

Community Pharmacy IT Group

Spring 2025 event: slides



Agenda

	Topics
1-4.	Intros
5.	Current pharmacy services IT priorities overview (NHS England update)
6.	EPS clinical prescription tracker and EPS FHIR update
7.	Electronic Prescription Service (EPS) extended to Detained Estate
8.	Leveraging IT solutions to enhance patient engagement and service delivery in pharmacies
	Break
9.	NHS Vaccine Digital Services (VDS)
10.	Care Identity Service (CIS) and multi-factor authentication (MFA)
11.	Primary Care Cyber Security Readiness
12-14.	Any other business and close from the Chair

Current pharmacy services IT priorities overview (NHS England update)



Overview of current pharmacy IT priorities

NHS England, the Department of Health and Social Care and the CP ITG have previously outlined the key IT priorities for pharmacy.

These include:

- Professional Record Standards Body's (PRSB's) Community Pharmacy Data Standard / Community Pharmacy Contractual Framework (CPCF) IT;
- electronic health records;
- service data APIs;
- Booking and Referral Standards (BaRS); and
- EPS next generation.

The CP ITG has been actively supporting these and other IT projects, and Community Pharmacy England is also working with the NHS on steps to progress IT areas.



FY24/25 Delivery of New/Improved CP Clinical Services

3
Live
Clinical
Services

Pharmacy First Service*

Blood Pressure (BP) Check Service

Contraception Management Service

10,000+
pharmacy
(opt-in)

c6,500
GP
practices


5 suppliers
6 clinical systems
16,500+ sites

 Safe

 Secure

 Resilient

 Compliant



1 Dec 24

Blood Pressure Check Service and Contraception Management Service

- Increase blood pressure checks from c1.4m to 2.5m every year
- 0.5m women can access oral contraception from pharmacies



31 Jan 24

Clinical Pathways: Impetigo, Sinusitis, Infected Bites, Sore Throat, uncomplicated Urinary Tract Infections, Shingles and Otitis Media

- Shift 7.7m GP appointments to community pharmacies, where pharmacists safely supply antibiotics, antivirals and other NHS meds

Digital Requirements

Commercial model:

- Capabilities
- Standards
- Payments/ Incentives
- DSIC Buying Catalogue

Pharmacy First Service	BP Check Service	Contraception Service
Navigation	Navigation	Navigation
DoS & Bookings & Referrals		
Consultation Record	Consultation Record	Consultation Record
Access Record:Structured		
Update Record:Structured	Update Record:Structured	Update Record:Structured
Payment & Data API	Payment & Data API	Payment & Data API

Support Requirements

 Staff Training

 Handbook SOPs

 Helpdesk

 System Comms

EPS clinical prescription tracker and EPS FHIR update



The Future of EPS: EPS FHIR



<https://digital.nhs.uk/developer/api-catalogue/electronic-prescription-service-fhir>

Moving to FHIR brings you the following benefits:

1. Improved interoperability
2. Faster and easier implementation
3. Futureproofs and supports innovation
4. Compliance alignment
5. Greater flexibility and scalability

Pending confirmation of funding we have set aside capacity in the team to support pharmacy suppliers with this move.

We need pharmacy suppliers to start making plans to move from EPS HLv3 to EPS FHIR now. We intend to book slots with you over the next 12 months to help you achieve this.

We want to hear from you if there are things we could do and provide you with to help you move over and make that transition as smooth as possible.

By March 2026 - we also want to be in a position where we can start making improvements to the EPS core service such as

1. Adding FP10 MDA (instalment dispensing)
2. Improvements to dispensing workflows.

We need to be able to do this without having to factor in complex backwards compatibility requirements – so our focus this year is not just about moving all dispensers over to FHIR, we are also making some backend transformative changes to lift EPS out of Spine.

EPS Prescription Tracker for Healthcare staff

A replacement EPS Prescription Tracker for Health care staff

Next:

The new user interface will be ready for pilot in **May 2025**

- It's internet facing, so it doesn't rely on an HSCN connection to access.
- It has a much-improved user experience.
- It includes more information – such as the pharmacy status that is now flowing from the Prescription status update API part of patient facing tracking.

There will be an API and User Interface option.

The UI will continue to be a free to use option for all.

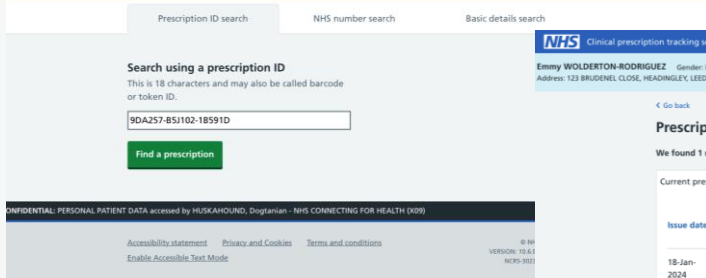
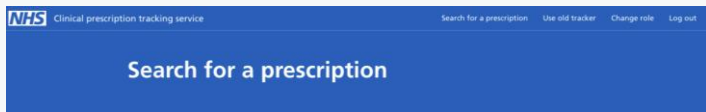
Future:

The API will be made available to dispensing systems after successful pilot of the UI late summer 2025.

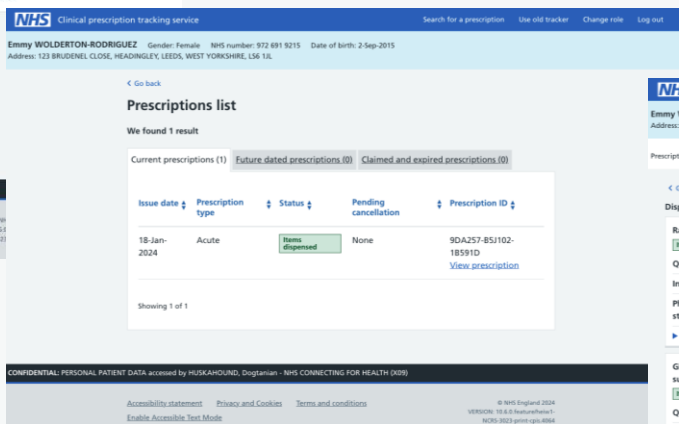
The legacy version being replaced

The screenshot shows the legacy EPS Prescription Tracker interface in Business Continuity mode. The interface is divided into two main sections: 'Find by Prescription ID' and 'Enter Prescription Details'. The 'Find by Prescription ID' section has a text input field for the Prescription ID, a 'Clear' button, and a 'Search' button. The 'Enter Prescription Details' section has a 'Start Date Range' section with two date pickers, a 'Prescription Version' dropdown menu (set to 'R2 Prescriptions'), a 'Status' dropdown menu (set to 'Any Status'), and a 'NHS Number' input field. There is also a checkbox for 'My Site (FFFFF)'. A 'Help and Guidance' sidebar is visible on the right, providing information about the Prescription ID, Date Range Search, and Changing mode. The interface is titled 'Business Continuity' and 'EPS Prescription Tracker NHS'.

