

## Written evidence submitted by the Community Pharmacy IT Group (DTN0023)

This is the Community Pharmacy IT Group's formal response to the [Parliamentary Health and Social Care Committee's](#) consultation about "Digital transformation in the NHS".

### About Community Pharmacy IT Group

The group is formed of community pharmacy sector representatives. It hopes to set out digital priorities and encourage the sector to get more engaged with the many upcoming digital changes.

The Group was formed in 2017 by [Pharmaceutical Services Negotiating Services \(PSNC\)](#), [National Pharmacy Association \(NPA\)](#), [Royal Pharmaceutical Society \(RPS\)](#), [Company Chemists' Association \(CCA\)](#) and [Association of Independent Multiple Pharmacies \(AIM\)](#). The group's meetings are attended by members representing the five organisations and representatives from [pharmacy clinical IT system suppliers](#), [NHSBSA](#), [NHS Digital](#), [NHSE&I](#), and [NHS Transformation Directorate](#). Further information about the group can be found on the [CP ITG webpage](#).

The objectives of the group include:

- developing and communicating a shared vision for the optimum use of digital technology in community pharmacy in England;
- providing a forum to discuss new digital technologies which may have a future impact on community pharmacy practice;
- supporting the development of user-led recommendations which can be considered by suppliers;
- providing a credible, respected forum for sector-wide engagement with NHS organisations and other national bodies on the vision, strategy and operational plans for delivering optimum use of digital technology in community pharmacy;
- developing an implementation strategy for delivering optimum use of digital technology in community pharmacy and oversee a joint work-programme to deliver it; and
- providing, through its member organisations, recommendations and advice to community pharmacy and other healthcare organisations.

### About the consultation

The Parliamentary Health and Social Care Committee launched an inquiry focusing on digital transformation in the NHS in May 2022 and requested evidence by June 2022. The inquiry explored the current use of digital technology and examined how it needed to change to deliver an improvement in services and outcomes for patients. The inquiry considered key aspects of NHS digital transformation such as digitalising health and care records for interoperability so that they can be accessed across primary, secondary and social care. It also looked at legacy IT systems in the NHS, and the interaction between digital transformation and clinical research. The inquiry also considered how to prevent digital health inequalities and inform patients of the potential benefits of digital approaches to healthcare. The consultation set out 11 questions.

### About CP ITG's consultation response

CP ITG's response related to only those areas relating to NHS community pharmacy matters because other areas – such as clinical research - are beyond the remit of the community pharmacy sector and the group.

## Summary of CP ITG's consultation answers

Some of the summary key points relating to the consultation questions are set out below. The group's full answers

### Q1 Communicating benefits of digital health records / developments and relevant security:

Simplicity and via marketing. Make use of television and other types of advertising and additionally include messages about digital within the NHS App login screen. Simple privacy notices written in plain English from large NHS organisations and health care organisations. Pharmacy teams report many patients say they assume there is more data sharing than the actuality across the NHS.

### Q2 Progress with legacy IT:

#### *Referrals*

Ensure that [Booking and Referral Standards \(BaRS\)](#) is expanded and aligns with other referral IT standards such as GP Connect referrals. Ensure BaRS is used across community pharmacy, the GP sector, other health care sectors and across the NHS, and by all health IT suppliers, so that messages and referrals can flow smoothly within and across sectors and patients can have a seamless experience and safe care.

#### *Pharmacy clinical systems*

There is not yet a framework (e.g. *Pharmacy IT Futures* in same way as the existing GP IT Futures (<https://digital.nhs.uk/services/gp-it-futures-systems>)). It would be good for NHSE&I Transformation Directorate / other depts within NHSE&I / NHS Digital / NHSBSA / to jointly work and be adequately resourced to progress enabling community pharmacy IT professionals to have adequate IT (prepared ahead of NHS services launches), so pharmacy professionals could better use their time and clinical skills to deliver services (which in turn could ease pressures on the other parts of the health and care system).

#### *Old authentication*

The established Smartcard system and password system used for many NHS and clinical systems can be burdensome for health and care worker usage. Pharmacy teams report needing to log in and out of dozens of systems each day. The NHS Digital Care Identity Service (CIS) 2 programme work is welcomed and it should be expanded and rolled out across the community pharmacy sector. Contact information should be connected with the CIS2 profile. In turn more NHS and clinical systems could integrate to CIS2 to allow staff to login to many systems using the same NHS CIS2 profile. An acceptable interim step for some systems is the 'login with NHSmail' option in which NHSmail credentials are used for other NHS applications.

