Draft minutes for the Community Pharmacy IT Group (CP ITG) Summer 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
Charlotte Aston, EMIS Health
Rita Bali, CP Cambridgeshire and Peterborough
Neil Bhayani, National Pharmacy Association (NPA)
Kirti Billkhu, Apotec
Simone Bilton, Positive Solutions
Gemma Binns, Cegedim
Luke Bolton, Cegedim
Katherine Bridges, Charac
David Broome (Vice chair),
Eddie Brown, CP Essex
Shiné Brownsell, Community Pharmacy England
Richard Burton, CLEO Systems
Alastair Buxton, Community Pharmacy England
Jo Cameron, NHS EPS team
Karen Cox, CP Cambridgeshire & Peterborough
Victor Crudu, Logifect
James Davies, on behalf of Community Pharmacy England
David Dean, CP Thames Valley
Ian Dean, CP North Yorkshire
Darryl Dethick, Peak Pharmacy
Sana Din, NPA
Kingsley Ejeh, PRSB
Matthew Ellis, Positive Solutions
Cameron Euan, Cohesion Medical
Sanjay Ganvir, Greenlight Pharmacy
Leanne Hackett, Cegedim
Jas Heer, independent pharmacist
David Hollick, Logifect
Julian Horsley, Clanwilliam /RxWeb
Khurum Hussain, Boots Pharmacy
Sima Jassal, EMIS Health
Gareth Jones, NPA
Sandie Keall, CP Tees Valley
Paul Larmour, Jelly Software
Paul Larmour, Jelly Software
Jason Lestner, Living Care Pharmacy
Michael Levitan, CP Middlesex Group
Fiona Lowe, CP Arden
Anthony Maguire, Clanwilliam Health, RxWeb
Paul McGorry, CP Humber
Dave McNamara, Hallo Healthcare Group
Wahid Muhammad, Invatechhealth Titan
Helen Musson, CP Hertfordshire
Stephen Noble, CP Black Country
Al-Dairi Noor, Boots Pharmacy
Hitesh Patel, Community Pharmacy KCW
Sunil Patel, PharmSmart
Jack Pogson-Ward, NHS EPS team
Darren Powell, NHS England
Shanel Raichura, Apotec
Vicki Roberts, Community Pharmacy England
Tahmina Rokib, NHS England
Rupal Sagoo, Tesco Pharmacy
Niru Sivanesan
Jeff Shelley, Invatechhealth
Charis Stacey, NHS England
Antania Tang, NPA
Nick Thayer, CCA
Pritpal Thind, Sonar Informatics
Faisal Tuddy, Asda Pharmacy
Caline Umutesi, Community Pharmacy England
David Vanns, Weldrick
Gabriele Vickers, Community Pharmacy England
Iqbal Vorajee, IPA
Gary Warner, PharmOutcomes & Regent Pharmacy
Jon Williams, RxWeb
Leah Wolf, CP Devon
Janson Woodall, Well Pharmacy
Paul Wright, NHS England dm+d team
Andre Yeung, NHS England North East and Yorkshire
Fawwad Zafar, independent pharmacist

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 4th June 2025 meeting. Outstanding actions are listed within the minutes.

Minutes

Item 5. Use of AI data analysis tools to enhance patient engagement

- Appendix CP ITG 01/06/25 sets out related updates. Matt Armstrong (CP ITG Chair) presented slides and provided an update.
- The CP ITG Chair and the Secretariat introduced a discussion session about the potential use of AI data analysis tools to enhance patient engagement in pharmacy. The technology has the potential to utilise predictive algorithms more effectively to identify high-risk patients and tailor messaging to specific patient groups.
- There is a growing interest in leveraging AI to improve service provision and clinical practice, though the pharmacy sector has yet to adopt these technologies fully.
- The discussion focused on understanding available AI tools, defining a strategic position, and identifying ways to advance implementation.
- The group were took part with a Slido session to provide the feedback in the sections that follow.

Examples of AI tools and IT solutions in community pharmacies.

Some of the specific system example tools the group mentioned as examples with the Slido survey*:

- C2-AI: Provides clinical risk adjustment and analytics to support patient safety and operational efficiency
- DemDx: An AI-enabled clinical reasoning platform for frontline healthcare professionals in patient assessment and treatment
- Heidi Health: an AI-powered medical scribe that automates clinical documentation in a way intended to reduce administrative burden
- Sophia (Carradale Futures): A workflow and SOP management platform with AI features for generating and managing standard operating procedures
- Strongroom AI: A medication and care management platform using AI for analytics, compliance, and workflow optimisation
- Suvera: A digital health platform for remote monitoring and chronic disease management in partnership with GP practices.

**Many others will also be available, and existing IT solutions may incorporate AI elements.*

General AI data analysis examples (not IT system-specific)

- Predictive analytics for stock management based on dispensing trends.
- AI-driven patient data analysis to support clinical decision-making.
- Identification of medication usage trends to inform potential new services.
- Automation of back-office processes to improve operational efficiency.

Other AI-enabled tools and use cases:

- Automated generation of referral letters.
- AI-assisted minute taking and action tracking.
- Built-in AI features in Microsoft Edge and Office 365 to enhance productivity.
- Machine learning models for automated clinical safety checks.
- Use of Large Language Models (LLMs) to generate clinical and administrative documents.
- AI tools that learn patient habits (e.g., “when required” medication usage) to support pain management strategies.
- AI applications in care homes, including facial recognition to assess and manage pain in residents.

