

Community Pharmacy IT Group (CP ITG) meeting agenda

to be held on 4th March 2026 via videoconference

from 10.15am – 1pm

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

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

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

MS Teams meeting

Attendees are encouraged to:

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

The login details for joining are included in your invite.

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

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

1. **Welcome from the Chair** 10.15-10.15am
2. **Apologies for the absence of voting members**
At the time the agenda was finalised, apologies had not been received from voting members.
3. **Minutes of the last meeting**
The minutes of the previous meetings were emailed to the group.
4. **Actions and Matters Arising**
Outstanding actions have been carried forward within the workstream updates appendix.

Actions

- | | | |
|----|--|---------------|
| 5. | EPS: notifications and FHIR transition (page 3) (Appendix CP ITG 01/03/26) | 10.15-10.45am |
| | | 10.45-11.05am |
| 6. | EPS Patient Nomination Protocols and documentation changes (page 4) (Appendix CP ITG 01/03/26) | |
| 7. | Pharmacy services IT update (page 5) (Appendix CP ITG 01/03/26) | 11.05-11.35am |
| 8. | Electronic health records: Developments supporting inclusive care (page 6) (Appendix CP ITG 02/03/26) | 11.35-12.05pm |

Break

12.05-12.25

Actions (2)

- | | | |
|-----|---|---------------|
| 9. | Vaccine Digital Services (page 7) (Appendix CP ITG 02/03/26) | 12.25-12.50pm |
| 10. | Proposals to improve GTINs and 2D barcodes on UK medicines packs (page 7) (Appendix CP ITG 02/03/26) | 12.50-12.55pm |

Report

- | | | |
|-----|--|---------------|
| 11. | Updates on other CP ITG workstream projects (pages 8-17) (Appendix CP ITG 03/03/26) | |
| 12. | Post-meeting CP ITG communications, messages, and upcoming consultations | 12.55-12.55pm |
| 13. | Any other business and close from the Chair | 12.55-1pm |

Slido survey

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

Join at
slido.com
#5513 712



Future CP ITG events

- *Main meeting*: Weds 3rd June 2026 (virtual)
- *Main meeting*: Weds 23rd September 2026 (virtual)
- *Pharmacy Show* (11th-12th October 2026): CP ITG session (Birmingham)

Other upcoming pharmacy/healthcare IT events

- Items listed at: cpe.org.uk/itevents.

Subject	EPS: notifications and FHIR transition
Date/time of meeting	4th March 2026: 10.15-11.35am
Status	Public
Presenters	Nishali Patel, Danielle Gerard, Emma Hooker and EPS team (all NHS England)
Overview	Updates will be provided.
Proposed action	The group is to be updated and to discuss developments.

Item 5a. EPS updates: Piloting of prescription readiness notifications (10.15-10.35am)

CP ITG pharmacy representatives have consistently supported the introduction of additional EPS prescription statuses that help patients understand the progress of their medicines without adding burden to pharmacy teams. The group has also backed patients receiving clear, timely updates—such as “ready to collect”—through the NHS App and other approved tools. Patients themselves continue to report wanting this functionality.

CP ITG principles of service-led, patient-focused, and digitally inclusive design. NHS England and the NHS App teams continue to work with EPS system suppliers to enable prescription readiness information. The group, including CP ITG sub-groups, has previously explored this area, recognising its potential to reduce avoidable queries, support better workflow, and enhance the overall patient experience.

Community Pharmacy England and NHS England have issued sector updates on progress with the National Patient Prescription Tracking Service ([NPPTS](#)). While patients have been able to see some readiness information in the NHS App for some time, the next level of piloting work is now underway to test EPS-specific notifications that improve clarity and consistency.

The group has also discussed barcode “scan-to-shelf” technology, which triggers status updates and, once systems and the NHS App align, enhances NPPTS. See the new [Scan to Shelf](#) page.

CP ITG actions:

Nishali Patel (NHS England) will update the group on progress and next steps.

Item 5b. EPS FHIR transition (10.35-10.45am)

NHS England’s EPS team will also update the group on the transition to a [FHIR architecture modernisation for EPS](#) (Project FAME). This modernisation work aims to strengthen long-term interoperability, improve resilience and usability, and support future enhancements that benefit patients and pharmacy teams—an important enabler for CP ITG’s wider digital vision.