Newly registered pharmacy trainees and qualified staff should be granted with work identities as a matter of course. The regulators should be a partner with this process (General Pharmaceutical Council (GPhC) for pharmacists and technicians).

During the pandemic, the FFFFFF was automatically associated with cards with a pharmacist or technician role attached. This innovation should continue beyond the COVID-19 specific Control of patient information (COPI) notice time-limited arrangements.

Smartcard / CIS Registration Authority (RA) policy and procedures should be standardised across England.

## Paperless

We welcome the work of NHS Digital and NHS Transformation Directorate work e.g. to support the next generation of Electronic Prescription Service, and to include exploring ways to facilitate less paper use. Department of Health and Social Care should fast track its work to find a digital solution for patients who currently have to provide an ink signature onto a paper prescription e.g. to confirm they have paid a patient prescription charge.

Department of Health and Social Care should continue to explore the ability for patients to be able to provide a digital handshake to confirm their identity or their authentication. This could be a future feature of the NHS App. For example instead of signing a paper prescription with a pen patients should be able to digitally confirm their identity and confirm the charge. The same system could be used for other purposes. In turn pharmacies and others should be able to use clinical systems which can use these digital handshakes to automatically complete parts of the interaction / service health record. At present, significant time is used by health and care workers to key in patient details. The same functionality could have other uses within the NHS.

### Q4. Co-operation between the NHS and the private sector:

Early and constant engagement with IT suppliers of community pharmacies when standards and processes are being defined by the NHS. IT not to be treated as the afterthought.

### Q5. NHS App suggested future features:

Suggested future features:

- Access to additional records for patients
- Alignment of information with Electronic Prescription Service (EPS) Tracker so that medicines statuses visible
- EPS Phase 4 digital tokens
- Dates that medicine regime will end
- Nominated dispensers to view reorder requests made via the NHS App
- Coordination with clinical systems such as pharmacy ones
- Link to the Yellow Card Scheme for patients
- Family/carer functionality
- Coordination with clinical systems such as pharmacy ones
- Medicine reminders and data
- Notification to pharmacy when patient sets nomination to pharmacy

### Q6. Digitising health and care records for interoperability

#### Records progress

Some use of Shared Care Records (ShCRs) within pharmacy but more process and IT standardisation required across ShCRs and GP Connect Access Records standards programme.

#### Standards

Professional Record Standards Body (PRSB) has done work on ShCR [Core info standard](#), but this should be further expanded and coded. PRSB also worked on [Community pharmacy info flow standard](#) for notifications from pharmacy IT system to GP system (e.g. community pharmacy confirms to GP system the pharmacy has delivered NHS flu vaccination to patient). This standard should be expanded for pharmacy to send or receive other referrals type. PRSB [standards for medication dose and timings](#) is not yet used within prescribing and dispensing systems. NHS services delivered by community pharmacy should be delivered after the [appropriate technical standards](#) have been set out e.g. NHSBSA Manage Your Service (MYS) APIs and other technical specifications

## Consultation questions

### Q1. How can the Government communicate the benefits of digital approaches in healthcare to the public and provide assurances as to the security of their data?

The benefits of digital approaches in healthcare can be communicated in variety of ways.

- a) Differentiate data sharing for the purposes of direct care, data sharing for planning and research and data sharing for other reasons.
- b) Communications to the public need to be in clear concise language as to how their data is being used.
- c) Simple and clear TV and social media marketing.
- d) Consider messages when you enter NHS App and circling through important messages about the NHS.
- e) The communication should not manifest in long privacy notices but through short, concise information. The notices from central bodies, local systems and individual health and care organisations should explain any security and data issues in layman's terms.
- f) The continued case should be made within communications that the NHS needs to reform its IT to enable a more seamless experience for patients and that those providing direct care e.g. community pharmacy teams will have ability to access or write into records, so that patients do not have to repeat themselves or receive care from clinicians which are acting without access to appropriate information.
- g) Shared Care Records (ShCRs) systems seek to agree a standardised privacy notice so that there is less complexity and variation across geographical areas – which is confusing for patients.
- h) The Government should communicate to Shared Care Record (ShCR) project teams that pharmacy access to records is critical – progress is being made within some areas of England, but there is a long way to go for quicker and consistent rollout of ShCR systems to NHS community pharmacies.
- i) Explain that appropriate security measures are in place to enable data sharing for direct care purposes (although patients should necessarily be burdened with having to understand the details behind layers such as the Smartcard system etc.

Note: One of the challenges from a communications perspective is that many patients assume the pharmacy which they have nominated to process their NHS electronic prescriptions (via the Electronic Prescription Service) and the pharmacy processing their prescriptions or delivering another NHS service, already has access to the appropriate parts of their medical record, but frequently this may not be the case.

