

Draft minutes for the Community Pharmacy IT Group (CP ITG) Spring 2025 meeting held via videoconference

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](#).

Present

Matt Armstrong (Chair), Boots Pharmacy, and CCA
Dan Ah-Thion (Secretariat), Community Pharmacy England
Ursa Alad, NHS England Pharmacy Team
Steve Ash, Day Lewis Pharmacy
Gemma Binns, Cegedim
Luke Bolton, Cegedim
Katherine Bridges, Charac
Alistair Brown NHS Care Identity Service
Eddie Brown, CP Essex
Shiné Brownsell, Community Pharmacy England
Joseph Buckingham, Company Chemists Association (CCA)
Alastair Buxton, Community Pharmacy England
Drew Clarke, Community Pharmacy (CP) Cornwall
Louis Clementson, Positive Solutions
Karen Cox, CP Cambridgeshire & Peterborough
Victor Crudu, Logifect
Phil Day, Pharmacy2U
Darryl Dethick, Peak Pharmacy
Sana Din, NPA
Kingsley Ejeh, PRSB
Matthew Ellis, Positive Solutions
David Evans, NPA, Daleacre Pharmacy
Denise Farmer, NHS England Health and Justice
Sanjay Ganvir, Greenlight Pharmacy
Leanne Garland, NHS England, EPS
Fintan Grant, NHS England, Digital Medicines
Ann Gunning, CP North of Tyne
Jo Hendry, Boots Colombus
David Hollick, Logifect
Julian Horsley, Clanwilliam /RxWeb
Khurum Hussain, Boots Pharmacy
Sima Jassal, EMIS Health
Gareth Jones, National Pharmacy Association (NPA)
Grant Kobrin, EMIS Health

Nick Kaye, NPA
Ylan Kunstler, BeWell
Fiona Lowe, CP Arden
Chandni Maher, NHSE & DHSC Joint Cyber Unit
Isabel Malzer, Vaccination Digital Services team
Paul McGorry, CP Humber
Dave McNamara, Hallo Healthcare Group
Wahid Muhammad, Invatechhealth Titan
Stephen Noble, CP Black Country
Al-Dairi Noor, Boots Pharmacy
David Onuoha, Community Pharmacy England
Yogendra Parmar, CP Camden & Islington
Hitesh Patel, Community Pharmacy KCW
Helena Powell, Vaccination Digital Services team
Connor Price, Taurus Healthcare
Artur Pysz, CP Hampshire and the Isle of Wight
Vicki Roberts, Community Pharmacy England
Ronak Maroo, pharmacy owner
Jasmine Shah, NPA
Harjeet Sian, EMIS Health
Jeff Shelley, Invatechhealth
James Spirit, Vaccination Digital Services team
Craig Spurdle, Rowlands Pharmacy, Phoenix
Charis Stacey, NHS England
Ian Swales, Pharmacy2U
Nick Thayer, CCA
Gabriele Vickers, Community Pharmacy England
Caline Umutesi, Community Pharmacy England
Gary Warner, PharmOutcomes & Regent Pharmacy
Jon Williams, RxWeb
Leah Wolf, CP Devon
Janson Woodall, Well Pharmacy
Heidi Wright, RPS
Andre Yeung, NHS England North East and Yorkshire

Item 1: The Chair welcomed the group

Item 2: Apologies for absence from voting members: Steve Ash (IPA), David Broome (Community Pharmacy England), Fin McCaul (Community Pharmacy England), Darren Powell (RPS), Sian Retallick (Community Pharmacy England), Craig Spurdle (CCA), and Iqbal Vorajee (IPA).

