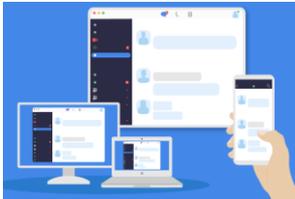# *Community Pharmacy IT Group Spring 2026 event*

Meeting: 4th March 2026

Taking part

➢ **Seek attention of Chair** e.g. use 'raise hand' featuring during Q&A sessions
➢ (please hold from raising hands during presentations)

➢ **Use chat** (use it throughout meeting)

Agenda

	Session	Time
1-4.	Intro, apologies, minutes, actions	10.15-10.15am
5.	EPS notifications & FHIR transition	10.15-10.45am
6.	EPS nomination protocols and documentation changes	10.45-11.05am
7.	Pharmacy services IT update	11.05-11.35am
8.	Electronic health records: Developments supporting inclusive care	11.35-12.05pm
	Break	12.05-12.25pm
9.	Vaccine Digital Services	12.25-12.50pm
10.	AOBs: GTINs & packs, cyber charter, digital medicines pathways	12.50-12.50pm
12.	Any other business and close from the Chair	12.50-1.00pm

EPS updates: Piloting of prescription readiness notifications

EPS updates: Piloting of prescription readiness notifications

- NHS England and NHS App teams are working with EPS suppliers to enable better prescription readiness information
- NPPTS developments continue, with pilots now testing clearer, consistent EPS-specific notifications
- Scan-to-shelf barcode technology discussed as a way to automate status updates and enhance NPPTS once integrated with the NHS App

NHS App

Prescriptions & Medicines update

Nishali Patel - Clinical Lead, Digital Medicines, NHSE

Prescription tracking

Roll out update

Prescription Tracking

Target: 50% of pharmacies have prescription tracking enabled by March 2026

- March 2026: live with 2712 sites (**26%** of total community pharmacy estate) in England
  - 100% of all Boots and Apotec sites rolled out
  - 45% of all Invatech sites rolled out
  - 33% of all Cegedim sites rolled out
  - 33% of all Positive solutions sites rolled out
  - 1 Optum site is now live
- Available to >13.6M people (based on total number of nominations served by live sites but not all of them would have active prescriptions or be NHS App users)
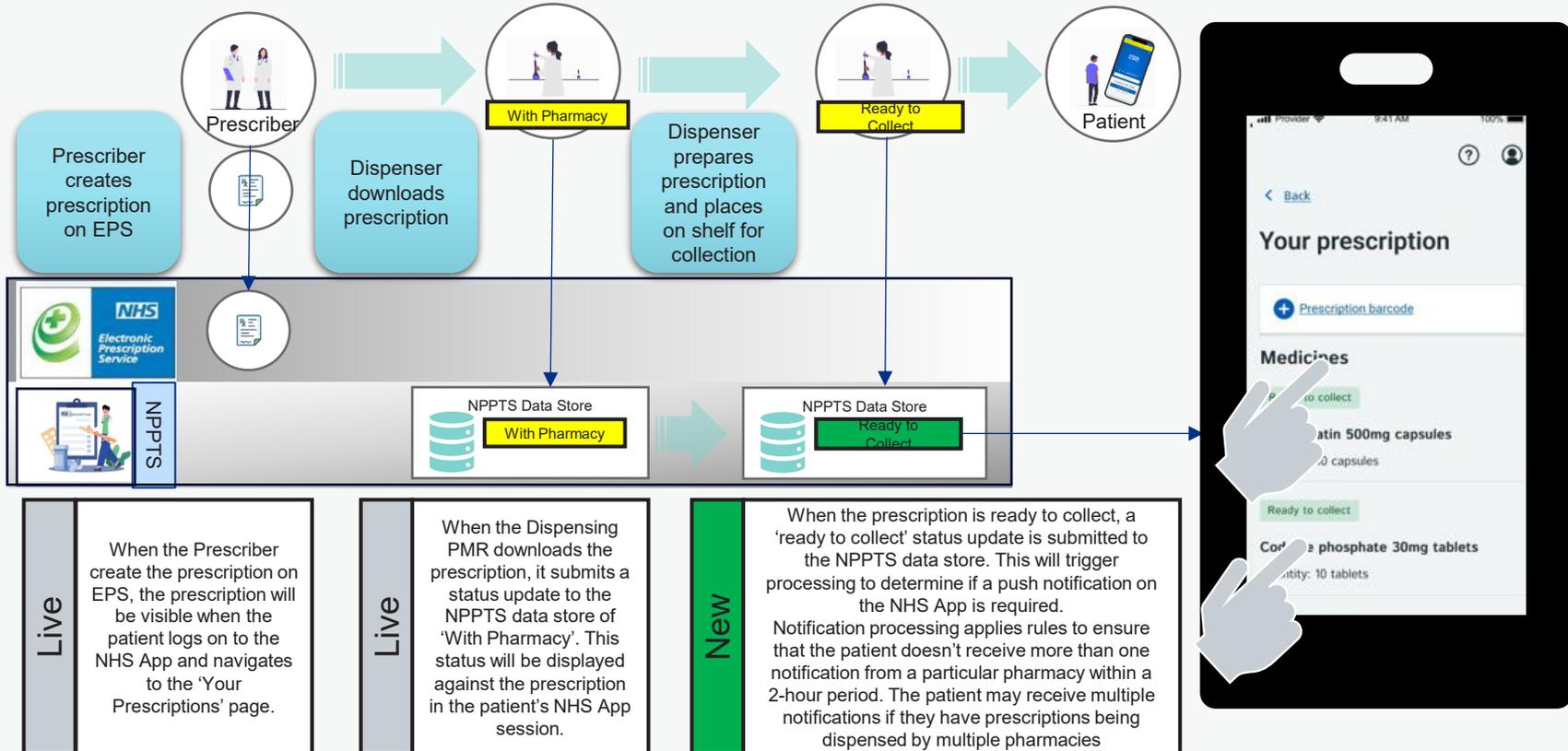 - >1.5M NHS App users used the functionality since go-live
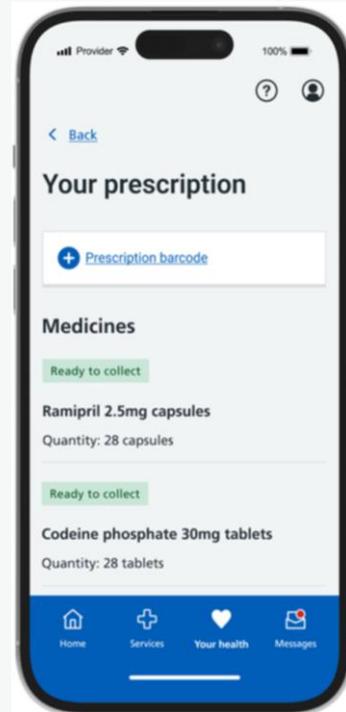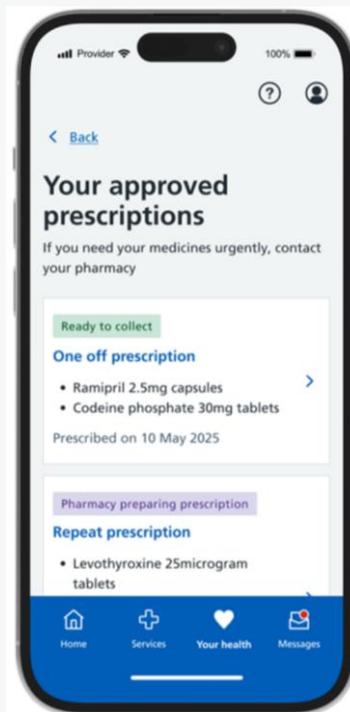
Adoption challenges