## Q2. What progress has been made in dealing with the proliferation of legacy IT systems across the NHS?

- a) **Records:** <See answer to question 6>
- b) **Referrals:** There has been progress with some referrals in and out of pharmacy being made in structured way. However a lot of referrals are being made via phone, letter, post or via unstructured email.
- i. Ensure that [Booking and Referral Standards \(BaRS\)](#) is expanded and aligns with other referral IT standards such as GP Connect referrals.
  - ii. Ensure BaRS is used across community pharmacy, the GP sector, other health care sectors and across the NHS, and by all health IT suppliers, so that messages and referrals can flow smoothly within and across sectors and patients can have a seamless experience and safe care. This would standardise referrals into or out of community pharmacy allowing efficient process to give better patient care.
  - iii. One example: Pharmacy staff experience an issue in which for the NHS Discharge Medicines Service (DMS) there is a lack of hospital electronic medical record systems in place which is affecting the ability for hospitals to send info via DMS in a structured way - this has knock on effect for operational processes in pharmacy leading to burdensome paper processes. Funding was made available to hospitals but we believe for a [tight period of time only](#).
- c) **Pharmacy clinical systems:** There is not yet a framework (e.g. Pharmacy IT Futures in same way as the existing GP IT Futures (<https://digital.nhs.uk/services/gp-it-futures-systems>)). It would be good for NHSE&I NHS Transformation Directorate / other depts within NHSE&I / NHS Digital / NHSBSA / to jointly work and be adequately resourced to progress enabling community pharmacy IT professionals to have adequate IT (prepared ahead of NHS services launches), so pharmacy professionals could better use their time and clinical skills to deliver services (which in turn could ease pressures on the other parts of the health and care system).
- d) **Old authentication.**
- i. The established Smartcard system and password system used for many NHS and clinical systems can be burdensome for health and care worker usage. Pharmacy teams report needing to log in and out of dozens of systems each day.
  - ii. The NHS Digital Care Identity Service (CIS) 2 programme work is welcomed and it should be expanded and rolled out across the community pharmacy sector
  - iii. Newly registered pharmacy trainees and qualified staff should be granted with work identities as a matter of course. The regulators should be a partner with this process (General Pharmaceutical Council (GPhC) for pharmacists and technicians).
  - iv. Contact information should be connected with the CIS2 profile.
  - v. Arrangements to work at multi pharmacies can be unnecessarily burdensome involving the request to get the multi-site 'FFFFF code' linked to the NHS personal Smartcard identity profile. During the pandemic, the FFFFF was automatically associated with cards with a pharmacist or technician role attached. This innovation should continue irrespective of the pandemic and irrespective of COVID-19 specific Control of patient information (COPI) notice time-limited arrangements.
  - vi. Smartcard / CIS Registration Authority (RA) policy and procedures should be standardised across England. At present different local RAs can use different rules and policies, resulting in confusion for health and care workers which can operate across boundaries.
- e) **Paperless:** We welcome the work of NHS Digital and NHS Transformation Directorate work e.g.

to support the next generation of Electronic Prescription Service, and to include exploring ways to facilitate less paper use.

- i. The Department of Health and Social Care should fast track its work to find a digital solution for patients who currently have to provide an ink signature onto a paper prescription e.g. to confirm they have paid a patient prescription charge.
- ii. Department of Health and Social Care should explore the ability for patients to be able to provide a digital handshake to confirm their identity or their authentication. This could be a future feature of the NHS App. For example instead of signing a paper prescription with a pen patients should be able to digitally confirm their identity and confirm the charge. The same system could be used for other purposes. In turn pharmacies and others should be able to use clinical systems which can use these digital handshakes to automatically complete parts of the interaction / service health record. At present, significant time is used by health and care workers to key in patient details. The same functionality could have other uses within the NHS.
- iii. The NHS previously set out a public ambition to go paperless, which aims to eventually eliminate paper at the point of care and support digital evolution. Whilst the target dates for a paperless NHS have previously been extended, the ambition for a paperless vision remains. NHS community pharmacy has not been able to make all processes paperless yet. Read more: [Paperless within NHS community pharmacy](#) (pharmacy facing information).

f) **Regarding use of old software** e.g. older versions of Microsoft Windows within the sector. There is some community pharmacy guidance at <https://psnc.org.uk/windows>. Past issues led to the sector jointly working on guidance to encourage appropriate standards. NHS Digital also maintains Warranted Environment Specification (WES) which specifies when certain software loses free support e.g. when Windows versions will reach end-of-life.