CP ITG actions:

Danielle Gerard (NHS England) and Emma Hooker (NHS England), along with colleagues from the EPS team, will provide an update and invite discussion.

Item 6. Update on EPS Patient Nomination Protocols and required system changes (10.45-11.05am)

NHS England has issued revised Patient Nomination Protocols (v1.1), shared with the group in advance. The updated guidance clarifies how pharmacy teams, system suppliers and others must manage nominations and use nomination-related information from the NHS Personal Demographics Service (PDS).

The changes reflect increased scrutiny of nomination practices and emphasise that patient choice must remain central. Patients must be able to select or change their nominated pharmacy freely, without pressure, unintended direction, or the use of technical means that could influence or pre-empt their choice.

NHS England has confirmed within the document that:

“NHS Patient Demographic Services holds the patient nomination and, in accordance with the Data Protection Act, access to the nomination-related data held within PDS must only be where a legal basis exists. For dispensers, that would be because a patient has presented and wishes to change their nomination, requires a consultation or where dispensing activity is required. There would be no legal basis to access PDS nomination data outside of this, and a previous nomination is no guarantee of future intent.”

This aligns with the long-standing CP ITG position agreed previously that:

“Systems must not facilitate automated repeat checking of patients’ NHS Spine nomination settings for bulk contact to patients that have moved their nomination away from the dispenser in question. Use of EPS data has not been approved for this type of data flow.”

To protect patient rights and uphold NHS protocols, systems and pharmacies must not:

- **Enable automated checks** of a patient’s nomination setting.
- **Monitor which pharmacy a patient is nominated to**, unless the patient is actively changing their nomination.
- **Store or apply any form of “enduring consent”** intended to override or pre-empt a patient’s future choice.

To uphold these requirements, systems and pharmacies must ensure they:

- Do **not** enable or use automated checks of nomination settings.
- Do **not** track or monitor patient nominations as part of normal workflow.
- Do **not** store long-term consent that would override a patient’s ability to change pharmacies.

NHS England is working with system suppliers to ensure any non-compliant features are removed and that future functionality aligns with the revised protocols.

These protocols apply not only to NHS bodies and pharmacy owners, but also to technology suppliers, who must ensure their systems do not encourage or allow activity outside the scope of the approved nomination model.

CP ITG actions:

- **Leanne Garland (NHS England) and Shaun White (NHS England)** will provide an update.
- The group are invited to discuss related elements.

[Item 7. Pharmacy services IT updates](#) (11.05-11.35am)

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

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

CP ITG continues to support these programmes, with Community Pharmacy England working alongside NHS England to help shape and advance this work. These priorities align with the group's working document on [CP ITG's vision of pharmacy IT](#) and with the wider ambitions for community pharmacy set out in the Nuffield Trust and King's Fund vision.

NHS England is also developing a framework to incentivise the development of community pharmacy IT system suppliers, aligned with the CPCF. This includes supporting an open supplier market and involving both pharmacy teams and suppliers in shaping requirements. NHS England's Transformation Directorate is working to support suppliers in transitioning to the NHS Digital Services for Integrated Care (DSIC) framework. Read more at the new [DSIC](#) pharmacy webpage.

NHS England has been working with both existing assured service suppliers and prospective suppliers progressing through the DSIC assurance process. Suppliers have already begun preparatory DSIC-related work, with further activity expected over the coming months as the DSIC pharmacy workstream progresses in line with planned timelines.

Charis Stacey (NHS England) and Jane Higgins (NHS England) will update the group on progress and next steps.

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Subject	Records, vaccines and pack data
Date/time of meeting	4th March 2026: 11.35-12.55pm
Status	Public
Presenters	NHS England teams
Overview	Updates will be provided on records and vaccines.
Proposed action	The group is to be updated and to discuss developments.

Item 8. Electronic health records: Developments supporting inclusive care (11.35-12.05pm)

The Reasonable Adjustment Digital Flag (RADF) information standard: The NHS has introduced a new Information Standard for the Reasonable Adjustment Digital Flag (RADF). This standard sets out how health and care providers should record and share information about people who require reasonable adjustments under the Equality Act 2010. RADF will be used across all NHS services to help staff recognise a person’s needs more quickly and deliver safer, more inclusive care.

