

# Community Pharmacy IT Group (CP ITG) meeting agenda

## to be held on 4th June 2025 via videoconference

### from 10.15am – 1pm

**About CP ITG:** The Group was formed in 2017 by [Community Pharmacy England](#), [NPA](#), [RPS](#), [CCA](#), and [IPA](#). Members representing these five organisations attend the meetings, as do representatives from pharmacy system suppliers, [NHSBSA](#), [NHS England's Transformation Directorate \(NHSE's TD\)](#), [NHS England pharmacy team](#), [DHSC](#), and [PRSB](#). For further information on the group, please visit the [Community Pharmacy England website](#).

**Voting members:** Matthew Armstrong (Chair), Steve Ash, David Broome (Vice Chair), Darryl Dethick, David Evans, Sanjay Ganvir, Nick Kaye, Fin McCaul, Darren Powell, Sian Retallick, Craig Spurdle, Iqbal Vorajee and Heidi Wright.

**Secretariat:** [Dan Ah-Thion](#).

#### MS Teams meeting

Attendees are encouraged to:

- Join early using a webcam to test access and a large screen to view the slides.
- Use the 'raise hand' feature to seek the attention of the Chair.
- Use the chat box to share comments, queries, and respond to each other. (Note: Time constraints may prevent all comments from being addressed during the meeting, but all comments will be saved to aid the group's work.)
- Mute any devices logged into the meeting whilst not speaking (using the mute button '🔇', the device's mute option).
- Note: those attending the meeting can extend the invite to colleagues within their organisation so they can dial into the meeting at the relevant stage.
- Please use the 'rename' feature so that your display name looks like this: <First name> <Surname> (<organisation>).

The login details for joining are included in your invite.

**Social media:** To tweet about the group/meeting (excluding anything confidential), use the hashtag *#cpitg*

**Meeting format:** The meeting will be divided into two sections, with a break in the middle.

1. **Welcome from the Chair** 10.15-10.15am
2. **Apologies for the absence of voting members**  
At the time the agenda was finalised, apologies were received from Fin McCaul, Darren Powell, and Sian Retallick.
3. **Minutes of the last meeting**  
The minutes of the previous meetings were emailed to the group.
4. **Actions and Matters Arising**  
Outstanding actions have been carried forward within the workstream updates appendix.

## Actions

5. **Use of AI data analysis tools to enhance patient engagement** (page 4) ([Appendix CP ITG 01/06/25](#)) 10.15-10.30am
6. **Use of Clinical Decision Support (CDS) tools and ambient scribing tools** (pages 4-6) ([Appendix CP ITG 01/06/25](#)) 10.30-10.40am
7. **NHS pharmacy services IT update** (page 7) ([Appendix CP ITG 02/06/25](#)) 10.40-11.00am
8. **IT systems wishlist: requested features** (page 8) ([Appendix CP ITG 03/06/25](#)) 11.00-11.05am
9. **Digital Clinical Safety** (pages 8-9) ([Appendix CP ITG 03/06/25](#)) 11.05-11.15am

## Break

11.15-11.35

## Actions (2)

10. **IT's role in pharmacy dispensing substitutions reform** (pages 10-12) ([Appendix CP ITG 04/06/25](#)) 11.35-12.00pm
11. **Technical priorities and the NHS 10-year health plan** (pages 13-14) ([Appendix CP ITG 05/06/25](#)) 12.00-12.10pm
12. **EPS clinical prescription tracker pilot update** (pages 15) ([Appendix CP ITG 06/06/25](#)) 12.10-12.35pm
13. **The NHS Single Patient Record plans** (pages 15-16) ([Appendix CP ITG 06/06/25](#)) 12.35-12.50pm
14. **Cyber pilots** (pages 16-17) ([Appendix CP ITG 06/06/25](#)) 12.50-12.55pm
15. **Principles of patient choice of pharmacy within technical tools** (pages 17-18) ([Appendix CP ITG 06/06/25](#)) 12.55-1.00pm

## Report

16. **Updates on other CP ITG workstream projects** (pages 19-27) ([Appendix CP ITG 07/06/25](#))
17. **Post-meeting CP ITG communications, messages, and upcoming consultations** 1.00-1.00pm
18. **Any other business and close from the Chair** 1.00-1.00pm

## Slido survey

We will use Slido polls for some of the sessions. Please use a second device (such as a mobile phone) to scan the barcode (or from the slides). Alternatively, visit [slido.com](https://slido.com) and enter the code #5513 712. All attendees are encouraged to participate.

Join at  
**slido.com**  
**#5513 712**



## Future CP ITG events

- *Main meeting:* Weds 17th September 2025 (virtual)
- *Main meeting:* Weds 4th March 2026 (virtual)
- *Pharmacy Show CP ITG session,* Sunday 12th October 2025 (Birmingham)
- *Sub-group meeting placeholder (if needed):* Weds 5th November 2025 (virtual)
- *Main meeting:* Weds 3rd June 2026 (virtual)

## Other upcoming pharmacy/healthcare IT events

- July 8th, 2025: [Integrated care summit](#), London
- July 15th, 2025: [Digital health and care conference](#), London
- July 10th, 2025: [Digital Technology and AI – The future for pharmacy and medicines usage](#), London

Items listed at: [cpe.org.uk/itevents](https://cpe.org.uk/itevents).

Subject	Future tools: Data analysis, clinical decision support and note-taking
Date/time of meeting	4th June 2025: 10.15-10.40am
Status	Public
Presenters	CP ITG Chair/Secretariat
Overview	The group will explore current and emerging IT solutions designed to enhance patient engagement, delivery of pharmacy services, clinical decision support and note-taking.
Proposed action	The group will briefly discuss recent developments in IT innovation.

This section of the meeting will consider pharmacies’ early uses of new:

- Data analysis tools (item 5);
- Clinical Decision Support (CDS) tools (item 6a); and
- Use of Ambient scribing tools to improve consultation notes made to the record (item 6b).

**Item 5. Use of AI data analysis tools to enhance patient engagement** (10.15-10.30am)

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.

**CP ITG actions:**

**Matt Armstrong (CP ITG Chair)** will provide an update.

The group’s pharmacy and supplier representatives are invited to consider the following.

- Share examples of AI tools and IT solutions in community pharmacies.
- Highlight AI tools and solutions utilised in GP practices that could inspire pharmacy adoption of similar solutions.
- Views on how AI-driven marketing can address health inequalities while ensuring outreach to underserved and diverse communities.

**Item 6. Use of Clinical Decision Support (CDS) tools and ambient scribing tools** (10.30-10.40am)

**6a. Use of Clinical Decision Support (CDS) tools**

Clinical decision-making tools are digital resources designed to assist healthcare professionals in making informed clinical decisions during patient care. More Clinical Decision Support (CDS) tools are expected to become more integral to modern healthcare, providing clinicians with evidence-based guidance at the point of care.

CDS can be embedded within service delivery modules, or be provided within separate systems. In the future, tools may be used to enhance clinical decision-making, improve patient outcomes, and ensure adherence to best practices.

Pharmacies are at an early stage in terms of the widespread adoption of complex CDS systems and functionalities; however, the need is expected to increase with continued service development, further independent prescribing, and the advancement of technology.

