilitate the authentication of medicines, it proposes the introduction of safety features on the packaging of medicines. All Prescriptions Only Medicines are within scope and all Over the Counter medicines are out of scope, unless a risk assessment determines otherwise. Re-packagers will be integrated into this system
2. It increases the transparency of the activities carried out by the intermediate agents of the distribution chain (wholesaler distributors, brokers and parallel traders)
3. It establishes certain measures in relation to the internet supply of medicines (such as a pan-European pharmacy logo and public awareness campaign)
4. It strengthens inspections of manufacturers of active substances (API), as well as increases the control of APIs exported from third countries
5. It establishes stricter rules for inspections of agents involved in the distribution chain (apart from pharmacies), and also enhances the role of the EMA in those inspections
6. It increases the transparency of the information regarding certain agents involved in the distribution chain: an EU database managed by the EMA will publish certificates of good distribution practice issued for wholesalers following inspections, and a register of importers, manufacturers and distributors of active substances

The Directive was transposed into UK in January 2013. A number of key elements will not be implemented until the European Commission has published detailed technical rules under the "Delegated Acts" procedure. In relation to the system of safety features, the delegated acts will be published in 2014, and member states will be required to implement the system at national level in 2017.

Safety features

The Directive would appear to offer both opportunities and problems for pharmacy. Reducing the risk of counterfeit medicines reaching pharmacy will enhance patient safety and help protect the reputation of pharmacy. Integrating the authentication check into the dispensing process (providing an electronic check of the accuracy of dispensing and verifying that the product has not expired) should reduce dispensing errors. Stock management within dispensaries may also be improved. However, the authentication process may add time to the dispensing process (i.e., identifying which products require authentication, scanning the product and viewing the positive response from the database and dealing with any alerts generated by the system). The data collected by the database will be commercially sensitive, and there is a risk that manufacturers or governments may try to access it. There is the potential of a new financial risk to pharmacy if stock cannot be authenticated by the database. It should be noted that the manufacturers are responsible for the costs associated with providing a database – but not the costs associated with the process of authentication.

Management and governance

Two organisations have put themselves forward as potential candidates to run the system of safety features and authentication:

EDQM (Council of Europe, Directorate for the Quality of Medicines and Healthcare). The Council of Europe (NB, this is a completely separate organisation to the EU) is arguing that it is essential that a public governmental organisation provides the system of safety features and authentication. The EDQM has developed a system which could operate across 36 states, so its reach is further than the EU alone. Detailed technical and costing information is not available for this model, although it will rely on a unique serial number. Authentication will take place in pharmacy, with the option for others in the supply chain, including the patient as the final user, to run their own check.

ESM (European Stakeholder Model). The ESM is a consortium of pan-European representative bodies EFPIA (branded manufacturers), PGEU (community pharmacies), GIRP (wholesalers) and EAEPC (parallel traders). This group argues that the existing supply chain is best placed to run an efficient system of serialisation and authentication. This consortium encompasses pharmaceutical companies (including Pfizer, GSK, AZ, Sanofi, Roche, etc.), pharmacy associations from all 27 EU member states (including NPA, RPS and PSNI) and wholesalers (Celesio and Phoenix). The major playing missing from this group is the European Generics Association, and work continues to seek a common position with them. They propose that all products will be given a unique serial number at the point of manufacturing, and this number will be authenticated against the database at the point of dispensing. This group is tendering for a central EU-hub, through which all individual product codes will enter the EU market. The EU-hub will download data to the relevant regional/national database, which will interact with pharmacies and remove serial numbers as items are dispensed. A multi-stakeholder model of governance, in which pharmacy ownership of data it creates is agreed, has been negotiated.