This illustration below sets out some of the required next steps so that there is less reliance on legacy IT (or even absence of IT) for its NHS service delivery:

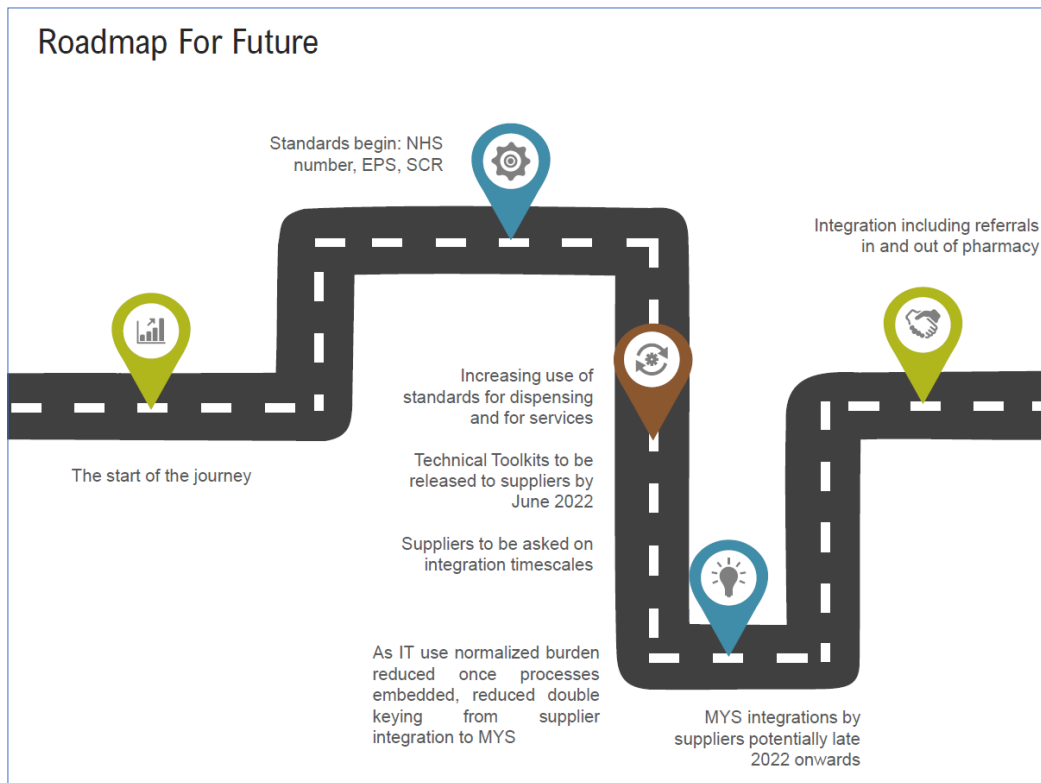


Figure 1: Roadmap for future for community pharmacy IT

This illustration below sets out some of the required next steps so that there is less reliance on legacy IT (or even absence of IT) for its NHS service delivery. As of 2022 pharmacy is still at the growth stage.

