# Community Pharmacy IT Group Autumn 2025 event

Meeting: 17th September 2025

# Agenda

	Session
1-4.	Intro, apologies, minutes, actions
5.	EPS and scan-to-shelf updates
6.	Pharmacy services IT update
	Break
7.	Hub and Spoke IT
8.	Principles of patient choice of pharmacy within technical tools
9.	Pharmacy IT Priorities
10.	Any other business and close from the Chair

## EPS and scan-to-shelf updates

# EPS updates: Piloting of prescription readiness notifications

Since 2022, the EPS and NHS App teams have been working with EPS system suppliers to enable prescription item readiness information. CP ITG sub-groups have previously discussed this topic. Community Pharmacy England and NHS England have issued <a href="news-updates">news-updates</a> to the sector about progress with the <a href="National Patient Prescription Tracking Service">National Patient Prescription Tracking Service</a> (NPPTS).

The EPS and NHS App teams are now preparing to progress towards an NHS App notification pilot.



# NHS App Prescription Notifications for medicine readiness

September 2025

#### **Product Team:**

Product Manager: Jen Redman

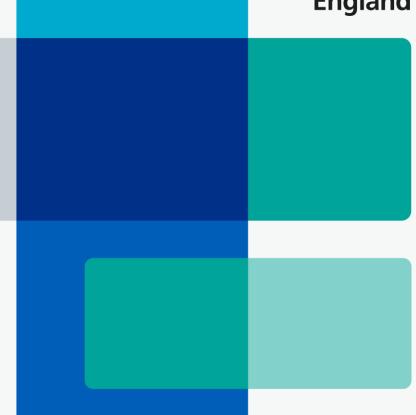
**BA: Pete Hurst** 

User Researcher: Jo Cameron



# Prescription Tracker

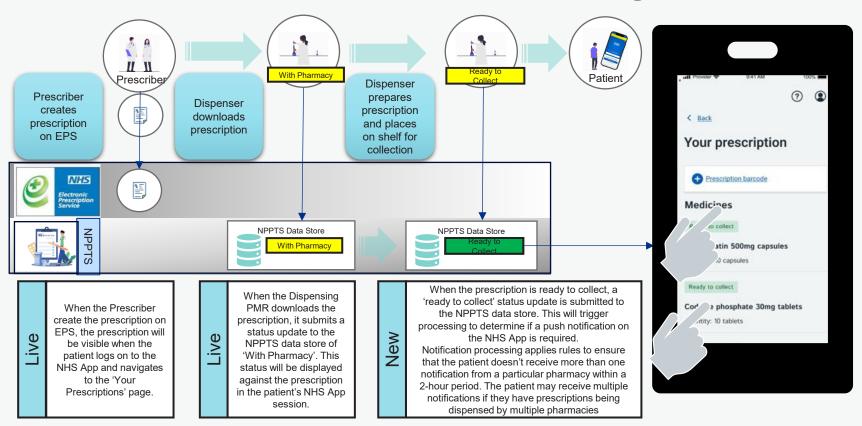
Update by Jessica Mancoo, Jack Pogson-Ward and Tiffany Frost



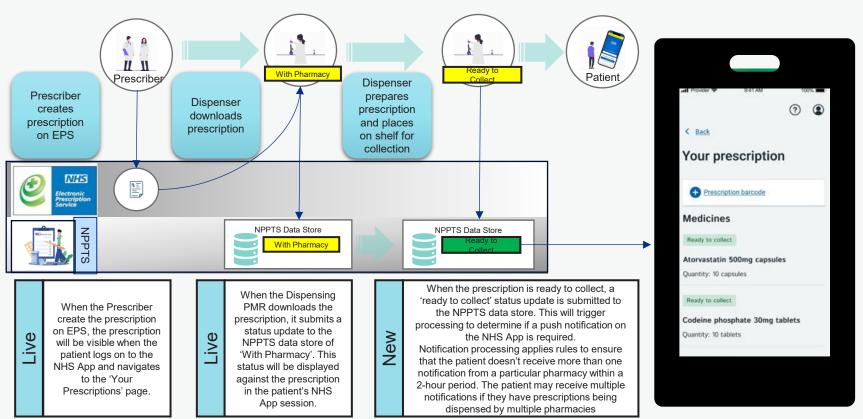
#### **NHS App Notifications from NPPTS**