A recent NHS communication said that, by 30th September 2026, healthcare providers must be able to:

- *read* RADF information;
- *write* RADF information where appropriate; and
- *share* RADF information with other NHS providers.

For community pharmacy, these capabilities are already enabled through the National Care Records Service (NCRS) and do not require any additional systems to meet the baseline requirement set out within the information standard. Pharmacy owners, therefore, do not need additional systems or supplier engagement to meet the requirements of this standard. This also means there is no requirement for pharmacy owners to contact IT suppliers about this topic. Further background is available via [the pharmacy news update on the RADF standard](#).

Group actions:

- Updates will be provided, and the group will discuss.
- Pharmacy representatives may wish to contribute notes to a [shared spreadsheet](#), highlighting which [adjustment codes](#) are most useful in a community pharmacy context.
- After the meeting, pharmacy reps can also contact the [secretariat](#) with any case examples relating to how the Child Protection Flag or the FGM Flag would/could be used later.

National Care Records Service (NCRS): The National Care Records Service (NCRS) continues to provide one of the ways for health and care workers to access national patient information to improve clinical decision-making and healthcare outcomes. [NCRS development continues](#). The NCRS team previously provided an update to the group on what had been SCR One Click, though this has since been enhanced to become an NCRS in-context integration. An update will be provided, and the group will discuss.

Overall reflections:

The group may, if needed, consider overall RADF and NCRS record-related developments.

[Item 9. Vaccine Digital Services](#) (12.25-12.50pm)

The [NHS Vaccine Digital Services \(VDS\) team](#) will provide an update on developments with NHS vaccine IT. This will include an update on the Manage Your Appointments functionality and a reference to the [roadmap](#) changes being made to digital vaccination pathways to support smoother patient journeys and more efficient provider workflows.

CP ITG actions:

James Spirit (NHS England) and Matt Leary (NHS England) will provide an update. The group will discuss.

[Item 10. Proposals to improve GTINs and 2D barcodes on UK medicines packs](#) (12.50-12.55pm)

The Medicines and Healthcare are being made aware of concerns about the limited availability and consistency of Global Trade Item Numbers (GTINs) and the declining presence of 2D data matrix barcodes on UK-only medicines packs. CP ITG have been sharing feedback with the secretariat about this.

Two related issues:

1. *GTINs and the medicines licensing process*

GTINs are widely used within clinical systems to support medication safety, stock management and digital dispensing. However, GTINs are not currently incorporated into the medicines licensing process and are not included within Summary of Product Characteristics (SmPCs). This results in NHS systems relying on voluntary manufacturer submissions, leading to gaps, errors, and inconsistencies.

2. *Reduced use of 2D data matrix barcodes on UK packs*

Following changes under the Windsor Framework, 2D barcodes are no longer mandatory for UK-only medicines. The NHS is now seeing a growing number of packs arriving without these barcodes, which undermines safety and efficiency initiatives such as Scan4Safety and closed-loop medicines processes.

MHRA and others are being asked to consider adding GTINs to the medicines licensing process and to mandate 2D barcodes on UK medicine packs (containing the GTIN, batch number, and expiry date).

CP ITG feedback so far from pharmacy teams and IT suppliers has highlighted links between reliable pack identification and interoperability, patient safety, and reduced workload. Some representatives have noted that achieving consistency may require legislative or regulatory change. The Royal Pharmaceutical Society is also considering this issue through its IT subgroup and more widely. And all are also feeding into the NHS terminology team.

CP ITG actions: Consider the opportunities to contribute views if relevant, dependent upon your views:

- A [related petition proposing that this be discussed in parliament](#).
- A [form to complete that helps GS1](#) and others understand the scale of the problem.

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Subject	For the report: Updates on other CP ITG work streams
Date/time of meeting	4th March 2026
Status	Public
Overview	This appendix provides a status report on other work plan areas that will not be discussed in detail during the meeting due to time constraints. The group members are requested to review the reports, take necessary actions on the next steps, and provide comments by emailing da@cpe.org.uk before or after the meeting. They can also share their comments during the 'any other business' section if needed. If you have any concerns about the proposed steps, please send them to da@cpe.org.uk before the meeting. If no objections are received, the group will proceed, assuming the members agree.