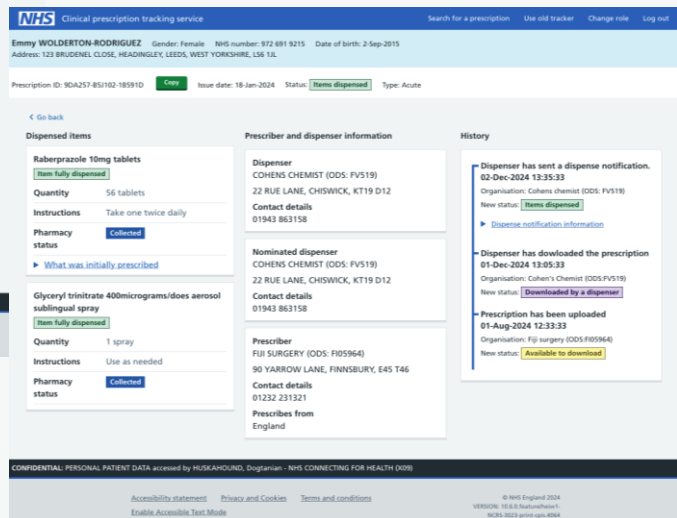
Clinical Prescription Tracking Service




Search using a prescription ID,
NHS number or basic details



View the high-level prescription
information



View the full prescription details



EPS Prescription Tracker for Healthcare staff: Key Messages

- We are looking for pilot volunteers for a pilot starting w/c May 19th - a link to register your interest will be sent out after this session.
- After the UI has been piloted, we will be doing a soft launch stage before we remove the legacy application.
- We will be asking you to update the prescription tracker weblink in your system (if applicable) and providing you with materials to help distribute key messages to your pharmacy colleagues (approx. July 2025)
- Likewise, if you use the existing tracker API, we'll be asking you to move to the new one after the pilot phase. (approx. September 2025)
- We will be using the launch of this product to explore moving to CIS 2 across pharmacy.
- Suppliers can register their interest if they want to integrate with the Clinical Tracker API directly – this will allow them to offer prescription tracking for healthcare staff in your own system and we are planning on making this API available in September (tbc on pilot outcomes)



A care system support organisation



Electronic Prescription Service (EPS):

Update Roll-out to the Secure & Detained Estate

Official

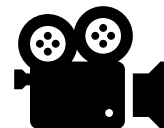


The Programme



- EPS is part of an ongoing national programme of upgrades and changes aimed at ensuring equivalent care for patients within the detained estate, comparable to that provided to community patients.
 - smart card implementation, PDS matching, NHS number tracing, eReferrals, GMS and GP2GP integration.
- NECS conduct monthly SystmOne (clinical health record) audits.
- NECS collaborate with establishments to improve data quality and clinical record-keeping.
- NECS support standardisation efforts e.g. National Suit of Templates (SEAT & IRCAT)

EPS (Electronic Prescription Service) for the Detained Estate is an extension of the existing NHS EPS system in use in the community. Electronic prescribing is now being enabled, at the point of release, for individuals in prisons, secure units, and immigration removal centres.





The Goal



- To implement **Electronic Prescription Service (EPS)** medication to be taken outside of the prison – referred to as **To Take Out (TTO)**, because medication is to be taken outside of the facility

Before EPS:

- Paper FP10s supplied for all medication for prisoners leaving
- Paper FP10s supplied for emergency medication when the onsite Pharmacy is out of stock

After EPS:

- Sites will have access to EPS for use in both scenarios
- This will enable the site to digitally send the prescription to a pharmacy without the need for paper FP10s



Key Features & Benefits



- ✓ Patients can nominate a pharmacy to collect their medication after release.
- ✓ If no pharmacy is nominated, they can choose any pharmacy.
- ✓ Replaces paper FP10s—prescriptions are sent electronically to pharmacies.
- ✓ Ensures access to vital medications upon release, reducing gaps in treatment.
- ✓ Improves safety—prescriptions can be cancelled if a detainee remains in custody.
- ✓ Supports emergency medication supply when in-house stock is unavailable.
- ✓ Brings equity of care, aligning detained patients with standard NHS prescription processes.



Project Progress – Where Are We Now?



- Legislation change to enable EPS for Detained Patients (Nov 2024)
- Extended Pilot (seven Sites) successfully completed (Dec 2024 – Feb 2025).
 - Initial Pilot: HMP Foston Hall, HMP Leeds.
 - Fast followers: HMP Birmingham, HMP Brinsford, HMP Bronzefield, HMP Oakwood, HMP Featherstone.
 - 650+ items prescribed, 200+ prescriptions collected
 - Duplicate prescription risk minimised
- CSG approval Granted Feb 2025
- Full rollout began w/c 24 February 2025.



Project Milestones



Milestone	Date	Count	Status
Pilot 1: HMP Leeds Site Go Live	03/12/2024	1	Complete
Pilot 2: HMP Foston Hall Site Go Live	05/12/2024	1	Complete
CSG Approval to Expand Pilot	21/01/2025		Complete
Pilot 3: HMP Birmingham Go Live	21/01/2025	1	Complete
4XFF Go Live - Featherstone / Brinsford / Oakwood /Bronzefield	03/02/2025	4	Complete
Full deployment Approval	20/02/2025		Complete
West Midlands & South East go-live (Region 1)	24/02/2025	15	Complete
South East & London Go Live (Region 2)	03/03/2025	13	Complete
South East go-live (Region 3)	10/03/2025	9	Complete
South West go-live (Region 4)	17/03/2025	7	In Progress
East of England (Region 5)	24/03/2025	6	
Yorks & Humber go-live (Region 6)	31/03/2025	12	
East Midlands (Region 7)	07/04/2025	10	
Cumbria & North-East (Region 8)	14/04/2025	14	
North West (Region 9)	21/04/2025	7	
East Midlands (Region 10)	28/04/2025	7	
North West (Region 11)	05/05/2025	6	
IRCs (Region 12)	tbc	6	
Hold (pending provider change)	tbc	2	
Post Go Live & End User Support	Total Sites	121	35 live

📌 Further legislation change required to permit free-of-charge medication upon release from IRCs (sometime after May)

📌 Short-Term Holding Facilities & Secure Children's Homes currently out of scope.

- Tokens are typically not being printed
- Medication is typically going to non-nominated pharmacies (so it can be collected from a pharmacy of choice)
- Detainees are being given an information leaflet about EPS
- Further information will be released by NHSE for Prison TV, Radio and Insider Times.

Changes to the way you receive your prescription and medication upon release.

If you are taking any prescribed medication, prior to release you used to be given a paper prescription to take to the community pharmacy (chemist).

From **XXXXXXXX (insert Date)** you will no longer need this to collect your medication.

Once released, please go to your nearest pharmacy.

You will need to provide your name, date of birth, and the prison address you have come from to the pharmacy staff to help them identify your NHS number and the medication details.

(Note: If you have your NHS number, it will speed up the process, but the pharmacy can still look up your details without it.)

Your NHS Number:



The pharmacy staff will check your details on the system to find your prescription.



If the medicine is unavailable, the pharmacy will order it for you to collect later (for urgent needs, the pharmacist will direct you to another local pharmacy).



Medication prescribed by the prison is free. If you are asked to pay a patient charge, inform the pharmacist.



Payment exemption: Free-of-charge 0015

Note: later prescriptions from your GP will only be free if you qualify for NHS charge exemptions.

For future medication you will need to request them from your GP (if you have not already registered you will need to do so).







What EPS Means for Community Pharmacies

- ✓ **Slight Increase in non-nominated prescriptions** (manual retrieval from EPS Spine).
- ✓ **Patients may not have a token** (pharmacy teams must be aware of how to find prescriptions).
- ✓ **Prescribed Medication may not appear on the NHS app.** (pharmacy teams must be aware of how to find prescriptions).
- ✓ **On-demand dispensing required** (cannot be prepared in advance where not-nominated).
- ✓ **Prisons prescribers are unable to** prescribe or amend prescriptions post release – direct patients to register with a new GP or go to 111





NEXT STEPS & ONGOING SUPPORT

 To identify those exempt you must look for 'HMP', 'YOI' in the address

 People will likely be sensitive about disclosure of their stay in prison - be mindful of the Rehabilitation of Offenders ACT - Unlawful disclosure of someone's past conviction, particularly once it is spent, could lead to legal consequences

 The correct exemption must be selected:
Free-of-charge Cat. 0015

 Monitoring of the NHS Spine to minimise collection of duplicate scripts (where a patient has seen a community GP but not collected their medicines).

 Prison healthcare teams can be contacted via switchboard for urgent queries.



Any questions?

- Please put a question in the meeting chat or use the 'Raise hand' icon in Teams to ask a question



Leveraging IT solutions to enhance patient engagement and service delivery in pharmacies



Pharmacy use of AI to support service provision

Technological advancements, including data tools powered by artificial intelligence (AI), offer transformative potential for community pharmacies. These solutions can revolutionise patient engagement and expand the reach of both NHS and private pharmacy services by identifying individuals who would benefit most from targeted health interventions. AI-powered approaches also present an opportunity to connect with diverse demographics, including those underutilising pharmacy services that support long-term health and wellness.