NHS England previously published a comprehensive implementation guide for Clinical Decision Support (CDS) systems at <https://www.england.nhs.uk/long-read/supporting-clinical-decisions-with-health-information-technology>, emphasising principles like interoperability, inclusivity, and evidence-based design.

Earlier this year, NHS Shared Business Services began exploring an [additional Artificial Intelligence \(AI\) framework](#) for decision support tools – potentially initially focused on Operational efficiency, Predictive analytics, and early detection.

The National Institute for [Health and Care Research \(NIHR\)](#) has compiled a [collection of research and evaluations on various Clinical Decision Support \(CDS\) tools used in NHS settings](#). This includes effectiveness studies, clinician and patient feedback and implementation insights. There is not currently a national list of NHS-assured CDS tools. The NHS Royal Devon Trust published a case study about their use of these tools, including the most frequently used ones.

## **6b. Use of Ambient scribing tools to improve consultation notes made into the record**

[NHS England's new 2025 guidance outlines how to safely and effectively adopt AI-enabled ambient scribing tools](#) — technologies that automatically transcribe recorded audio from clinical conversations and intelligently convert it into structured documentation.

These tools aim to reduce administrative burden, improve documentation quality, and enhance clinician-patient interaction. Using technology similar to that of “AI meeting notes” (e.g. Zoom AI meeting notes, Co-pilot AI meeting notes, and other general or dedicated software to perform this function), which neatly converts meeting transcriptions into more helpful and actionable meeting summaries.

While AI-enabled ambient scribing tools are primarily used in other sectors, their potential in community pharmacy is significant, especially for services such as Pharmacy First and structured medication reviews.

Key considerations for adoption include ensuring patient consent, maintaining data privacy, ensuring digital clinical safety, and integrating with existing systems. NHS England outlines the measures to ensure robust governance and accountability for the use of these. The guidance also highlights the importance of clinician oversight, transparency in AI outputs, and patient consent.

For community pharmacy teams, ambient scribing could streamline note-taking, improve communication with GP practices, and support more consistent, high-quality documentation. However, successful implementation will require collaboration with system suppliers, training for pharmacy teams, and alignment with NHS digital standards.

The group is encouraged to explore future piloting opportunities, assess the impact on workflow, and consider how such tools could enhance the exchange of information between pharmacies and general practitioners, as well as the continuity of patient care.

### CP ITG actions (CDS and ambient scribing tools)

The group are invited to consider:

- a. Are there example tools/features in use at the moment?
- b. What are the key challenges and considerations faced by community pharmacy teams in implementing CDS and ambient scribing tools?
- c. Provide examples of potential benefits and uses of integrating AI-driven tools in community pharmacies?
- d. How can interoperability and inclusivity be ensured in the use of these tools?
- e. How would pharmacy teams recognise which solutions meet appropriate standards?
- f. How can the effectiveness of tools in improving patient outcomes or patient notes be measured?
- g. What role can the community pharmacy sector play in the development and implementation of these tools?
- h. If the group's supplier and pharmacy representatives can come to a position on these tools, after this meeting, what should be included within that position statement?

Actions after the meeting:

- Providers of relevant / AI solutions can consider the needs of pharmacy users.
- Suppliers can consider whether to integrate with or incorporate CDS and ambient scribing elements.
- The group can contact the Secretariat regarding new pilot projects or proposals related to the use of these tools.

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Subject	NHS pharmacy services IT update
Date/time of meeting	4th June 2025: 10.40-11.00am
Status	Public
Presenters	Charis Stacey (Head of Product, Digital Primary Care, NHS England's Transformation Directorate (NHSE's TD)).
Overview	NHS England will provide updates on pharmacy IT priorities and next steps.
Proposed action	The group is to be updated and to discuss developments.

**Item 7. Current pharmacy services IT priorities overview (NHS England update)** (10.40-11.00am)

NHS England, the Department of Health and Social Care, and the CP ITG have identified key IT priorities for the pharmacy sector. These include:

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

The CP ITG actively supports these projects, with Community Pharmacy England working alongside the NHS to advance these initiatives. These priorities align with the group's 2025-updated [CP ITG's vision of pharmacy IT](#) and the IT-related aspects outlined in the [Nuffield Trust's Vision for Community Pharmacy](#). Similarly, the Primary Care Recovery Plan integrates digital elements consistent with these priorities, such as [GP Connect](#) Update Record, GP Connect Access Record, and [BaRS](#) for pharmacy services.

NHS England continues to work on a framework to incentivise community pharmacy IT system supplier development, aligning with the NHS Community Pharmacy Contractual Framework (CPCF). They aim to support an open supplier market and have involved pharmacy and supplier representatives in the development of their approach. NHS England's Transformation Directorate plans to support community pharmacy suppliers in transitioning to the [Digital Services for Integrated Care \(DSIC\)](#) framework.

The [link to the related Supplementary Care Standard](#) was shared amongst CP ITG suppliers. This links out to the capabilities and commercial standard. The other standards for BaRS, GP Connect, etc, are linked from the relevant 'Epics' within the 'Capabilities' themselves, and suppliers interested can explore this information. Suppliers interested in receiving future updates have been encouraged to sign up for Atamis to receive updates on upcoming DSIC pharmacy workstream developments.

**CP ITG actions:**

- **Charis Stacey (Head of Product, Digital Primary Care, NHSE's TD) and Ursa Alad (Head of Community Pharmacy Transformation and Commissioning, NHS England)** will provide updates.

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Subject	Systems and safety
Date/time of meeting	4th June 2025: 11.00-11.15am
Status	Public
Presenters	Matt Armstrong (CP ITG Chair) and Dan Ah-Thion (CP ITG Secretariat).
Overview	Updates will be provided regarding the development of the IT systems wishlist.
Proposed action	The group is to be updated and discuss developments.

### Item 8. IT systems wishlist: requested features (11.00-11.05am)

The group previously published its “Use and development of pharmacy systems - Suggested features list v1.0”.

Updates to the latest iteration [draft version “Use and development of pharmacy systems - Suggested features list” 1.1](#):

- expanding the document so that some sections could be relevant to suppliers other than those providing EPS and Community Pharmacy Contractual Framework (CPCF) service IT solutions;
- including a column for pharmacy to populate e.g. during system selection;
- including a column that suppliers can consider populating;
- making this available in Word document format; and
- alignment to newer NHS IT guidance.

The latest draft has also been circulated among voting members.

#### **CP ITG actions:**

- **Matt Armstrong (CP ITG Chair)** will provide an update.
- The group will have a brief opportunity to comment on the latest iteration or volunteer to participate in a sub-group call to examine this in more detail, which could be held, subject to interest.
- The group are invited to provide further feedback before changes are made to the live document.

### Item 9. Digital Clinical Safety (11.05-11.15am)

The group had previously considered and contributed to NHS England’s Digital Clinical Safety strategy, both ahead of and following its release during the pandemic. This strategy continues to aim to ensure that digital health tools used within the NHS are safe, effective, and reliable. NHS England’s supporting documentation includes key standards and guidelines designed to help health and care workers, system suppliers, and pharmacy owners ensure their systems and use of these are suitable and safe.

NHS England’s supporting documentation includes

- [DCB0160: Clinical Risk Management in IT systems](#) – which includes a framework to support health and care workers in assessing that their systems, and their use of them, are suitable.