Introductions, minutes of previous meetings and matters arising

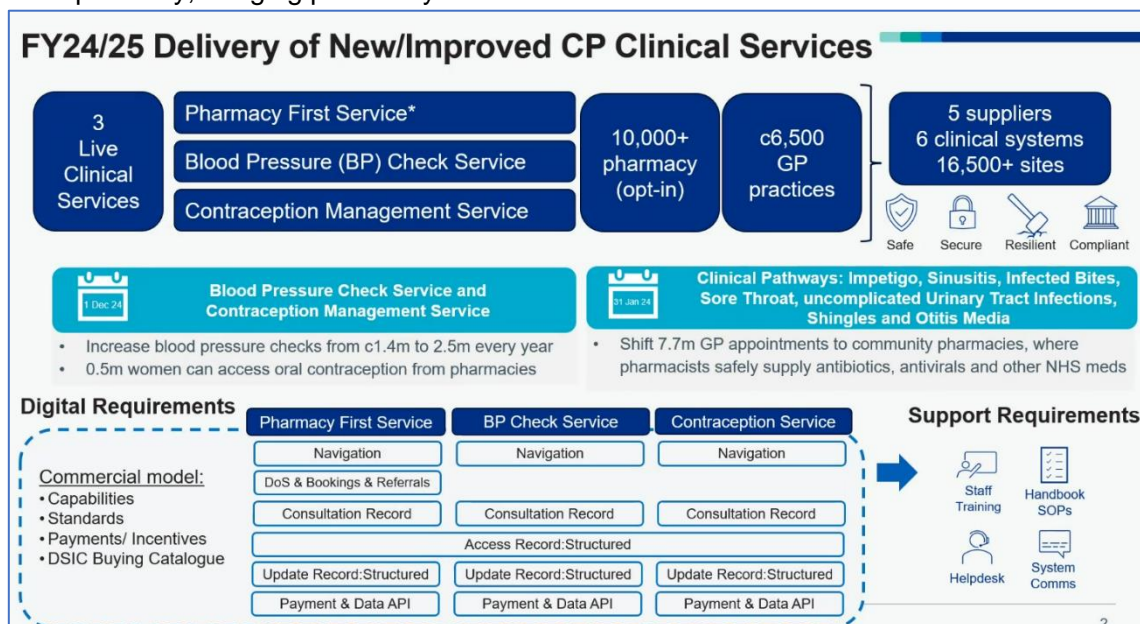
Item 3: The minutes of the previous meeting were agreed upon.

Item 4a: The remaining actions were carried into the paper's 'next steps' for this 19th March 2025 meeting. Outstanding actions are listed within the minutes.

Minutes

Item 5. Current pharmacy services IT priorities overview (NHS England update)

- [Appendix CP ITG 01/03/25](#) sets out related updates. Charis Stacey (Head of Product, Digital Primary Care, NHS England's Transformation Directorate (NHSE's TD) presented slides and provided an update.
- An update was shared regarding the work undertaken over the past two years, including the introduction of IT capabilities for Pharmacy First and the expansion of the Hypertension Case-Finding Service, as well as the Pharmacy Contraception Service.
- The focus of their digital primary care efforts: achieving system scalability and sustainability. The aim is to enable pharmacies and general practice teams to support patients through clinical pathways, minor ailments, and the provision of emergency medicine supplies.
- A considerable amount of digital capability has been implemented to ensure system-wide interoperability, bridging previously isolated silos.



Mechanism to promote NHS pharmacy IT: NHS Digital Services for Integrated Care (DSIC)

- The team have developed a commercial mechanism during the last few years to guide suppliers in understanding the necessary standards and capabilities, especially in relation to both national and Integrated Care Boards (ICBs) delivered services.
- Advancement of the NHS Digital Services for Integrated Care (DSIC) pharmacy IT workstream is desired, but the details and timing of its expansion remain subject to further business case approvals and NHS commercial timelines; there is an intention to expand this further.
- The team highlighted new procurement regulations which came wholly into effect on 24th February 2025. It has been determined, all procurement and further market engagement activities (after 24th February 2025) including plans to support the NHS pharmacy IT solution options, is subject to this procurement legislation, which includes new notices, and a new Central Digital Platform replacing the Find a Tender Service. Related guidance can be found at: [Transforming Public Procurement Act, Procurement Regulations support and guidance](#) (from NHS Shared Business Services).
- The [link to the related Supplementary Care Standard](#), in turn, links out to the Capabilities and mandated 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.