AI tools and solutions in other settings – potential learnings for community pharmacy

The group discussed various AI tools currently in use within general practice settings that may offer valuable insights for developing AI solutions in community pharmacy. Key examples included:

- AI bots for GP Quality and Outcomes Framework and contract interpretation – assist with understanding and navigating GP contractual frameworks and performance indicators

- AI in secondary care – widely used for interpreting medical imaging, such as scans, using image recognition technologies.
- AI-powered note-taking tools – support clinicians by automating documentation during consultations, reducing workload burden and improving the ability to interact with patients without a focus on 'screens' and notes instead of the patient.
- Online triage and signposting tools – help guide patients to the right service without requiring direct referrals
- Patient-facing chatbots – used for triage and directing patients to relevant care pathways, where appropriate and in line with service specification expectations.
- Scribe tools – used for real-time clinical note-taking during consultations (see item 6b within this document).
- Triage-based AI diagnosis support – tools that use triage data to assist in clinical decision-making
- Decision support systems – commonly used in GP practices, often based on structured questionnaires, with AI-enhanced versions emerging.
- Specific example tools referenced by the group:
    - Corti – provides AI-driven triage and documentation tools, including real-time decision support and note generation
    - DemDx – an AI-enabled clinical reasoning platform supporting patient assessment and treatment
    - Doctolib – a digital health platform incorporating AI to assist with consultations and reduce administrative burden
    - Heidi Health – an AI-powered medical scribe that automates clinical documentation (formerly EMIS) GP system – has introduced AI features to enhance clinical workflow, documentation, and proactive care
    - There will be many others.

Using AI-driven marketing to reduce health inequalities and better reach underserved communities

The group discussed the potential for AI-driven marketing to support more equitable access to pharmacy services. Key points included:

- The use of established frameworks (e.g. inclusion and equality guidance) can help ensure outreach efforts are appropriate and effective.
- A national NHS marketing campaign could promote pharmacy services more effectively, including through keyword prompts in the NHS App to signpost users to relevant services.
- Pharmacies could use existing patient data to identify individuals who may benefit from clinical services, enabling more targeted and proactive outreach.
- Demographic data can be used to tailor communications to specific patient groups, improving relevance and engagement.
- Publicly available data, such as the electoral roll, could be used (in line with data protection regulations) to inform patients about personalised services they may not otherwise access.
- AI tools may help reduce subjectivity in consultations and mitigate experiential bias by standardising decision-making.
- The current fragmentation of patient records—held separately across pharmacy IT systems and clinical service platforms—limits the ability to deliver coordinated care. A unified patient record would support more effective service delivery.
- Improved access to pharmacy services, including appropriate referrals, could help address barriers faced by housebound individuals and other underserved groups.
- Partnerships with external organisations (e.g. digital platforms) could enable the use of behavioural data, such as search trends, for targeted promotion of free NHS pharmacy services more applicable to those patients.
- Translation services and culturally sensitive communication strategies are beneficial for reaching diverse communities.
- Social media platforms offer a valuable channel for outreach, particularly when informed by search trends and awareness gaps.
- AI can support the delivery of information in multiple languages and at varying levels of health literacy, helping to overcome language and comprehension barriers.

Group reflections on opportunities to use AI and data tools in community pharmacy

Discussion summary:

- There is significant potential to use analytics better to leverage publicly available population data, including government surveys.
- Other sectors—including government, healthcare, and charities—are already using data to inform service delivery, whether health service or customer service. Pharmacy, by contrast, has yet to adopt these practices fully.
- Community pharmacies hold large volumes of patient data across IT systems and non-patient-facing applications, but this data is not currently being consolidated or analysed effectively.
- Linking internal pharmacy data with geographic and demographic datasets could generate insights to improve service delivery.
- A group member's recent Integrated Care Board (ICB) call highlighted that many healthcare professionals are unaware of the full range of services offered by community pharmacies.
- This presents an opportunity for pharmacies to proactively engage with patient groups and raise awareness of their services.
- AI-powered analytics and targeted outreach could significantly improve patient engagement and the visibility of pharmacy services.
- Health inequalities remain a concern, with data showing that people in more deprived areas often have less access to healthcare and lower health literacy.
- Public awareness of services such as Pharmacy First remains limited.
- There is a clear opportunity to improve education and outreach around pharmacy services.
- Marketing clinical services more effectively could help bridge gaps in healthcare access and understanding.

Points for further exploration:

- Is the sector prepared for the regulatory requirements associated with Software as a Medical Device (SaMD), including technologies such as ambient voice?
- Have Clinical Safety Officers (CSOs) and Clinical Safety Management Systems been established to support safe implementation?

Actions:

- The secretariat will compile lists of AI tools mentioned during the meeting to support wider awareness and knowledge sharing, and consider relevant criteria for these lists. If suitable, some solutions may be added to Community Pharmacy England's webpage with lists of IT solutions.

Item 6. Use of Clinical Decision Support (CDS) and Ambient scribing tools

Clinical Decision Support (CDS) tools

- Appendix CP ITG 01/06/25 provided related CDS updates. Matt Armstrong (Chair, CP ITG) presented slides and shared an update.
- The group discussed examples and applications of clinical decision-making tools.
- These tools provide real-time, evidence-based guidance to pharmacy professionals during patient interactions, helping to reduce errors and optimise care.
- Consideration was given to new system features or existing bolt-on solutions that are enhancing (and could further enhance) decision-making beyond current capabilities.