- The NHS England guide [DCB0129: Clinical Risk Management for IT suppliers](#) is designed to support IT system suppliers to assist with their assessment of their solutions – with a focus on digital clinical safety. NHS England previous guidance indicated that system suppliers which are assured may consider providing a summarised copy to users, where needed or if requested.

Suppliers and pharmacy owners can use [NHS safety and safety use case templates](#).

There are also [DSC training options](#), including the e-Learning for Healthcare (e-LfH), for pharmacy team members.

NHS England has sometimes worked jointly with suppliers through these materials, where suppliers have aligned with NHS IT frameworks.

NHS England is [continuing its review of digital clinical safety standards](#) (DCB0129 and DCB0160) to ensure they align with modern technology and user needs, and to ensure the safe implementation of digital systems in healthcare.

There is also a drafted Digital Clinical Safety section of the “IT systems wishlist: requested features” (see the section above).

#### CP ITG actions:

The group can consider:

- a) What are the key remaining challenges faced by community pharmacies and system suppliers in implementing digital clinical safety measures?
  - b) What support might system suppliers and pharmacy owners benefit from to achieve enhanced digital clinical safety levels?
  - c) Are there considerations the group should share with the Community Pharmacy Patient Safety Group?
  - d) Regarding DCB0129 and DCB0160:
    - Are there any key themes missing
    - Is the scope sufficient
    - Are there any key themes that should be retired from the standards
    - Views on the extent to which the standards (or future versions) should be prescriptive / mandated
- Our collated feedback will also be shared with NHS England’s Digital Clinical Safety team and the Community Pharmacy Patient Safety Group.

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Subject	IT's role in pharmacy dispensing substitutions reform
Date/time of meeting	4th June 2025: 11.35-12.00
Status	Public
Presenters	Dr. James Davies, on behalf of Community Pharmacy England, will provide an update.
Overview	Community Pharmacy England invites the group to feed in IT considerations regarding proposals, and an upcoming consultation about possible dispensing flexibility, following press coverage about the topic.
Proposed action	The group is to be updated, consider the matter and provide early feedback.

### Item 10. IT's role in pharmacy dispensing substitutions reform (11.35-12.00)

#### Overview

The Minister with responsibility for medicines Supply (Karin Smyth) has indicated in a response to coroners that the Department of Health and Social Care will aim to consult on further flexibilities for pharmacists in times of acute need in Summer 2025.

The purpose of this discussion is to raise awareness of this likely consultation and gather early feedback from this group on items that will need to be considered as part of implementing any such proposals.

#### Background on the topic

The Human Medicines Regulations 2012 require community pharmacies in England to dispense medication in "*accordance with the prescription*"<sup>[1]</sup>, with some exemptions for original pack dispensing, Serious Shortage Protocols (SSPs) and where it is physically not possible to split a pack (e.g. inhalers). In England, this has meant in practice that community pharmacists must supply the exact product, quantity, strength, and formulation according to what was initially prescribed.

Increasing supply and access issues created by medicine shortages have contributed towards political support for further pharmacist flexibilities, with a specific focus on managing shortages. Several groups, including the Royal Pharmaceutical Society<sup>[2]</sup> and Community Pharmacy England, have been lobbying successive governments to implement changes to allow greater flexibility at the point of dispensing. The Department of Health and Social Care Committee recommended that the Royal Pharmaceutical Society's policy of allowing community pharmacists to make adjustments to manage shortages be implemented, and this was partially accepted by the government, which stated that it was exploring the issue further<sup>[3]</sup>.

This has been further brought into the spotlight in recent weeks in the Department of Health's response to the coroner's case of Ava Hodgkinson, who died following the inability of the pharmacy to supply the antibiotic on the prescription, despite a different strength being available. In its response, the minister (Karin Smyth) outlined plans to publish a consultation on greater flexibilities "*limited to cases of immediate clinical need where it is impractical to obtain a prescription for the alternative medicine without undue delay*"<sup>[4]</sup>.

While the exact details of the proposed consultation have yet to be shared, the current information suggests that consideration is being given to pharmacists being able to supply patients with an alternative immediately, thereby providing a different quantity, strength, dose, formulation, or flavour from what is prescribed initially.

In Scotland, where a fully electronic prescription service is not yet in place, some flexibility already exists to allow pharmacists to work and operate in this way, including the ability to adjust the formulation, flavour, or dose to meet a patient's needs.

Any such future changes within England will require pharmacists to record the change and submit for payment the product supplied, which will differ from the item originally specified on the prescription. The digital systems within pharmacies will need to be able to record such changes and accommodate substitution scenarios that may be allowed in the future.

As a result, this item is being brought before the CP ITG to raise awareness of the likely consultation coming later this year, and to gather some early feedback and views from members about some of the possible considerations that may need to be taken into account, and how to consider what considerations may make flexibilities workable from a technical and systems perspective.

<sup>[1]</sup> [Human Medicines Regulations 2012, section 214](#)

<sup>[2]</sup> <https://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/shortage-policy>.

<sup>[3]</sup> <https://committees.parliament.uk/publications/46179/documents/231035/default/>

<sup>[4]</sup> <https://www.judiciary.uk/wp-content/uploads/2025/01/2025-0016-Response-from-DHSC.pdf>

#### CP ITG actions:

**Dr. James Davies, on behalf of Community Pharmacy England**, will provide an update.

The group may discuss IT elements related to the following. To aid the thought process, we suggest a couple of scenarios that may occur, assuming a system will need to be able to manage them.

#### **Scenario 1 – Dose change**

A patient presents with an Electronic Prescription Service (EPS) prescription for 21 Amoxicillin 500mg Capsules TDS. The 500mg capsules are currently unavailable due to a supply disruption; however, the 250mg capsules are available. The pharmacist therefore wishes to supply 42 Amoxicillin 250mg Capsules taking two capsules TDS.

#### **Scenario 2 – Formulation change**

A patient presents with an EPS prescription for 250mg/5ml Amoxicillin Liquid, TDS for seven days. This is unavailable, but the 250mg capsules are available and the patient is happy to take them. The pharmacy therefore wishes to supply 21 Amoxicillin 250mg Capsules taking one capsule TDS rather than the liquid.

These scenarios provide a possibility of what may be considered a potential solution; however, it is unclear what level of change would be required and to what degree the flexibility would be enabled.

There are wider considerations regarding the technology and infrastructure, including what the technical standards may need to change to ensure EPS and Patient Medical Record (PMR) IT changes are supported, thereby ensuring adequate implementation.

Central to any solution will also be the clinical governance and oversight that enable decisions and changes to be monitored and audited, including the ability to maintain and manage records. This may include recording mechanisms for consent from the patient.

## Questions for the Community Pharmacy IT Group to consider for these scenarios

Considerations:

### 1. Audit Trail and Record-Keeping

- a) How could flexibilities be clearly recorded in the PMR and EPS?
  - i. Original prescribed item.
  - ii. Substituted item.
  - iii. Reason for substitution.
  - iv. Pharmacist's credentials and timestamp.
- b) Can this be done in a paperless and automated way?