Actions:

- NHS England will update IT suppliers regarding changes to the DSIC commercial mechanism to promote NHS pharmacy IT once the next steps are confirmed.

Local focus and policy work

- The NHSE TD pharmacy IT team has needed to provide greater focus on working with ICBs in recent months to ensure that more can be gained from the digital programmes, and such efforts are aimed at ensuring a seamless experience for patients across these services.
- A significant amount of work has been done with NHS 111, NHS UK, and NHS England policy colleagues to support patient referrals into pharmacies. Recently, there has also been some related work on changes to the referral pathway for distance-selling pharmacies (DSPs), which are soon to be implemented. NHS England will further communicate these changes to DSPs.

Booking and Referral Standards (BaRS)

- The team has also worked on developing interoperability to enable referrals from general practice to community pharmacy, starting with EMIS and working with TPP. This work aims to ensure a smooth referral process and patient choice of pharmacy.
- The national effort includes the implementation of a Directory of Services, enabling the flow of referrals and consultations between pharmacies and GPs. The team is finalising the national navigation process and integrating data for access records, consultation updates, and payments for each service.

Actions:

- NHS England will provide further communication updates on BaRS progress.

GP Connect Update Record and Access Record

- EMIS and TPP are working on implementing 'Access Records: Structured', which currently includes medications and allergies, with further work on investigations and uncategorised information.
- The team is in the final stages of this work and developing communications regarding Access Records as it goes live, expected within March 2025.
- A significant update to the GP contract, effective from October 1st 2025, requires all GP practices to enable Access Record and Update Record capabilities.
- The Update Record feature is currently only used by pharmacies, and efforts are underway to ensure it is activated in all 6,500 GP practices across the country.
- The projected volume of updates is in the millions, and research with GP practices has shown the benefits of enabling these records. Strong case studies have been developed, and the benefits data is being revised.
- This work is essential in reducing the burden on general practice, with suppliers playing a key role in making this possible.

Actions:

- NHS England and Community Pharmacy England will issue GP Connect communications.

Pharmacy services IT discussion

- The group asked about the progress of TPP and its development of the BaRS referral mechanism into community pharmacy for the Pharmacy First service.
- The team has been actively working with TPP for the last four months to develop two key components for the Pharmacy First service: an API to access the Directory of Services (DoS) and the development of BaRS. TPP has passed the assurance for the API and is in the final stages of clinical safety checks. The next step is for TPP to develop the booking and referral system, with some final issues to resolve. A weekly delivery group is working with TPP, and although the system is not yet live, significant progress has been made. Once the final approvals are received, testing will begin with community pharmacy suppliers. The TPP team is actively progressing through the development pipeline; however, the exact launch date has not yet been determined.
- The group asked for clarification on whether the referrals being discussed are the ones related to the Community Pharmacy Consultation Service (CPCS), which have now transitioned to Pharmacy First, or if they also include referrals for the Hypertension Case-Finding Service (NHS Blood Pressure Check Service) and the Pharmacy Contraception Service. There is currently no national pathway for referrals to the Hypertension Case-Finding Service (NHS Blood Pressure Check Service) and the Pharmacy Contraception Service. Discovery work has been done, but to implement it, a Directory of Service IT piece of work and integration would be needed. This is necessary because not all pharmacies are currently offering these services.

Currently, there is no national pathway available to support a digital end-to-end referral process.

- Locally, there are some pathways in place, but there is no national pathway available yet.

Actions:

- Pharmacy representatives were encouraged to contact the secretariat with stories about their uses of Booking and Referral Standards (BaRS) and GP Connect. We could capture further case studies and share positive stories about the technology. This opportunity would inform considerations for future developments.