For example:

- Predictive algorithms can identify high-risk patients, such as those managing chronic conditions, and recommend proactive pharmacy interventions.
- AI tools can segment patient groups and deliver tailored messaging, increasing service uptake across relevant cohorts.

AOB: Use of artificial intelligence (AI) technologies

If you'd like to comment on your use of AI technology to support patient care contact da@cpe.org.uk to take part with a call about this. There will be a round of short remote interviews in Spring 2025.

NHS Vaccine Digital Services (VDS)





England

Vaccination Digital Services

March 2025



Protect the NHS and the public, particularly those facing vaccine inequalities, by ensuring more people get vaccinated, more easily.

To achieve this, VDS will provide:

- **digital services to the public** that increase awareness and simplify access to vaccinations
- **digital tools to providers** that enable them to offer accessible, cost-effective services
- **data to commissioners** to help design and implement vaccination services tailored to local population needs

Vaccination Digital Services

Our big achievements in 24/25



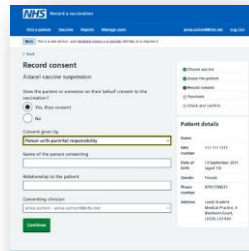
Improved access to
seasonal vaccinations

76.5M invitations
85% digital first
7.2M bookings
8k providers



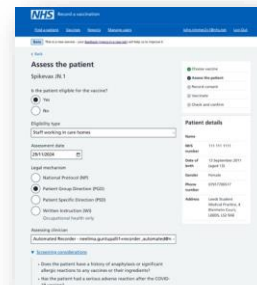
Leveraged our
capabilities to mobilise
the **RSV programme**

1.7M vaccinations
GP, CP, MS
100% visibility
Shared w/ **UKHSA**



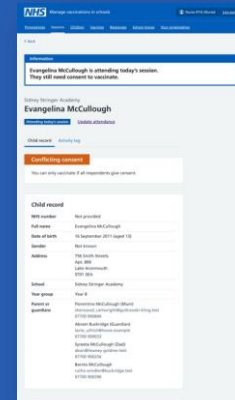
Transformed the
maternity
vaccination pathway

120k Pertussis vaccs
123k RSV vaccs
~**3%** uplift in Pertussis
100% MS visibility



Mobilised our offer in
the vaccination capture
market - **RAVs**

>1M vaccinations
338 providers
12k users
Trust, Mat. Serv., CP



Progressed vaccinating
more **children in**
schools, more easily – via
MAVIS private beta

25k consent reqs sent
8k children vaccinated
HPV
100% user satisfaction

2025/26 will focus on extending national services to wider NHS vaccinations

**Scaling our
improvement of
delivery of all
vaccinations in
schools**

**Enabling
community
pharmacies to
deliver more NHS
vaccinations**

**Supporting
delegation of
vaccination
commissioning to
ICBs**

**Continuing to
tackle winter
pressures and
outbreak
response**

Community pharmacies have played a crucial role in protecting public health through vaccination efforts

Increased Vaccination Uptake

Community pharmacies have significantly increased vaccination uptake due to their **accessibility and convenience**

Reaching Vulnerable People

Community pharmacies have played a vital role in reaching **vulnerable populations**.

Expanded Vaccination Programmes

Pharmacies have successfully expanded **seasonal vaccination services**, in conjunction with offering private vaccination services

42 million
COVID-19
vaccines

20% of all
vaccines in
England

3.8m Flu
vaccines in 24-
25

Community pharmacies are essential partners in the national vaccination strategy. This is due to their accessibility and ability to reach diverse populations. The role of pharmacies is expected to expand further in the future.

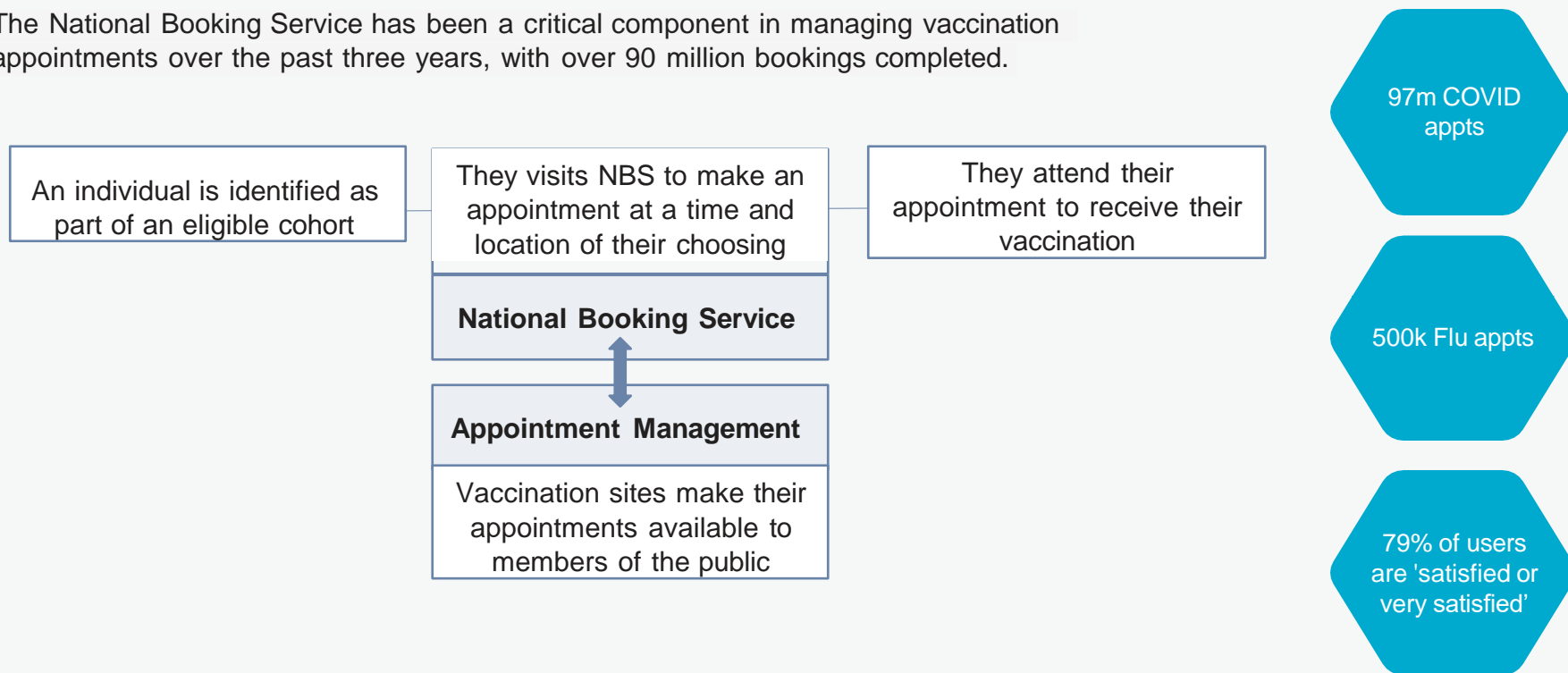
Manage Your Appointments

March 2025



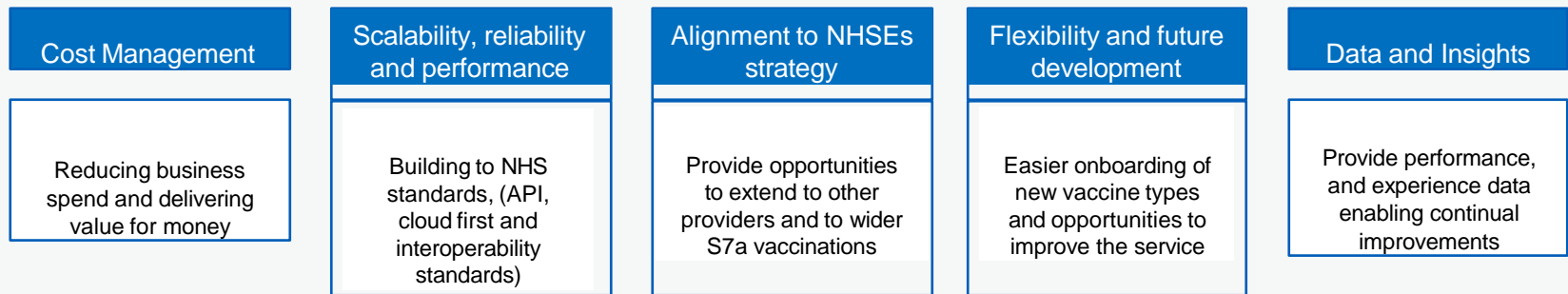
The ability for members of the public to book appointments is enabled by a set of digital products and services

The National Booking Service has been a critical component in managing vaccination appointments over the past three years, with over 90 million bookings completed.