Example uses:

- *Medication safety*: Alerting pharmacists to potential drug interactions, contraindications, duplicate therapies, or inappropriate dosages.
- *Clinical service delivery*: Supporting structured assessments for services like Pharmacy First, contraception, or hypertension case finding.
- *Triage and referral*: Assisting in determining when a patient should be referred to another healthcare provider.
- *Standardisation*: Reducing variability in clinical decision-making and supporting adherence to national guidelines.

Clinical Decision Support (CDS) and Ambient scribing tools

Use of Ambient scribing tools to improve consultation notes made into the record

- Appendix CP ITG 01/06/25 provided updates on related ambient scribing tools. Matt Armstrong (Chair, CP ITG) presented slides and shared an update.
- New guidance from NHS England supports the use of AI-powered ambient scribing tools to reduce administrative burden in healthcare settings.
- These tools can summarise consultation notes with patient consent, allowing for review and refinement before being added to the patient record.
- Ambient scribing is already more widely in use in the United States, general practice, and secondary care.
- Implementation requires robust governance to ensure data security and compliance with information governance standards.

The group were provided comments via Slido.

Current AI tools and features in use

- Accurx Scribe – video consultations and AI-powered scribing features to support clinical documentation.
- AI Scribe – An AI medical scribe that transcribes and codes clinical notes in real time.
- Cegedim Pharmacy Manager – Includes automated clinical check functionality to support safe and efficient dispensing.
- DemDx – Supports structured consultations such as Pharmacy First, with built-in clinical pathways and automatic richer note generation.
- Fireflies AI – An AI notetaker that transcribes, summarises, and analyses meetings and conversations, with potential applications in healthcare consultations.
- Heidi Health – An ambient AI medical scribe that captures and structures consultation notes.
- Many other solutions will already be available within England and beyond.

Tools which could be used in future

Tools which could be developed further might include:

- NHS Virtual Visits – The NHS Virtual Visits beta product has been discussed at past group meetings. This combines Microsoft Teams and NHS MS Bookings to support remote consultations; it could potentially integrate ambient scribing features in future. Currently, it is not integrated with other non-Microsoft platforms.
- **Existing consultation and communication platforms** – Some platforms already offer basic note-taking or summarisation features that could evolve into ambient scribing capabilities.

Key challenges and considerations of AI tool usage within pharmacy

- Data security and storage location.
- Need for data sharing agreements.
- Costs and training requirements.
- Lack of current approval for most tools as Class II medical devices.
- Clinician trust and adoption.
- Ensuring accuracy and identifying what constitutes essential clinical information.
- Limited integration with existing pharmacy systems.
- Information governance and General Data Protection Regulation (GDPR) compliance.
- Consistency of service offer across settings.
- Risk of AI “hallucinations” (inaccurate or fabricated content).
- Need for adherence to NHS Data Coordination Board (DCB) standards.

Potential benefits of AI-driven tools in pharmacy

- Improved efficiency and reduced administrative workload.
- More accurate and consistent consultation records.
- Time savings and better use of clinical skills.
- Enhanced patient engagement through more focused consultations.
- Reduced bias in documentation.
- Standardised note-taking aligned with clinical standards.
- Potential for better integration with GP records.

Ensuring interoperability and inclusivity with AI tools

- Integration between appointment systems, consultation platforms, and records.
- Open APIs from system suppliers to enable interoperability.
- Understanding of clinical pathways to inform tool design.
- Pharmacy teams should be involved in the development and testing process.
- Digital champions can support adoption.
- Equal access to tools used in general practice.
- Support for translation and accessibility for patients with limited English.
- Training and awareness-raising across the sector.
- Adoption of shared data standards.

Recognising compliant and approved AI solutions

- NHS assurance frameworks and transparent clinical approval processes.
- Reviews hosted by trusted organisations such as those within CP ITG.
- An approved catalogue of accredited systems.
- Robust supplier criteria, including security and data protection.
- Potential for "kitemarking".
- Medicines & Healthcare products Regulatory Agency (MHRA) oversight, where applicable.
- Clear guidance and standards for procurement and implementation.

Measuring the effectiveness of AI tools

- Some members suggested not over-focusing on measurement, as benefits may become self-evident.
- GP acceptance and integration into shared records could be a helpful indicator.
- Pilot programmes with structured evaluation could help assess impact.

Actions:

- Members are encouraged to share any additional feedback with the Secretariat.
- The meeting notes will be reviewed and used to draft a proposed group position, which will be circulated for review following the meeting.

Item 7. Current pharmacy services IT priorities overview (NHS England update)

- **Appendix CP ITG 02/06/25** sets out related updates. Charis Stacey (NHSE's TD Head of Product for Digital Primary Care) presented a demo and provided an update.
- NHS England is continuing to implement work originally scheduled for March 2025 that remains incomplete.

Access Record

- Access Record, launched in late May for all Sonar users.
- Some development was deployed earlier in the year.
- First-of-type testing is ongoing with suppliers Positive Solutions and PharmOutcomes, with a rollout plan nearing completion.
- Access Record enables real-time access to general practice (GP) patient records, initially focusing on medication history, categorised clinical information, and investigation results to support pharmacy-based clinical services.

GP IT

- Medicus, a newer GP system supplier, has launched its first practice and is now operating in six practices, with further expansion planned.
- The GP IT landscape is evolving, with changes in suppliers and operational models, increasing the complexity of managing interfaces between community pharmacy and general practice.