Item 6a. EPS Tracker changes

- The EPS team introduced the new EPS Prescription Tracker for healthcare staff, highlighting its improved user experience, internet-facing design, and the availability of an API for integration. [Appendix CP ITG 01/03/25](#) sets out related updates. Jen Redman (NHS Digital Medicines Team) presented slides and provided an update.
- Pharmacy teams within the group (or other teams) are encouraged to [volunteer to pilot the Tracker by completing the application form](#) (see actions).
- This new version will be internet-facing (i.e. no longer reliant on Health and Social Care Network (HSCN) connections), offer a better user experience, and provide additional features like tracking prescription status information for healthcare staff.
- There's also an API available for suppliers who wish to integrate this feature into their systems.
- The product is in pilot phase, with a planned launch in late summer (around September), and volunteers for the pilot program are being sought.
- The team provided a demo of the new EPS tracker changes: you can search for prescriptions using a **prescription ID**, **NHS number**, or **basic details** like surname, date of birth, and postcode.
- After authentication, the landing page enables users to enter a prescription ID and access patient details, including name, gender, NHS number, date of birth, and address.
- Prescriptions are split into three tabs: current, claimed, and future prescriptions.
- Details shown include **status tags** (e.g., "all items dispensed"), prescription items, quantity, instructions, and dispenser/prescriber information.

Current prescriptions (1)		Future dated prescriptions (0)		Claimed and expired prescriptions (0)	
Issue date	Prescription type	Status	Pending cancellation	Prescription ID	
23-Feb-2025	Acute	All items dispensed	None	6GA337-P3f302-2H597C	
				View prescription	

- There's a **history section** to track changes in prescription status and dispense notifications.

Isaac WOLDERTON-RODRIGUEZ Gender: Male NHS number: 972 691 9207 Date of birth: 6-May-2013 Address: 123 BRUDENEL CLOSE, HEADINGLEY, LEEDS, WEST YORKSHIRE, LS6 1JL

Prescription ID: 6GA337-P3f302-2H597C [Copy](#) Issue date: 23-Feb-2025 Status: **All items dispensed** Type: Acute

[Go back](#)

Dispensed items

Raberprazole 10mg tablets
Item fully dispensed

Quantity 56 tablets

Instructions Take one twice daily

Glyceril trinitrate 400micrograms/does aerosol sublingual spray
Item fully dispensed

Quantity 1 spray

Instructions Use as needed

Oseltamivir 30mg capsules
Item fully dispensed

Quantity 20 capsules

Instructions One capsule twice a day

Prescriber and dispenser information

Dispenser
COHENS CHEMIST (ODS: FV519)
22 RUE LANE, CHISWICK, KT19 D12
Contact details
01943 863158

Nominated dispenser
COHENS CHEMIST (ODS: FV519)
22 RUE LANE, CHISWICK, KT19 D12
Contact details
01943 863158

Prescriber
FUJI SURGERY (ODS: F105964)
90 YARROW LANE, FINNSBURY, E45 T46
Contact details
01232 231321
Prescribed from
England

History

Dispenser has sent a dispense notification.
23-Feb-2025 13:35:33
Organisation: Cohen's Chemist (ODS:FV519)
New status: **All items dispensed**
[Dispense notification information](#)

Dispenser has downloaded the prescription
23-Feb-2025 13:05:33
Organisation: Cohen's Chemist (ODS:FV519)
New status: **Downloaded by a dispenser**

Prescription has been uploaded
23-Feb-2025 12:33:33
Organisation: Fiji surgery (ODS:F105964)
New status: **Available to download**

Actions:

- The group's pharmacy team members (or other pharmacy teams) are all encouraged to be early pharmacy users of the updated EPS Prescription Tracker. Early users will review prototypes and provide suggestions on how an updated EPS Prescription Tracker can be most useful and usable. Please [complete the EPS Tracker early piloting application form](#). Additionally, early users will participate in a few brief remote calls to share their thoughts and preferences about the tool and will pilot it for six to eight weeks, starting in May 2025.
- IT suppliers can register their interest if they want to integrate with the Clinical Tracker API directly (england.epsonboarding@nhs.net) – this will allow them to offer prescription tracking for healthcare staff in your system, and we are planning on making this API available in September. NHSE's TD will initially test and establish the use of the API with dispensing and prescribing IT suppliers. The plan is also to make the API available to other types of IT suppliers, such as patient app developers, in the future.