- NHS App notifications is a new capability that enhances the National Patient Prescription Tracking Service (NPPTS).
- NPPTS has been live since September 2025 and has been rolled out to approximately 17% of pharmacy sites in England by the 4 dispensing system suppliers currently onboarded to the service.
- The 4 dispensing system suppliers currently onboarded are: Apotec; Boots; Cegedim; Invatech
- 4 additional dispensing system suppliers are currently in the process of onboarding to NPPTS, which when they have rolled out to the pharmacies they supply, will bring coverage in England over 98% of patients. This next batch of system suppliers includes: Clanwilliam; Optum; Pharmacy X; Positive Solutions
- Prescription notifications will be limited to NHS App notifications and will be triggered by status updates from the dispensing system of 'ready to collect ' and 'ready to collect partial'.
- Notification processing has been developed to ensure patients do not receive more than one notification from the same pharmacy in any 2 hours period.

#### **Prescription Notifications Processing Overview**



## **Prescription Notifications Processing Contingency**



#### **Pilot planning**

# **Approx 8 – 12 week pilot with pharmacies who are enabled with Prescription Status Updates**

We want to learn about the patient experience and pharmacy impact of this feature on top of the passive statuses. We're particularly interested in the patient experience and how that's impacted by different pharmacy opening hours and when pharmacies are also sending messages about prescription statuses.

We're using a mix of quant + qual evidence to learn about patient experience and monitor for any patient behaviour change around collecting prescriptions.

96 pharmacies signed up through 3 recruitment methods

- Mix of chains + independents
- Range of size, location, opening hours

#### Pilot planning

**Approx 8 - 12 week pilot with pharmacies who are enabled with Prescription Status Updates** 

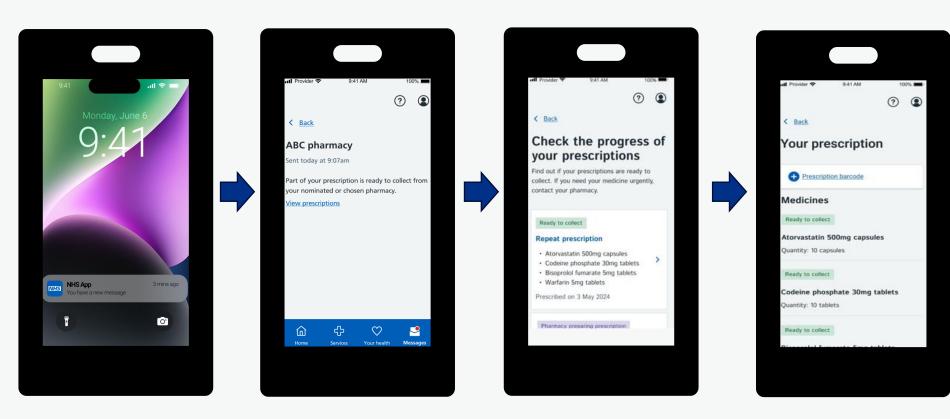
Sign up to take part:

- The pharmacy must use Apotec CRM, Pharmacy Manager or Titan PMRs
- The pharmacy must be activated or turned on for NHS App prescription statuses (but if you aren't sure, we can check!)