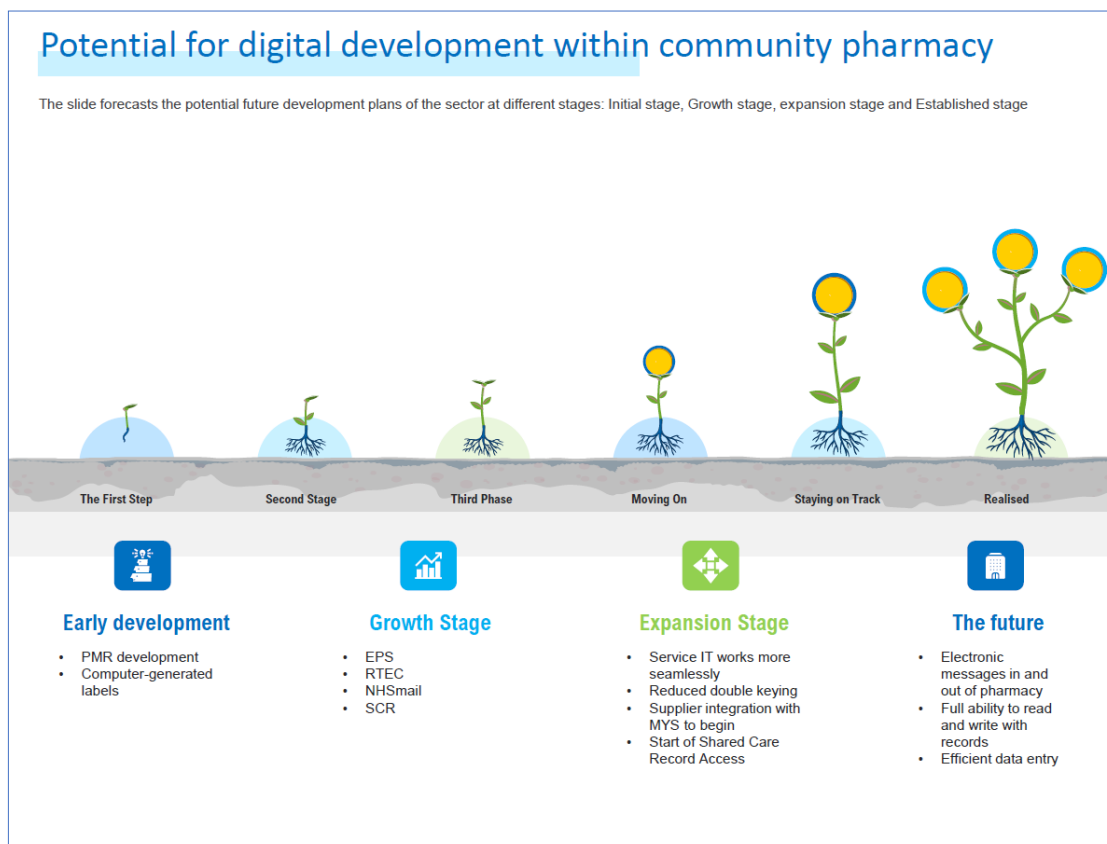


Figure 2: Potential for digital development for community pharmacy IT

This illustration below sets out the digital vision of CP ITG and suggested key focus areas to move away from legacy or absence of IT.