Data flow, standards & IT communications
Relevant webpage(s) include: /itcommunications and /standards

Digital inclusion

- NHS England is continuing to develop the [Reasonable Adjustment Patient Flag programme](#). The [Developer Catalogue includes a Patient Flag FHIR API](#).

Drug Tariff IT

- In December 2025, DHSC [announced](#) the introduction of a new category, Category H, to Part VIIIA of the Drug Tariff. Community Pharmacy England information relevant to pharmacy teams and supplier reps on this [Category H page](#).
- It was [announced](#) in December 2025 that young people leaving care will be entitled to free NHS prescriptions up to the age of 25. Further communications to follow. As this will require changes to legislation and operationalisation, this entitlement is not likely to come into force for many months.

Community pharmacy and GP co-working

NHS England published changes to the GP Contract in 2026/27, which included digital elements to support co-working:

“Patient choice of pharmacy

We will amend the core practice contract to expand the provisions on nominated dispensers, requiring practices to reconfirm the nominated pharmacy whenever a new prescription (not a repeat prescription) is issued, and to ensure that referrals and triage tools used for community pharmacy clinical services offer patients a full choice of providers. We expect in practice that most practices do this already and this should not add additional burden to appointments.

Dedicated GP email for pharmacy communications

We will amend the core practice contract to require practices to have a dedicated, monitored email address. It will be for receiving information from community pharmacies in the event that GP Connect is unavailable and for new or emerging pharmacy activity

that is not yet supported through GP Connect (for example, independent prescribing in community pharmacy). The email address must be kept up to date and shared with the Directory of Services.”

20. Existing practice email addresses can be used for this purpose and the provision will not require a new one to be set up. This email address is intended to act as a safety-net where the GP Connect route may be unavailable, helping to ensure that important clinical information is received in a timely way. The intention is to strengthen patient safety and ensure timely transfer of information, while keeping the requirement as simple and proportionate as possible for practices.

[Updating the SNOMED CT UK Drug Extension model to reflect the SNOMED International model for national drug extensions](#)

NHS England provided CP ITG with an update on the [information](#) previously posted regarding the planned [Phase 2 changes](#) to the SNOMED CT UK Drug Extension.

NHS England Phase 2 changes release 41.5.0 has been progressing.

The NHS terminology team will later this year explore [Phase 3 \(AMP\)](#) and [Phase 4 \(AMPP\)](#) changes to understand user impacts, before potentially releasing them jointly. If users anticipate any issues with this approach or would like to discuss the topic, please get in touch with nhsdigital.ukmeds@nhs.net. Further information about this work can be found on our [NHS England webpage](#).

Systems & services IT

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

[Ambient voice technology](#)

- HTN reported on how [Great Ormond Street Hospital has shared results of a “landmark study” of AI-scribe technology, evaluating the impact of the TORTUS AI-scribing tool across nine London NHS sites.](#)
- England’s national chief clinical information officer announced [NHS England is launching a national ambient voice technologies self-certified registry for suppliers to show evidence of compliance.](#)
- Digital Health reported [that there are concerns that new NHS tech funding announced in the Autumn Budget could slow the rollout of digital tools like ambient voice technology.](#)
- Technology lead at Phoenix Software examined [How is ambient AI transforming frontline healthcare in the UK?](#)
- The Health Foundation published an article [A new online community to shape ambient voice technology in health and care.](#)
- Alder Hey highlighted [the upcoming EPR upgrade and progress on digital systems, AI, Ambient Voice and virtual care.](#)

[Artificial Intelligence \(AI\) governance](#)

- Ada Lovelace Institute published a report [Will the UK AI Bill protect people and society?](#)
- OECD published, [Governing with Artificial Intelligence: The State of Play and Way Forward in Core Government Functions.](#)

