

Digital Pharmacy Expert Advisory Group Agenda

Friday 16 September, 10.30am-12noon

By Zoom – calendar invite sent to Group members and speakers. RPS members can register to observe at: <https://events.rpharms.com/ereg/newreg.php?eventid=200249957&language=eng>

1: Recognition

Introductions, apologies and declarations of interest (10.30-10.35)

Present: Darren Powell (DP) (Chair), Penny Daynes (PD), Dipak Duggal (DD), Esther Gathogo (EG), Alistair Gray (AG), Rob James (RJ), Sean MacBride-Stewart (SMS) (phone only)

Staff: Avril Chester (AC), Chief Technology Officer, Sophie Harding (SH), Pharmacogenomics Lead, Clare Morrison (CM), Director for Scotland, Carolyn Rattray (CR), Business Manager – Scotland and Laura Wilson (LW), Scottish Practice & Policy Lead.

Apologies: Angela Burgin (ABur), Anna Bunch (AB), Stephen Goundray-Smith (SGS), Mohammed Hussain (MH), Euan Reid (ER) and Leon Zlotos (LZ).

There was one observer.

1.1	Update from previous meeting	10.35-10.40
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"> • Thanked PD for chairing the previous meeting • MH not at meeting ask if he had followed up with ER. DP to follow up with Mohammad • Breakout rooms – covered in the meeting • Messages to RPS members: using website; if there are definite outcomes from the sub-groups we can do something extra but none as yet • Stephen to feed in to LW re: RPS endorsing 111 referral standards. This was actioned • Collaboration opportunities with FCI; details emailed to the EAG • Update on Fit Notes – actioned <p>Action: DP to follow up with MH re: GB working and sharing of expertise</p>	

2: Relevance

2.1	Pharmacogenomics	10.40-11.00
Description	Developments in pharmacogenomics and digital integration Invited speakers: Sophie Harding, Pharmacogenomics Lead, RPS	

Purpose	<p>To discuss the RPS position statement on “The Role of Pharmacy in Pharmacogenomics”.</p> <p>To discuss genomic medicine and digital integration, and the challenges of implementing pharmacogenomics and interoperability.</p>
Outcomes	<ul style="list-style-type: none"> • https://digital.nhs.uk/services/urgent-care-self-service-tool • EAG was updated on the work of the PGx programme, its aims and objectives. • Project plan includes a series of webinars to raise awareness of PGx and pharmacy, the development of a PGx professional network via RPS Connect, a hub page and an RPS position statement which was launched in May 22. • Internal and External project groups have been set up with engagement across the UK. There is to be a round table in collaboration with HEE; this has been rescheduled for the end of Nov 22. It will focus on training, development and resources. • The statement focusses on benefits to the patient and to the NHS. • Vital to demonstrate the role pharmacists and pharmacy can play in the implementation of PGx. • Recommendations are around workforce and education to ensure that pharmacy teams are integrated into multidisciplinary teams and genomics champion networks which are developing across the UK and the support infrastructure around the integration of genomics information into the electronic health records. • Involved in stakeholder engagement across GB • Question around whether there is a specific workstream focussing on integration of data with different systems as how data is formatted and incorporated into the electronic health record, could impact on research. It was confirmed that there will be genomic testing data will be accessible. <p>Action: CR to share PGx slides with DPEAG</p>

2.2	Year of the Digital Professional	11.00-11.15
Description	<p>NHS England’s Transformation Directorate has published “The Year of the Digital Profession 2022”</p> <p>See: https://transform.england.nhs.uk/digitise-connect-transform/the-year-of-the-digital-profession-2022</p>	
Purpose	<p>To discuss an RPS response to this work and the opportunity to contribute, particularly with reference to the section: “Leaders in each of the digital data, technology and informatics professions will work closely with professional bodies to engage with the workforce. Profiles of those who work in each profession will be created to inspire people with specialist informatics skills to consider a career in health and care and join the NHS.”</p>	
Outcomes	<ul style="list-style-type: none"> • Faculty of Clinical Informatics (FCI) has conducted work around a core competencies framework and job description working • EG has been appointed as a Clinical Fellow at the FCI. Discussions have focussed on developing professional standards and future proofing the workforce Since the pandemic there has been a huge increase in demand for digital health solutions. Also, early discussions around training and opportunities in the workplace, e.g. apprenticeships. • EAG is being asked to propose priority areas; also consider ‘quick wins’. <p>Action: DP EAG to provide a list of priorities and ‘quick wins’.</p>	

2.3	Subgroup updates	11.15-11.30
Description	The Digital Pharmacy EAG subgroups has the following subgroups: to discuss their priorities and workplans: <ul style="list-style-type: none"> Technologies subgroup Medicines Record subgroup Key performance indicators subgroup 	
Purpose	To receive updates from the subgroups on their priorities and work.	
Outcomes	<ul style="list-style-type: none"> Technologies: nothing to report. Medicines Record subgroup: Development around shared care records in the north-west of England; nothing 'live' as yet. AG mentioned that his NHS Trust is considering the 'ED Streamer' tool which support the patient back into the community. AG to share information with the group Key performance indicators subgroup: looking to align with the other RPS EAGs. <p>EAG members were asked for their views on how the subgroups were working and how they should be taken forward. Clarification required:</p> <ul style="list-style-type: none"> RPS Connect will help promote rather than emails, when available. It was agreed that the pilot platform wouldn't be optimal Subgroups should meet within the main EAG meetings using breakout rooms and then reporting back Discussion – EAG to pick three priority areas to present to the NPBs and then form subgroups around these. This would really connect in with the NPB workplans, e.g. education, the shared electronic patient record and interoperability. <p>Action: AG to share information re: the ED Streamer tool with EAG members</p>	