Express interest in the pilot:

https://feedback.digital.nhs.uk/jfe/form/SV\_6GAWHSR3tvmmL0W

## **Prescription Notifications Processing Contingency**





## **Thank You**

# Prescription Tracker for healthcare professionals

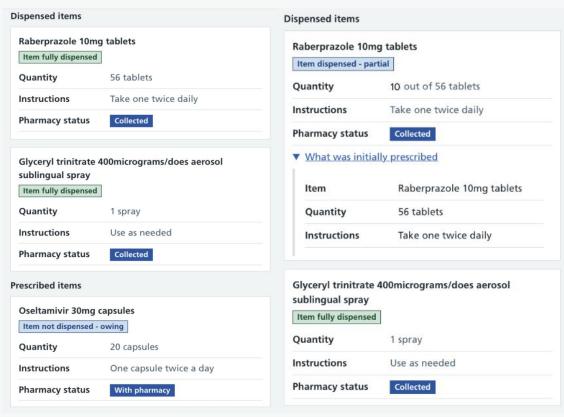
Update by Jessica Mancoo, Jack Pogson-Ward and Tiffany Frost



#### What happened

Initially we had designed Prescription Tracker to show items that were prescribed and dispensed.

When the dispensed item varied from the prescribed item we highlighted this with an expander.



#### Dispense notification information

We found out that suppliers could send information about dispensed items in different ways.

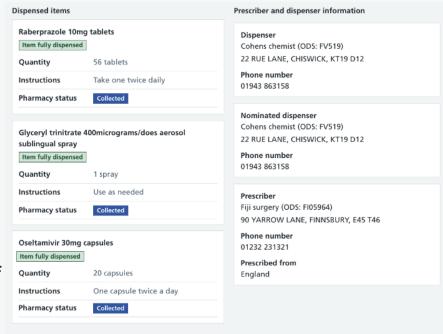
If an item was dispensed in multiple instances it might be sent accumulatively or incrementally. Our designs worked for accumulative situations but not for incremental instances.

#### **Accumulative**

Sends the entire history of what has been dispensed so far

Every dispense message includes all items dispensed to date

If you've dispensed 2 out of 3 items, the next message will include both items again (not just the latest one).



#### History



sublingual spray

Item fully dispensed

Quantity: 1 spray

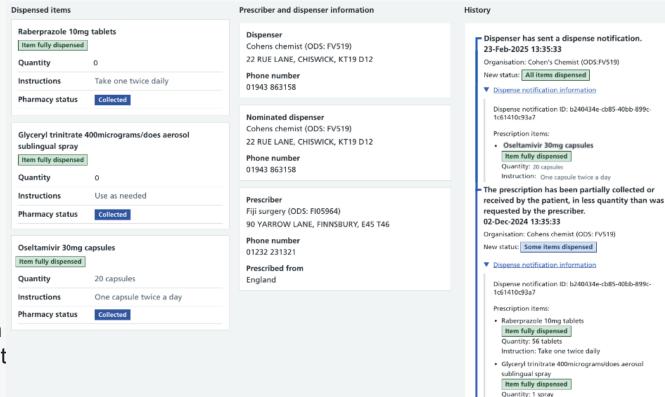
Instruction: Use as needed

#### Incremental

Sends only the new information since the last message

Each message only includes the new item(s) dispensed

If you've dispensed 1 item now, and 1 item later, each message will show just that one item.



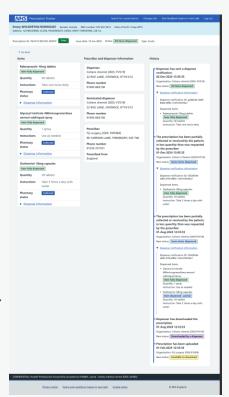
Instruction: Use as needed

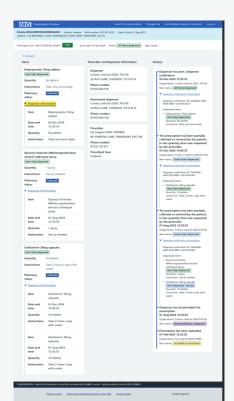
#### What we did

To understand this problem better we asked suppliers to send us examples of the dispense notifications they send for different scenarios.