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.
- Procurement changes introduced in February 2025 remain in effect. NHS England continues to follow legal procurement frameworks.
- The public information on procurement policies was re-communicated during the meeting and was also re-communicated within the **Community Pharmacy IT Group bulletin published in June 2025**. Suppliers interested in receiving future updates have been encouraged to sign up for Atamis to receive updates on upcoming developments in the DSIC pharmacy workstream. Suppliers interested in monitoring future updates should refer to the **existing webpage for NHS England procurement**, which includes links to explain the **eCommercial System (Atamis)** and the government's **Find a Tender portal**.
- NHS England will continue to communicate pharmacy and GP IT procurement opportunities through open official channels, with additional updates copied via pharmacy and GP IT stakeholder groups.

Update Record (GP Connect)

- Development is ongoing for Update Record functionalities to support two-way communication between pharmacies and GP practices.
- Nearly 4.8 million referrals have been made from pharmacies to GP records using digital systems via the Update Record function.
- From 1st October 2025, GP practices will be required to enable both Access and Update Record features.
- These developments aim to reduce administrative burden and improve patient access to pharmacy-led services.

Booking and Referral Standards (BaRS) workflow referrals and service expansion

- NHS England is finalising work with **TPP** (The Phoenix Partnership) for the GP IT's SystmOne system to enable direct referrals from GP systems into community pharmacy systems.
- This integration is expected to significantly reduce administrative workload for GP practices and enhance pharmacy workflow.
- To date, approximately 790,000 workflow referrals have been processed through pharmacy systems.
- An additional 70,000 referrals are expected once TPP activates its workflow integration.
- NHS England continues to work with suppliers to improve collaboration and expand the range of pharmacy services supported by digital tools.

Future developments and process streamlining.

- NHS England is working with the NHS IT Endpoint and Business Continuity (EBC) team to streamline endpoint management when pharmacies switch IT systems.
- Efforts are also underway to ensure that the Directory of Services (DoS) remain accurate and up-to-date during system transitions.
- Further updates on procurement and service expansion will be shared as plans progress.

Referral infrastructure and incentives

- NHS England is developing infrastructure to enable direct data flow from community pharmacies into general practice (GP) records.
- While referrals from GPs to pharmacies are increasing, volumes remain significantly below expectations. The group discussed whether future contracts could include structured incentives for general practitioner (GP) practices to send referrals to pharmacies in a proactive manner. This could help address disparities in healthcare access. Emphasis was placed on aligning infrastructure IT development with commissioning strategies to ensure improvements in patient outcomes.
- Future discussions may incorporate insights from the upcoming 10-year NHS plan and the government's spending review. Some of this is beyond the scope of IT policy.
- There is a growing focus on designing open-access healthcare services tailored to local neighbourhood needs, with community pharmacies positioned as key NHS access points, and IT policy needs to align with this.
- Addressing health inequalities requires a better understanding of specific community needs and adapting national healthcare IT tools to serve local and patient benefits.
- Policy design must strike a balance between national IT and health strategies and local flexibility to ensure effective service delivery and IT implementation.

Referral functionality and service expansion

- Questions were raised about when GP IT suppliers will develop Booking and Referral Standards (BaRS) sender functionality for contraception and hypertension services.
- Work is underway to expand the Directory of Services (DoS) to support referrals beyond the Pharmacy First service, including contraception and hypertension.
- However, large-scale referral capabilities for these services are not yet in place.
- Evaluation of current offerings is ongoing, but there are no immediate plans for deployment.

Local engagement and concerns

- An LPC chief officer said their local discussions with their Local Medical Committee (LMC) representatives revealed local concerns about the upcoming changes scheduled for October 2025.
- NHS England continues to advocate for early go-live to avoid last-minute issues, but some LMCs are currently indicating they will follow the British Medical Association (BMA) steer.
- Concerns were raised about variation in the quality of notes going into patient records.
- While some notes are well-structured, others are minimal and lack detail. There is strong local support for more structured documentation, notably to support services such as Pharmacy First.

Record-keeping and professional collaboration

- Structured questioning is essential for pharmacists when documenting consultations.
- Greater interprofessional collaboration is needed to align documentation practices across healthcare roles.
- Local-level engagement is key to improving integration and cooperation.
- Change within the NHS requires learning from both successful and problematic examples.
- Clinician input is vital for improving documentation practices.
- IT systems should support professional judgement rather than enforce rigid workflows.
- A balance is needed between structured data entry and flexibility to capture nuanced clinical information.
- Concerns about record quality and liability should not prevent appropriate information sharing.
- Pharmacy records are now accessible beyond GP practices, including in secondary care, urgent care, GP Connect, and patient-facing services.
- Patients and proxy users can view records, raising safeguarding considerations.
- Early implementation has surfaced key issues that need to be addressed.

Training, tools, and system integration

- Support is needed to help pharmacy teams improve record-keeping practices.
- Training resources, such as those from the Centre for Pharmacy Postgraduate Education (CPPE), may be helpful (see the June 2025 pharmacy news reminder, 'Getting confident in making clinical records'). Still, technology can also assist with summarising records.
- GPs use structured templates (e.g. **Athena** templates), which could be adapted for pharmacy use.
- Pharmacy teams need training to understand that what they enter into clinical systems is now visible to GPs and patients, not just stored in the pharmacy IT systems—this represents a significant cultural shift.
- Tools like DemDx should be integrated into platforms such as PharmOutcomes.
- IT providers could use AI to summarise dropdown responses into editable notes fields, reducing reliance on free-text entries.
- Over time, as discussed earlier in the meeting, ambient scribing tools may help capture richer notes for unstructured sections.