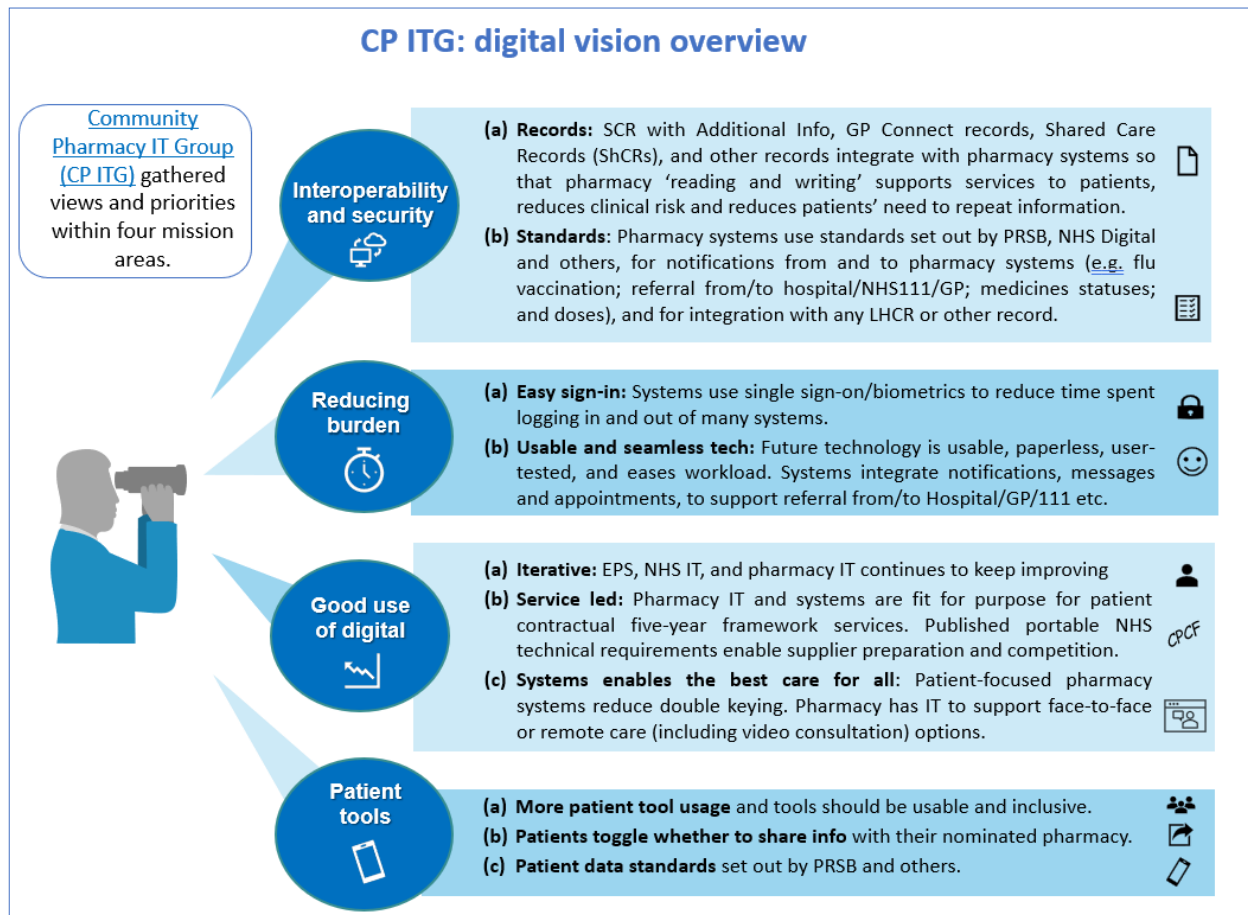


Figure 3: Digital vision for community pharmacy

**Q3. How do IT platforms used in NHS hospitals in England compare with those used in hospitals in the United States?**

**N/A.** This question is not applicable to Community Pharmacy IT Group.



**Q4. How can the Government effectively foster co-operation between the NHS and the private sector to both develop and implement innovation in healthcare?**

- a) Early engagement is key - especially from a system supplier perspective. Each system supplier has a very full roadmap so early engagement will be critical to plan in NHS development work.
- b) Creation of IT standards: Appropriate resource to support NHS Transformation Directorate interoperability strategy (<https://www.nhsx.nhs.uk/blogs/an-introduction-to-standards-and-interoperability-at-nhsx/>) to be rolled out and implemented with support from others.
- c) Appropriate levers and incentives for healthcare orgs and their system suppliers
- d) Pharmacy IT framework - for suppliers to align to level standard supporting NHS IT.
- e) Community pharmacy medication record [system suppliers sent a letter to NHS policy makers](#) in March 2022. [The response from NHS policy makers](#) (NHSE&I Pharmacy policy team), NHSE&I Transformation Directorate, Department of Health (Pharmacy policy team), NHS Business Services Authority Digital development team and NHS Digital Medicines and PODAC programmes) can be seen [here](#). The suppliers letter and the response set out principles which could foster enhanced co-operation between pharmacy IT suppliers and the NHS.

## Q5. What other functions could and should be performed on the NHS App?

[Community Pharmacy IT Group \(CP ITG\)](#) have collated views about the key priority items which could help to progress the benefits provided by NHS App. Technology should be iterative and keep improving to help those who can benefit from the technology – ultimately the patients. CP ITG have set out priority items categorised into four areas (which also align with NHSE&I Transformation Directorate (NHS TD) missions): *Interoperability and security*; *Reducing burden*; *Good use and enhancement of EPS*; and *Patient tools*.

### 1. Interoperability and security

Feature	Status or next steps
<b>1a. Access to additional records:</b> Is it anticipated that the NHS App will provide access to additional health records beyond summary information or the GP record, e.g. future local health record projects which may include the input from health and care	Relies on progress with records and ShCR development and standards.
<b>1b. Alignment of information with EPS Tracker:</b> The NHS App could align with EPS Tracker information such as certain prescription statuses according to the EPS Tracker.	EPS terminology for various EPS prescription statuses can vary across systems and pharmacies making meeting patient expectations more challenging. NHS Digital EPS Next Generation team are doing discovery work on this.

### 2. Reducing burden

Feature	Status or next steps
<b>2a. EPS Phase 4 tokens:</b> NHS App could show EPS Phase 4 electronic prescription token barcodes on a smartphone. However CP ITG and NHS Digital EPS team recognise patients tend to get more benefits from use of nominated prescriptions vs non-nominated Phase 4 prescriptions. However some prescriptions are still issued as non-nominated Phase 4 ones.	NHS Digital are doing early work on digital tokens – progress should be incorporated into NHS Digital EPS Next Generation work programme.