Item 6b. EPS FHIR

- The EPS team provided an update about the transition of Electronic Prescription Service (EPS) to the Fast Healthcare Interoperability Resources (FHIR) standard, replacing the outdated HLV3 standard.
- This transition is crucial for improving interoperability and future-proofing the service. The goal is to modernise EPS infrastructure by migrating to FHIR, which will enable easier updates, reduced costs, and enhanced integration with other NHS systems. The team is actively supporting suppliers through this change, including a kick-off supplier call earlier in March, and providing resources to assist them in the coming months.

Actions:

- Pharmacy IT suppliers with NHS England will transition towards EPS FHIR.

Item 7. EPS and the detained estate

- [Appendix CP ITG 01/03/25](#) sets out related updates. Elinor Taylor and Denise Farmer, from NHS England's Health and Justice Information Service team (NHS England's HJIS), presented slides and provided an update on the implementation of the Electronic Prescription Service (EPS) for the detained estate.
- The team discussed the legislation change in November that allowed the use of EPS for patients, the extended pilot with seven sites, and the recent approval from the clinical safety group for full rollout to occur between now and May.
- The impact of EPS on community pharmacies includes the increase in non-nominated scripts, the need for on-demand dispensing, and the importance of identifying exempt patients.
- The group emphasised the importance of communication and awareness about EPS among community pharmacies, and the need for pre-written material to support this effort.
- The NHS England's HJIS discussed the 0015 HMP exemption code for patients released from detention, the processing of these, and the importance of using a correct code.
- HMP prescribers have been asked to ensure patients inform the pharmacy they are exempt (in the event they are not already exempt for another reason).
- The team emphasised the importance of monitoring the NHS Spine in case a patient has seen a community GP but not collected their medicines. There is a risk that a duplicate may exist.
- The group asked whether this would be included in the Real Time Exemption Checking (RTEC). There is currently no RTEC mechanism in place; however, the secretariat will report back to the group if any changes occur.

Actions:

- Community Pharmacy England has [circulated an update](#), and the group was encouraged to disseminate the updated message to their respective networks.
- Pharmacy teams should use the exemption category 0015 HMP where needed, and be aware that HMP will be within the prison prescribers' address.
- The group asked about volumes. *[post-meeting update: the NHSBSA explained there are around 6,000 of these types of FP10s issued annually by prisons, but volumes may rise.]*

Item 8. Leveraging IT solutions to enhance patient engagement and service delivery in pharmacies

- [Appendix CP ITG 02/03/25](#) sets out related updates.

Actions:

- The group can email the secretariat with feedback on the following:
 - Examples of AI tools and IT solutions in community pharmacies.
 - Examples of 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.
 - What training and resources do pharmacy teams require to fully utilise AI tools for optimising patient engagement?
- A pharmacy representative sub-group will explore this subject further before the next central meeting, and contact the secretariat within the first half of April, if you would be interested in taking part in this.

Item 9. NHS Vaccine Digital Services (VDS)

- [Appendix CP ITG 03/03/25](#) sets out related updates. James Spirit (Head of Product in Vaccination Digital Services department of NHSE TD) and Isabel Malzer (Implementation Lead for NHS RAVS) presented slides and provided an update.
- The VDS team provided an overview of the VDS core work, including the support for seasonal vaccinations, RSV, and maternity vaccinations, and plans for pharmacy integration.
- Discussion on the new Manage Your Appointments service, its early adopter phase, and the plans for a broader rollout to support autumn and winter vaccination campaigns.
- The project team are working on an in-house appointment management system to replace the third-party software currently used for booking vaccinations. This system is designed to improve user experience, scalability, and performance in line with NHS standards.
- The system is currently in its early stages, with a small-scale implementation in the East of England for the RSV vaccination program. The plan is to roll out the system for broader use during the autumn-winter campaign, supporting various vaccination programs, including COVID, flu, and RSV.