Post-event messaging and structured data

- NHS England specifies the content of post-event messages.
- Pharmacy consultations often include structured dropdown responses, but free-text entries are sometimes criticised for not being as rich as they could be.
- IT providers require commissioner approval to make changes to messaging formats.
- The Community Pharmacy IT Group (CP ITG) could influence what is permitted in post-event messages.
- Existing structured data could be automatically summarised and coded to improve note quality.
- Templates already ensure key clinical questions are addressed, but their outputs could be better utilised.
- Advocacy for enhanced IT provider capabilities could improve the quality of shared records.
- GP Connect Update Record already structures responses into categories such as medications, referrals, and escalations.
- The effectiveness of these systems depends on the quality of the data entered as well as the interfaces and solutions which support this.
- Structured summaries are more reliable than previous email-based systems.
- Free-text entries will likely always remain important for capturing nuanced clinical details, even if some elements become more structured, whilst also taking into account data entry burden factors.
- Aside from IT development, there is scope to use existing tools and interfaces even better.
- A “crib sheet” outlining required documentation could help pharmacists adapt to new requirements.
- Maximising structured data entry would improve record accuracy.
- Current forms don’t always align with clinical workflows, creating inefficiencies.
- Adjusting workflows to reflect better clinical decision-making could streamline documentation.
- More collaboration is needed to refine records and reduce unnecessary free-text input.

Actions:

- The Secretariat is to facilitate a CP ITG subgroup call to discuss the CP ITG’s position on note-taking and the use of structured vs. unstructured fields.
- Organisations within CP ITG (including Royal Pharmaceutical Society (RPS) jointly working with Community Pharmacy England) might explore joint guidance opportunities, e.g.:
    - a standardised crib sheet to support consistent documentation practices.
    - position-supported documents with Community Pharmacy England (CPE) branding and clinical input.

Item 8. IT systems wishlist: requested features

- **Appendix CP ITG 03/06/25** sets out related updates. Dan Ah-Thion (CP ITG Secretariat) provided an update.

- The group previously published the document titled “Use and development of pharmacy systems – Suggested features list v1.0.”
- While the initial version focused on the Electronic Prescription Service (EPS), the latest iteration includes a broader range of system types.
- Key updates include improved formatting and the addition of a notes column, based on feedback from pharmacy teams and system suppliers.
- A new version of the wishlist will be published shortly, with a feedback window open in the coming weeks.
- A section on digital clinical safety has been added to align with NHS England guidance.
- Pharmacy representatives and suppliers are encouraged to review and contribute to the updates.

Actions:

- The group were invited to provide further feedback on the drafted document by the end of the 25th June. The published document will be updated with the latest changes.

Item 9. Digital Clinical Safety

- Appendix CP ITG 03/06/25 sets out related updates. The Secretariat provided an update.
- NHS England is currently reviewing its digital clinical safety guidance and plans to update key documents in June.
- Two primary documents are under review:
  - A guide for system suppliers (DCB160) to align their IT tools with NHS England’s digital clinical safety standards.
  - A guide for healthcare organisations (DCB 129) to assess their IT systems against these standards.
- Feedback is welcome, with specific questions outlined in the accompanying paper.
- Contributions can be submitted via direct contact or through the meeting chat. Feedback will be collated and shared with NHS England.
- There is growing emphasis on digital clinical safety, with increasing references in the Department of Health and NHS guidance.
- Expectations in this area are expected to rise, making these standards increasingly important.

Actions:

The group is encouraged to provide feedback:

a) What do community pharmacies and system suppliers face the key remaining challenges 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

- The group is encouraged to send feedback to the Secretariat at da@cpe@org.uk.

Item 10. IT’s role in pharmacy dispensing substitutions reform

- Appendix CP ITG 04/06/25 sets out a detailed update on this topic. Dr. James Davies presented slides and provided additional information and context.
- The group discussed the potential implications of the Department of Health and Social Care’s (DHSC) upcoming consultation on dispensing substitution flexibilities, expected in Summer 2025. The discussion centred on how digital systems—specifically, the Electronic Prescription Service (EPS) and Patient Medication Record (PMR) systems—could facilitate the safe, auditable, and efficient implementation of such reforms.

Recording substitutions in PMR and EPS systems

Participant comments:

- Long-term changes to the Dictionary of Medicines and Devices (dm+d) may be considered to support substitution logic, or system use of dm+d logic.
- A drop-down menu within Patient Medical Record (PMR) systems could allow pharmacists to select the action taken, automatically updating the endorsement and claim.
- Batch dispensing presents unique challenges under substitution scenarios.
- An override code may be needed to flag substitutions to dm+d.
- Pharmacists must be able to record the original prescribed item electronically, the substituted item, the reason for the change, and their credentials with a timestamp.
- Current PMR systems vary in their ability to support "off-tree" substitutions.
- Substitution data should be captured in the EPS Dispense Notification (DN), including appropriate endorsements such as "Prescriber Not Contacted (PNC)" and the identity of the Responsible Pharmacist.
- Systems should use the "dispensed as" field to indicate the supplied item and flag that a clinical decision was made.
- Accurate reimbursement depends on linking the endorsement to the substitution.
- Consideration is needed for how substitutions affect electronic Repeat Dispensing (eRD) and future prescriptions.
- EPS messaging will require updates to support these changes, including the ability to alter dm+d codes and ensure correct payment and NHS App updates.