- Scan-to-shelf technology is not available to all sites

- Site enabled functionality – awareness of feature and benefits

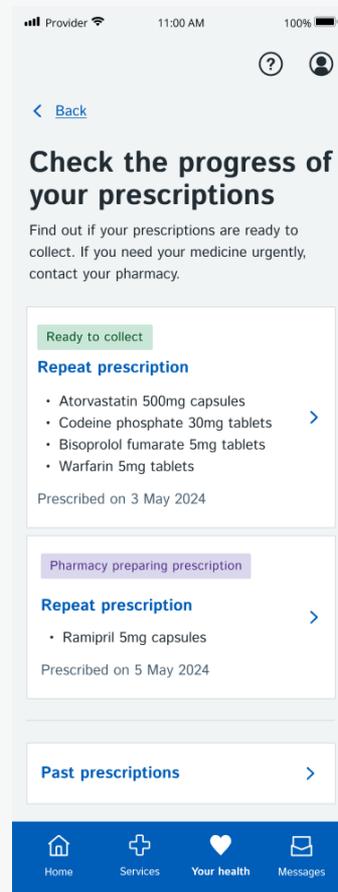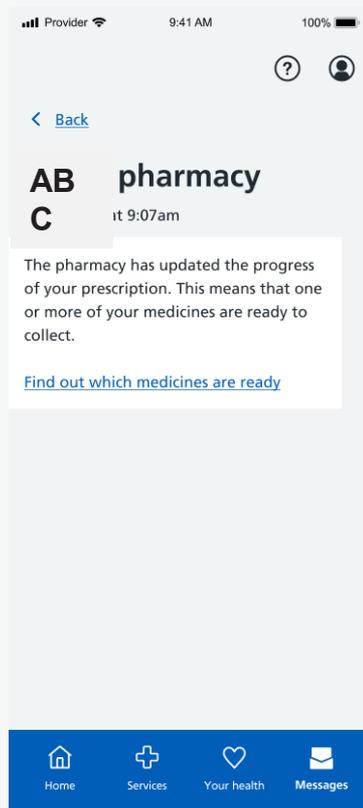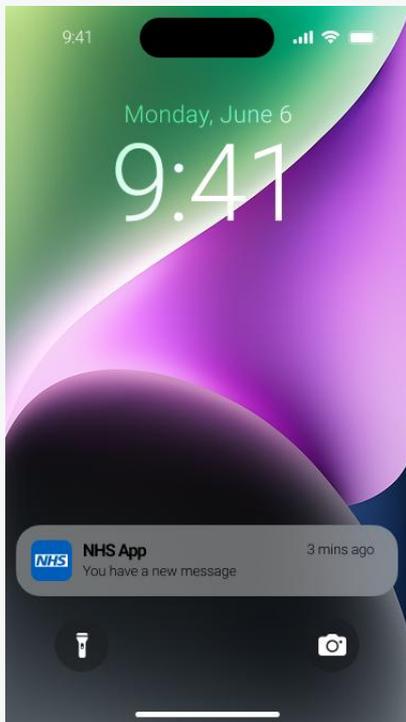- SMS messaging already in place for significant number of pharmacies so benefits are not well understood

Notifications

Pilot results update

Prescription Notifications Processing Overview

Prescriber → **With Pharmacy** → **Dispenser prepares prescription and places on shelf for collection** → **Ready to Collect** → **Patient**

Prescriber creates prescription on EPS

Dispenser downloads prescription

NHS Electronic Prescription Service

NPPTS

NPPTS Data Store — With Pharmacy

NPPTS Data Store — Ready to Collect

Your prescription

+ Prescription barcode

Medicines

...atin 500mg capsules
...0 capsules
Ready to collect

Cod... phosphate 30mg tablets
...ntity: 10 tablets

Live — When the Prescriber create the prescription on EPS, the prescription will be visible when the patient logs on to the NHS App and navigates to the 'Your Prescriptions' page.

Live — When the Dispensing PMR downloads the prescription, it submits a status update to the NPPTS data store of 'With Pharmacy'. This status will be displayed against the prescription in the patient's NHS App session.

New — When the prescription is ready to collect, a 'ready to collect' status update is submitted to the NPPTS data store. This will trigger processing to determine if a push notification on the NHS App is required.
Notification processing applies rules to ensure that the patient doesn't receive more than one notification from a particular pharmacy within a 2-hour period. The patient may receive multiple notifications if they have prescriptions being dispensed by multiple pharmacies

User Journey

Executive Summary

134 pharmacy sites, 922,000 patients, 5 months

520,889 total notifications sent, 127,344 average weekly notifications sent

- Technical stability maintained throughout pilot with no issues/bugs identified

- 12 Boots stores reported notifications are being sent too early in comparison to their existing text messaging function, largely due to business process differences and trigger point implementation by supplier. Mixed store reviews have resulted in sites continuing with the pilot as agreed by Boots.

- 1 Cegedim site was picked up by EPS team as falling outside the tolerated limits of status transitions (i.e. too many items were transitioning from 'pharmacy preparing' to 'collected' effectively skipping the 'ready to collect' status) due to claiming before patients collected, business process corrected.

Summary of insights from user research

1. NHS App message is adding value where pharmacy don't already notify patients, or where patients find a second message useful (as a reminder for example)

2. Pharmacies are reporting mixed experience with the message. 15 have given feedback that NHS App messages being sent too early in their dispensing processes. On investigation this seems to be caused by business process within the pharmacies.