- Chief Executive of Open Medical explained [how the Keypoint project will address challenges and create a framework for the adoption of agentic AI, supporting more efficient and effective workflows.](#)
- BMJ Quality & Safety published an article [Advancing AI in healthcare: three strategic roles for quality and safety leaders.](#)
- The UK government has announced [the formation of a new National Commission to accelerate the adoption of artificial intelligence \(AI\) across the NHS.](#) Also covered by [National Health Executive AI](#) and [UK Authority.](#)

Artificial Intelligence (AI) Regulation

- The Harvard Gazette covered, [How to regulate artificial intelligence.](#)
- The government's [blueprint for AI regulation which could help cut NHS waiting times for patients and time demands on frontline NHS staff.](#)
- The patient safety commissioner for England said that [The commission will help ensure that the UK's regulatory system can cope with AI.](#)
- National Health Executive published an article on [Shaping future regulation of AI in healthcare.](#)
- House of Lords Library published a report on [AI in the NHS](#) which explored the main concerns and outlined their key questions for regulating this technology.
- [The MHRA sought evidence on the regulation of AI in healthcare to inform the recommendations of the National Commission into the Regulation of AI in Healthcare.](#)
- The Pharmaceutical Journal published an article [Complex and largely uncharted: the grey area of AI.](#)
- The BMJ published an article [AI scribes: NHS approves 19 notetaking tools, but concerns raised about regulatory gaps.](#)
- Health Tech World published an article on [Why secure AI is critical for healthcare.](#)

Patient use of Artificial Intelligence (AI)

- [People are more likely to open up about their health to AI than to their doctors,](#) according to a new white paper from UK digital health company Aide Health.
- Health Tech World reported that [A survey of 2,000 UK patients found that 24% already use AI for health advice, and 30% would consider turning to AI or social media instead of waiting to see a clinician.](#)
- Health Tech World published an article [Dr ChatGPT, 'AI dialogue' and active patients: The trends that will shape healthcare in 2026.](#)

Artificial Intelligence (AI) and health policy

- NHS Midlands and Lancashire CSU published [A practical guide to deploying AI in the NHS.](#)
- Journal of Institutional Research published an article [AI and the Future of Data Professionals: Adapting, Thriving, and Leading through Multimodal Healthcare AI.](#)
- The Health Foundation published an article [Learning from other countries implementing AI in health and care.](#)
- UKAuthority reported that [NHS SBS sets up new procurement framework for digital transcriptions.](#)

- Health Tech World, reported [Can AI assistants transform NHS Care? Dragon Co Pilot is setting an example.](#)
- NHS Confederation published [NHS Communications Artificial Intelligence Operating Framework.](#)
- Tony Blair Institute for Global Change published a report [Public-service reform in the age of AI.](#)
- OpenAI published a report [AI as a Healthcare Ally: How Americans are navigating the system with ChatGPT.](#)
- Open Access Government reported that [The Nuffield Trust found that a growing number of UK GPs use AI for practice tasks.](#)
- Open Access Government published an article, [Beyond the 10 year plan – Making NHS AI investments actually work today.](#)
- Skills for Health published a report [AI in Healthcare: What clinicians and NHS leaders need to know in 2026.](#)
- OECD published a report [Building an AI-ready public workforce: Implications and strategies.](#)
- HSJ reported that [NHS leaders are being asked to help shape how AI tools are tested, deployed and governed as the MHRA’s national commission seeks to balance innovation with patient safety.](#)

Artificial Intelligence (AI) pilot and trials

- Healthcare Management reported that [Researchers from across London developed the first real-world head-to-head testing platform to determine whether commercial AI algorithms are fit for NHS use.](#)
- The NHS Confederation is planning to run [a project to explore how AI can be safely and effectively adopted in mental health services.](#)
- An NHS provider of ADHD and autism assessments found that an [AI tool which records and summarises appointments can reduce admin time for clinicians.](#)
- Open Access Government published an article [From pilots to system value: AI, leadership and collaboration in value-based healthcare.](#)
- OpenAI is reportedly [exploring a move into consumer health tools, including a personal health assistant or health data aggregator.](#)
- Loughborough University published an article [App uses AI to tackle £72 billion NHS multimorbidity challenge.](#)