New Appointment Management Service

To build a new in-house service is based on our strategic vision of creating a standards-based service that can be scalable and reusable in a range of settings within the NHS – Manage Your Appointments (MYA).



Our mission

Create a flexible and efficient appointment management system that improves user experience and supports future healthcare services in alignment with NHS vaccination strategy.

dev-uks.azurewebsites.net/manage-your-appointments/site/ef0e380b-eafe-4fa0-ab41-b6e73982a923/details

[< Go back](#)

Create availability

What type of session do you want to create?

You can create weekly or single date sessions.

- Vaccinator availability
- Type of vaccine available

- ☐ Weekly sessions
Sessions that run at the same time every week.
- ☒ Single date session
Sessions that run on one day and end.

Continue

[< Go back](#)

Create weekly session

Add start and end dates

Start date

For example, 15 3 2024

Day Month Year

End date

For example, 15 3 2024

Day Month Year

Continue

[< Go back](#)

Create weekly session

Select days to add to your weekly session

You can create multiple weekly sessions, to cover:

- Vaccinator availability
- Type of vaccine available

- ☐ Monday
☐ Tuesday
☐ Wednesday
☐ Thursday
☐ Friday
☐ Saturday
☐ Sunday

or
☐ Select all days

Continue

[< Go back](#)

Create weekly session

Set time and capacity for your session

Session times

For example, 14:30

Start time
09 : 00
End time
17 : 00

Capacity

Enter your capacity to calculate appointment numbers for this session.

How many vaccinators or vaccination spaces do you have?

3

How long are your appointments?

Appointment length must be a maximum of 60 minutes or less.

5 minutes

Capacity calculator

288 total appointments in the session
Up to 36 appointments per hour

Continue

[< Go back](#)

Create weekly session

Add services to your session

☒ RSV (Adult)

Continue

[< Go back](#)

Check weekly session

Dates	1 April 2025 - 1 July 2025	Change
Days	Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday	Change
Time	09:00 - 17:00	Change
Vaccinators or vaccination spaces available	3	Change
Appointment length	5 minutes	Change
Services available	RSV (Adult)	Change

288 total appointments in the session
Up to 36 appointments per hour

Saving will allow people to book appointments for the availability you've created.
Make sure the information is accurate before saving.

Save session

Manage Your Appointments

On 3rd March 2025,

the **Manage Your Appointments** began to take RSV bookings via the National Booking Service as part of the **East of England** community pharmacy early adopter project.

Since beginning this small-scale implementation, we have:

Increased availability

29 out of 36
Community
Pharmacy sites
posting availability

Communications

More than 9200
booking notifications
sent to the public

Appointment update

~2,678 RSV
appointment
bookings

User feedback from the early adopter CPs

- The overall user experience is largely positive, with intuitive navigation, clear and discoverable call-to-actions, and easily understandable content.
- Users easily logged in, chose their site, changed the details and added new users.
- Users found creating weekly availability very easy when they had a consistent schedule every day but for more complex use cases there is room for improvement to the user journeys.
- Once users created availability, some were unsure of how to change it, and some had to be prompted to go to the 'View availability' section.
- There is strong demand for the ability to edit availability in bulk, easily print availability and for MYA to communicate with RAVS.

"I think it is laid out better than the Q flow making appointments."

"seems to be quite simple and straightforward. Easy, easy to navigate."

(on viewing bookings) "This is much cleaner, like I don't want to know who's booked. I just want to know how many are booked. So it's quite nice actually."

"Weekly sessions... that this is great because when I'm comparing it to the old..... It's really hard to set. I know you can set weekly rolling sessions, but it is not easy."

"It's clear and these little shortcuts here are really handy because they're not there on qflow and you have to go back into sort of a diary manager and do all the stuff again, like individually and look at what day it has a problem. And so this would be good."

Manage Your Appointments Roadmap 2025

One year roadmap	January	February	March	April	May	June	July	August	September	October	November	December
Release 1 East of England (~36) RSV only early adopter release	Development and testing Create availability, Notifications, User management, monitor/auditing, manage availability, onboarding, site management	Governance activities	User Onboarding									
Release 2 East of England RSV only Additional early adopter scope		Development and testing Okta, Self referral, Tech Debt, User improvements, capacity data output, ITOC	Governance activities									
Release 3 CP expansion (~250) RSV only			Development and testing Joint booking, Reporting, Monitoring, Audits, Service support, User improvements, Tech Debt.	Governance activities	Onboarding							
Release 4 Autumn Winter Campaign (~9000) Covid/Flu/RSV				Development and testing	Governance activities		Onboarding		Autumn / Winter campaign live			
				Support multiple services, Co-admin, Auto-cancellations, Onboarding improvements, RAVs/MYA alignment.								
Post release 4 Autumn/winter (~9000) Multiple vaccination types					Discovery	Development and test activities	Governance					
						BARs interoperability (appointment services) 7a expansion						

Record a vaccination (RAVS)

NBS Book and Manage
Vaccination Digital Services

March 2025



Our mission

Help clinical staff record vaccination event data more easily and effectively, anywhere

Principles behind RAVs

NHS owned and branded

Vaccine and setting agnostic to
allow scalability and
responsiveness to evolving NHS
needs

Evidence-led continuous
improvement

Designed and tested with users to
ensure it meets needs, including
accessibility, usability & inclusion

Supported by helpdesk and
backed up by NHS infrastructure

Data security and compliance to
NHS and UK data protection
regulations

Increase efficiency of recording
vaccinations and reduce
administrative burden

Support for POC system
marketplace and innovation

Integrate with existing systems

Since its launch in September 2024, 341 organisations have been onboarded across various settings