### 3. Good use and enhancement of NHS App

Feature	Status or next steps
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<p><b>3a. Dates that medicine regime will end:</b> the app should show the dates which medicines are finishing and provide push notifications to support patients which need to reorder</p>	<p>We are believe this may not currently be on the roadmap.</p>
<p><b>3b. Nominated dispensers to view reorder requests made via the NHS App:</b> Visibility can ensure that pharmacy staff can check they can fulfil requests effectively and reconcile items as needed. Patients can assume that community pharmacy already has access to what is ordered and may query with the pharmacy where they have ordered a medicine, but it has not yet been prescribed.</p>	<p>CP ITG fed back to NHS App team. Item is not yet being developed due to other development features being progressed.</p>
<p><b>3c. Coordination with clinical systems such as pharmacy ones: The group requested that the pharmacy patient medication record (PMR) systems explore opportunity to align with the NHS App: NHS App and pharmacy system interoperability should be considered?</b></p>	<p>CP ITG to build on how pharmacy systems should integrate</p>
<p><b>3d. Link to the <a href="#">Yellow Card Scheme</a> for those patients that wish to report medicine problems</b></p>	<p>CP ITG fed back to NHS App team. Item is not currently being developed due to other development features being progressed.</p>

#### 4. Patient tools

Feature	Status or next steps
<p><b>4a. Electronic Prescription Service nomination:</b> A free and fair ability to choose any dispenser for Electronic Prescription Service nomination. Ability for patients to check which pharmacy is nominated.</p>	<p>Completed</p>
<p><b>4b. Family/carers functionality</b></p>	<p>Being worked on</p>
<p><b>4c. Coordination with clinical systems such as pharmacy ones: Medicine reminders and data:</b> Might the App one day provide medicine reminders to patients which want these (again app notification or text alert) and feedback information into a central health record, so pharmacy staff can enhance the support relating to patients' medicines needs?</p>	<p>NHS App notification work is ongoing but no confirmation of pharmacy system integration so far.</p>
<p><b>4d. Coordination with clinical systems such as pharmacy ones: Could community pharmacies one day be able to send push app notifications or SMS text alerts to NHS App users which ask to receive these</b> relating to for example 'your medicine is ready for collection'. Some patients report to pharmacy teams preferring text message alerts rather than app notifications.</p>	<p>NHS App notification work is ongoing but no confirmation of pharmacy system integration so far.</p>
<p><b>4e. Notification to pharmacy when patient sets nomination to pharmacy</b> relating to for example 'your medicine is ready for collection'. Some patients report to pharmacy teams preferring text message alerts rather than app notifications.</p>	<p>NHS App push notification work is ongoing but no confirmation of pharmacy system integration so far to</p>

	enable this feature.
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**Q6. What progress has been made in digitising health and care records for interoperability, such that they can be accessed by professionals across primary, secondary, and social care?**

Within NHS community pharmacy:

- a) Records:** Community pharmacy professionals require connection into: Summary Care Record (SCR) with Additional Information; Access to relevant parts of the GP record; Access to Shared Care Record (ShCR) and other relevant records. Some progress has made community pharmacies are accessing ShCRs within areas of England such as Dorset.
- i.** The NHS Digital '[GP Connect](#)' IT standards system (and [GP Connect Access Record programme](#)) was originally setup for use within the GP Sector but has broadened and other parts of health and care can integrate into these records. GP Connect should urgently be re-branded e.g. Healthcare Connect or equivalent.
  - ii.** GP Connect records IT standards should be aligned to those IT standards used by Shared Care Record (ShCR) systems.
  - iii.** Professional Record Standards Body should be commissioned to further set out the Core info standard relating to the ShCR standard and a community pharmacy subset and to enable GP Connect and ShCRs to align under the same IT standards framework. CP ITG has welcomed the work by PRSB so far to develop the Core Information Standard which aims to try and create a standard others could use when setting out electronic health record structures.
  - iv.** Professional Record Standards Body with partners including NHS Transformation Directorate interoperability team and NHS Digital should seek to code the ShCR standards so that suppliers can more easily align and integrate into ShCRs.
  - v.** Shared Care Records (ShCRs) systems should all follow aligned IT standards. They should be mandated to follow the expected PRSB and coded standards.
  - vi.** Shared Care Records (ShCRs) systems should all follow aligned processes and health and care workers should have the same IG processes, training and sign-up procedures regardless of the geographic setting of the Shared Care Record (ShCR). A community pharmacy and NHS Transformation Directorate event identified some [key outstanding items to enable more community pharmacy ability to link into Shared Care Record \(ShCR\)](#) systems. At present, local processes and variation make governance and technical implementation unnecessarily burdensome for contractors and is affecting implementation timescales. Related actions:
    - vi 1.** NHS and others responsible for producing ShCR security guidance should emphasise the duty to share information and standardise the framework for ShCR use.
    - vi 2.** NHS to explore the creation of a pharmacy whitelisting mailing group/process. NHS with the pharmacy sector and CP ITG support to look at the opportunities to streamline the whitelisting process so that any ShCR project team can get their ShCR whitelisted for pharmacies easily e.g. template proformas.
    - vi 3.** NHS to set out a widely agreed sign-up process which each ShCR could use to reduce variation.
    - vi 4.** NHS Transformation Directorate to consider the creation of common import/export technical standards for ShCRs and system suppliers.
    - vi 5.** NHS should maintain a centralised list of the current ShCR and their status. This should be updated monthly at minimum.
  - vii.** A clinical system supplier that integrates with GP Connect or any ShCR should in turn be able to link into any other ShCR using the same technical route. At present variation means each integration requires significant work for IT developers. IT standards being properly established and used should assist with this.
  - viii.** Summary Care Record (SCR) with Additional Information should immediately become the standard SCR. This innovation was used during the pandemic in relation to the COVID-19 specific Control of patient information (COPI) notice time-limited