Reducing clinical risk in substitution workflows

Participant comments:

- A dropdown reason code and a tick-box for patient consent could be integrated into the dispensing workflow.
- Systems should support audit trails and align with practices in Scotland and Wales.
- Substitutions could be limited to within the same Virtual Therapeutic Moiety (VTM) family on dm+d.
- Smart technology could assist in identifying equivalent doses and formulations.
- Substitution functionality should be restricted to pharmacists, potentially requiring Smartcard authentication and PIN re-entry.
- AI tools could support safe substitution decisions.
- Continued engagement with suppliers is crucial to ensure a safe and effective implementation.
- Smartcard role enforcement via the Registration Authority (RA) was recommended to ensure only authorised users perform substitutions.

Sharing substitution data with GPs and NHS systems

Participant comments:

- Substitution data must be shared with GPs, the NHS Spine, and patient records to ensure continuity of care and prevent dosing errors.
- The EPS Dispense Notification and GP Connect Update Record could be used to transmit this information.
- Systems must support full audit trails and exception reporting via the NHS Business Services Authority (NHSBSA).
- Consideration is needed for how substitutions affect eRD and whether the original prescription should be overwritten.
- Accurate and timely updates to the EPS Tracker and GP records are important for accurate record audit history.

Aggregating substitution data for public health and policy

Participant comments:

- Substitution data should be aggregated using application programming interfaces (APIs) and read codes to support national reporting.

- Real-time data collection is preferred over the current three-month delay in NHSBSA reporting.
- Data could inform local and national medicine shortage trends, supply chain resilience, and prescribing behaviours.
- Integration with GP clinical decision support tools could enhance prescribing practices.
- Lessons could be drawn from European systems, such as those used in Spain / Europe (the **CISMED European medicine shortage detection system**.

Vendor and system readiness

Participant comments:

- EPS and PMR vendors will benefit from support for single-item prescribing, substitution workflows, and correction requests to support this area.
- The move to EPS Fast Healthcare Interoperability Resources (FHIR) may facilitate future EPS developments.
- NHS England's Digital Services for Integrated Care should provide technical documentation and support to suppliers.
- Systems must ensure correct payment mechanisms, NHS App updates, and integration with clinical safety checks.
- The ability to "write" to the NHS Spine and update prescription records is essential.
- Workflow and endorsement changes will require clinical safety reviews.
- EPS message changes are a significant undertaking and must be planned into supplier development timelines.

Additional technical considerations

Participant comments:

- Substitution data should auto-update GP records and other relevant systems (e.g. the London Care Record Shared Care Record (ShCR)).
- Pharmacy workflows must be adapted to avoid confusion and ensure patient understanding.
- Adequate development time (6–12 months after the technical specification has been proposed by IT suppliers for all changes) is necessary for safe and more optimal implementation.
- Consideration is needed for Distance Selling Pharmacies and home delivery models.
- International examples should be reviewed for best practices.
- PMR suppliers must be given sufficient time to implement robust solutions.

IT questions that the DHSC could consider including within the upcoming consultation.

- Consider the questions in Appendix CP ITG 04/06/25 and the comments made during this meeting session to inform a list of IT questions which could be put to DHSC to consider including within their consultation.

Overarching considerations

Participant comments:

- Synchronous rollout across all suppliers is essential to avoid fragmentation.
- There is strong resistance to unfunded mandates, referencing past EPS implementation burdens.
- Implementation must be carefully planned with adequate time and collaboration, especially with PMR vendors.
- Interoperability must be standards-based and work across primary and secondary care.
- Poorly implemented IT could pose clinical safety risks, particularly for patients using Monitored Dosage Systems (MDS).
- Systems must support complex dispensing decisions, including brand and formulation switches.
- Existing technologies should be leveraged to enable rapid deployment where possible.

Actions:

- Dan Ah-Thion and James Davies are to facilitate a CP ITG subgroup to further explore the IT aspects of this topic.
- A summary of key points will be developed for future discussion.
- The secretariat will share IT considerations with Community Pharmacy England colleagues.
- The feedback captured today will also help inform a list of IT questions which could be put to DHSC to consider including within their consultation.

Item 11. NHS pharmacy IT technical priorities and the NHS 10-year health plan

- **Appendix CP ITG 05/06/25** sets out related updates. David Broome (CP ITG Vice Chair) presented slides and provided an update.
- A one-page table of the most requested NHS IT advancements was shared. While not exhaustive, it highlights key NHS IT areas of focus and is a summary of other CP ITG documents and previously identified critical priorities. It has been updated further since the last meeting, taking into account recent feedback.
- Members were encouraged to review the table and suggest additions or removals.
- Items are colour-coded:
    - Amber: high priority and active or potentially active workstream
    - Red: very high priority and active or potentially active workstream
    - Grey: high priority, but NHS IT development timelines / work not yet confirmed
- The upcoming NHS 10-year plan and funding allocations could influence future direction.
- Some items have now been committed to and assigned timelines, some have not.