Maternity
Services



Hospitals &
vaccination
centres



Community
Pharmacies



Independent
healthcare
providers

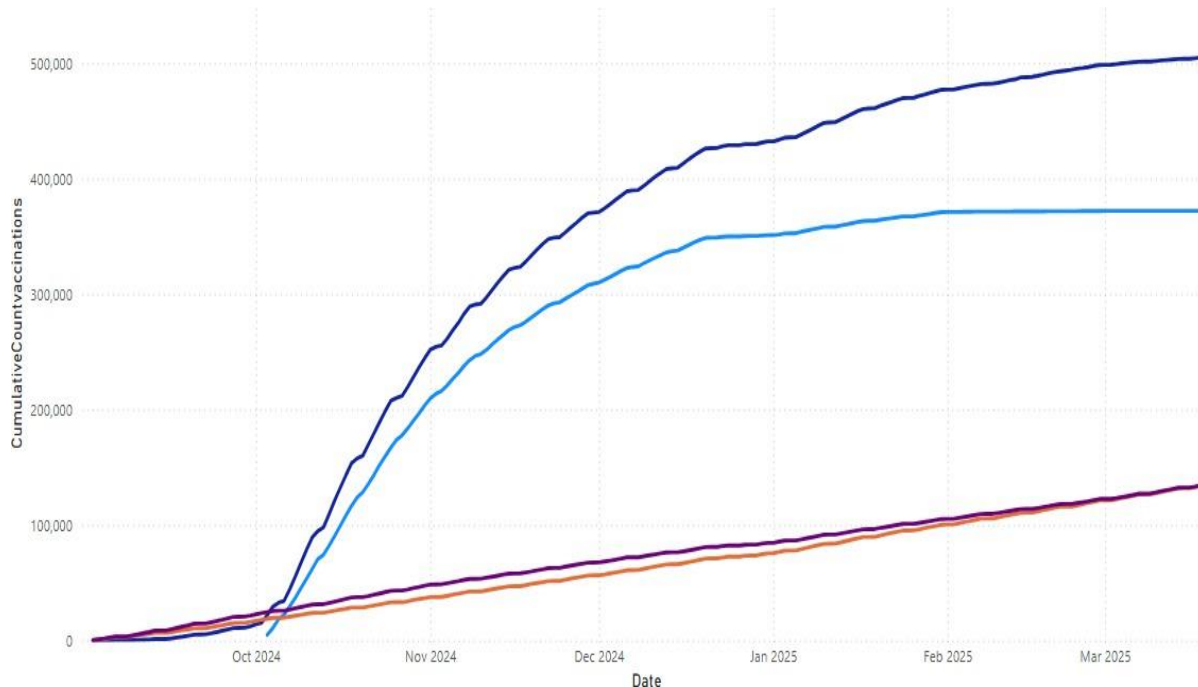


GP
federations



- Housebound
- Carehome
- Outreach

Over 1 million vaccination events have been recorded in RAVs



Total Vaccinations recorded in RAVS

1,145,216

COVID

372,098

Flu

504,763

Pertussis

134,045

RSV

134,310

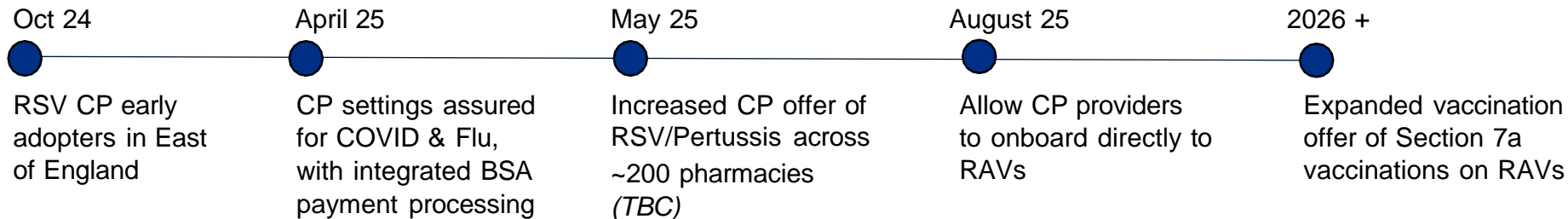
RAVS CP expansion plans

Note: CP expansion subject to policy and contract decision tbc

Prevention / Public Health priorities

Increased Supplier
Diversity

Expanded Vaccination
Services



We visited 10 community pharmacies using RAVS to conduct user research

Email with payment information

RAVS support desk

FDP

Summary Care Record

OKTA

RAVS guidance website

Manage Your Service

Q flow

RAVS

PharmOutcomes

PGD

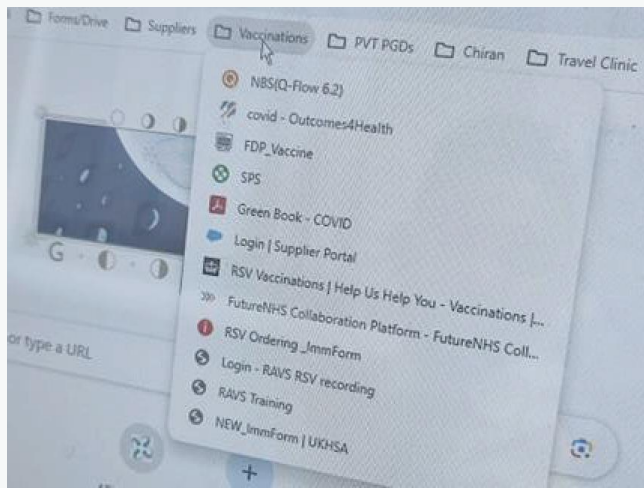
Google spreadsheets

Yellow Card

NBS support desk

BSA portal website

ImmForm



Public facing NBS site

Care Identity

Appointments print outs

PharmaDoctor

Paper forms

Pfizer Youtube channel

Green Book

Foundry

Outcomes4Health

YOU SAID

1



I do not always want to report on all fields of data

2



Having to pull a report each time I do a stock take is time consuming

3



I do not always have the clinicians PBN to hand when adding users

4



We want more/ to be able to record all vaccines in RAVS

WE DID



Added reporting filters to enable you to select specific data for reports



Created a homepage which displays recent vaccination data



Minimised number of data fields needed to add a user



From 1 April CPs can record COVID/Flu in RAVS, with more to follow

< Back

Choose data

- ☒ Patients
NHS number, name, date of birth, gender, address
- ☒ Staff
Recorder, vaccinator, assessing and consenting clinician names and email address
- ☒ Site or delivery team
Names and ODS codes
- ☒ Assessment and consent
Vaccinated and not given, date, consent and eligibility details and comments
- ☒ Vaccination
Date, where the vaccination took place, vaccine details and dose given, site of body, legal mechanism and comments

Continue

< Back

Add user

First name

Last name

NHS email address

Are they a registered clinician?

Only registered clinicians can assess the patient and record their consent

- ☐ Yes
- ☐ No

Permission level

- ☐ Recorder
Record vaccinations only
- ☐ Administrator
Record vaccinations, create reports and manage vaccines
- ☐ Lead administrator
Record vaccinations, create reports, manage vaccines and users

Continue

1

2

NHS ARDEN AND GREATER EAST MIDLANDS COMMISSIONING SUPPORT UNIT

Total vaccinations

5

Today

86

Past 7 days

44

March to date

Past 7 days by vaccine

Date	Covid	Flu	Pertussis	RSV	Total
Today	3	2	0	0	5
Mon 3 Mar 2025 (yesterday)	12	5	0	0	17
Sun 2 Mar 2025	12	2	0	0	14
Sat 1 Mar 2025	7	1	0	0	8
Fri 28 Feb 2025	9	3	0	0	12
Thu 27 Feb 2025	9	3	0	0	12
Wed 26 Feb 2025	11	7	0	0	18

For a more detailed breakdown, [create a report](#)

< Back

Choose vaccine

Delivery team

- ☐ Adel Pharmacy

Vaccine

- ☐ COVID-19
- ☐ Flu
- ☐ Pertussis
- ☐ Respiratory syncytial virus (RSV)

4



Next steps

1. Streamline further

Pain point for CP providers: the time required to record and manage vaccinations

We're working with user interaction designers to identify streamlining opportunities across the product and collaborating with users, NHS clinical, and policy teams to assess local and national data needs, aiming to minimise required questions.

2. Interoperability and integration

Pain point for CP providers: the need to use so many systems for vaccination services.

We are exploring interoperability and integration with existing systems like MYA to streamline workflows, reduce duplicate data entry, ensure seamless data availability across platforms, and reduce the number of destinations pharmacists need to access to have the complete picture.

Demo

Record a vaccination
journey

NHS Vaccine Digital Service: key messages

- The VDS team is dedicated to advancing digital solutions that enhance the delivery of NHS vaccination programs. They aim to increase vaccination uptake, improve coverage, and address health inequalities. The team plays a key role in achieving NHS England's vaccination strategy by implementing digital services that simplify and expand access to vaccinations.
- One of the team's core projects is the ongoing development and phased rollout of the Record a vaccination service (RAVS). To be further piloted in Community Pharmacy (CP), RAVS is designed to record vaccination events in various settings, including hospitals, maternity services, and community pharmacies. This tool aims to streamline the recording and managing of vaccination events while offering NHS England valuable insights into user needs, with the potential for national rollout.