We checked the code and found that every supplier sent dispense notifications differently and there wasn't a standard pattern we could follow.

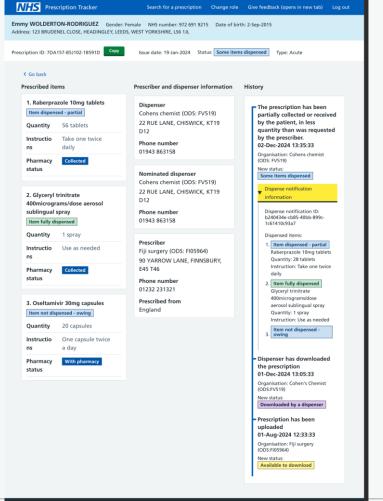
From this we re-worked the designs to allow for the variations in this information.





#### **New solution**

The new solution shows the prescribed medicine on the left. The most up to date dispense information is contained in the timeline in the dispense notification information.



# **Demo**

#### **User Research**

- Community pharmacy pilot kicks off in September, with 50+ sites opted in!
- We plan to roll out to additional groups in phases, including GPs, HJIS and NHS 24
- We'll be kicking off on 29th September with our day one pilot sites, and rolling out to the wider group a week later
- Once the pilot success measures have been met, we will move onto our additional phases
- Pharmacy team reps on this call, are encouraged to <u>complete the EPS Tracker early</u> <u>piloting application form</u> to use it earlier and provide feedback..

## Scan to shelf

#### Scan to shelf

Community Pharmacy England has received feedback from community pharmacy teams about some potential benefits with scan-to-shelf technology.

Pharmacy representatives may feed back:

- 1. For those already using scan-to-shelf: what benefits have you seen so far?
- 2. For those not yet using it: what are the main barriers (e.g., cost, equipment, time, process change)?
- 3. What would make it easier for your pharmacy to adopt scan-to-shelf?



# 1. For those already using scan-to-shelf: what benefits have you seen so far?





2. For those not yet using it: what are the main barriers (e.g., cost, equipment, time, process change)?





# 3. What would make it easier for your pharmacy to adopt scan-to-shelf?



# Pharmacy services IT update

# Tender for NHS IT development announced

NHS England's National Commercial & Procurement Hub has launched a market engagement for community pharmacy clinical services IT solutions.

CP IT Summer 2025 Tender (with the Government's 'Find a Tender' Programme.

#### **Key dates**

- Engagement period began 1st September 2025.
- Engagement end 20th October 2025 (5pm) unless updated via the Atamis system.
- First Webinar was 11th September 2025.

#### **Participation details**

Suppliers must use the Atamis procurement portal to:

- Engage with the process
- Submit questions
- Provide feedback

# Community Pharmacy Contractual Framework (CPCF) 2025/26 changes

On 1st September DHSC announced an <u>update about the CPCF 2025/26 changes</u> and <u>provisional timings</u>. DHSC made the announcement via the NHSBSA <u>website</u> and an email sent to pharmacy owners by the NHSBSA.

#### Key Updates & IT Implications

- Pharmacy First clinical pathways
- Revised clinical pathways
- Updated Patient Group Directions (PGDs)
- Pharmacy Contraception Service (PCS)
- Expanded to include provision of oral emergency contraception (EC)
- New Medicine Service (NMS)
- Expanded to include depression as an eligible therapeutic area

# CP ITG logo revision options

## Logo refresh: have your say

- The group is exploring a new logo to better reflect our evolving identity and work
- All on the call are encouraged to select your preference from 3 shortlisted designs.