Artificial Intelligence (AI) and health

- Leadership in Health Services published an article, [Responsible artificial intelligence \(AI\) in healthcare: a paradigm shift in leadership and strategic management.](#)
- The Independent reported on [How AI maybe currently saving the NHS more than £1.5m a day.](#)
- [Leading AI developers are taking significant steps to make their systems more robust and secure,](#) according to a new OECD report.
- The BMJ published an article on, [AI in the NHS—let’s focus on the basics first.](#)
- The King’s Fund published an article [Implementation and scaling of AI in health and social care.](#)
- Health Tech World published an article [How can AI deliver on the NHS 10 Year Plan’s productivity promise?](#)
- Health Sciences Quarterly published an article [AI in the healthcare system: Current viewpoint developments.](#)

- Health Tech World published an article on [The future of data, AI digital health and the NHS](#).
- Microsoft published an article on [Why AI could be the best medicine for the NHS](#).
- BMJ Quality & Safety published an article [How can we promote greater adoption of AI in healthcare?](#)
- Health Tech World published an article on a [New report revealed that 93 per cent of healthcare professionals believe AI will improve patient care](#).
- NIHR published an article on [How artificial intelligence is transforming healthcare data](#).
- The director of University College London's clinical operational research unit discussed [AI in the NHS: rewards, risks and reality](#).
- Nuffield Trust published an article [AI: how can general practice make the best use of it?](#)
- National Library of Medicine published an article [Next-generation accreditation in healthcare: the role of digital transformation and artificial intelligence](#).
- According to the founding director of the UCL Global Business School for Health, [the rollout of AI within the NHS is likely to generate gendered divisions in the workforce](#).
- Health Tech World reported that [OpenAI has launched ChatGPT Health, letting users link medical records, wellness apps and wearables](#).
- [NHS backs AI notetaking to free up more face-to-face care](#).
- HTN published an article, [Deep dive: AI in healthcare, what progress has been made in the past 12 months?](#)
- World Economic Forum published an article on [Why digital solutions and AI in healthcare fail to scale](#).

Digital patient services & prescriptions

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

Independent prescribing IT

- CLEO SOLO remains the sole supplier in the [community pharmacy IP space](#).

EPS

- Community Pharmacy England reported that [EPS has been fully rolled out to Detained Estate prescribers](#).

Other NHS account and NHS App updates

- UK Authority reported that the [NHS App will provide parents with access to children's health records](#).
- Community Pharmacy England reported on the [NHS App development and scan-to-shelf](#).
- NHS England reported on the [a new family feature is being piloted in the NHS App making it easier for parents and carers to manage their loved ones' health](#).
- See recent NHS App updates, current work, and future plans in the updated [NHS App roadmap](#).
- Community Pharmacy England reported that [NHSmail is becoming NHS.net Connect](#).
- [The NHS App recently piloted updates to its GP appointment booking feature, which are being rolled out nationally in the coming weeks](#).
- NHS England published [NHS App management information](#).
- A pilot of 68 GP practices helped transform [proxy access](#) (also known as linked profiles) by enabling online applications through the NHS App.
- Community Pharmacy England reported that [NHSmail becoming NHS.net Connect: New Launchpad homepage coming soon](#).

- NHS England published the [NHS App management information for December 2025, reporting around 60 million logins during the month](#).
- HTN reported that [NHS England has published a contract, estimated to be worth £600k, aiming to source an “evaluation partner” for the Federated Data Platform programme](#).
- HTN reported that [NHS App reached around 40 million users and around 70 million annual repeat prescription orders](#).
- BBC reported that [the new NHS online hospital service being launched in England next year will initially focus on menopause, prostate and eye conditions](#).
- The Director of Digital Prevention Services at NHS England stated that [the NHS App is intended to become the central national channel for delivering preventative healthcare](#).

Patient digital tools and apps: case studies

- Nursing Times published [A study that surveyed patient users and patient non-users of NHS 111 online, exploring their preferences, demographics and level of eHealth literacy](#).
- [The NHS is setting up an ‘online hospital’ – NHS Online –](#) in a significant reform to the way healthcare is delivered in England.
- Digital Health reported [GP practices in England to make online booking available all day](#).
- NHS England is prioritising digital-first communications and is sharing [NHS App: First Messaging case studies and a webinar](#).