Care Identity Service (CIS) and multi-factor authentication (MFA)



New Toolkit question 4.5.3: Multi-Factor Authentication



New Mandatory Question

The toolkit now includes a new mandatory question about multi-factor authentication.



Multi-Factor Authentication

Multi-factor authentication (MFA) is a security process that requires more than one method of authentication to verify a user's identity.



Purpose of MFA

MFA adds an extra layer of security to protect against unauthorized access, even if a password is compromised.



Common MFA Methods

Common MFA methods include SMS/email codes, biometrics (fingerprint, face ID), and hardware security keys.

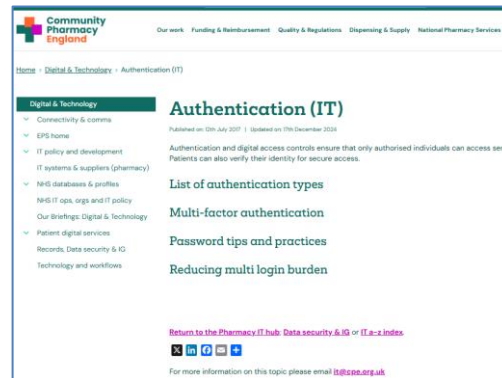
The new mandatory question on multi-factor authentication in the toolkit emphasizes the importance of implementing strong security measures to protect against unauthorized access.

MFA support: Community Pharmacy England & NHS England



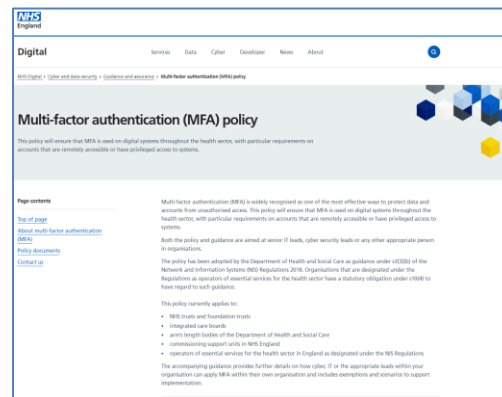
Get MFA guidance from Community Pharmacy England

The Community Pharmacy England (CPE) website provides comprehensive guidance on implementing and using multi-factor authentication (MFA) for community pharmacies.



Consider NHS England's MFA policy

The NHS England MFA policy outlines the requirements and best practices for implementing MFA across the healthcare system.



New Toolkit question 4.5.3: Multi-Factor Authentication

Evidence item 4.5.3

☐

Multi-factor authentication is used on all remotely accessible user accounts on all systems, with exceptions only as approved by your board or equivalent senior management.

Multi-factor authentication (MFA) is one of the most effective ways to protect data and accounts from unauthorised access.

You should consider all systems that can be accessed from the internet – such as email, clinical care systems, and any cloud-based or online systems – and either ensure that all user accounts are protected with MFA, or detail any exceptions in the text box response.

Guidance on implementing Multi-factor authentication is [available](#)

Comments (optional)

Save

or [Cancel](#)

NHSE Identity & Access Management

March 2025

Presented by:

IAM, Products & Platform, TD NHSE



NHS-provisioned Authentication Service:

CIS2 Authentication

- NHS CIS2 Authentication is a secure authentication service for use by health and care professionals

Benefits

- More choices around authenticators
- No card admin burden (not easily lost; no certificate renewals)
- Internet facing service (removes the need for HSCN)
- Greater mobility for staff – access via Windows, Mac, iOS, Android, etc
- Moving away from "pulling a smartcard leading to session termination and browser closure" to inactivity / session length based timeout for each application

745K users used the service in Jan 2025

Representing 75% of authenticated users (1 million users in total)

59 applications live with NHS CIS2 Authentication

22 preparing to deploy to production

- National: eRS, Cervical Screening (CSMS), NCRS, Prescription Tracker
- Primary Care, Pharmacy, EPRs & EHRs: EMIS Web, EMIS X, TAG Rio, Dedalus Lorenzo, Anima, ClanWilliams RxWeb, PharmacyX, DXS International, Monmedical Cinapsis, Palantir Foundry, Medicus & [more](#)

Revised Deprecation Dates:

CIS1 Authentication

Date	What's Happening
1 Oct '25	<ul style="list-style-type: none">• CIS1 Authentication reduces to a Silver SLA• Expectation is that majority of suppliers will have migrated to CIS2 Auth at this time• Reduce CIS1 Infrastructure (including platform redundancy)• Support hours reduced to 8am – 6pm Monday to Friday; availability target also reduced
1 Mar '26	<ul style="list-style-type: none">• No SLA in place for CIS1 Auth• Support on best-efforts basis• Infrastructure will be scaled down to bare bones with little or no redundancy
28 Feb '27	<ul style="list-style-type: none">• CIS1 Auth will no longer able to be used (infrastructure removed by this date)

Risk when CIS1 SLA changes



Risk to NHS healthcare organisations remaining on CIS1: Reduced Service level agreements (SLAs) on CIS1 Authentication Platform

•SLA Changes:

- From **1st October 2025**, CIS1 will switch from **Platinum SLA** to **Silver SLA** (business support: 8am–6pm, Mon–Fri).
- **Post 1st March 2026: No SLA** for CIS1, support on a **reasonable endeavours** basis only.

•Risk:

- **Reduced support hours** may result in **longer fix times** outside business hours.
- **Potential impact on access** to critical services (patient records, prescriptions, e-Referral Service, etc.) if issues occur outside of business hours.
- **No on-call NHSE teams** after hours, leading to delays in investigations.

•Likelihood:

- **1st Oct 2025 – 28 Feb 2026**: Likelihood **3 (Possible)**, increased risk due to resizing of infrastructure for reduced SLA.
- **1st Mar 2026 – 28 Feb 2027**: Likelihood **4 (Likely)**, no SLA, higher risk of prolonged service unavailability.

•Impact:









- **Very High**: Extended outages could severely affect **Operational Delivery, Performance, Reputation, and Patient Safety**.

•Mitigation:

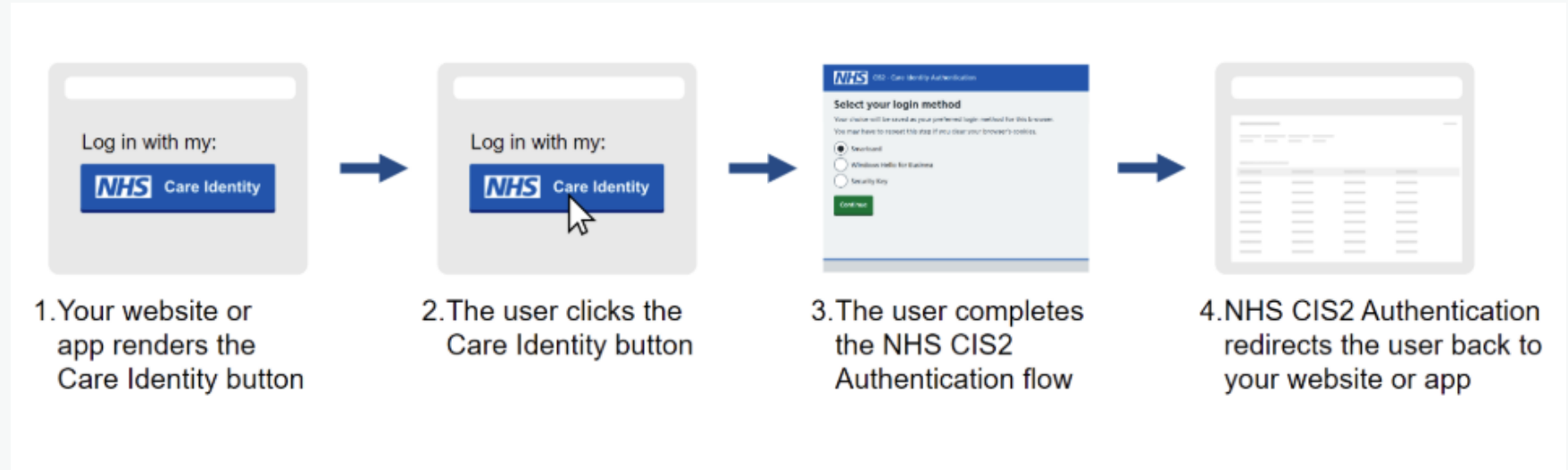
- Plan migration from **CIS1 to CIS2 Authentication** with suppliers.
- Review **contingency arrangements** for outages outside core hours.
- Ensure NHS **board awareness** and **acknowledgement of the risk**.