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).

Cost Management	Scalability, reliability and performance	Alignment to NHSEs strategy	Flexibility and future development	Data and Insights
Reducing business spend and delivering value for money	Building to NHS standards, (API, cloud first and interoperability standards)	Provide opportunities to extend to other providers and to wider S7a vaccinations	Easier onboarding of new vaccine types and opportunities to improve the service	Provide performance, and experience data enabling continual improvements

Manage Your Appointments

Vaccine Pharmacy Site

Address: 5 Station Road, City Centre
 Phone Number: 04789 125125
 ODS code: POUY
 ICB: Devon Integrated Care Board
 Region: South West Region

View availability for April 2025

31 March to 6 April

Services	Booked appointments
RSV (Adult)	0

Total appointments: 1200 Booked: 0 Unbooked: 1200

7 April to 13 April

Services	Booked appointments
RSV (Adult)	0

Manage Your Appointments Demo on FutureNHS

- The vaccination digital service team introduced the Record a Vaccination Service (RAVS), its core principles, and the expansion plans for community pharmacies to support COVID, flu, and other vaccinations.
- RAVS is an in-house NHS tool designed to simplify and improve the recording of vaccination events across different settings, with a focus on supporting clinical staff.
- It integrates with existing systems to reduce administrative burdens and streamline the vaccination process without replacing other tools.
- The intended current principles behind RAVS:
 - Vaccine and setting agnostic to allow scalability and reaction to evolving NHS needs
 - Evidence-led continuous improvement
 - Designed and tested with users, including accessibility, usability & inclusion
 - Supported by helpdesk and backed up by NHS infrastructure
 - Data security and compliance with NHS and UK data protection regulations
 - Increase the efficiency of recording vaccinations and reduce the administrative burden
 - Support for POC system marketplace and innovation
 - Integrate with existing systems
- RAVS launched in September 2024 and has been onboarded by over 341 organisations, starting with maternity services and expanding to other settings like community pharmacies, vaccination centres, hospitals, GOP federations and independent healthcare providers. Over one million vaccinations have now been recorded within RAVS.
- By April 2025, RAVS will support the recording of COVID-19 and flu vaccinations in community pharmacies, with further expansion planned for more vaccination types.
- The service will continue to evolve, focusing on reducing the time required to record vaccinations and improving integration with other systems to minimise the need for users to log in and out of multiple platforms.
- There are ongoing efforts to improve how RAVS integrates with systems like NHS Manage Your Appointments to streamline workflows and reduce duplicate data entry.

Vaccination digital service discussion

- The group supported greater BaRS integration. There is an intention from NHS England to integrate this appointment management service with BaRS, as this seems to be the direction of travel for any NHS bookings and appointments, allowing IT suppliers to more easily integrate. There is also recognition that the ideal situation is for greater integration of RAVS with existing pharmacy clinical service solutions; however, RAVS is relatively newly established, and integration will be a journey requiring further policy confirmation. The VDS team were aware and understanding of the group's support for more integration.
- Pharmacy teams use NHS-commissioned IT systems, which also support the recording of clinical vaccination info and link to MYS for payment purposes. The group supported integration.

Actions:

- The VDS team will provide links where the group can view video demos of the system.
- A dedicated call will be arranged to explore RAVS, appointment booking, VDS and interoperability.