3. Reported changes in queries has varied:

   - 8 pharmacies have reported a perceived reduction in queries

   - 27 felt that query volume remained the same as without the message

   - 14 pharmacies have reported a perceived increase in queries (Boots and Cegedim)

Pharmacy experience insights from user research

➕ "Brilliant - much greater information available and much more user friendly. BUT - I do not think that many patients have actually adopted it yet so we have seen no noticeable difference in workload/questions."

➕ "a big improvement, lots of people are now waiting before coming into the pharmacy to pick up their prescription and phone calls from people calling to ask if their prescription is ready to pick up have decreased."

➖ "Not always accurate for us as this notification is being sent as soon as the final item has been scanned out through our system, but it still has to get bagged up and filed away. This is taking a lot of time to find prescriptions and patients are getting frustrated as they are being told it is ready"
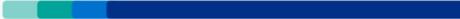
NHS App user quotes

"It's good because I wouldn't want to be without it now because it gives me all the information that I need, like from ordering to getting it."

"I think it's really good. I think I didn't realise it wasn't all joined up, but now it is. I feel like it's much better."

"it's just a relief to know that when they are ready, I do get notified."

Notifications KPI's

Outcome	Metric	Conclusion
Utilisation Patients are reading and acknowledging the notification	• Of 100% of messages sent, 67% are delivered (NHS App registrations) • Of 100% delivered, 50% are read (notifications enabled/patient behaviour) • Of 100% read, 48% click through to deep link	• Delivery and read rates align with average stats from N&M • No baseline data to compare click-through rate of deep link
Patient impact • Patients collect medicines based on call to action from app • Patients are not spammed with too many notifications	• The average time between ready to collect and collected has gone from 100.1 hours to 86 hours, a decrease of 14.1 hours • Patient feedback was positive (n=9) • 98.42% of users receive one notification in a 24-hour period	• Positive reduction in time to collect medicines • Positive patient impact • No concerns of over-notifying
Frontline staff impact Number of queries to pharmacy and GP are reduced	• X amount of pharmacy time saved • X amount of GP time saved • Patient reported data on behaviour change	• Positive – neutral reviews from pharmacies • Longer term quantified measures to be confirmed

Next

- Continue to roll out to Apotec, Cegedim and Invatech sites to monitor impact and conduct further User Research (allow opt-out)

- Continue to onboard more suppliers and encourage site roll out of prescription tracking statuses with/or without notifications

- Long-term: build CPIT strategy around pharmacy messaging in relation to prescriptions and other services

Thank You

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 england.nhs.uk

EPS FHIR transition

EPS FHIR transition

- Transition to a [FHIR architecture modernisation for EPS](#) (Project FAME).
- This modernisation work aims to:
  - strengthen long-term interoperability
  - improve resilience and usability
  - support future enhancements that benefit patients and pharmacy teams

FHIR Architecture Modernisation in EPS
CP ITG
update

Product Manager: Jen Redman
Implementation Manager: Danielle
Gerard Contact:
england.epsonboarding@nhs.net

FAME - FHIR Architecture Modernisation in EPS

Product Overview:
Project FAME is NHS England's foundational architecture work to enable the delivery of new EPS features. The aim is to create a modernised EPS platform with simplified FHIR-Forward Architecture; enabling key new features to be developed. The success of this project also relies on the migration of HL7 suppliers to EPS FHIR.

Key Problem Areas:

- It's difficult to add any new features* to EPS which require additional business data due to technical restrictions with the current data model and the current implementation of advanced electronic signatures.

  (*new features* such as – single item prescribing, instalment dispensing, Anti-microbial resistance – we have a long list!*)

- The mixed estate of suppliers on FHIR and HL7 is resource intensive to run and takes capacity away from work on the EPS roadmap.

- The current EPS architecture estate is complex, changes to Spine require long lead times

Expected Outcomes:
An EPS platform that is fit for the future and can react more quickly to change and scale. Providing solid foundations to deliver long-awaited new EPS features and a supplier estate that is easier to manage by all prescribing and dispensing suppliers transitioning over to the EPS FHIR APIs and Digital Signature Service. The ultimate end goal is EPS Hl7v3 to be decommissioned.

Dispensing suppliers remaining on HL7v3

Target to move over to EPS FHIR Dispensing by March 2027

Onboarding in progress

Onboarding kick off required

Prescribing suppliers remaining on HL7v3

Target to move over to EPS FHIR prescribing by March 2028

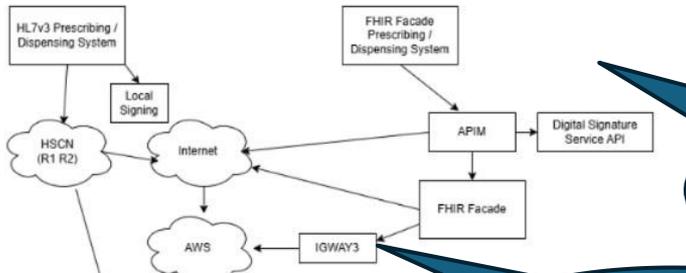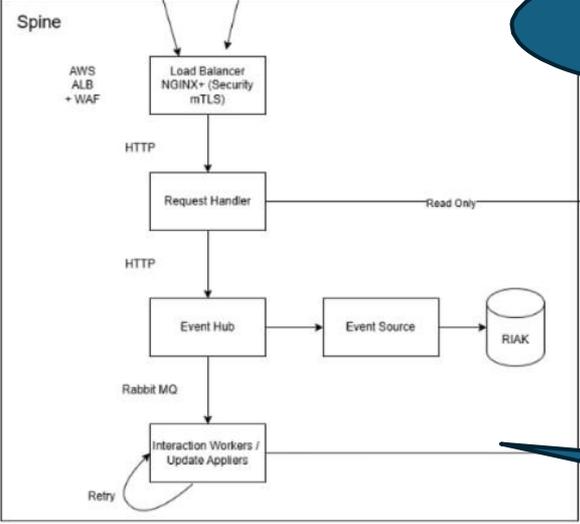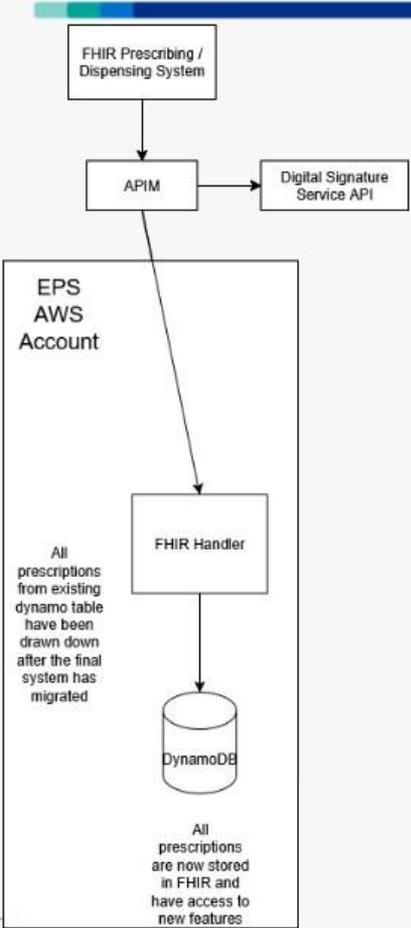Different ways of digital signing in the estate – makes adding new requirements complex