<u>UK Government position</u>

The MHRA represented the UK Government during member state discussions whilst the Directive was in development. The UK voted in favour of adoption of the Directive. It would appear that the MHRA believed that only minimal work will be required to meet the requirement in the Directive to introduce safety features. For example, it believed that only very high-risk products (such as the 15 on its counterfeit watch list) would be included within mass serialisation. The MHRA's position seems unrealistic, particularly in light of the Commission's delegated act consultation which appears to rule most POMs within scope. The UK Government appears isolated in its interpretation of the Directive. Unless the UK can persuade other member states and the European Commission of a change of focus before the Delegated Acts are published in 2014, the UK will either have to implement the common understanding of the Directive or face infraction proceedings within the European Court of Justice.

<u>Next steps</u>

A number of issues will be resolved by the publication by the European Commission of the Delegated Acts in 2014:

1. The Commission will define details of the coding system, including whether linear barcodes, 2D barcodes or RFID tags will carry the unique identifier
2. Who should establish and manage the database? The options are a) stakeholders (as per the ESM model), b) pan-Europe governance (probably through the EDQM), or c) some as yet undefined form of national governance
3. The point of authentication. The consultation on Delegated Acts assumed that pharmacy authentication would take place, but publication of Delegated Acts will confirm this
4. The scope of the system of safety features, confirming which, if any, POMs are exempt. This will be determined once the risk assessment has been finalised.

Appendix SDS 04/03/13

Royal Pharmaceutical Society discussions with the Home Office

The RPS has notified us of their discussions with the Home Office, to try to resolve some of the problems about the wording of CD prescriptions. Although this work is on-going, they have given this update to show us where they are at, and the possible outcomes.

We had a meeting with the Home Office to discuss our proposals to changes to Home Office approved wording in January, and I'd like to give you an overview of our discussions.

The official from the Home Office team was generally enthusiastic and supportive, particularly as they are surprised that a decade on, queries about the approved wording continue to arrive at their office.

They have suggested that we streamline our proposal to two tests:

1. *The use of the new recommended wording (one set only) as a default;*
2. *Clear and unambiguous test for anything else.*

With a sunset of 12 months for the old 5 sets of wording to change to the new recommended wording – and for 'any alternative' to be subsumed into clear and unambiguous if necessary.

Of note was that he was enthusiastic about putting the convention onto a statutory footing within the regulations.

He doesn't envisage that this would include the new approved wording in statute – but would be an approach which acknowledges wording recommended by the secretary of state and possibly the clear and unambiguous test.

Our next steps are:

1. *For the co-authors to streamline the proposal and to inform stakeholders;*
2. *To make the update available to the Home Office;*
3. *For Home Office to timetable discussions with their legal people, final checks; and*
4. *Launch planning dovetailed to legislation change.*

Other items which we discussed included:

- *Denaturing, destruction and expectations for this. We agreed to revise wording within Medicines Ethics and Practice with a view to having the Home Office endorse the guidance; and*
- *The reclassification of Sativex to schedule 4, delays and final barriers for this, and the expectation that record keeping would be required despite it being schedule 4.*

If any members of PSNC have any questions or comments, please let Steve Lutener know, and these will be brought to the attention of the Society.

Appendix SDS 05/03/13

NHS IT Projects: Brief Status Report - March 2013

EPS Release 2

Seven pharmacy systems now have EPS Release 2 full roll-out approval, AAH Proscript Link, Cegedim Nexphase, Cegedim Pharmacy Manager, Helix Health, Positive Solutions Analyst, RX Systems Proscript and the Lloyds Compass system. Pharmasys is working towards achieving compliance – since PharmaSys has been acquired by Helix Health, PharmaSys customers have had the option of transferring to the EPS R2 compliant Helix Health system while PharmaSys is still passing through the approval process.

Four GP systems, EMIS Web, InPractice Vision, TPP SystmOne and Microtest Evolution 11 have been granted EPS Release 2 roll-out approval. EMIS users need to migrate from the EMIS legacy solutions, EMIS LV and EMIS PCS to EMIS Web before being able to access Release 2. The pace of deployment of TPP SystmOne is expected to continue to be slow until aspects of the system's functionality are enhanced. CSC have confirmed that the iSOFT system will be withdrawn from the market over the next year, GPs currently using this system will need to switch to an alternative product to access EPS Release 2.