### 2. Workflow and Usability

- a) How can the substitution process be streamlined to avoid burdening pharmacy teams?
- b) How can the system be designed to reduce clinical risk from the burden of using the flexibility?
- c) To what extent is this connected to the group's call for changes to the EPS message to enable messages to be sent back to the GP without cancellation?
- d) Can the system:
  - i. Offer one-click substitution options?
  - ii. Pre-fill substitution notes for pharmacist review?
  - iii. Integrate with barcode scanning to reduce errors?

### 3. Interoperability and Communication

- a) How will substitution data be shared with GPs, NHS Spine, and patient records?
- b) Can EPS messages be updated to notify prescribers and patients of changes in real time?

### 4. Patient Communication

- a. Can systems generate automated patient notifications (e.g., via NHS App or SMS text messages) explaining the substitution?
- b. How can pharmacists document patient consent or awareness digitally?

### 5. Clinical Safety and Substitution Logic

- a. How can systems be designed to safely guide pharmacists in selecting appropriate alternative doses or formulations?
- b. Can clinical decision support tools be integrated to:
  - i. Flag therapeutic equivalence?
  - ii. Check for contraindications or allergies?
  - iii. Suggest dose conversions automatically?

### 6. Data for Public Health and Policy

- a. How can substitution data be aggregated for national reporting on medicine shortages and prescribing trends?
- b. Can anonymised data be used to inform supply chain resilience?

### 7. Vendor and System Readiness

- a. What changes will be required from EPS and PMR vendors?
- b. How can updates be standardised across systems to ensure consistency?

### 8. Any other technical considerations

### 9. What IT questions should DHSC consider including in the upcoming consultation?

Note: It is not the intention of this meeting to resolve all the questions outlined here now. The intent is to raise this as a possibility for the future and to identify significant issues at this stage that require early consideration.

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Subject	IT priorities and the NHS 10-year health plan
Date/time of meeting	4th June 2025: 12.00-12.10pm
Status	Public
Presenters	David Bromme (CP ITG Vice Chair).
Overview	Updates relating to IT priorities and the NHS 10-year health plan.
Proposed action	The group is to be updated and discuss developments.

A CP ITG workshop was held late last year with pharmacy representatives from each of the CP ITG pharmacy bodies to discuss the proposed next steps to support progress. The group has been updated on the latest versions of the following. 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 the 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 was shared with NHS England. The CP ITG Secretariat also passed related documents to NHS England teams in support of the [10-Year Health Plan](#) considerations.

The table on the next page includes some of the most requested advancements. It does not include all requested items.

Items highlighted in amber are requested as high priority, and those highlighted in red are very high priority. Items highlighted in grey are those being viewed as high priority, but NHS IT advancement to begin in the near future is not yet confirmed.

**CP ITG actions:**

- **David Broome (CP ITG Vice Chair)** will provide an update.
- The group can contact [da@cpe.org.uk](mailto:da@cpe.org.uk) to suggest further comments to the priority list and the next steps documents.

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## Pharmacy representative views on IT priorities

### Key

Very high priority
High priority
High priority but NHS IT progress and timeline plans to be confirmed

Area	Workstream
Access Record (GP Connect)	<ul style="list-style-type: none"> <li>Additional IT suppliers are invited to express interest in the DSIC intake</li> <li>Access Record for independent prescribing</li> </ul>
Booking and Referral Standards (BaRS)	<ul style="list-style-type: none"> <li>BaRS endpoints for Hypertension Case-Finding Service, Pharmacy Contraception Service (PCS) and Discharge Medicines Service (DMS)</li> <li>NHS DSIC workstream supports supplier development</li> </ul>
	<ul style="list-style-type: none"> <li>Pharmacy to GP practice referral standard</li> <li>BaRS for Pharmacy-to-Pharmacy referral standard</li> <li>Appointment IT standard</li> <li>Referral standard for ordering blood tests</li> <li>Pharmacy to other care settings (referral standard)</li> </ul>
Contractual framework (CPCF) IT changes	<ul style="list-style-type: none"> <li>Emergency Hormonal Contraception into Pharmacy Contraception Service (PCS)</li> <li>Inclusion of antidepressants in the New Medicine Service (NMS)</li> <li>Pharmacy First updated clinical pathway (awaiting publication) (IT impact tbc)</li> </ul>
NHS Digital Services for Integrated Care (DSIC)	<ul style="list-style-type: none"> <li>Additional IT suppliers are invited to express interest in DSIC CPCF IT</li> <li>Supplier development supported</li> <li>DSIC pharmacy team expanded, and other NHS IT programmes link to DSIC</li> </ul>
Electronic Prescription Service Next Gen	<ul style="list-style-type: none"> <li>Suppliers are supported on the EPS Fast Healthcare Interoperability Resources work</li> <li>EPS status development, including supplier 'readiness' within the NHS App</li> <li>EPS Tracker improvements</li> <li>Prescription commenting / return and dispensing substitutions reform</li> <li>Change to four-item-limit on EPS prescription</li> <li>Electronic Repeat Dispensing (eRD)</li> <li>EPS instalment dispensing &amp; other enhancements</li> </ul>
Independent prescribing (IP) IT	<ul style="list-style-type: none"> <li>Additional IT suppliers are invited to express interest in DSIC IP</li> <li>Expansion of IP IT scope</li> <li>Improve solution quality and scope</li> <li>NHS assurance capacity is optimised to address this</li> <li>NHS DSIC workstream supports supplier development</li> </ul>
IT business cases	<ul style="list-style-type: none"> <li>Further business case approval sought to progress critical NHS pharmacy IT work</li> </ul>
Manage Your Service (MYS) APIs	<ul style="list-style-type: none"> <li>Discharge Medicines Service (DMS), New Medicine Service (NMS) and Smoking Cessation Service (SCS) MYS APIs</li> <li>Testing</li> </ul>
NHS App / NHS website	<ul style="list-style-type: none"> <li>Appointments</li> <li>DSIC mechanism for NHS Pharmacy First triage and signposting GP IT to maintain clinical/cyber/technical standards and protect patient choice of pharmacy.</li> </ul>
	<ul style="list-style-type: none"> <li>Combine, expand and improve service finders for patients</li> <li>The EPS nominated pharmacy is cc'd into medicine orders placed via the NHS App</li> </ul>
Standards	<ul style="list-style-type: none"> <li>Expand Professional Record Standards Body Community Pharmacy Data Standard</li> <li>Care Identity Service (CIS) 2 is assurance EPS</li> </ul>
	<ul style="list-style-type: none"> <li>PRSB's Core Information Standard is expanded and fully coded</li> <li>Appointment integration</li> <li>DSIC frameworks / open NHS APIs for patient-facing apps and new pharmacy tools</li> </ul>
Update Record (GP Connect)	<ul style="list-style-type: none"> <li>Supplier development supported</li> </ul>
	<ul style="list-style-type: none"> <li>Vaccinations</li> <li>Relevant supplied over-the-counter medicines are recorded in the record</li> <li>Emergency supply</li> </ul>

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Subject	Streamlining NHS IT: Electronic Prescription Service (EPS) Tracker, the Single Patient Record programme, cyber pilots, patient choice principles
Date/time of meeting	4th June 2025: 12.10-12.55pm
Status	Public
Presenters	NHS EPS team.
Overview	Updates will be provided.
Proposed action	The group is to be updated and discuss developments. The group is encouraged to volunteer to beta-test the EPS Prescription Tracker and confirm their interest in participating in the cybersecurity pilot, which is scheduled to start in the summer.