Currently the EPS FHIR API acts like a Façade over the legacy Spine architecture limiting its potential

This mixed estate is complex for NHS E to manage operationally

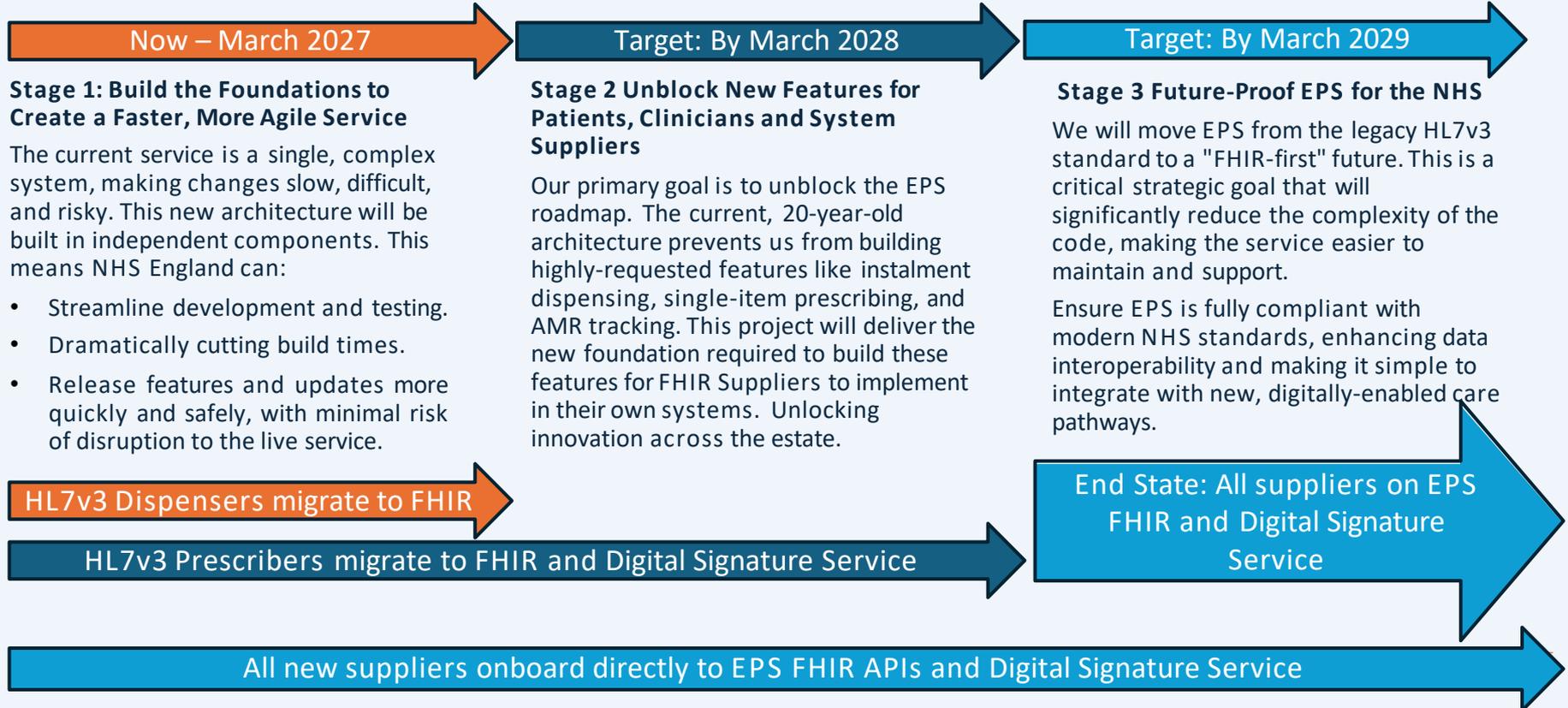Work has started to move EPS outside of Spine

difficult to add new business data to support new features

….How do we go from this

To this...

We aim to deliver 3 stages with key outcomes to meet the needs of our users:

Now – March 2027

Target: By March 2028

Target: By March 2029

Stage 1: Build the Foundations to Create a Faster, More Agile Service

The current service is a single, complex system, making changes slow, difficult, and risky. This new architecture will be built in independent components. This means NHS England can:

- Streamline development and testing.
- Dramatically cutting build times.
- Release features and updates more quickly and safely, with minimal risk of disruption to the live service.

Stage 2 Unblock New Features for Patients, Clinicians and System Suppliers

Our primary goal is to unblock the EPS roadmap. The current, 20-year-old architecture prevents us from building highly-requested features like instalment dispensing, single-item prescribing, and AMR tracking. This project will deliver the new foundation required to build these features for FHIR Suppliers to implement in their own systems. Unlocking innovation across the estate.

Stage 3 Future-Proof EPS for the NHS

We will move EPS from the legacy HL7v3 standard to a "FHIR-first" future. This is a critical strategic goal that will significantly reduce the complexity of the code, making the service easier to maintain and support.

Ensure EPS is fully compliant with modern NHS standards, enhancing data interoperability and making it simple to integrate with new, digitally-enabled care pathways.

HL7v3 Dispensers migrate to FHIR

HL7v3 Prescribers migrate to FHIR and Digital Signature Service

End State: All suppliers on EPS FHIR and Digital Signature Service

All new suppliers onboard directly to EPS FHIR APIs and Digital Signature Service

As-Is Architecture

Currently, both HL7v3 and FHIR prescribing and dispensing suppliers' prescriptions are processed through Spine. HL7v3 suppliers pass through an HSCN connection. FHIR suppliers pass through APIM and the FHIR façade, which converts the FHIR messages back to HL7v3 for processing through Spine. This also requires using the internet gateway IGWay3.