Electronic health records
Relevant webpages include: /genomics and /records

Records: National

- Digital Health, reported [A Single Patient Record for every citizen may still be an aspiration for the UK, but has been the reality in Estonia since 2008](#).
- International Foundation for Integrated Care published their annual survey [Connecting Care Information Are shared electronic records the key to overcoming fragmentation?](#)
- Digital Health Unplugged released a podcast titled [“Why the NHS Needs a Single Record to Prepare for the AI Era.”](#)

Additional NCRS updates

The NCRS team is undertaking a significant transformation of the underlying infrastructure and the way individual services in NCRS are developed. This work is essential to support future growth and ensure the ongoing security of NCRS. It is a substantial programme of work and is expected to take several months to complete.

In parallel, the GP Connect pilot is being prepared across four ICBs, initially focusing on pre-hospital clinicians. The trial has not yet commenced and will begin with access to patient documents within the GP record. Each GP Connect profile (such as investigations, problems, allergies, medications, encounters, etc.) must go through information governance approval, clinical sign-off, and supplier engagement. As a result, achieving full GP Connect capability within NCRS is likely to take some time. At present, there is IG approval for GP Connect Access Documents in 15 Urgent & Emergency settings. The logical next step would be to extend this to the remaining U&E settings before considering expansion into other areas.

In a significant development, the NCRS team is preparing to pilot the introduction of Shared Care

Records information within NCRS.

Connectivity and data security

Relevant webpage(s) include: [/ds](#) and [/connections](#)

- HSJ published an article, [Cybersecurity must be treated as a clinical priority by the NHS](#).

Policy and general updates

Relevant webpages include: [techpolicydev](#)

All-Party Pharmacy Group report on the future of pharmacy

All-Party Pharmacy Group published a report [The future of community pharmacy in England](#). The digital elements included:

- “Poor integration with digital infrastructure and care records: A historic barrier to expanded clinical services was a lack of ‘read/write’ access to patient records. The introduction of GP Connect as part of the Pharmacy First roll out begins to change this. There is a need to incorporate this into all of pharmacy practice to ensure fully joined up care.”
- “It was noted that pharmacies can play a far greater role in structured medication reviews, monitoring, and treatment optimisation - if supported with digital integration, such as access to appropriate testing services, and the right commissioning models.”
- “With targeted investment, digital integration, and national leadership, community pharmacy can become the NHS’s most responsive, efficient, and equitable access point for care.”

Pharmacy IT policy updates

- DHSC has [reduced its annual spending on data staff, technology and management by £12.6m since 2023/24](#).
- NHS England launched [market engagement from 1 September until 20 October. This will open up the national clinical services supplier market to provide more choice to pharmacists across England](#).
- Community Pharmacy England reported that [More Pharmacy First referrals are flowing directly into pharmacy systems](#).
- NHS England published [updates to NHS Pharmacy First Service clinical pathways, PGDs and protocol](#).
- NHS England [informed GP practices that from 1st October 2025 they must support online consultations](#), display “[You and Your General Practice](#)” on their websites, and enable GP Connect Access Record and Update Record within their clinical systems.

Impact statement: the 10 Year Health Plan for England

DHSC published an [impact statement](#) noting the rationale behind many of the key measures introduced in the [10-Year Plan](#), including the impact of the move from ‘analogue to digital’.