**Item 12. EPS clinical prescription tracker pilot update** (12.10-12.35pm)

The EPS team will also provide updates on recent work, including the introduction of an enhanced clinical prescription tracker, which will replace the current EPS Prescription Tracker. An earlier prototype was presented to the group, but the project is now moving towards the pilot stage.

**CP ITG actions:**

- All pharmacy group members are encouraged to express interest in being a Tracker beta user for early access to the Tracker by using [the EPS Tracker Pilot Expression of Interest \(Eol\) Sign-up form](#). As an early user, you will be asked to provide feedback about your use of it and what you might like to see in future iterations.
- **Jack Pogson-Ward and Jo Cameron (both EPS team)** will provide an update.

**Item 13. The NHS Single Patient Record (SPR) plans** (12.35-12.50pm)

Plans are being made for the NHS to drive a significant shift from analogue to digital healthcare through the implementation of the SPR. The SPR aims to consolidate summaries of health information, test results, and letters into one accessible location for patients via the NHS App. This initiative aims to empower patients to take control of their medical history, minimise the need for repetitive information at appointments, and provide healthcare staff with a comprehensive view of a patient's overall health. Health Secretary Wes Streeting previously announced the plan, emphasising the importance of legislation to ensure NHS patient records are available across all trusts, GP surgeries, and ambulance services in England. The SPR is part of the broader 10-Year Health Plan for the NHS, which includes three major shifts: from analogue to digital, from hospital to community, and from sickness to prevention.

The NHS SPR team have been engaging with suppliers:

- [nhse-dsic.atlassian.net/wiki/spaces/SPR/overview](https://nhse-dsic.atlassian.net/wiki/spaces/SPR/overview), and suppliers were invited to share initial feed back earlier this month.
- They published a [supplier webinar video](#).

**SPR background**

- SPR will pull summaries of health information, test results and letters into one place and for patients, be available through the NHS App.

- This is intended to give patients control of their medical history so they do not have to repeat it at every appointment, and to give staff a complete picture of a patient's health.
- The move will be supported by legislation to make NHS patient records available across all trusts, GP surgeries and ambulance services in England.
- It is the latest plan in the ongoing development of the app, following recent announcements for it to include a digital health check and for public libraries to encourage people to sign up to use it.
- The CP ITG Secretariat shared feedback to the SPR team regarding the group's past records work during May 2025.

### CP ITG actions:

The group is to consider:

- a. What are the key challenges in implementing the Single Patient Record in community pharmacies?
- b. How can community pharmacies contribute to the success of the SPR?
- c. How can the SPR improve patient care?
- d. How can feedback from community pharmacies be incorporated into the development of the SPR?

### Item 14. Cyber pilots (12.50-12.55pm)

#### Cyber pilots background

The Joint Cyber Unit within the Department for Health and Social Care and NHS England assesses cybersecurity readiness and capabilities across the primary care sector, including community pharmacies, general practices, optometry, and dentistry.

The group previously contributed feedback on these topics during an earlier NHS Digital and Templars study, and lessons from that study were incorporated into these initiatives. Chandni Maher (Head of Cyber Primary Care at NHSE & DHSC Joint Cyber Unit) presented to the group at its last main meeting.

As part of the Joint Cyber Unit's effort to reduce cybersecurity risks, the unit has conducted pharmacy interviews to gain deeper insights into cybersecurity challenges and needs, and has also carried out a survey that captured feedback from community pharmacies and other parts of the health and care sector.

#### Community pharmacy cyber resilience pilot programme: New invitation to participate

NHS England and Community Pharmacy England are inviting Community Pharmacy IT Group pharmacy representatives, as well as other interested community pharmacy organisations and a limited number of Local Pharmaceutical Committees, to participate in a pilot programme aimed at strengthening cyber resilience across the sector. This initiative will be underpinned by the National Cyber Security Centre (NCSC) Small Organisations Guide and will offer participating pharmacies free access to tailored tools, resources, and expert guidance.

This is a unique opportunity to join a nationally supported initiative that addresses the increasing cyber risks facing primary care providers and to help shape future national support for community pharmacy.

#### Aims of the cyber pilot



Participating pharmacies will benefit from a structured support package and contribute to shaping a scalable model for sector-wide implementation. The key objectives are to:

- Increase staff confidence in recognising, responding to, and reporting potential cyber incidents.
- Build awareness of common cyber threats and their potential impact on pharmacy operations.
- Provide access to free NCSC tools and resources designed for small organisations.
- Support peer learning and collaboration on effective cybersecurity practices.
- Foster connections with local cybersecurity experts and relevant stakeholders.
- Measure tangible improvements in cyber hygiene and resilience across participating sites.

### How to express interest in joining the pilot

We are now accepting Expressions of Interest (EOIs) from community pharmacy organisations interested in participating in the pilot.

To apply, please email the CP ITG Secretariat [da@cpe.org.uk](mailto:da@cpe.org.uk) using the email subject title “Cyber Pilots” by **28th June 2025** and include your:

- Pharmacy organisation name
- ODS code(s)
- Primary contact name and email address
- Confirmation of your interest in participating in the pilot

### Next steps

Following the submission deadline, the project team will conduct a selection process to identify up to 30 organisations to participate in this initial pilot phase. The formal pilot aims to commence in mid-July and access to the support tools is expected to be available for at least several months. Due to current capacity, the pilot will be limited to a small cohort; however, we hope the offer will be expanded more widely in future phases.

For any questions about the pilot or the application process, please get in touch with the CP ITG Secretariat ([da@cpe.org.uk](mailto:da@cpe.org.uk)).

### CP ITG actions:

- All pharmacy group members are encouraged to express interest.
- The group are invited to ask questions or comment on plans regarding the pilot planning.

### Item 15. Principles of patient choice of pharmacy within technical tools (12.55-1pm)

The group previously endorsed a set of principles regarding the protection of patients’ right to choose their pharmacy. These principles were focused on EPS prescriptions at the time, but equally fit patients’ right to select a pharmacy to deliver a service. Healthcare providers, as well as IT solution providers, can help to ensure these principles are maintained. The principles, tweaked to cover pharmacy services are listed below.

- 1) Patients must be free to choose any pharmacy to dispense their prescription or provide other clinical pharmacy services.
- 2) Patient sign-up for the nomination process or service must be separate and unbundled from any other sign-up procedures. It should also require proactive agreement (not a pre-ticked box).

- 3) Patient information using the NHS logo must not, directly or indirectly, direct a patient's choice of pharmacy (take a patient's choice of pharmacy) for dispensing or other pharmacy services.
- 4) Patient information using the NHS logo should follow the NHS England processes for nomination and freedom of patient choice.
- 5) Patient information must follow the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 on nominations and the relevant NHS England service specifications.
- 6) Patient information provided by General Practitioners to assist with the choice of pharmacy must include a list of all pharmacies in the area (as provided for in the GP contract) (at least the nearest four, where the most local four is relevant), and inclusion of the current pharmacy nominated for EPS prescriptions, can be included within a list presented to patients.
- 7) Pharmacies (including those using third-party apps) must have the informed consent or agreement of a patient to dispense the patient's prescription and the provision of pharmacy services.
- 8) Pharmacies must comply with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, specifically, the regulations on the nomination of prescriptions and prescription inducements (including when using third-party apps).
- 9) General practitioners must not seek to persuade a patient to choose to nominate a specific pharmacy (as provided for in the GP contract), including when using third-party apps.
- 10) The NHS logo should be used only following NHS identity guidelines, e.g., only by service providers and not third parties.
- 11) The criteria for NHS-approved technologies, or any similar NHS approval procedure (NHS IM1 integration, NHS GP IT Futures, etc), and continued assured status, should be given/continued only if there is adherence to the above criteria (1-10).