Spine is a holistic service with several common components operating across all Spine services, including load balancer, request handler, event hub and event source. Together, these comprise the reliability pattern and provide routing and queuing.

The 14 interaction workers contain the EPS business logic and will need to be replicated in the new architecture.

- As of October 2025, the legacy update appliers have been removed for EPS.

- As of March 2025, EPS data is persisted in DynamoDB in the EPS AWS account.
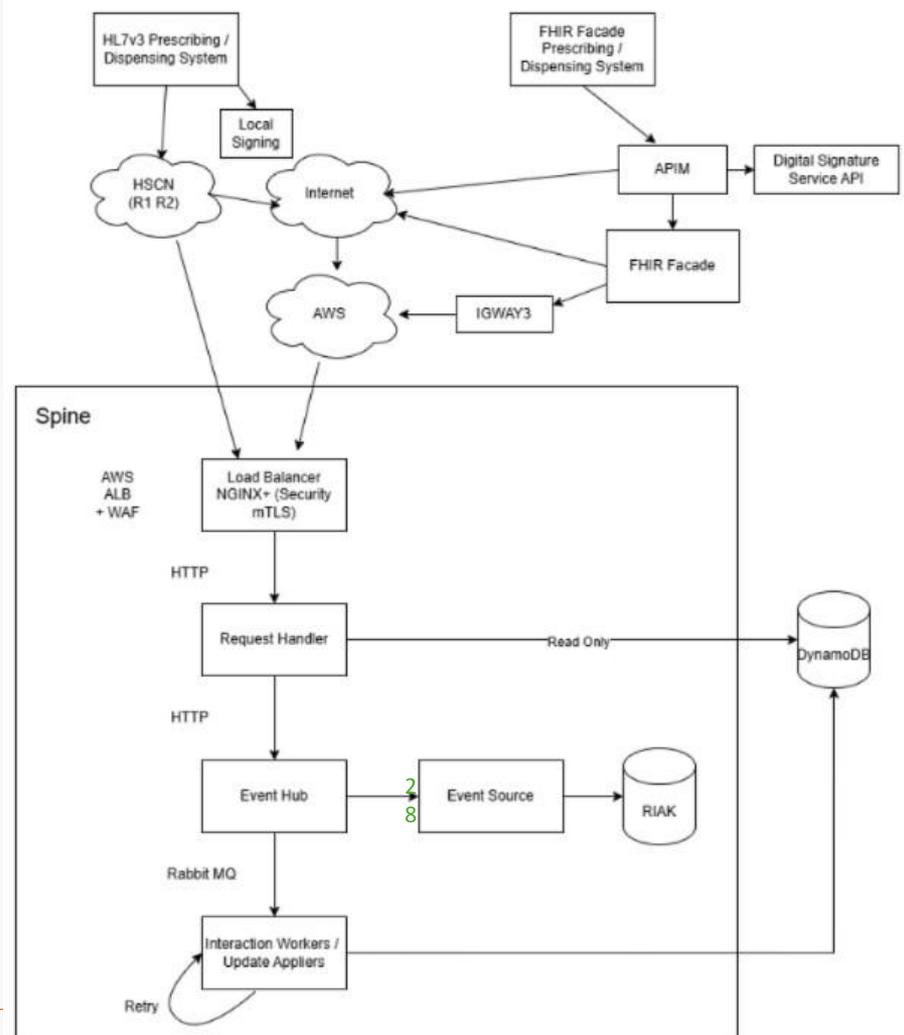
Phase 1 – Building the Foundations

Now – March 2027

Goal: To build a new, modern component that replicates our existing prescription-processing logic, creating a new, faster pathway for modern (FHIR) messages.

In parallel during this stage there is increased focus of moving the remaining HL7v3 Dispensing Suppliers over to the EPS FHIR Dispensing API.

What this means: This is the foundational first step. It works behind the scenes, creating a "new lane on the motorway" while still safely directing traffic to the same destination. This ensures no disruption to the live service as we build our new capability.

Having all dispensing suppliers on FHIR means we can begin introducing new features in FAME Phase 2 - features that will deliver value to both FHIR prescribers and dispensers.

Phase 1 Architecture end state
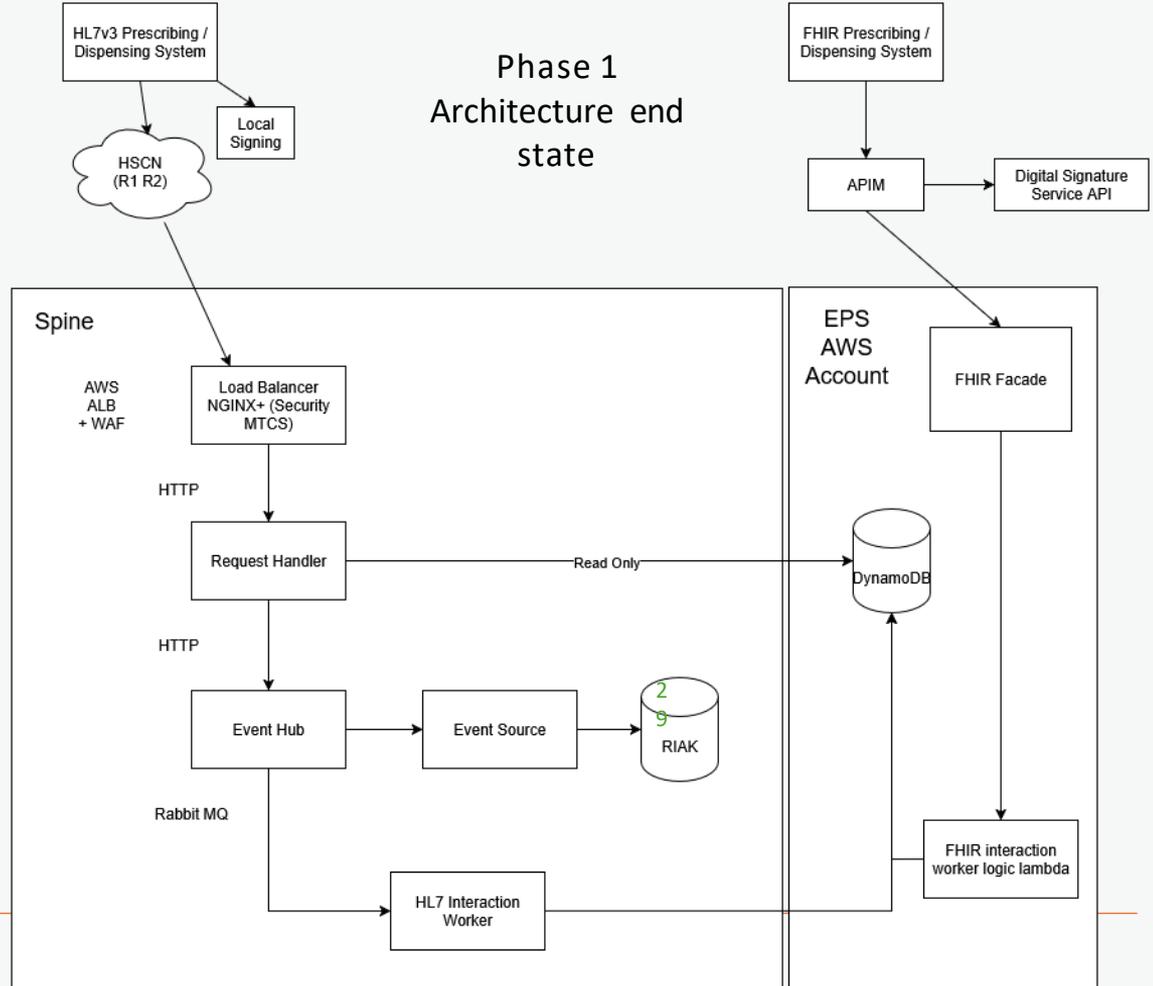
Phase 2 – Unlocking New Features