Authenticators

Simple steps to log in

	Health & Care Professionals							BOTs/ RPA
Authenticator	 Authenticator* Email, password and one-time passcode	 NHS mail (linked)* Email, password and push notification	 Passkey Face, fingerprint or pin code (back up)	 NHS CIS2 Face or fingerprint	 windows Hello Face, fingerprint or pin code (back up)	 Security Keys/ Fido Tokens Pin or touch ID	 NHS Care Identity Service Passcode	 RPA Username, password and device binding
Authenticator Level	AAL2	AAL2	AAL2 (Q4 24/25) AAL3 (Q2 25/26)	AAL3	AAL3	AAL3	AAL3	-
Cost per token	free	free	free	free	free	£15-£75	~£4	free
Services it can be used with	NCRS MESH eRS Pro App CSMS (Jan 2025)				EPR, GP Systems Pharmacy Systems NHS BSA ESR			Everything excluding EPS

How it works





Takeaway

Actions:

- Review statuses of [migrating systems](#)

Further information links:

[About CIS2 Authentication](#)

Deprecation notice: CIS1 Authentication

[Status of supplier migration](#) to CIS2 Authentication

Contacts: CIS2 Authentication Onboarding team are reachable via england.nhscareidentityauthentication@nhs.net

Thank You



@nhsengland



company/nhsengland



england.nhs.uk

Care Identity Service (CIS) and multi-factor authentication (MFA): key messages

- The 2025 Data Security and Protection Toolkit (DSPTK) introduces a new mandatory question concerning using multi-factor authentication (MFA) within clinical systems. Both Smartcards and CIS2 solutions meet the current DSPTK MFA criteria.
- NHS Care Identity Service 2 (CIS2) Authentication is a secure service used by health and care professionals in England to access national clinical information systems.
- Previously, the NHS CIS team presented updates on the planned deprecation of CIS1, which many pharmacy suppliers currently rely on. CIS1 requires the use of physical Smartcards. CIS2, however, introduces modern authentication options not supported by CIS1, such as:
 - Security keys (e.g., dongles).
 - Microsoft Authenticator.
 - The NHS CIS2 Authentication iPad app.