The *NHS Constitution* guarantees patients' continued entitlement to fair choice. Service specifications also outline service-specific arrangements to protect patients' choices of a pharmacy.

#### CP ITG actions:

- The pharmacy and supplier group representatives will be asked to review these ahead of the meeting and provide comments on whether they endorse these principles at the June 2025 meeting.
- After the meeting, Community Pharmacy England committee members will also further consider the principles.

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Subject	For the report: Updates on other CP ITG work streams
Date/time of meeting	4th June 2025
Status	Public
Overview	This appendix provides a status report on other <a href="#">work plan areas</a> that will not be discussed in detail during the meeting due to time constraints. The group members are requested to review the reports, take necessary actions on the next steps, and provide comments by emailing <a href="mailto:da@cpe.org.uk">da@cpe.org.uk</a> before or after the meeting. They can also share their comments during the 'any other business' section if needed. If you have any concerns about the proposed steps, please send them to <a href="mailto:da@cpe.org.uk">da@cpe.org.uk</a> before the meeting. If no objections are received, the group will proceed, assuming the members agree.

<b>Data flow, standards &amp; IT communications</b>
Relevant webpage(s) include: <a href="#">/itcommunications</a> and <a href="#">/standards</a>

**Supporting GP triage and signposting solutions (Pharmacy First service)**

At the group’s last main meeting, group members highlighted the need to explore the support for GP IT solutions for Pharmacy First referral and signposting. Feedback has indicated the group’s pharmacy representatives continue to support NHS assurance of tools to ensure:

- clinical assurance (e.g. validation that the tools triage patients for appropriate scenarios)
- protection of patient choice [see also Appendix 6, item 5, ‘Principles of patient choice of pharmacy within technical tools’];
- technical and cyber security validation; and critically
- assurance via a mechanism within the NHS Digital Services for Integrated Care (DSIC) to promote high standards for validated GP IT tools that triage or signpost Pharmacy First

The item is listed within the group’s next step priorities (see slide below). To feed into the topic, contact the group’s Secretariat. The same principles apply to other pharmacy services as well.

D. Referrals & appointments, item D4

## Supporting GP triage and signposting solutions (Pharmacy First service)

**What is it?**

- GP IT tools: For referral/signposting e.g. Pharmacy First (not via BaRS)
- NHSmail: Some deliver to the 'last resort' method of NHSmail
- A mechanism for quality assurance: Across domains such as clinical validation, technical assurance, cyber security and patient choice safeguards
- NHS branding: Some contravene [NHS Identity protocols](#) regarding logo uses

**Challenges (problem overview)**

- Limited assurance: Lack of robust quality-assurance tools
- Choice risk: Some tools could restrict pharmacy options unfairly
- Cyber security concerns: Vulnerable systems increase security breach risk
- Invalid referrals: Potential errors in referring patients correctly

**Enablers (recommendations)**

- Technical testing: [NHS Digital Services for Integrated Care \(DSIC\)](#) mechanism to assess and ensure adequate quality
- Cyber security standards: Check alignment to these e.g. DSPTK, ISO270001
- Clinical validation: Ensure referrals/signposting done appropriately
- Patient choice: Ensure tools protect this as per [NHS Constitution](#) / [GP contract](#)

**Impact and benefits**

- ✓ Patient trust: Boosts confidence in Pharmacy First
- ✓ Time savings: Reduces wasted effort for patients, pharmacies, and GPs
- ✓ Service usage: Encourages better adoption of Pharmacy First initiatives
- ✓ System efficiency: Improved process supports better outcomes

Optimising GP software solutions for Pharmacy First ensures patient choice, technical quality, and system efficiency

## Standards and interoperability

- Community Pharmacy England reported on [GP Connect: Update Record developments](#).
- Pharmacy team members using [GP Connect](#) Update Record / Access Record / Booking and Referral Standards (BaRS) who want to share feedback (or speak with NHSE's TD user research team members) should email [it@cpe.org.uk](mailto:it@cpe.org.uk). NHS researchers may also visit further pharmacy teams using these functions.

## SNOMED International proposal to increase Description length limit

NHS England has provided an update to the [information posted in January 2025](#) regarding the proposal from SNOMED International to increase the maximum length of Fully Specified Name (FSN) and Synonym descriptions, from 255 to 4096 characters.

Further information about the proposal has been provided by SNOMED International which can be found in the following document: [Summary of Community Consultation on the Proposal to Increase Description Length Limits](#). A blog with further information is also available on the [SNOMED International website](#).

This proposal will impact UK users who use content from the Medicinal Product Hierarchy of the SNOMED International Edition, whether it is from the SNOMED CT International Edition release package or from the SNOMED CT UK Edition.

- This proposal will impact FSNs created in the SNOMED CT UK Drug Extension.
- This proposal will not impact Preferred Terms (PT) in the SNOMED CT UK Drug Extension.
- This proposal will not impact the NHS dictionary of medicines and devices (dm+d) – NHS England are not planning to make any changes to the dm+d as a result of this proposal from SNOMED International.

As SNOMED International have outlined in their document, the planned transition date has been postponed to July 2026, in order to give users in the community more time to make the necessary preparatory changes. This change will come into effect in the October 2026 UK release.

Queries about this can be made to: [information.standards@nhs.net](mailto:information.standards@nhs.net).

### Systems & services IT

Relevant webpages include: [/servicesit](#) and [/systems](#)

## Pharmacy First IT

NHS England and its Transformation Directorate are continuing to work with four IT system suppliers to assure remaining Pharmacy First functionalities:

- [Cegedim](#)
- [PharmOutcomes](#)
- [Positive Solutions](#)
- [Sonar Informatics](#)

Previously, the system suppliers updated their NHS-assured IT support for the Community Pharmacist Consultation Service (CPCS) to incorporate the additional elements of the Pharmacy First service. As a result, pharmacy owners continue to have the option to either:

- Continue using their current IT system supplier for Pharmacy First IT support or
- Transition to another NHS-assured Pharmacy First IT system supplier.

## NHS Community Pharmacy Contractual Framework (CPCF) pharmacy IT

- NHS England and Community Pharmacy England have expressed the need for suppliers to receive comprehensive information about the service, including the IT implications and dataset requirements. The [minutes and slides](#) from the group's previous meeting provide further details on the progress of MYS APIs. The MYS API priorities were previously listed as Pharmacy Contraception Service, Discharge Medicine Service (DMS), Hypertension Case-Finding Service (Blood Pressure Checking Service), New Medicines Service (NMS) and Smoking Cessation Service. CP ITG pharmacy representatives previously reported that data entry for services like DMS consumes excessive time for many pharmacy teams. In response, NHSBSA previously issued an expression of interest for the DMS API to assess the market's interest in providing this integration service. Both NHS England and NHSBSA remain committed to prioritising the progress of the API programme.