Target: By March 2028

Goal: To introduce a new, modern database built specifically for the FHIR data standard, allowing us to begin delivering new features.

In parallel during this stage there is increased focus of moving the remaining HL7v3 Prescribing Suppliers over to the EPS FHIR Prescribing API and Digital Signature Service.

What this means: We can finally start to offer new, high-value features *such as single item prescribing and instalment dispensing*, that our old system could not support to FHIR Suppliers. We will carefully manage this transition to ensure both the old and new systems run perfectly in parallel.

Phase 2 Architecture end state
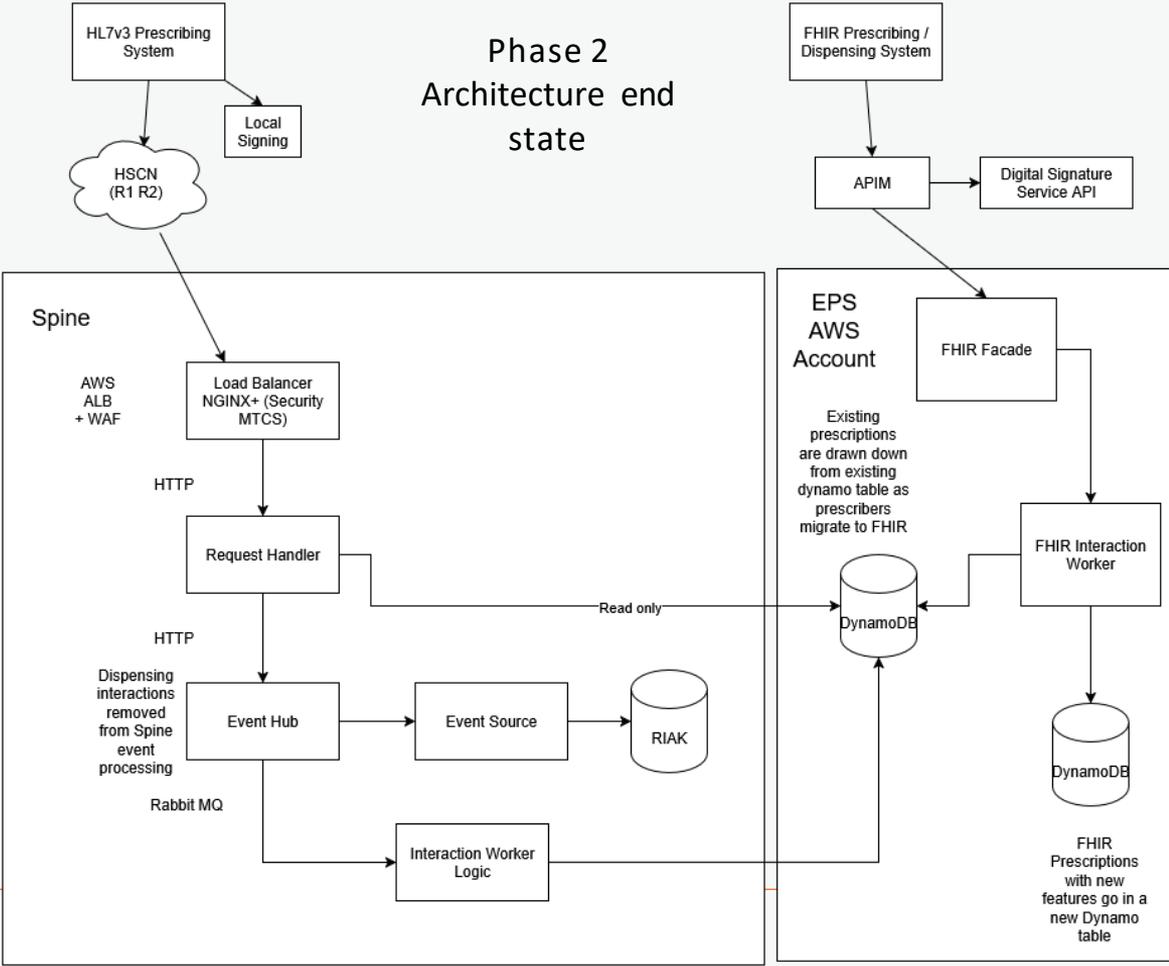
Phase 3 Futureproofing

Phase 3 Architecture end state

Goal: All suppliers on EPS FHIR API and the Digital Signature Service. Which will in turn allow us to consolidate our components and safely start decommissioning all retired HL7v3 components and data stores.

What this means: No dispensers or Prescribers will be on HL7v3.

We turn off the old, complex processing for good.

The result is a fully independent, simplified, and modern Electronic Prescription Service that is faster, cheaper to run, and equipped for the future of digital healthcare.

Benefits and Value Proposition

For Suppliers and users of EPS

- The new architecture has been deliberately designed so that existing FHIR suppliers do **not** need to change endpoints or carry out significant rework. The only additional effort required will be to adopt new features as they become available-allowing you to introduce enhancements as soon as they are released and your implementation is ready.

- For HL7v3 suppliers, moving to FHIR EPS offers **business value**, not just technical value. The sooner you transition to FHIR, the sooner you can take advantage of the new features planned to start in Phase 2.