#### Option 1



#### Option 2



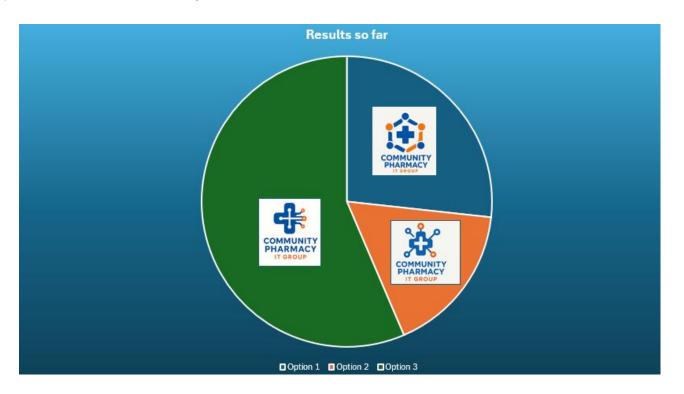
#### Option 3



#### Logo refresh: live results so far from the day

Use the link below to vote in our quick MS Forms snap poll

https://forms.office.com/e/kn7y37Xmkd



# Hub and Spoke IT

## Hub and Spoke IT

**Dispensing Model 1** (patient  $\rightarrow$  spoke  $\rightarrow$  hub  $\rightarrow$  spoke  $\rightarrow$  patient) will be permitted from October 2025. This will allow different pharmacy businesses to share dispensing processes, provided they have written agreements in place.

#### Key regulatory points:

- Spoke pharmacy responsible for patient supply
- Medicines labelled with spoke details & hub assembly date
- Data sharing between hub and spoke is permitted under an information gateway, with confidentiality safeguards.
- NHS spoke pharmacies will need to notify their ICB 28 days before starting hub and spoke for NHS prescriptions.

# Hub and Spoke IT

#### Why IT matters

For hub and spoke to work effectively, robust digital solutions are essential. These include:

- Interoperability between hub and spoke PMR systems.
- Secure data exchange for prescription and assembly information.
- Workflow visibility for both parties.
- EPS integration, including how single-item prescribing and claim submission will function.
- Automation readiness and barcode scanning processes.

#### Hub and Spoke IT

We'll discuss Q1 before taking Slido questions.

1. How do we imagine the process will work from a digital and notification perspective? And for the separate entities; the hub and the spoke?

#### Hub and Spoke IT

The group are invited to consider:

1. How do we imagine the process will work from a digital and notification perspective? And for the separate entities; the hub and the spoke?



S1. What areas do we need to standardize for data formatting and flows? And are there related considerations?





S2. What are the main barriers to creating a seamless hub and spoke IT solution (e.g., interoperability, governance, technical capability)?





## S3. How can these barriers be mitigated?







# S4 How would single-item EPS prescribing support or hinder hub and spoke?





S5. What additional digital features (e.g., realtime status updates, dashboards) might be most wanted to make hub and spoke improve efficiency and safety?



- Endorsed Principles: Safeguard patient choice in selecting a pharmacy.
- EPS Prescriptions Focus: Initially applied to electronic prescriptions but extends to all pharmacy services.
- Key Stakeholders: Healthcare providers and IT solution providers play a role in upholding these principles.
- Implementation: Ensuring systems and practices support patient autonomy in pharmacy selection.

The principles, tweaked to cover pharmacy services are listed below.

- Patients must be free to select a pharmacy of their choice to dispense their prescription or provide other clinical pharmacy services.
- 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).
- 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.
- Patient information using the NHS logo should follow the NHS England processes for nomination and freedom of patient choice.

- Patient information must follow the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 on nominations and the relevant NHS England service specifications.
- 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.
- 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.

- 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).
- 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 thirdparty apps.
- The NHS logo should be used only following NHS identity guidelines, e.g., only by service providers and not third parties.
- 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).