Suggestions included:

- Reconsidering the colour-coding system (e.g. could red be misinterpreted).
- Categorising items as “in progress,” “complete,” or “needs further work.”
- Exploring whether the one-page summary version being considered can include a column to indicate project status or go-live dates.
- Seeking additional input during calls after the meeting.

Actions:

- Members are encouraged to send further feedback to **da@cpe.org.uk**, including suggestions for the priority list and next steps.
- The one-page summary document and associated living documents will be updated further.

Item 12. EPS clinical prescription tracker pilot update

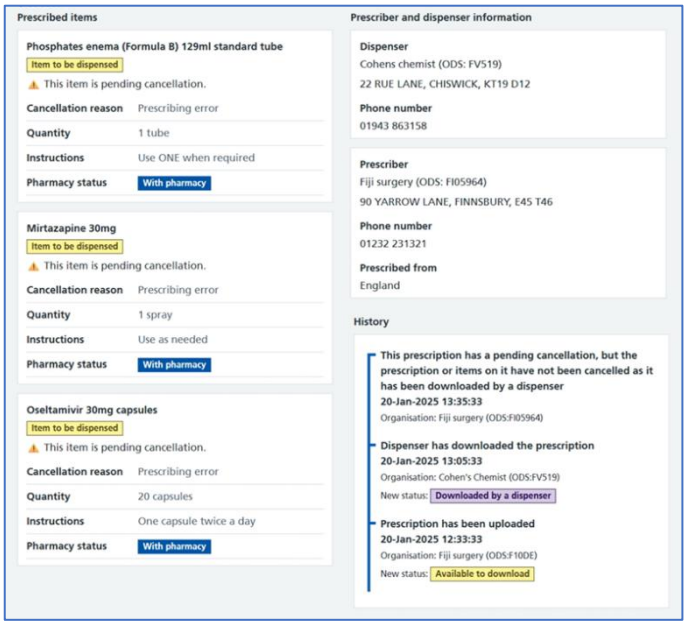
- **Appendix CP ITG 06/06/25** sets out related updates. Jack Pogson-Ward and Jo Cameron from the EPS team presented slides, provided a demo and shared the latest developments.
- The EPS team demonstrated the new Prescription Tracker (formerly known as the Clinical Prescription Tracking Service), which is scheduled for pilot release by the end of June 2025.
- The tool is designed to improve visibility and tracking of prescriptions throughout their lifecycle, from issue to dispensing.

Key features and updates

Screenshots are included within the **slides** (which are being circulated to the group with these draft minutes).

- **Access permissions**: The team reviewed which user roles will have access to the tracker and which will not.
- **Search functionality**: Enhanced search requires a combination of patient details, including first name, last name, date of birth, and postcode (some fields are optional).
- **Prescription ID search**: Allows users to locate current, future-dated, claimed, and expired prescriptions, clearly organised for ease of use.
- **Prescription view**: Separates prescribed and dispensed items, with access logs maintained for data security.

- **Prescriber and dispenser details**: Now includes contact information and nominated pharmacy details.
- **Prescription timeline**: Uses components to provide a clear, chronological view of the prescription journey.
- **Dispense notifications**: Users can view multiple dispense events for a single prescription, providing a comprehensive overview.
- **Pending cancellations**: These will now be visible to improve transparency.
- **Data presentation**: Final refinements are underway, including enhancements to the display of data and the integration of units of measure.
- **New activity code**: Being explored to improve access to medication information, particularly for administrative users.
- **Accessibility audit**: Completed to ensure compliance with legal accessibility standards ahead of national rollout.
- **Pilot participation**: Pharmacies are invited to register interest in joining the pilot, which is expected to launch between late June and early July 2025.



- **Feedback mechanisms**: Feedback will be collected through phone calls, pharmacy visits, and built-in service tools to ensure the system meets user needs.

Actions:

- All Community Pharmacy IT Group pharmacy representatives are encouraged to express interest in becoming beta users of the Prescription Tracker by **completing the EPS Tracker Pilot Expression of Interest (EoI) sign-up form as soon as possible**.

Item 13. The NHS Single Patient Record (SPR) plans

- **Appendix CP ITG 06/06/25** sets out related updates. The Chair and the Secretariat presented slides and provided an update.
- The Single Patient Record (SPR) is a national initiative that aims to provide patients with access to their complete health records, including test results and medical letters, via the NHS App.
- This aligns with the government's ambition to improve digital access to healthcare.
- NHS England is engaging with system suppliers to explore technical feasibility and ensure accessibility for both patients and clinicians.
- Supporting materials, including published papers and supplier-focused videos, are available to provide further explanation of the initiative.
- Feedback from this group has been shared with the SPR development team to inform planning.

Key challenges for community pharmacy in implementing the SPR

- Clarification was sought on whether the SPR consolidates data from general practice (GP) records and other care settings.
- Concerns were raised that unless all healthcare sectors and suppliers contribute, the SPR will be incomplete and not truly "single."
- Questions were raised about whether the SPR is simply an enhanced version of the Summary Care Record.

- Uncertainty remains around GP engagement, given their role in managing patient records.
- Integration challenges were noted, especially when pharmacy system suppliers change.
- Comments were expressed about potential delays, referencing previous initiatives like Pharmacy First and the Booking and Referral Standards (BaRS), which took years to implement.

How community pharmacies can support the SPR

- Local models such as Patient Knows Best (used in Nottingham) already allow access to GP records and medical letters.
- There is potential to build on these local solutions rather than starting from scratch.
- Key considerations include data ownership, integration, and how information is summarised and used.
- The group discussed whether the SPR could unify existing local systems into a national framework.