Primary Care Cyber Security Readiness



Primary Care Cyber Security Deep Dive

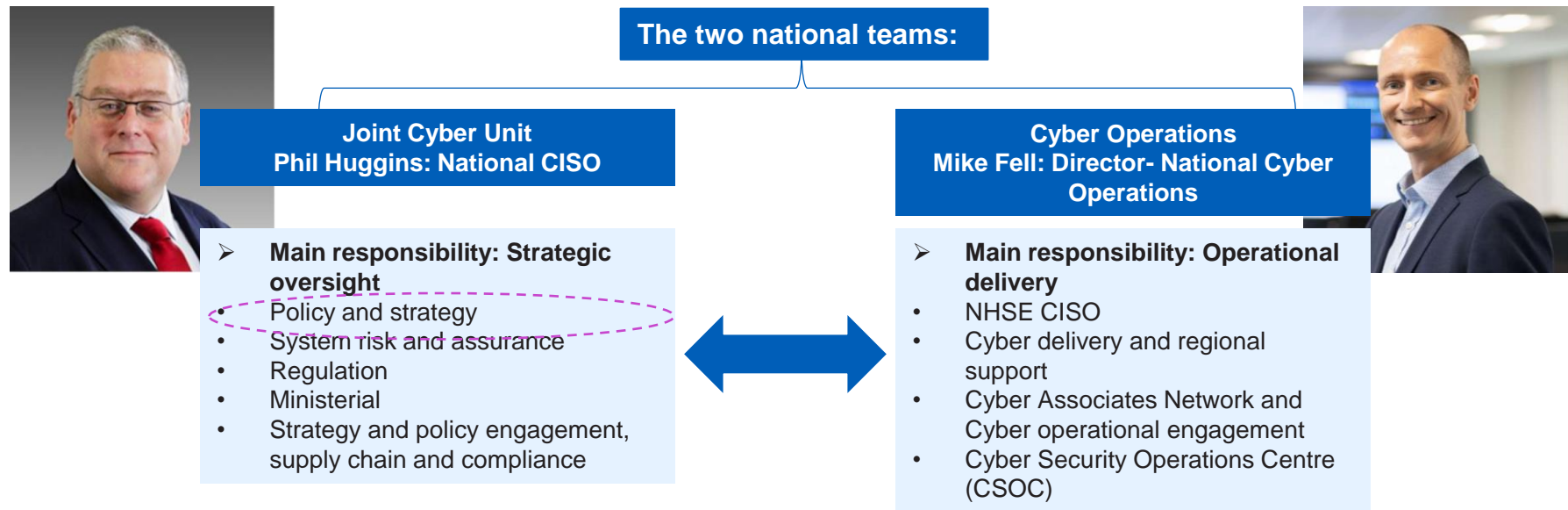
Chandni Maher

Head of Cyber Primary Care
Joint Cyber Unit

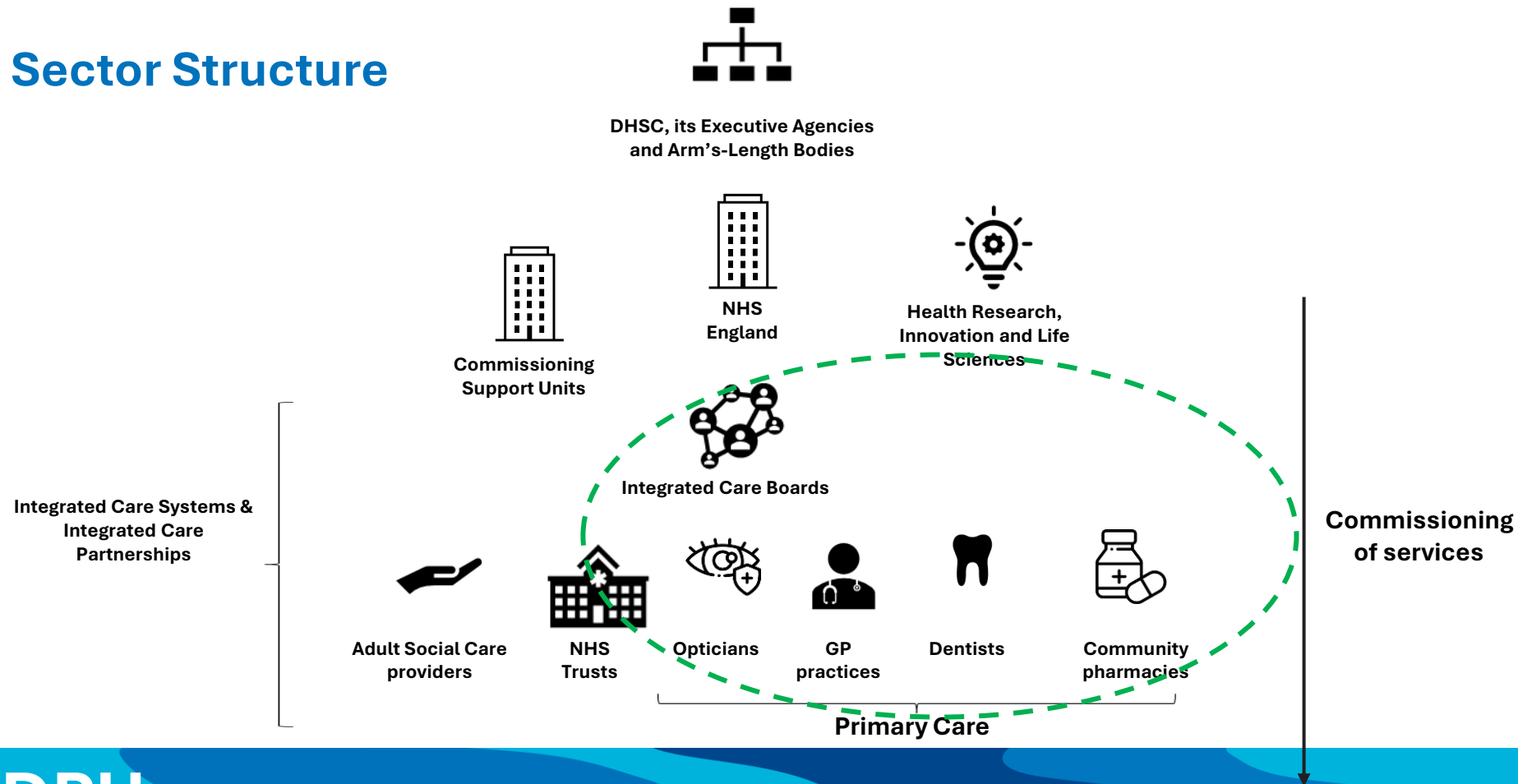
Cyber within the NHS - England

'Reducing the risk of patient/service user harm by improving cyber resilience in the health and care sector'

Cyber = One shared mission



Sector Structure



Deep Dive - Primary Care Cyber Security

Aims

- The Joint Cyber Unit within the Department for Health & Social Care and NHS England, and the UK Government's [Open Innovation Team](#) (OIT), are seeking to understand the cyber security readiness and capabilities of the Primary Care sector.
- We are focusing on **community pharmacy, general practice, optometry, and dentistry**
- This piece of work will be in the form of interviews (20-30 people) and a survey

Why we are undertaking this work

- Primary Care cyber reviews have been undertaken, but not recently, and not across all four sectors
- DSPTK mandated returns – there is a difference in what we are seeing and what actually happens at a cyber event
- Changes to primary care commissioning – from national to local delegated ICB contracts- and how we support commissioners
- Varying digital and cyber maturity i.e. multiples and larger orgs vs smaller orgs facing challenges with DSPTK
- Feedback from colleagues i.e. ICS - Cyber Security strategies, practice managers – MFA, MDE
- Help orgs to support innovation via supply/ provider
- Forward planning i.e. CAF-aligned DSPTK will likely be explored in upcoming years, and how we help colleagues prepare
- Colleagues would like to buy/access innovative technology- but unsure how this can be cyber-ready

Deep Dive - Primary Care Cyber Security

Areas of interest:

- Exploring the current level of cybersecurity readiness, and preparedness in primary care in England
- Evidencing the areas of greatest cybersecurity risk in primary care in England, including risk introduced by government, third parties, or supply chains
- Understanding behaviours and attitudes related to cyber security in primary care
- Exploring government and NHS levers to improve the sector's cyber security capability,
- Exploring and championing cyber security best practice in primary care

How this information will be used

The findings of the interviews and the survey will contribute to a report of analysis and advice for the JCU. This will ultimately help inform the government's ambition to shift resources to primary and community care and will form part of the evidence base required to deliver tailored cyber support to the primary care sector.

Deep Dive - Primary Care Cyber Security

Engagement:

- **Trade bodies:** Community Pharmacy England, British Dental Association, Optical and Medical bodies, wider orgs
- **Cyber National:** Cyber Operations / Cyber Improvement Programme, Joint Cyber Unit, Digital Primary Care
- **Wider:** Commissioning Support Units, ICS/ICB commissioners, Cyber Associates Network

How we could work together

- We are aware of the Pharmacy Templars study and Community Pharmacy IT Group cyber security inputs (some of these still apply)
- Tools and training – designing materials
- Engagement channels – and a dedicated cyber group
- Challenges you have seen / work undertaken so far
- What to do next – who to involve

Contact:

Chan.maher@nhs.net

DPU

Digital Policy Unit



Department of Health & Social Care



Primary Care Cyber Security Readiness: key messages

The Joint Cyber Unit assesses cybersecurity readiness and capabilities across the primary care sector, including community pharmacy, general practice, optometry, and dentistry.

As part of this effort, the unit has conducted interviews to gain deeper insights into cybersecurity challenges and needs. Additionally, a comprehensive survey has been launched to evaluate various aspects of cybersecurity, including:

- Readiness and preparedness.
- Risk management.
- Behaviours and attitudes.
- Good practices.

Pharmacy and supplier representatives are invited to [complete the survey](#) by **6th April 2025**.

Any other business



AOB: Future IT and the 10-Year Health Plan (CP ITG)

The NHS England pharmacy team and NHS England's Transformation Directorate (NHSE's TD) are considering further development of NHS pharmacy IT priorities for the current financial year and beyond. They plan to engage with the group further in future sessions.

In initial meetings between NHSE's TD, Community Pharmacy England, and CP ITG Chair, we provided feedback on pharmacy priorities identified by the CP ITG. This includes support for the following developments (in alphabetical order), and we have advised that the CP ITG is open to providing further input:

- Booking and Referral Standards (BaRS);
- Electronic health records and GP Connect;
- Expanded Community Pharmacy Data standard;
- Independent Prescribing IT; and
- NHS App, apps and the next generate EPS.

AOB: Future IT and the 10-Year Health Plan (CP ITG)

A CP ITG workshop was held in August 2024 with pharmacy representatives from each of the CP ITG pharmacy bodies to discuss the proposed next steps to support progress. The group have been updated on the discussions of this meeting and commented on the drafted and earlier versions included within the group's last set of meeting papers documents. See:

- [Next steps for pharmacy IT \(CP ITG\) \(prose version\)](#)
- [Next steps for pharmacy IT \(CP ITG\) \(abridged slides\)](#)
- [Next steps for pharmacy IT \(CP ITG\) \(full slideset\)](#)

The theme across pharmacy requests for IT change (in line with NHS Long Term Plan) relates to a desire for the 'seamless flow of clinical information (interoperability)'. A more seamless flow of clinical information would also help to realise Nuffield Trust's vision for the sector with it being able to support continuous improvement:

- preventing ill health and supporting wellbeing;
- providing clinical care for patients;
- helping patients to live well with medicines; and
- provision of integrated primary care for neighbourhoods.

The updated 'Next Steps' document were shared with NHS England. Related documents were also passed by the CP ITG secretariat to NHS England and in support of the [10-Year Health Plan](#) considerations.

AOB:NHSBSA's Open Data Portal (ODP) and related survey

The NHSBSA's Open Data Portal (ODP) is the home of data NHSBSA releases to the public. It lets users:

- filter and download datasets;
- access Open Data via an Application programming interface (API); and
- view the metadata and data in a single place.

It includes prescription item analysis and pharmacy-related data.

NHSBSA is surveying the content within the ODP (closing at 11pm on Monday 24th March 2025). Group members making use of this data to support pharmacy service provision are encouraged to email da@cpe.org.uk so your inputs can be added to the collated feedback to be passed on.

Survey questions include:

- Thinking about the dataset(s) you have used, did the data meet your needs?
- Which new datasets, if any, would you like to see on the ODP?

AOB: EPS pilot

The EPS team are looking for pharmacies that are interested in getting first access to the updated version of the Electronic Prescription Tracker.

To take part, they need to be able to get involved in the following:

- Giving 45 to 60 minutes of their time
- Tell the EPS team about their role and their experience of using the new prescription tracker
- Speaking to a researcher and notetaker via Microsoft Teams
- Potential site visits to conduct in-person research
- Providing regular feedback on how they're finding the new EPS tracker during the pilot phase

The pilot will last between 6 to 8 weeks and starts in May. If you are interested in getting involved, fill out the survey below.

https://feedback.digital.nhs.uk/jfe/form/SV_0CcHZnNSRQFlipM

Close from Chair

Thank you!

Post meeting queries: it@cpe.org.uk