- The new architecture is expected to deliver faster message processing, resulting in a more responsive EPS overall.

- Migrating also helps to unblock future EPS roadmap items, enabling suppliers to benefit from upcoming features and service improvements.

- A key success measure for this project is that existing suppliers experience no disruption and remain unaware of underlying changes until they choose to implement updates to access new features.

High Level Roadmap

Migration of HL7 prescribers to FHIR API – Target: March 2028 all prescribers on FHIR

Mar 2027

Migration of HL7 dispensers to FHIR API

we need both these to be in place before new features could be launched for FHIR prescribers and dispensers

PHASE 1 Dev (Build the Foundations): Estimated completion for March 2027

STAGE 2 Dev (Unlocking New Features)

STAGE 3 Dev (Futureproofing)

Ongoing new feature development (AMR, instalment prescribing, CDs, pharmacy stock API etc.)

Ongoing UCD / UR on new features

Mar 2026   Mar 2027   Mar 2028   Mar 2029

Example backlog items we are hoping Project FAME will unlock

- **Single-item prescribing**

- **Instalment prescribing for controlled drugs (FP10MDA)**

- **Enhanced Electronic Repeat Dispensing (eRD)**

- **EPS support for national antimicrobial resistance (AMR) initiatives**

- **Visibility of pharmacy stock levels**

- **Support for hub-and-spoke dispensing models**

- **Persistent, structured dosage instructions across care settings**

- **Improvements to pharmacy nomination functionality**

- **Enhanced prescription cancellation capabilities**

- **Support for private prescriptions**

N.B. Further discovery work and business cases are required before we can take these features forward

Thank You

Product Manager: Jennifer Redman

EPS Onboarding: england.epsonboarding@nhs.net

NHS
England

Update on EPS patient nomination protocols and required system changes

Update on EPS patient nomination protocols and required system changes

- NHS England has issued revised Patient Nomination Protocols (v1.09) in draft to CP ITG head of imminent publication.
- The updated protocols clarifiy how pharmacy teams, system suppliers and others must manage nominations and use nomination-related information from the NHS Personal Demographics Service (PDS).

It sets out that to protect patient rights 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.

EPS Patient Nominations

Background

- For a number of years, NHS England has received concerns regarding EPS IT supplier functionality that enables pharmacies to monitor and amend prescription nominations at scale.
- In October 2025, NHS England received multiple complaints, supported by evidence, that some suppliers were marketing and selling functionality capable of polling and/or bulk-changing nominations.
- NHS England engaged directly with the suppliers concerned and prompt action was taken by those suppliers.
- NHS England issued a formal letter to all suppliers, to provide clarity about patient nomination guidelines and system functionality to ensure compliance to national guidance.
- In December 2025, a petition was submitted calling for the cessation of bulk nomination practices for NHS prescriptions.
- NHS England created a nomination working group which included the Department of Health, NHS England and Community Pharmacy England.

Actions

1. Letter to all EPS IT suppliers, confirming that suppliers touching nominations must not operate a system that manages prescription nominations or polls for nomination changes.
2. Engaged all suppliers marketing and selling functionality capable of polling and bulk-changing nominations and informed that this activity must stop.
3. Informed third-party applications (for example, third parties with nomination related services) should cease promoting functionality that is not aligned with national guidance, including the removal of related promotional material and websites.
4. NHS England has updated the nomination guidance with CPE comments as well having been considered, this will be published shortly.
5. Working to update the Policy around patient nomination to provide clarity with regards to patient choice.
6. Developed a report that can highlight unusual trends related to patient nomination.
7. Continue to work with partners ICB and GPhC when dealing with patient complaints.

Nomination Rules

1. Patient informed consent: Patients must be fully informed about EPS before setting or changing a nomination.
2. Nominations can be changed at any time and remain in place unless the patient requests removal.
3. Scope of nomination: Patients may nominate up to three dispensers:
   one community or internet pharmacy,
   one dispensing appliance contractor (DAC)
   one dispensing GP practice where applicable.
4. Dispensers' responsibilities: Dispensers must not offer inducements, must act only on patient instruction, and must reconfirm consent following ownership changes.
5. Prescribers' responsibilities: Prescribers must not influence patient choice, must verify nominations where more than one exists, and provide information on EPS-enabled dispensers on request.
6. Third-party and system provider obligations: Systems and applications must support fair patient choice, provide clear information and complaint routes, prevent unauthorised nomination changes, must not identify and present patient details if they have nominated another pharmacy.
7. Legal and data protection requirements: Nomination data is held in the NHS Patient Demographic Service (PDS) and may only be accessed with an appropriate legal basis, typically patient consent and for direct care purposes.
8. Complaints and assurance: Unauthorised changes or inducements must be investigated and resolved appropriately, with complaints handled by providers, ICBs, and overseen by NHS England.

Next Steps

1. Continued support from suppliers.
2. Explore a quarterly nomination report.
3. Uplift supplier SCAL.
4. Review Connection Agreement Terms.
5. Continue to support ICB and GPhC action.
6. Refine and update policy and publish guidance.

Questions

Thank You

Participant type:

Q. Should patients receive an NHS notification message when their EPS nomination changes? (e.g. NHS App notification, in app message, SMS — subject to no formal NHS business case at present, and dependent on development capacity and wider NHS priorities.)

If you selected No, please provide reasons why:

Do you have any other comments about the updated NHS Nominations Protocols document?

Pharmacy services IT updates

Medium Term Planning Framework:
Delivering change together

1. Strengthen GP–community pharmacy relationships to support access to pharmacy services.

2. Embed **pharmacy-first** approaches, using available pharmacy capacity to support primary-care pressures.

3. Expand access to **emergency contraception**.

4. Introduce **prescribing-based** services into community pharmacies during 26/27 (prescribing EPS).

5. Maximise **Discharge Medicines Service** to reduce medicines harm and readmissions.

95% of all appointments via NHS App

NHS Notify

All direct to patient comm. via NHS Notify

Transforming People, Patients and Staff Facing Services

1. My Companion/ NHS App

2. Personalised Prevention

3. Access, Triage and Navigation

4. At Home and Community

5. Transforming Care Pathways

Submitted Business Case to 2029/30

Case for change, future service models (digital-by default), benefits, scale of channel shift/from where?

Electronic health records: Developments supporting inclusive care

Electronic health records: Developments supporting inclusive care

- **The Reasonable Adjustment Digital Flag (RADF) information 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.