Item 10b. Care Identity Service (CIS) and multi-factor authentication (MFA)

- **Appendix CP ITG 04/03/25** sets out related updates. Alistair Brown (NHS Care Identity Service (CIS)) presented **slides** and provided an update.
- The team highlighted the history and upcoming changes to the Care Identity Service (CIS), specifically the deprecation of CIS1 and the transition to **CIS2**.
- CIS1 was introduced 15 years ago. CIS1 utilised smartcards for authentication, but it had limitations, including the requirement of an HSCN connection, limited compatibility with Windows, and the need for additional hardware and software.
- CIS2 was introduced in 2019. CIS2 addresses many of the limitations of CIS1. It supports multiple authenticators, is internet-facing (eliminating HSCN dependency), compatible with

various devices (e.g., Windows, macOS, iOS, iPads), and is more mobile-friendly. Approximately 75% of authentications now utilise CIS2.

Revised Deprecation Dates: CIS1 Authentication

Date	What's Happening
1 Oct '25	<ul style="list-style-type: none">CIS1 Authentication reduces to a Silver SLAExpectation is that majority of suppliers will have migrated to CIS2 Auth at this timeReduce 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 AuthSupport on best-efforts basisInfrastructure 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)

- The team emphasised the importance of transitioning to CIS2 and preparing for the deprecation of CIS1, engaging suppliers and assessing risk early.
- The group inquired whether there is an intention to move away from physical smartcards, and if so, what communication strategies and plans will be employed to inform and communicate this change?
- The goal is not to offer additional authentication options instead of only NHS Smartcards. Users transitioning from CIS1 to CIS2 can continue to use their current Smartcards without any changes to their access or underlying data. However, they may explore other authentication methods, such as mobile devices, Microsoft Windows Hello for Business, or security keys, for added flexibility and convenience. The goal is to offer more options for various use cases while preserving the existing smartcard functionality.
- Service level agreement changes regarding NHS support of CIS1: From 1st October, 2025, CIS1 will switch from a Platinum SLA to a Silver SLA (business support: 8am–6pm, Monday–Friday). Post 1st March 2026: No SLA for CIS1, support will rely on a 'reasonable endeavours basis' only. Pharmacy dispensing system suppliers can mitigate the risks associated with post-SLA changes, including delays in fixing CIS-related issues, by transitioning to CIS2 in the coming months. The CIS2 team are making support resources available for integration.
- CIS2 benefits in summary were:
 - More choices around authenticators.
 - Lesser 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.
- Regarding usage: 745,000 users used CIS2 in Jan 2025, representing 75% of authenticated users (1 million users in total). There are now 59 applications **live** with NHS CIS2 and 22 preparing to deploy.

Actions:

- Pharmacy IT dispensing suppliers were urged to transition towards CIS2, whilst the CIS2 assurance capacity has been increased to support this and ahead of changes to CIS1 deprecation and reduced service levels (from October 2025).
- The CIS2 team will come back for another session focused on the product perspective, where product managers will provide a broader overview of various services related to access management.

Item 10a. Multi-factor authentication (MFA)

- The 2025 Data Security Protection Toolkit (DSPTK) includes a new mandatory question concerning the use of MFA within clinical systems.

- Pharmacies are expected to submit their DSPTK by the end of June 2025. Community Pharmacy England has published [guidance](#) and an [on-demand webinar](#) on the revised toolkit, which includes new MFA guidance.

Item 11. Primary Care Cyber Security Readiness

- [Appendix CP ITG 04/03/25](#) sets out related updates. Chandni Maher, Head of Cyber Primary Care at the NHSE & DHSC Joint Cyber Unit, presented **slides** and provided an update.
- The team presented the cybersecurity readiness work, emphasising the importance of understanding the current state of cybersecurity in community pharmacies and the need for support and resources.
- The UK government is working on a cybersecurity and resilience bill, and the team aims to address gaps in the understanding of cybersecurity within primary care.
- Over the past two years, NHS England has conducted a sector review to identify cybersecurity issues in primary care. This led to a gap analysis, conducted in collaboration with ICBs, general practices, community pharmacies, dentists, and opticians.
- The initiative aims to ensure primary care sectors are prepared for evolving cybersecurity threats, especially as they become more complex, with rising concerns about cyberattacks.
- A key goal is to make the DSPTK process more transparent and more manageable for pharmacies, as some find it challenging to navigate. NHS England is looking to assess where support is needed, based on feedback from community pharmacies.
- The team emphasised that the results of this gap analysis will inform future funding requests, which have shown a willingness to provide resources if sufficient data demonstrates the benefit of support.