## Artificial Intelligence (AI) governance

- The Institute for Public Policy Research published a report, [The direction of AI innovation in the UK: insights from a new database and a roadmap for reform](#).
- Open Access Government published an article, [AI at the core: public-private collaboration to transform UK public services](#).
- The NHS AI Team aims to embed responsible, ethical and sustainable AI into NHS services to improve patient care, optimise resources, and empower NHS staff. The [AI knowledge repository](#) will help enable this by providing a suite of resources for all working within health and social care, which will help enhance knowledge of AI and promote best practice.

## Artificial Intelligence (AI) and health

- Tony Blair Institute for Global Change published a report, [Preparing the NHS for the AI Era: Why Smarter Triage and Navigation Mean Better Health Care](#).
- Ada Lovelace Institute published a report, [Learn fast and build things: lessons from six years of studying AI in the public sector](#).
- King's Fund published an article, [More than just hype: how emerging AI use is assisting health and social care](#).
- NHS England published guidance on [how to use AI-enabled ambient scribing products in health and care settings](#).

## NHSmail

- Community Pharmacy England published [Getting the most out of the NHSmail](#) and [an NHSmail security update - the transition to Account Secrets](#).

## Vaccination Point of Care (PoC) systems

- NHS England information on this has been recently updated (see PoC IT section of [here](#)).

### Digital patient services & prescriptions

Relevant webpages include: [/patientdigitalservices](#), [/apps](#), [nhsapp](#) and [/eps](#)

## Independent prescribing IT

The General Pharmaceutical Council (GPhC) previously consulted and reported on [changes to the requirements for entry to independent prescribing courses](#). The Pharmaceutical Journal reported that [independent prescribing piloting was to begin across England](#). NHS England continues to [advance](#) independent pharmacy prescribing through the Community Pharmacy Independent Prescribing Pathfinder Programme. Pathfinder sites have been selected to implement prescribing models in three categories: existing community pharmacy services, long-term conditions, and novel services. The rollout of the CLEO SOLO system has begun and this enables community pharmacists to generate prescriptions via the Electronic Prescription Service (EPS). CLEO SOLO is currently the sole assured supplier in the community pharmacy IP space.

### [IT suppliers continue rollout of extra EPS status information to the NHS App](#)

CP ITG pharmacy representatives have long supported the existence of additional EPS statuses, with the caveat that system design must ensure these are easily or automatically recordable to minimise the burden on the pharmacy team. The group has also supported patients in receiving relevant messages, e.g., 'ready to be collected' – such as via the NHS App and other apps. Patients have also strongly desired and requested such developments.

The EPS and NHS App teams have been progressing work since 2022 with CP ITG and EPS system suppliers to surface prescription item readiness. CP ITG sub-group meetings have been held on the topic previously since then. All dispensing system suppliers had been (and are) invited to participate, and the rollout will continue to be on a supplier-by-supplier basis. Further considerations will also be considered later, including the possibility of more granular statuses and notifications. Piloting has been taking place since late September 2024 – four suppliers have been rolling this out to their users. Read more at Community Pharmacy England's [National Patient Prescription Tracking Service \(NPPTS\) webpage](#).

### **What is NPPTS?**

The service aims to provide visibility of the prescription journey via the NHS App and reduce the burden on busy healthcare professionals by addressing some of the queries from patients to pharmacy teams and GP practices.

NHS England is working with EPS dispensing IT suppliers to make more prescription readiness information available to patients.

Pharmacy IT system suppliers enable this service within their systems and for most suppliers, the necessary data is readily available in their IT systems.

### **Future NPPTS developments**

In the future, the service will be intended to support push notifications within the NHS App, alerting users when their prescriptions are ready for collection. NHS England will continue to work with Community Pharmacy England and the sector on its rollout plan.

The EPS team intend to refine the API during the rollout and make it more available so that after the checking that all works as expected other suppliers (pharmacy patient-facing engagement platforms can also consider integrating with the API).

### **NPPTS rollout progress**

NHS England is rolling out the prescription tracking feature via the NHS App. This feature is being gradually rolled out nationwide as pharmacy IT suppliers activate it.

All pharmacy IT suppliers were invited to participate in the project, with some advancing the work sooner than others. Four IT suppliers began piloting in the Autumn of 2024, with others expected to begin their own pilots in due course.

Progress reports and a list of the pharmacy IT suppliers progressing with the piloting and necessary integration work are available on NHS England's webpage about this project. NHS England also issued a press release on the topic in May 2025.

Pharmacies that utilise a PMR system with this feature can collaborate with their PMR supplier to ensure that the PMR properly flags to the NPPTS. This will help prevent the PMR from encouraging patients to visit the pharmacy 'too early,' before their prescription is ready for collection.

Some system suppliers are updating their PMR timestamps to improve future interoperability with NPPTS.

### **NPPTS considerations**

Pharmacy team and supplier considerations:

- If any of the patient communications and messages will reference NPPTS.
- How will pharmacy teams refer to the feature if and where needed, in the event of prescription readiness queries.
- Whether standard operating procedures and systems require updating (does the system change the statuses in NHS App so that patients can see the right status at the right time)?

Suppliers have been asked to collaborate with their users to ensure that the technology and processes will function effectively for pharmacy teams and to communicate with their users as they roll out the feature.

### **Other NHS account and NHS App updates**

- [NHS App upgrades will continue to enable patients to choose providers, book appointments in more settings and receive test results.](#)
- [NHS England has increased the value of a contract with supplier IBM to £78.6 million for additional work on the NHS App.](#)
- UK Authority reported that [A significant expansion of the NHS App has prevented 1.5 million missed hospital appointments and reduced waiting times, with 87% of hospitals now offering services through the app, according to the Government.](#)
- NHS England reported that [Millions of patients can now register with a new GP at the touch of a button](#) via the NHS App and online as part of a major health service drive to make care more convenient and free up staff.

### **Patient digital tools and apps: case studies**

- [Almost all GP practices in England \(98.4%\) offer online registration and more than 3.8 million patients have used the online booking system since it launched in November 2022, including nearly 1.7 million in the last six months.](#)
- UK Authority reported that [new figures from the NHS reveal that 31.4 million GP appointments were delivered in March 2025, a 6.1% increase on the same period last year and nearly 20% more than before the pandemic.](#)

- NHS England reported that [GPs are providing millions more appointments to people in England and better access through upgraded technology.](#)

### Electronic Prescription Service (EPS)

- Community Pharmacy England published [updates](#) on EPS rollout to Detained Estate prescribers progress, as well as highlighting feedback regarding an issue with the [use of the stamp area](#).

<b>Electronic health records</b>
Relevant webpages include: <a href="#">/genomics</a> and <a href="#">/records</a>

### Records: National

- Community Pharmacy England reported that [NHS England has announced that GP Connect Access Record: Structured is being rolled out to hundreds of community pharmacies](#). This functionality enables pharmacies to view real-time, read-only information from patient records held by GP practices, supporting timely and informed care.

