

Digital Pharmacy Expert Advisory Group Agenda

Wednesday 11 February, 12:00-13:30

Present: Alistair Gray, Amna Khan-Patel, Angela Burgin, Anna Bunch, Catherine O'Brien, Darren Powell (**Chair**), Dipak Duggal, Emma Hindley, Harriet Launders, Heidi Wright, Liam Bastian, Penny Daynes, Rachael Clarke, Sean Macbride-Stewart, Sibby Buckle, Stephen Goundrey-Smith, Yasmin Karsan, Yvonne Dennington (note taker)

Absent: Esther Gathogo

RPS member observers: 2 observers were present

1: Recognition

1.1	Welcome, introductions, apologies and declarations of interest	12:00 – 12:10
Description	Welcome and apologies DP thanked CO'B for taking over the role of Chair at the last meeting, in his absence.	

1.2	Update from previous meeting	12:10 - 12:15
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 the last meeting	
Outcomes	<p>Still awaiting the slides from NHSE. Discussion on single patient record will now take place at the meeting in May. CO'B will be meeting with NHSE to share learnings from Wales on the shared patient record RPS Position statement on bar codes will soon be available on the website Apologies were given for the lack of a video update after the last meeting.</p> <p>Action 1: HW will inform EAG as soon as the RPS position statement on barcodes is published. Action 2: HW to check the website to ensure the notes of the last meeting have been published. (COMPLETE, the notes were shared as a link at the meeting).</p>	

2: Relevance

2.1	NHS England	12:15 - 12:25
Description	This session will provide the group with an update on behalf of the NHS England Digital Medicines Programme. This will include an update around GTINs	

	Paul Wright - Principal Terminology Specialist / Standards Implementation Engagement Lead (Pharmacy), Digital Vocabularies (DigiVox) Technology Strategy, Architecture and Standards (TSAS) Transformation Directorate NHS England
Purpose	To receive an update on developments pertaining to the NHS England Digital Medicines Programme
Outcomes	<p>PW gave an update on the GTIN/2D Barcode issue, supported by a slide which illustrated the activity which has taken place since the last DGEAG meeting. A number of meetings have taken place between various stakeholders (Patient Safety Commissioner, Chief Pharmaceutical Officers, DHSC, MHRA, NHSE) to discuss this – the issues have been raised directly with the MHRA and DHSC for a swift resolution as this is a major patient safety, productivity and efficiency risk – the response is a consultation will take place to look at options . A Parliamentary Committee Report on Medicines Shortages has also highlighted the need for 2D Barcoding. In summary this topic is being actively discussed at by senior colleagues and stakeholders.</p> <p>AKP added that a new GS1 group has been set up – the pharma representative group and is due to meet in March to consider the manufacturers’ views. AKP said if anyone is interested in joining this group to reach out to her.</p> <p>Rahul will cover the update for the NHS England Digital Medicines Programme work at the next meeting in May.</p>

2.2	Ambient Voice Technology	12:25 – 12:50
Description	This session will enable a discussion on the announcement of the NHS England AVT Registry (https://transform.england.nhs.uk/digitise-connect-transform/digitising-the-frontline/ambient-voice-technology-self-certified-supplier-registry/) and explore the use of AVT in pharmacy practice and what RPS could be doing to support this.	
Purpose	To discuss the use of AVT in pharmacy practice and the role of RPS in supporting this	
Outcomes	<p>It was noted that there are pockets of work going on in this area. Some of the points made by the group were:-</p> <ul style="list-style-type: none"> • noted that this is basically consumer technology • community pharmacy could be using Whisper AI and other technology without full knowledge of accountability etc • need to check with NHSE if they are developing guidance in this area • pharmacists may be using this technology without risk assessment • Regulation and governance need to be considered • There are many benefits to this technology ie humanistic consultation / person centred aspect • Risks of moving into clinical decision making • Assessing unintended consequences. 	

	<ul style="list-style-type: none"> • Impact on professional / patient conversations • Trying to overcome documentation burden <p>HW said she would need to take a proposal for RPS supporting work in this area to the National Pharmacy Boards in the first instance as it will need to be fit in with the Boards' workplan and will require resourcing. It is important to recognise that duplication should be avoided, and signposting can be used to direct users to research and tools that already exist in this area.</p> <p>Action 3: DPEAG members to provide information to include in a proposal to HW and then HW to draft a proposal which can be taken to RPS boards to support work in the area of Ambient Voice Technology (AVT).</p> <p>Action 4: DP to check if NHSE are developing any guidance in the area of pharmacy's use of digital technologies.</p>
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2.3	Using the evidence base to answer real world problems in digital health for pharmacy	12:50 – 13:15
Description	To explore how nationally we incorporate and contribute to the evidence base to answer real world problems in digital health for pharmacy	
Purpose	To explore the role of RPS in this arena	
Outcomes	<p>ABg introduced this item illustrating some points with slides focusing on the daily application of evidence in procurement, configuration, support with digital learning, medicines risk/safety, implementation and evaluation. Trying to weave evidence base into day to day working. This will need a wider national piece of work and better oversight of research and knowledge exchange.</p> <p>DD added that this work is timely when considering the transformation of the 10 year plan and added that currently there were two large studies being undertaken in the UK.</p> <p>It was suggested that the RPS could support this work and maybe hold a repository/knowledge hub of evidence. Concerns were raised over capacity, resourcing vs benefit, and professionals finding the time to conduct research. Any research hub should involve collaborating UK wide.</p> <p>HW added that there is a Science and Research Committee at the RPS that reports into the Assembly and there is a small science and research team lead by a Chief Scientist, Amira Guirguis. Any proposal would need to be discussed with the RPS in the first instance.</p> <p>It was highlighted that the NHS has a lot of evidence material on its website, this should be investigated in the first instance to avoid duplication. There have also been attempts to do this in the past – a more co-ordinated approach is required.</p> <p>HW highlighted the RPS digital hub pages on the website, it is possible to add a section to this hub page. A first step may be to send resources to</p>	

	<p>HW to signpost to or link on the website. Keeping things up to date is forever a problem. There were suggestions of having an annual publication, again this would need to be discussed in the first instance with those involved, possibly the PJ.</p> <p>It was suggested that ABg could start the process with a blog on the RPS website.</p> <p>Action 5: HW to send blog writing guidelines to ABg (COMPLETE)</p>
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3: Communication

3.1	Messages for RPS members	13:15 - 13:20
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	Action 6: EH agreed to do a short video highlighting salient points from the meeting. HW undertook to get the draft notes to her asap.	

4: Any other business and close

Artificial Intelligence Workshops: HW explained that 3 workshops have been planned for April, June and September. Following on from the workshops there will be short reports and at the end of the year there may be a set of recommendations from the workshops. The current policy is principle based so there may be a need to do further policy work on AI.

Kitemarking inappropriate medication related products: SB suggested there may be a role for the Royal College in kitemarking inappropriate medication related products. HW explained that there currently was not the expertise in this area and it would be for NHSE/DH to undertake this work but added that she was open to receiving thoughts on this.

Action 7: HW to download chat and circulate with notes

Meeting Dates:

- 27 May 2026 12-1:30pm
- 9 September 2026 12 – 1:30pm
- 6 December 2026 12-1:30pm