Actions:

- Pharmacy team group members (and other pharmacy teams) are encouraged to [complete and promote this short cyber survey](#) through their newsletters, bulletins, and networks. It has around a dozen short questions and is expected to take no more than 5-10 minutes. It can be completed anonymously by pharmacy team members and representatives of the pharmacy IT supplier.

Summary of actions

Item 5. Current pharmacy services IT priorities overview (NHS England update)

- NHS England will update IT suppliers regarding changes to the DSIC commercial mechanism to promote NHS pharmacy IT once the next steps are confirmed.
- NHS England and Community Pharmacy England will issue BaRS and GP Connect communications imminently.
- Pharmacy representatives were encouraged to contact the secretariat with stories about their uses of Booking and Referral Standards (BaRS) and GP Connect. We could capture further case studies and share positive stories about the technology. This opportunity would help with considerations for future developments.

Item 6a. EPS Tracker changes

- The group's pharmacy team members (or other pharmacy teams) are all encouraged to be early pharmacy users of the updated EPS Prescription Tracker. Early users will review prototypes and provide suggestions on how an updated EPS Prescription Tracker can be most useful and usable. Please [complete the EPS Tracker early piloting application form](#). Additionally, early users will participate in a few short remote calls to share their thoughts and preferences about the tool. You'll be able to pilot the tool for six to eight weeks starting in May 2025.
- IT suppliers can register their interest (england.epsonboarding@nhs.net) if they want to integrate with the Clinical Tracker API directly – this will allow them to offer prescription tracking for healthcare staff in your system, and we are planning on making this API available in September. NHSE's TD will initially test and establish the use of the API with dispensing and prescribing IT suppliers. The plan is also to make the API available to other types of IT suppliers, such as patient app developers, in the future.

Item 7. EPS and the detained estate

- Community Pharmacy England has [circulated an update](#), and the group was encouraged to disseminate the updated message to their respective networks.
- Pharmacy teams should use the exemption category 0015 HMP where needed, and be aware that HMP will be within the prison prescribers' address.

Item 8. Leveraging IT solutions to enhance patient engagement and service delivery in pharmacies

- The group can email the secretariat with feedback on the following:
 - Examples of AI tools and IT solutions in community pharmacies.
 - Examples of 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.
 - What training and resources do pharmacy teams require to fully utilise AI tools for optimising patient engagement?
- A pharmacy representative sub-group will explore this subject further before the next main meeting, and contact the secretariat by April 15th, if you would like to take part.

Item 9. NHS Vaccine Digital Services (VDS)

- The VDS team will provide links where the group can view video demos of the system.
- Arrange a separate call with the group to discuss appointment booking, interoperability, and the existing systems and services currently used for appointment booking.

Item 10. Care Identity Service (CIS) and multi-factor authentication (MFA)

- Pharmacy IT dispensing suppliers were urged to transition towards CIS2, whilst the CIS2 assurance capacity has been increased to support this and ahead of changes to CIS1 deprecation and reduced service levels (from October 2025).
- The CIS2 team will come back for another session focused on the product perspective, where product managers will provide a broader overview of services related to CIS2.

Item 11. Primary Care Cyber Security Readiness

- Pharmacy team group members (and other pharmacy teams) are encouraged to [complete and promote this short cyber survey](#) through their newsletters, bulletins, and networks. It has around a dozen short questions and is expected to take no more than 5-10 minutes. It can be completed anonymously by pharmacy team members and representatives of the pharmacy IT supplier.

Future meeting dates

Weds 4th June 2025

Weds 17th September 2025

Weds 5th November 2025

Weds 4th March 2026 (to be confirmed)