Authoritative information on the Release 2 development status of GP and pharmacy systems can be found on the Connecting for Health website (www.cfh.nhs.uk/eps).

EPS Release 2 Deployment Statistics (Extracted 1st March 2013)	
EPS R2 enabled GP practices	620
EPS R2 enabled pharmacies	9,022
Number of R2 prescription messages to date	3,735,476 prescriptions containing 8,700,728 items have been dispensed
Number of patient nominations set	1,420,596
Number of PCTs with SofS Directions	137

Changes in NHS organisational responsibilities

A briefing on changes in NHS organisational responsibilities in relation to NHS IT was sent to LPCs in mid-February (PCL(S) 015/13). Key points:

- From April 1st 2013, the EPS Authorisation Directions will no longer apply; GP practices anywhere in England will be able to decide when they go-live without requiring prior authorisation. Technical controls are being put in place to ensure that at least 8 weeks' notice is given of GP go-lives. CfH will be sending weekly emails to LPCs tailored with information on pharmacies in their area that may be affected by a pending go-live. A risk is that a GP deploys EPS R2 without sufficient local support being available to pharmacies, for example access to tokens and smartcards – it is essential that LPCs monitor for this and take action where necessary.
- The NHS CB through its regional/area teams will be responsible for putting in place arrangements for the issue of smartcards and tokens and for investigating complaints about use of the nomination functionality. LPCs need to engage with PCTs and incoming NHS organisations

to ensure that new arrangements meet the needs of pharmacies and are properly communicated.

- There is a risk that, in some areas of the country, gaps in support will appear between PCTs being abolished and EPS support services being established within the new organisational structures. Taking into consideration local circumstances, each LPC needs to individually consider the value of recommending that pharmacies ensure they have sufficient dispensing tokens to cover anticipated gaps in service as well as to review whether sufficient staff members in the pharmacy have functioning smartcards to cover any contingencies. A surge in demand for these services could reduce PCT capacity to work on transition planning therefore there is a need for LPCs to engage with PCT staff before recommending this locally.

LPCs have been feeding back information on the status of local transition planning. The interim results (39 responses) suggest:

- 40% of LPCs don't yet have enough information on transition arrangements to take a view on whether the transition is likely to be smooth; 25% of LPCs are confident that there will be a smooth transition; the remainder of LPCs are either concerned or very concerned.
- 52% believed that their PCT is working on transition planning but they haven't been involved; 29% of LPCs believed that transition planning for EPS hadn't yet started in their area; the remainder had been engaged by the PCT in one or more meetings. Only one LPC reported that transition arrangements had been agreed and communicated.
- 30% of LPCs reported that problems with local support were arising in the lead up to the transition. This included reduced capacity to issue smartcards, poor communication with pharmacies and delays in responding to pharmacy queries.

PSNC is meeting DH again shortly; a particular concern is continuity in access to smartcards.

Transition from EPS as a programme to a live service: A meeting is scheduled in mid-March involving pharmacy and GP representatives and system suppliers to discuss the transition of EPS from a programme to a live service.

NCSO & EPS: A possible solution has been identified to address concerns about missing out on making NCSO endorsements if prescriptions are submitted for reimbursement close to the point of dispensing rather that the end of the month. The idea being discussed is a 'reimbursement amendment message' that could be used to correct a previously submitted endorsement. CfH are working with NHS RxS on a proof of concept but there is still no formal timescale for implementation.

Delayed Prescriptions: This continues to be a problem. There are a range of possible reasons for this, for example the GP not having issued the prescription, the prescription being post-dated so it has not yet left the GP system or if it is a repeat dispensing prescription, the next issue may not have been pulled down from the spine via the automatic scheduling functionality as expected. Whilst rare, there may also be technical reasons that have delayed the arrival of an electronic prescription. To support troubleshooting in pharmacy and GP Practices, Connecting for Health are developing a simple, "Where is my prescription?" application that can be used to confirm the location of a prescription passing through the EPS Service. This is expected to be launched shortly.