#### Pharmacy IT Priorities

#### Pharmacy IT Priorities

The next steps received further udpates since the last meeting based on feedback. 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), which has been recently updated to include a full slide each of the group's workstreams

#### Table part 1/2

Area	Workstream
Booking and Referral Standards (BaRS)	<ul> <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>
	Pharmacy to GP practice referral standard     BaRS for pharmacy-to-pharmacy referral standard     Appointment IT standard (including integration into BaRS and across NHS and pharmacy IT platforms)     Referral standard for ordering blood tests     Pharmacy to other care settings (referral standard)
Contractual framework (CPCF) IT changes (Autumn 2025)	<ul> <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 (IT impact tbc)</li> </ul>
NHS Digital Services for Integrated Care (DSIC)	<ul> <li>Additional IT suppliers are invited to express interest in DSIC CPCF IT (in progress)</li> <li>Supplier dev supported (e.g. Access Record for independent prescribing and more)</li> <li>DSIC pharmacy team expanded, and other NHS IT programmes linked to DSIC</li> </ul>
Electronic Prescription Service Next Gen	<ul> <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	Additional IT suppliers are invited to express interest through DSIC IP     Expansion of IP IT scope     Improve solution quality and scope     NHS assurance capacity is optimised to address this     Digital standardised universal mechanism for ordering blood tests (BaRS/other)     NHS DSIC workstream supports supplier development
IT business cases	Further business case approval sought to progress critical NHS pharmacy IT work
Manage Your Service (MYS) APIs	<ul> <li>Testing of future MYS APIs, and expansion to Discharge Medicines Service (DMS), New Medicine Service (NMS) and Smoking Cessation Service (SCS)</li> </ul>
NHS App / NHS website	<ul> <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> <li>Combine, expand and improve service finders for patients</li> <li>EPS nominated pharmacy is notified of medicine orders placed via the NHS App</li> </ul>
Standards	Expand Professional Record Standards Body Community Pharmacy Data Standard     Care Identity Service (CIS) 2 across platforms     PRSB's Core Information Standard is expanded and fully coded     Appointment integration     DSIC frameworks / open NHS APIs for patient-facing apps and new pharmacy tools
Update Record (GP Connect)	Supplier development supported     Vaccinations     Relevant supplies of over-the-counter medicines are recorded in the record     Emergency supply

#### Any other business

# AOB1: Action required by IT suppliers and IT support teams to support the ongoing use of the Care Identity Service

The NHS Care Identity Service (CIS) team has published <u>IT teams need to update to the latest version of Identity Agent - Outages for TLS 1.0 and 1.1 - updated schedule</u>.

To discontinue the use of deprecated TLS versions, Care Identity Service will implement a phased approach to block traffic to CIS1 Authentication whenever deprecated TLS (1.0 or 1.1) is detected. Deprecated TLS will be permanently blocked from use in CIS1 Authentication on **Wednesday 15th October at 15:00**.

#### The next announced phased blocking periods:

- Mondays 22nd and 29th September, from 15:00 to 16:00 (1 hour each day)
- Users of applications using CIS1 Authentication and CIS2 Authentication and unsupported version of Identity Agent may see a message warning them that their locally installed software is unsupported.

### AOB2: NHS App notifications on medicine readiness: Be an early pharmacy pilot user

Community pharmacy teams and CP ITG pharmacy reps are encouraged to take part in a new Autumn 2025 pilot aimed at improving the prescription tracking experience for patients using the NHS App. The pilot is to enhance the experience of patients who use the NHS App to manage their prescriptions. And test medicine readiness NHS App notifications (also to be discussed at the meeting). To take part in the pilot complete the Expression of Interest Form.

### AOB3: Sign-up for early pilot access to the EPS Tracker

• Pharmacy reps on the call should <u>complete the EPS</u> <u>Tracker early piloting application form</u>, to receive earlier access and routes to provide direct feedback while the tool might receive further development prior to the version 1 then rolled out.

#### Meeting evaluation

Please help our future meetings by filling in the Slido snap poll:

- How useful did you find this meeting?
- What do you want MORE of at future meetings?
- What do you want LESS of at future meetings?

#### Close from Chair

Thank you!

Post meeting queries: it@cpe.org.uk