<b>Connectivity and data security</b>
Relevant webpage(s) include: <a href="#">/ds</a> and <a href="#">/connections</a>

### Data Security and Protection Toolkit (DSPTK)

- Community Pharmacy England published [new guidance to help community pharmacy owners complete the latest Data Security and Protection Toolkit](#) and hosted a [DSPTK webinar \(hosted jointly with the DSPTK team\) \(now available on demand\)](#). Community Pharmacy England also distributed draft template information to IT suppliers, so they can consider adapting it and making it available to their customers.

### Smartcard integration software on pharmacy terminals

Local Smartcard Registration Authorities (RAs) have identified that some pharmacy terminals are being looked after by pharmacy IT support and Patient Medical Record (PMR) providers that:

- do not have the right middleware installed to enable self-Smartcard-management (out-of-date or missing NHS Credential Management and missing Oberthur middleware)
- drivers and smartcard environment software data fragments left from incomplete updates or uninstallations.

Local RAs fed back to the central Smartcard team. The central Smartcard team has updated some of its guidance.



An example of commonly encountered errors is set out on the right.

IT support looking after terminals may uninstall and reinstall Identity Agent and NHS Credential Management as needed.

NHS England published guidance on common error messages encountered which Smartcard users identify that they cannot self-manage their cards:

①	<a href="#">Error INF1001: Initialising Smartcard ERR5022: Operation can't be completed</a> This error can occur when you are trying to repair smartcard certificates. →
①	<a href="#">Error: INF1014:Scanning for Smartcard ERR5022: Operation cannot be completed</a> This error is likely to be caused by an incorrect workstation setup - our guidance on troubleshooting smartcard management issues should help. →

- [Troubleshooting Smartcard errors](#).
- [NHS Identity Agent / NHS Credential Management](#). Checking the current version is done by hovering over the NHS Credential Management or NHS Identity Agent icon in the System Tray or Notification Area. It is recommended to uninstall and reinstall instead of updating over an existing installation.
- Oberthur and Idemia (PIV) [Middleware](#).
- Smartcard Reader Drivers guidance within: [Smartcard reader setup](#).
- [Common error message examples](#).
- Next steps: IT support and suppliers who provide operating systems, software and equipment are encouraged to consult this guidance and to reduce the risk of Smartcard errors.

## Cybersecurity

- [NHS England's clinical lead for cyber operations has called on NHS organisations to accept the inevitability of cyber attacks and ensure their defences are robust](#).
- Health Tech Digital reported on BT survey that found that [only 36% of NHS staff confident in current cyber defences as 60% of UK public concerned attacks could disrupt critical services](#).
- Digital Health published a report, [Building cyber resilient healthcare: Strengthening the NHS in the digital age](#).
- [Guys' and St Thomas' NHS Foundation Trust's digital chief called on the government not to dissolve the NHS England cyber security team](#).

## Policy and general updates

Relevant webpages include: [techpolicydev](#)

## IT policy: priorities, reports and the future

- The group previously fed into a checklist of recommended steps to support IT development relating to future NHS pharmacy policy changes.
- This has been converted into a draft spreadsheet: [Checklist to support digital pharmacy changes](#) (draft June 2025).
- Next steps: The group are encouraged to suggest further comments prior to 18th June 2025 to the secretariat to help changes within the next iteration of this: [da@cpe.org.uk](mailto:da@cpe.org.uk)

## IT policy: priorities, reports and the future

- DHSC, NHS England and Community Pharmacy England agreed funding and contractual arrangements for the [Community Pharmacy Contractual Framework \(CPCF\) for 2024 to 2025 and 2025 to 2026](#).
- [Amanda Pritchard stepped down as chief executive of NHS England at the end of March 2025](#).
- [The government's announcement that NHS England was considered by the digital health community](#). Digital Health reported that [Chancellor Rachel Reeves stated the decision to abolish NHS England is intended to direct funding more efficiently toward patient services](#).
- NHS England published:
  - [NHS England API policies and best practice](#).
  - [Advice and guidance – operational delivery framework for integrated care boards for 2025/26](#). It aims to ensure consistent service improvement, innovation, and reduce unwarranted variation by setting out a roadmap for service maturity across seven domains.
  - [Neighbourhood health – case studies](#), which provide examples of existing good practice that forms the foundations of neighbourhood health. The case studies should be read alongside the [Neighbourhood health guidelines 2025/56](#), that were published recently to help ICBs, local authorities and health and care providers continue to progress neighbourhood health in advance of the publication of the [10 Year Health Plan](#).
  - [Standardising NHS ICB-funded community health services](#), which described the core components of NHS ICB-funded community health services for children, young people and adults across England. This includes improving access to digital tools, enabling the workforce to spend more time with patients.
- UKAuthority reported that [NHS England has indicated that it is reviewing a potential shift of responsibility for digital and technology decisions away from ICBs to healthcare providers](#).
- Open Access Government reported on [NHS England abolishment: health tech leaders react to Starmer's bold restructuring](#).
- PA Consulting published a report on the [Cost of digitalising the NHS](#).

### IT policies: localities, organisations and suppliers

- [The Chief Data and Analytics Officers Network has questioned whether the NHS federated data platform is capable of supporting local health systems](#).
- The King's Fund published a report, [Integrated care board cuts – what does it all mean?](#)
- Commissioned by NHS England and supported by the Greener NHS programme, the [Royal Pharmaceutical Society Greener Pharmacy Toolkit](#) is available for use by pharmacy teams across the country. This digital assessment tool helps teams take practical action to reduce the environmental impact of pharmacy services, pharmaceutical care and medicines, while supporting patient care.
- A [survey by NHS Providers](#), published in May 2025, indicated that 86% of NHS trust leaders said that their organisation is going to have to cut posts in non-clinical teams, including digital, to deliver their financial plan.
- Open Access Government published an article on [Achieving cost savings and improved performance in the NHS: a data-driven path to sustainable success](#).
- The [Community Faster Data Flows \(FDF\)](#) is an ambitious programme designed to enhance community data collection through automated daily reporting, supporting

systems with care coordination. The Programme aims to reduce the burden on providers by rationalising current datasets.

### IT policy: commentary and requests for the future

- Digital Health explored the opinions of specialists at Digital Health Rewired 2025, many of whom felt that the NHS's digital benefits can be slow to materialise and too frequently restricted to a single area of the 'siloed' system.
- The senior improvement analyst at The Health Foundation emphasised that implementation of technology within the NHS is crucial; The NHS should take a leaf out of NASA's book.
- A targeted focus on HealthTech has the potential to boost the UK's global competitiveness, according to the founder of Tech London Advocates and Global Tech Advocates.

### Digital inclusion

- The Digital Poverty Alliance launched an inquiry into digital inclusion in the NHS and wider healthcare sector.

#### Referrals & appointments

Relevant web pages include: [/bookings](#)

- NHS England's Transformation Directorate's BaRS programme continues to aim to enable booking and referral information to be sent between NHS service providers in a format that is helpful to clinicians. The intention is for BaRS to eventually be available in all care settings. The minutes and slides from the group's previous meetings contain additional information about BaRS and pharmacy use cases. CP ITG feedback indicated that the BaRS programme should be expanded to incorporate NHS appointment standards.

#### Optimal principles across all pharmacy IT

Relevant webpage(s) include: [/itworkflow](#) and [/itcontingency](#)

- Pharmacy teams can provide updates about any efforts to move towards more paperless work by contacting [it@cpe.org.uk](mailto:it@cpe.org.uk).

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