arrangements. However there is suitable based for SCR AI to be used for direct care purposes without reliance on COPI. As of June 2022, NHSE&I were considering whether the policy change and pandemic innovation could be made permanent.

- ix. The Government should mandate a date by which Shared Care Records systems should have rolled out into community pharmacies, and should also work with all Electronic Prescription Service and Community Pharmacy Contractual Framework (CPCF) pharmacy IT suppliers to roll out GP Connect integrations within the systems.
- x. Example ShCR pharmacy case studies: [Dorset Care Record ShCR pharmacy access case study](#) and the [East London Patient Record \(eLPR\) pharmacy case study](#). Read more about pharmacy and ShCRs: [PSNC's ShCR webpage](#).

**b) Standards:**

- i. Professional Record Standards Body (PRSB) [Community Pharmacy Info Flows standard](#) and its use for pharmacy NHS Flu vaccination notifications and Community Pharmacist Consultation Service (CPCS) notifications into the GP record via [Message Exchange for Social Care and Health \(MESH\) transmission method](#) and has saved time by updating GP in a more automated way to save time of the GP practice team. This has enabled pharmacy to populate the patient's record held within the GP system in an efficient manner to confirm an NHS service has been delivered. This can also help to reduce duplication or wasted resource e.g. a patient inadvertently receiving the NHS flu vaccination twice within a short period of time.
- ii. The current PRSB standard (<https://theprsb.org/core-information-standard-v2-0/>) and related NHS Digital coding is limited to pharmacy to GP system structured messages. Expansion could enable structured messages in other ways e.g. enabling info to flow from pharmacy to other settings and into pharmacy from other settings. The standard could also be used to enable structured messages from one pharmacy to another pharmacy. PRSB should urgently be commissioned to expand the ambition of the standard.
- iii. Computable dose instructions standards: Professional Record Standards Body has worked with NHS Digital, PSNC, health and care workers and other stakeholders on its [standards for medication dose and timings](#) e.g. re medicines "*Take two tablets three times a day.*". However this is not currently used within clinical IT systems by suppliers. Use of the standard would improve patient safety by standardising the way that dosage instructions are communicated and reducing the potential for misinterpretation.
- iv. Pharmacy services IT standards: NHS services delivered by community pharmacy should be delivered after the [appropriate technical standards](#) have been set out e.g. NHSBSA Manage Your Service (MYS) APIs and other technical specifications to be used by IT suppliers.
- v. Read about other use of standards at: [Pharmacy IT standards list](#).

**c) Referrals:** [See question 2].

**Q7. What progress has been made on making data captured for care available for clinical research through digital transformation?**

**N/A.** This question is not applicable to Community Pharmacy IT Group.

**Q8. Specifically, have lessons been learned from the success of the streamlined and accelerated nature of the RECOVERY trial, as pioneered during the pandemic by Professor Sir Martin Landray?**

**N/A.** This question is not applicable to Community Pharmacy IT Group.

**Q9. What should be the timescale for incorporating genomic data into patients' medical records?**

**N/A.** This question is not applicable to Community Pharmacy IT Group. The group is supportive of technology use, but the group has not collectively finalised a position on the timescale for this.

**Q10. What are the principal considerations that should be taken into account in this context and what additional training of the workforce will be needed to achieve this?**

**N/A.** This question is not applicable to Community Pharmacy IT Group. The group is supportive of technology use, but the group has not collectively finalised a view on genomics data rollout plans.

**Q11. How can the creation or exacerbation of digital inequalities be avoided when implementing digital transformation?**

- a) Create standardised method to ensure adequate testing amongst health and care workers and patients and specifically to check what digital inequalities the new project could introduce, and consider ways to try and mitigate that.
- b) A few example models:
  - i. Putting patients first: [championing good practice in combatting digital health inequalities](#)
  - ii. <https://www.nhsx.nhs.uk/blogs/transforming-care-pathways/>

**June 2022**