

## Digital Pharmacy Expert Advisory Group Agenda

**Wednesday 15 September 3-5pm, by Zoom**

**Present** – Darren Powell (Chair), Anna Bunch, Angela Burgin, Penny Daynes, Dipak Duggal, Esther Gathogo, Stephen Goundrey-Smith, Alistair Gray, Rob James, Sean MacBride-Stewart, Euan Reid, Karan Punni, Leon Zlotos

In attendance from RPS: Clare Morrison, Laura Wilson, Carolyn Rattray

**Apologies** – Jaime Acosta-Gomez, Mohammed Hussain, Maureen O’Sullivan

**Declarations of interest** – Stephen Goundrey-Smith declared on interest in item 2.3

### 1: Recognition

- Introductions, apologies and declarations of interest

1.1	Update from previous meeting	3.00-3.10
<b>Description</b>	Following the previous meeting: <ul style="list-style-type: none"><li>• Outcomes from meeting</li><li>• Updated Terms of Reference</li><li>• Updated Group member profiles</li></ul> have all been published on the Group’s webpage at: <a href="http://www.rpharms.com/about-us/who-we-are/expert-advisors/digital-pharmacy-expert-advisory-group">www.rpharms.com/about-us/who-we-are/expert-advisors/digital-pharmacy-expert-advisory-group</a>	
<b>Purpose</b>	To review the Outcomes from last meeting – although it may be relevant to combine these with item 2.1	
<b>Outcomes</b>	<ul style="list-style-type: none"><li>• Future meetings: to plan agenda further in advance and decide on open/closed content so observers can be invited.</li></ul>	

### 2: Relevance

2.1	Define the Group’s activity	3.10-3.40
<b>Description</b>	To take the Digital Pharmacy Expert Advisory Group’s <a href="#">terms of reference</a> , and use these to define achievable Key Performance Indicators for the Group for the next year around the three areas of: <ul style="list-style-type: none"><li>• Provide expertise</li><li>• Lead and communicate</li><li>• Support pharmacy development</li></ul> <i>Item proposed by Esther Gathogo</i> This item will be combined with identifying key recommendations and advice on digital pharmacy for the RPS national pharmacy boards, to feed into the boards’ work planning for 2022 which is about to start	
<b>Purpose</b>	For the Group to be focused in its approach in order to achieve defined outcomes To identify and make recommendations to the RPS national pharmacy boards	

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<b>Outcomes</b>	<p>Group's key activity areas are (KPIs still to be defined):</p> <ul style="list-style-type: none"> <li>• Making recommendations to RPS boards. Current recommendations of Group are listed in Appendix 1, submitted to Boards for work planning sessions on 23 September.</li> <li>• Exploring digital challenges for RPS members using RPS Connect as an engagement tool.</li> <li>• Addressing digital capability and upskilling the workforce in digital knowledge, see item 2.5.</li> <li>• Advocacy – Support RPS to be the voice for pharmacy in the digital landscape; to ensure that pharmacists' views and concerns are considered.</li> <li>• Co-ordinating with other RPS Expert Advisory Groups to enable information sharing and joint working.</li> </ul>
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<b>2.2</b>	<b>Consolidated medicines record</b>	3.40-3.55
<b>Description</b>	To update the group on progress with consolidated medicines records, with a focus on Lancashire and South Cumbria. <i>Item proposed by Alistair Gray</i>	
<b>Purpose</b>	To identify the implications for pharmacy and make recommendations for the RPS national pharmacy boards	
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Group discussed opportunities that unified medicines records bring, including shared information across all sectors (primary care, secondary care, community pharmacy and specialist services).</li> <li>• Group to consider possibility of principles for single shared records for an RPS policy statement.</li> <li>• Subgroup to meet to discuss potential use of big data in relation to unified records.</li> </ul>	

<b>2.3</b>	<b>NHS X “What Good Looks Like” Framework</b>	3.55-4.10
<b>Description</b>	To consider the NHS X <a href="#">report</a> “What Good Looks Like framework” <i>Item proposed by Stephen Goundrey-Smith</i>	
<b>Purpose</b>	To identify the implications for pharmacy and make recommendations for the RPS national pharmacy boards	
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• General support for document.</li> <li>• Now need to reflect on what good looks like for pharmacy in digital, and this must take into account the whole pathway.</li> <li>• Clear gap for professional development in digital skills in pharmacy: <ul style="list-style-type: none"> <li>◦ Increased pharmacist digital capability</li> <li>◦ Formal digital roles in pharmacy (Chief Clinical Informatics Officer, Clinical Safety Officer)</li> </ul> </li> <li>• Recommendation for RPS to showcase pharmacists in digital roles, to encourage mentorship (via RPS platform) to pharmacists wanting to come into digital roles.</li> </ul>	

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<b>2.4</b>	<b>Data driven healthcare in 2030</b>	<b>4.10-4.25</b>
<b>Description</b>	To consider the HEE <a href="#">report</a> “Data driven healthcare in 2030: transformational requirements of the NHS digital technology and health informatics workforce” <i>Item requested by Scottish Pharmacy Board member Iain Bishop</i>	
<b>Purpose</b>	To identify the implications for pharmacy and make recommendations for the RPS national pharmacy boards	
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>Comments included in recommendations to Boards (see Appendix 1).</li> <li>To consider this document again as part of wider look at data management at future meetings.</li> <li>The group felt that the report had omitted a review of the use of data for improvement and drug utilisation.</li> </ul>	