IT policy: priorities, reports and the future

- DHSC has [reduced its annual spending on data staff, technology and management by £12.6m since 2023/24](#).
- NHS England [informed GP practices that from 1st October 2025 they must support online consultations](#), display “[You and Your General Practice](#)” on their websites, and enable GP Connect Access Record and Update Record within their clinical systems.
- The King’s Fund published an article [Technology-based tensions and the 10 Year Health Plan](#).
- Programme director for HealthTech strategy and development at NICE discussed [How NICE is opening pathways to digital HealthTech for the NHS](#).
- Health Tech News, reported that [DHSC opened call to shape 10 year workforce plan including digital initiatives and service redesign](#).
- NHS England asked GP Practices to work with their clinical system supplier to enable data sharing with the OpenSAFELY platform, under the [NHS OpenSAFELY Data Analytics Service Pilot Directions 2025](#). GPs will follow these [steps](#) to complete the action required.
- International Foundation for Integrated Care published a report [Beyond ambition: global lessons for an integrated NHS](#).
- NHS England published the [Strategic commissioning framework](#).
- [NHS technology is set to receive £300 million of new capital investment to help to improve productivity and reduce waiting lists in the Autumn Budget](#).
- NHS England has updated the [Technology Innovation Framework](#) (TIF) webpage to include new and expanded information on supplier assurance, clinical assurance and an Accelerated Data Migration process, which is designed to reduce disruption and downtime when switching GP systems.
- DHSC published [Chapter 5: the 3 shifts - analogue to digital](#).
- Department for Science, Innovation and Technology published a [Government Cyber Action Plan](#). It sets clear expectations for how government organisations of all kinds should manage cybersecurity and resilience through measurable objectives and outcomes.
- [Digital Health Networks’ advisory panels and councils were asked to provide their predictions on the future of health innovation, technology, and digital leadership in 2026](#).
- The University of Manchester published an [Evaluation of Independent Prescribing in Community Pharmacy Pathfinder Programme](#).
- [The health secretary warned that, as the NHS becomes more tech-savvy, ‘the real risk is not moving too fast but moving too slowly’](#).

- UK Authority reported that [just 1% of NHS clinical and IT leaders say they feel fully prepared to implement the digital reforms outlined in the government's 10 year plan, according to new research.](#)

IT policies: localities, organisations and suppliers

- [A lack of clarity over digital leadership could limit the pace and impact of digital transformation in the NHS 10 year health plan](#), according to integrated care system leaders.
- International Journal of Quality and Service Sciences, published an article, [Enhancing pharmacy operations: factors shaping the adoption of automated drug dispensing systems.](#)
- Health Tech News published a [case study on: Connecting and ensuring the reliability of more than 50 different IT systems.](#)
- NHS Confederation published a report [The state of integrated care systems 2024/25: delivering through change.](#)
- Community Pharmacy England reported that [CPPE launched Digital healthcare learning gateway.](#)
- Re-State hosted a bespoke event series across Labour, Conservative and Liberal Democrat party conferences, [exploring what it means to build a community-centric, future-fit NHS.](#)
- DXS International, [a UK-based company that provides healthcare tech for NHS, disclosed a cyberattack.](#)
- HTN reported that [NHS England is building Cyber Security Supply Chain Charter with "more direct, proportionate engagement" with IT suppliers.](#)

IT policy: commentary and requests for the future

- The Patients Association says that [the 10 Year Health Plan's shift to digital and emphasis on using technology to empower patients will mean addressing challenges around equity, trust and accessibility.](#)
- NHS Confederation published a report [Digital transformation in the NHS: a reference guide.](#)
- NHS Providers published a report [Beyond the hospital: how boards can lead the digital shift to neighbourhood working.](#)

Digital inclusion

- NHS Confederation released a podcast titled, [The role of improvement in implementing the shift from analogue to digital.](#)
- Health Tech World published a [BMJ Group report that revealed digital health expectation gap.](#) According to the survey, 47% think digital technology has eased administrative tasks, 38% said that it has reduced clinical workload, and only 44% believe that it has contributed to decreasing the cost of delivering healthcare.
- Public Policy Projects published a report [Designing the future health and care digital architecture.](#)

Digital capabilities of the workforce

- Royal Pharmaceutical Society published an article [We're calling for digital and AI skills to become a core competency for healthcare professionals](#).
- UKAuthority reported that [NHS England has told healthcare providers to prioritise the adoption of digital capabilities including those on the NHS App and the Federated Data Platform](#).
- The deputy director of the NHS Digital Academy stated that [Healthcare staff are quitting the sector because of a lack of digital literacy skills which leads them to struggle with technology](#).
- [Workforce pressures are the biggest blocker to achieving the digital transformation in the NHS 10 year health plan](#), according to research by Digital Health.
- The Digital Health Networks ICS Digital Council stated [Cutting digital capability at a time when it's needed most risks long-term consequences for the NHS](#).

Referrals & appointments

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

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

Optimal principles across all pharmacy IT

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

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

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