How the SPR can improve patient care

- The SPR is expected to enhance patient safety by providing a more complete view of a patient's medications, including those prescribed in hospitals.
- It could reduce reliance on incomplete repeat prescription forms and unnecessary pharmacy-GP phone calls.
- The SPR could empower patients and improve workflow efficiency.
- Access controls would be needed to ensure appropriate permissions for viewing and updating records.
- Pharmacy systems would need to integrate SPR access at the right point in the workflow.
- Currently, pharmacies use different applications to access GP information, each with varying datasets. The SPR might help standardise this across Integrated Care Boards (ICBs).

Incorporating pharmacy feedback into SPR development

- The group advocated for a national SPR to avoid fragmentation across ICBs and Shared Care Record (ShCR) systems.
- Cross-border access (e.g. between England, Scotland, and Wales) must be considered.
- Patient ownership of records was emphasised, along with the need for seamless access to medication data.
- Integration into existing pharmacy workflows is essential to avoid additional administrative burden.
- Suggestions included using artificial intelligence (AI) to support clinical checks and summarise patient histories.
- Concerns were raised about pharmacist liability, highlighting the need for balanced responsibilities.
- Patient advocacy groups, such as ***Me and My Medicines***, could help promote the SPR and increase public engagement.
- The group stressed the importance of using existing integrations (e.g. GP Connect) rather than building entirely new systems.
- The SPR must include all care settings—GPs, pharmacies, hospitals, therapists—and link with the 42 ICB Shared Care Records (ShCRs) to ensure a complete view of patient care.
- Standardisation across regions is essential before centralising data into a single national record.

Actions:

- Members are encouraged to provide further feedback on the SPR initiative to the secretariat, who will pass it on to the SPR team and other relevant stakeholders. The group can also continue to advocate for access to SPR.

Item 14. Cybersecurity pharmacy pilot programme

- Appendix CP ITG 06/06/25 sets out related updates. Dan Ah-Thion (CP ITG Secretariat) presented slides and provided an update.
- Updates were provided from the Joint Cyber Unit, a collaboration between the Department of Health and Social Care (DHSC) and NHS England.
- The unit has been working on cybersecurity improvements over the past six months in preparation for the upcoming Cyber Bill, which will introduce new cybersecurity requirements across healthcare and other sectors.
- The Cyber Assessment Framework from the National Cyber Security Centre (NCSC) is expected to be incorporated into health and care standards.
- Recent cyber incidents, such as the Marks & Spencer breach, have increased awareness of cybersecurity risks.
- A cyber pilot programme has been launched, following interviews to identify key threats and challenges.
- Pharmacies can participate in the pilot using an NCSC tool to assess and improve their cybersecurity posture.
- Registration is open to up to 30 participants, including representatives from Local Pharmaceutical Committees (LPCs).
- The pilot runs until 28th June 2025, offering additional protection beyond the existing Data Security and Protection Toolkit (DSPT).
- Updates are also being considered for patient choice principles related to prescriptions and services.

Actions:

- To apply for the cyber pilot, email the CP ITG Secretariat at da@cpe.org.uk with the subject line "Cyber Pilots" by 28th June 2025.

Item 15. Principles of patient choice of pharmacy within technical tools

- Appendix CP ITG 06/06/25 sets out related updates.
- The group previously endorsed a set of principles to protect patients' right to choose their preferred pharmacy. Initially focused on the Electronic Prescription Service (EPS), these principles are equally applicable to patients selecting a pharmacy for NHS services.
- Both healthcare providers and IT system suppliers play a role in upholding these principles.
- The updated version of the principles, now expanded to cover pharmacy services, is included in the Appendix CP ITG 06/06/25

Actions:

- Pharmacy and supplier representatives are invited to submit comments on the updated principles by emailing the secretariat.
- Community Pharmacy England committee members will also review the principles, and a revised version may be presented to the group for consideration.

AOB 1. Digital change checklist

- We've further developed the 'checklist of recommended steps to support IT development' relating to future NHS pharmacy policy changes, taking into account past feedback from suppliers, pharmacies and other reps: Checklist to support digital pharmacy changes (draft June 2025).

Actions:

- The group are encouraged to suggest further comments before 25th June 2025 to the secretariat to help changes within the next iteration of this:

AOB 2. Reminder – Data Security and Protection Toolkit 2025

- The Data Security and Protection Toolkit (DSPT) must be completed by 30th June 2025. Continued respectable completion rates help the case for community pharmacy access to record information.

Actions:

- Pharmacy group members were encouraged to publish their toolkits.
- Pharmacy organisations and suppliers are encouraged to promote early completion to maximise the completion rate. Suggested wording and further details are available here from this template news item: **https://cpe.org.uk/our-news/reminder-1-month-to-go-to-complete-the-data-security-protection-toolkit-2025/**

AOB 3. Smartcard integration software on pharmacy terminals

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

Actions:

- IT support teams and suppliers are encouraged to review the guidance to reduce Smartcard-related issues.

AOB 4. NHS England supported survey on Pharmacy Professional Leadership in Digital Transformation

- The group's pharmacy professionals are encouraged to feed into this NHS England survey about Pharmacy Professional Leadership in Digital Transformation. It should take 10 minutes to complete **https://forms.office.com/e/Epj5xH43F1**

Actions:

- Group members were encouraged to complete the survey

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)