Issues arising from EPS Release 2 sites: There are consistent issues arising from EPS R2 sites including inadequate training, problems with smartcard administration and usability issues with PMR systems. Problems arising linked to the design of the EPS R2 system include inefficiencies linked to CD prescriptions not being able to be sent electronically and linked to the pull versus push design of the system. Particular problems are being reported linked to certain dispensing scenarios including repeat dispensing and seven

day prescriptions, hub and spoke dispensing and care homes that receive acute and repeat prescriptions from different pharmacies (it is only possible to nominate one pharmacy). Some problems can be resolved through guidance – in other cases there is a need to look at the design of the system, for example 'pushing' acute prescriptions to pharmacies rather than waiting for the pharmacy to check for these items on the spine. *Where problems are being experienced – it is helpful to feed these in to the office to support building PSNC's evidence base.*

Background information on EPS R2 can be found online at www.psnc.org.uk/EPS

NHSmail

The contract for the current national NHSmail service is due to expire. The NHS is giving consideration to what will replace it in the long term under the project name, 'NHSmail2'. Craig Spurdle from Rowlands is representing pharmacy on the NHSmail User Council.

In mid-February, the Information Standards Board issued advanced notification that it plans to develop a standard for 'secure email'. The standard will define the minimum non-functional requirements for a secure email service suitable for the transmission of patient identifiable data. It is possible that these standards will enable email solutions other than NHSmail to be used to send sensitive patient data.

NHS Information Governance

2012/13 (version 10): The Department of Health has confirmed that a global exemption has again been applied to requirement 319 for community pharmacies whilst the Department of Health and PSNC complete their discussions on business continuity planning. The exemption is applied during an overnight process and has also been applied to version 10 assessments that have already been published. Requirement 319 will need to be completed in the 2013/14 version of the Toolkit.

Background information on the pharmacy IG requirements can be found online at www.psnc.org.uk/IG

Caldicott 2: The outcome of the independent review of Information Governance within the NHS in England, "Information: To Share or Not to Share?" (Caldicott2) is expected to be published in mid-April.

NHS Choices

Capita's three-year contract to run NHS Choices expires at the end of March; the Cabinet Office will not authorise NHS Connecting for Health to renew the NHS Choices contract with Capita. NHS Choices have confirmed that it will be business-as-usual until November 2013 but the long term future of NHS Choices is less certain.

It is still unclear how NHS Choices will fit into the Commissioning Board's plans for a new 'customer service platform' which is expected to support transactional services such as appointment booking, patient access to GP records and repeat prescription ordering. NHS CB national director of patients and information, Tim Kelsey has previously indicated that the new platform would be fully launched in November.

It is also expected that NHS Choices will be merged with the online version of NHS Direct and NHS 111 into one point of access for patient-facing NHS online services.

Background information on NHS Choices can be found online at www.psnc.org.uk/NHSChoices.

Pharmacy IM&T Strategy Group

The Pharmacy IM&T Strategy Group, a UK-wide forum led by the RPS and involving a range of stakeholders across primary and secondary care is meeting on a quarterly basis to facilitate joint working on pharmacy IM&T. The group's work streams include the promotion of pharmacist access to electronic health records, developing standards for pharmacy record keeping, ensuring EPS is fit for purpose, supporting system interoperability and the Falsified Medicines Directive.

An area being considered for joint working is whether the pharmacy profession could support work to develop a standard 'dosage syntax'; this was initially being driven by e-prescribing in secondary care but when the e-prescribing project within CfH came to an end, work was suspended. It has not been progressed by the EPS team because of a lack of resource; it has not been seen as a priority.

Minutes of meetings of the group will be published in due course at:

http://www.rpharms.com/information-management-and-technology/pharmacy-imandt-strategy-group.asp