2.4	NHS Digital update	11.30-11.45
Description	This session will provide the group with updates from NHS Digital. Invited speaker: Paul Wright, NHS Digital Terminology Specialist	
Purpose	To be up to date with NHS Digital.	
Outcomes	<ul style="list-style-type: none"> https://future.nhs.uk/MedsOPDigitalLN Engagement with hospital trusts to understand Trusts' implementation plans – collecting data through a Trusts' survey. The data will provide a roadmap showing progress on self-reported data from hospital sites. Currently being tested but will share with the EAG as soon as it is live. Working closely with the User Centre Design (UCD) team which has been working with 7/8 hospital trusts to understand their journeys around implementation and interoperability and how journeys can be optimised. The website will change in response to the work of the UCD team Community of Practice – launched on the FutureNHS site (July 2022). Sharing knowledge and resources. There are opportunities for members to make changes to the pages. There are approx. 300 members. 	

	<ul style="list-style-type: none"> NHS Terminology Server – has been updated to include GTIMS (barcodes) and data on ingredient strength. Future events – Medicines interoperability ‘Learnathon’ (28 Sept). Feedback on the content of excipient data within the DM&D. Decision has been made to remove this from DM&D. This is being communicated to suppliers Conducted a mapping exercise, using a ‘feedback loop’ this has helped to improve data quality. <p>Action: DP/PW to provide a link when the roadmap goes live</p>
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2.5	Responses to consultations	11.45-11.50
Description	To plan the Group’s approach to consultation responses and endorsement requests	
Purpose	<p>RPS is frequently asked to respond to consultations and endorsement requests and many have an element of digital expertise. In particular, Professional Record Standards Body (PRSB) sends weekly requests for input.</p> <p>RPS has actively sought expert views from the Digital Pharmacy EAG for these consultations/endorsements but does not always receive replies.</p> <p>The group is asked to define how it would like to be involved in forming consultation and endorsement responses.</p>	
Outcomes	<ul style="list-style-type: none"> Continue with the current method and then review. Will be easier when RPS Connect is up and running. Clarity required as to whether responding or not. EAG members to ‘flag’ if important to respond. 	

3: Communication

3.1	Messages for RPS members	11.50-11.55
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"> 	

4: Any other business

11.55-12.00

Papers for noting:

Cross-community pharmacy IT group response to a parliamentary committee consultation on digital transformation in NHS England (emailed to Group on 3/8/22)

Community Pharmacy IT meeting:

DP to attend the next meeting on 21 September. It is an England group but with engagement across UK. DP to share agenda and if anyone is interested, to let DP know. DP Will feed back to the Group.

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Action: DP to share agenda and feedback outputs from the CP IT meeting.

List of priority areas:

EAG was asked if it is an accurate reflection of submissions received.

- Interoperability and electronic communication between sectors (no. 1 priority)
- Education and career development
- Equality and equity in digital design and use – don't leave anyone behind

Action: CM to circulate proposed priorities to the whole group for consideration. Sign off by 23 Sept in time to be presented to the NPB meetings.

10 Oct – Revised priorities included as appendix 1 to the minutes.

Digital Pharmacy Expert Advisory Group recommendations for future work of RPS

Recommended priorities for Country Board plans

1. Medicine Records interoperability and communication

- Develop a policy statement setting out why interoperability and shared medicine records are essential. Work with stakeholders to achieve this.
- Develop information resources for pharmacists about implementation of Medicines Interoperability Information Standards Notice (DAPB4013) and scheduled publication of Medicines Data ISN (or equivalent in devolved nations), including terminology and links to other resources.
- Develop a policy statement setting out why digital prescribing and transfer of relevant information (eg, immediate discharge letters and referrals for discharge prescriptions) across all sectors of healthcare is essential. Work with stakeholders to achieve this.

2. Digital Education and Career development

- Describe a career development pathway in informatics and data science for pharmacists in all sectors of health care, including links to resources, educational programmes.
- Develop an RPS consultant Digital pharmacist profile (CCIO or CNIO roles, link with existing pharmacist CCIOs).
- Work with pharmacy undergraduate education providers and GPhC to include clinical informatics, artificial intelligence and digital therapeutics in curricula.
- Work to be supported by a subgroup of the Digital Pharmacy EAG.

3. Equality and equity in digital design and use

- Create a policy statement setting out how pharmacy should ensure health equality and equity are properly considered in both the design of digital products and how they are used in pharmacy, eg, digital inclusion, Down Syndrome Act, Sign language, information translation.
- Contribute to RPS policy on the role of digital in reducing health inequalities.

Actions for Digital Pharmacy EAG

1. Advise RPS on future digital developments

- Form a digital network, led by the Digital Pharmacy EAG, to undertake horizon scanning for digital developments (such as artificial intelligence, machine learning, software applications, automation, drone) that will have a significant impact on pharmacy practice.
- Make recommendations to RPS on where there is a need for guidance for pharmacists on new digital developments, such as use of automation.

2. Support priorities identified above:

- Form subgroup of the Digital Pharmacy EAG to contribute to policy development on interoperability.
- Form subgroup of the Digital Pharmacy EAG to contribute to policy development on digital education and career development.