<b>2.5</b>	<b>Supporting digital pharmacy understanding</b>	<b>4.25-4.45</b>
<b>Description</b>	At the last meeting, it was agreed that a function of the Group is to support RPS members' understanding of digital pharmacy through: <ul style="list-style-type: none"> <li>Creating resources such as a glossary of digital terms and explanations</li> <li>Developing a bank of case studies on digital pharmacy services and transformational projects to share learning with other pharmacists</li> </ul>	
<b>Purpose</b>	To identify a first draft of the digital terms to include in the Glossary To make suggestions for case studies on digital pharmacy services and transformation projects	
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>Group agreed that focusing on pharmacists' roles in different aspects of digital is more useful than a glossary. Purpose is to support pharmacists' understanding of how digital can be embedded into “everyday” pharmacy roles (ie, non-digital pharmacy roles) to improve current practice as well as how digital can be a career pathway.</li> <li>Group to support the development of case studies for posting on Group's webpage resources. All Group members to consider sharing own stories or finding colleagues to share, especially non-specialist case studies. SMCBS offered to provide first example.</li> </ul>	

## 3: Communication

<b>3.1</b>	<b>Messages for RPS members</b>	<b>4.45-4.55</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>Group keen to share everything it does.</li> <li>Group supportive of using RPS Connect to encourage membership participation.</li> <li>Group to populate its webpage with case studies and resources.</li> </ul>	

<b>3.2</b>	<b>RPS Connect</b>	<b>4.55-5.00</b>
<b>Description</b>	User testing of RPS Connect (digital networking platform) has now started, initially with staff. The next phase will involve a larger group of staff, national Board members, Expert Advisory Group members and RPS Locals representatives.	
<b>Purpose</b>	To ask Group members if they will participate in testing. If so, to confirm the email address of each Group member to use for testing	
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• All members of group present were happy to participate in testing of RPS Connect, using email addresses associated with EAG.</li> </ul>	

#### 4: Any other business

- Invitation to speak at PAGB event on self care: Stephen agreed to speak on behalf of Group
- NHS Digital funding – role of Group was defined as to signpost and connect individuals who may be able to help and provide advice to people considering submitting funding applications. Also refer to RPS research support:  
<https://www.rpharms.com/development/research-and-evaluation/research-guidance-and-support>
- After the meeting, the Digital Clinical safety Strategy was published by NHSX and circulated to the group: <https://www.nhsx.nhs.uk/key-tools-and-info/digital-clinical-safety-strategy/>

## **Appendix 1: Digital Pharmacy EAG recommended priorities for National Boards (Sept 21)**

### Improve digital education

- To work with undergraduate and postgraduate education providers on educational requirements in digital health, data science and clinical informatics. This should include both delivering a baseline level of knowledge at the undergraduate/foundation level for all pharmacists at an early career stage and then building on this in specialist-level education (which may be provided via multidisciplinary courses rather than solely within pharmacy).
- In addition, to work with postgraduate education providers on supporting the current pharmacy workforce with a basic level of digital and data skills.
- Topics that need to be covered include: system capabilities, terminologies, interoperability, data driven care, data for service improvement, innovation and entrepreneurship, artificial intelligence (AI).

### Engage with data driven care

- To ensure pharmacists are fully engaged with the development of data and clinical informatics roles within the NHS. These roles are being expanded because of the policy and strategic direction of data management and data-driven care, which will underpin population health management and use of AI in medicine in future.
- To find out which pharmacists are already undertaking Chief Clinical Informatics Officer (CCIO) and Chief Pharmacy Informatics Officer (CPIO) roles, to share career case studies and develop plans to support others to follow these roles.

### Support digital innovation

- To focus on AI and its use both within pharmacy and in other services that result in a pharmacy endpoint (eg, referrals into pharmacy), and also to ensure that pharmacy IS an endpoint in these technologies where appropriate. Ensuring good data foundations and infrastructure in the build of AI systems, including what data is captured, how it is captured and how it is verified to ensure good AI solutions.
- To focus on the big data and its use in medicines safety, medicines optimisation, pharmacovigilance, pharmacogenomics, epidemiology, public health and commissioning.
- To focus on FHIR (fast healthcare interoperability resources) and its implications for pharmacy in interoperable exchange of healthcare information/records.
- To understand how NHS innovation hubs and could be used in pharmacy to look at digital innovation, eg, AI applications, chatbot, internet of things, operational/financial efficiency.

### Promote digital Engagement

- To ensure RPS is actively represented at meetings relating to the digital agenda to ensure pharmacy is included in strategic documents, digital initiatives etc. Examples in England include the Community Pharmacy IT Group (hosted by PSNC) and the PRSB Advisory Board.

### Tackle digital gaps

- To lobby for change to enable Advanced Electronic Signature use across GB. The current Human Medicines Act legislation only relates to England which is slowing digital pharmacy development in other GB countries. Also to encourage learning and sharing so that advances in one nation are shared across GB.