- CP meet these requirements through their NCRS portal access

(see related news update)

- Action: Pharmacy representatives may wish to contribute notes to a shared spreadsheet, (including after the meeting) highlighting which adjustment codes are most useful in a community pharmacy context.

Electronic health records: Developments supporting inclusive care

DSIC supplier questions: Suppliers who are already involved in, or have been invited to align with, the NHS and DSIC catalogues should continue to submit development-related queries through the usual route.

Update from the Reasonable Adjustments team: Patient Flags

- Community pharmacy teams have been making reasonable adjustments for years — that's not new.

- What is new is the Reasonable Adjustments Patient Flag being spread to further parts of health and care, which gives you a clear, consistent view of your customer's access and communication needs, based on information recorded once elsewhere in the NHS.

- Instead of relying on repeated conversations, you get the right details at the right time, helping you deliver safer, more personalized and efficient experience, with less friction for your customers and staff.

I may need a quieter experience at your pharmacy

Update from the Reasonable Adjustments team: Patient Flags

- Ideally your suppliers will consider developing into the Patient Flag API, giving users the benefits of an integrated seamless view of patient flag, instead of the less integrated NCRS portal access.

- Where a supplier is unable to complete the development by the September 2026 deadline, their users will still achieve compliance by accessing patient flags in the National Care Record Service (NCRS) There are two ways of accessing NCRS:

1. Directly, from within your system. This requires development by your supplier, providing quicker access to NCRS.

2. Outside of your existing system, you use a web browser to login to NCRS.

Update from the Reasonable Adjustments team: Patient Flags

All you need to know: RADF Futures Platform

Information about suppliers

Guide to accessing Reasonable Adjustments in NCRS

I may need patience if you deliver to my home. Give me time to get to the door

National Care Records Service

4th March 2026

Presented by:
Adam Wimpenny & Shelley Johnston
SCR & NCRS Team, DOSM, NHS England

NHS
England

A reminder: What services are available in NCRS?

NCRS should be used:

where access to a summary of key patient information is required to support clinical decision making and full detailed patient records are not required

to complement local shared records by giving access to key patient information across ICS boundaries

where a local shared care record is not currently available

when information is not available in your local system

- Personal Demographics Service inc. historic information
- Summary Care Record
- Child Protection information
- Female Genital Mutilation flags
- Reasonable Adjustments flags
- COVID Vaccs information
- National Record Locator
- Chargeable Status aka Overseas Visitors and Migrants
- Birth Notifications
- NHS Number allocations

All services are controlled by RBAC and set by the user(s) Registration Authority.

Reminder: What is the NCRS Integration?

NCRS Integration uses a browser-based extension to local patient record management systems.

It allows health and care professionals, with appropriate access, to click and launch Spine-authenticated applications in a separate window.

It opens the complete suite of services available in NCRS to the end user.

This solution results in a more continuous user experience compared to using the NCRS alone, as users do not need to open a separate software application to access it.

- Requires NHS Patient Demographic Services integration.
- NHS Care Identity Service (CIS) 2 Integration preferred (optional)
- Onboarding pack recently streamlined
- Onboarding timescales – can be completed in a matter of weeks

- 4 Requirements to meet

NCRS Integration

Suppliers onboard using the Supplier Conformance Assessment List process (SCAL)

Onboarding pack includes:

- Developer Guide
- Requirements for calling applications
- Event Sequence
- Test Scripts
- Hazard Log

The onboarding process includes a 90-minute witness test in which a series of scenarios must be demonstrated via a Teams call with the NCRS team.

Suppliers can submit their SCAL for review by the NCRS team.

On completion of the above, NHS England will issue a Connection Agreement for full rollout approval.

Contact england.liveservices.operations@nhs.net or fill in the NCRS New Interest form to register your interest:

https://digital.nhs.uk/services/national-care-records-service/national-care-records-service-new-interest-form

Approved NCRS Integration suppliers are listed here:

https://digital.nhs.uk/developer/api-catalogue/national-care-records-service-integration

How to access NCRS

Authenticator	Passkeys	NHS.net Connect	Microsoft Authenticator	Windows Hello	Security keys / FIDO tokens	CIS2 iPad App	Smartcards
Authentication method	Face, fingerprint or PIN (back up)	Email, password and push notification	Email, password and one-time passcode	Face, fingerprint or PIN (back up)	PIN or Touch ID	Face or fingerprint	Passcode
Authenticator level	AAL2			AAL3			

To access NCRS, users need:
- NHS Care Identity Service profile
- NHS Care Identity Service authenticator, which can include existing smartcards
- have a role-based access control (RBAC) code that allows access to NCRS (minimum B0264)
- be part of an organisation that has onboarded using the Supplier Conformance Assessment List (SCAL) aka NCRS Integration
- Health and Social Care Network (HSCN) connection required for smartcards (additional cost to organisations).
  - Also requires additional software installation (NHS Credential Management and Identity Agent)
- Multi-Factor Authentication (MFA) recommended to new onboarding organisations

Which care settings are using NCRS?

NCRS is for authorised users in any health or care setting, including:

•clinicians

•care workers

•administrators

•healthcare professionals, such as dentists, pharmacists and optometrists

The following care settings are approved to onboard and view SCRs

•111

•accident and emergency

•acute assessment

•ambulance

•community care

•community pharmacy

•dentistry - arrangements to facilitate and support national rollout are underway

•GP out of hours

•GP (for temporary or non-registered patients)

•health and justice (custody suites)

•hospices

•hospital pharmacy

•minor injury units/walk in centres/urgent treatment centres

•primary care

•scheduled care

•substance misuse

The following care settings are either being discussed or there is an active proof of concept but are not approved for further SCR rollout:

•adult social care

•domiciliary care and care homes

•private GP providers

•private hospitals and privately funded healthcare services

•private pharmacy

•sexual, contraceptive and reproductive healthcare services

Recently Approved

• Dentistry

• Optometry *arrangements to facilitate and support national rollout are underway*

In Discussion

Private Providers – Weight management, online/remote prescribing pharmacies, GP services

Auditing and Governance for Pharmacy Teams

- NHSE governance processes in place to investigate and audit where required i.e. Subject Access Requests.

- SCR Permission to View

Orgs accessing clinical information must have their own designated Governance Person(s) who handle investigations locally via Spine products – TES Alert Viewer and Spine Reporting Service.

What's next for the NCRS platform?

Roadmap

This roadmap was last reviewed by the team in August 2025.

April to June 2025
- Improvements to patient search
- Ongoing improvements based on user feedback and research

July to September 2025
- Ongoing improvements based on user feedback and research
- Improve searching for an address by replacing Royal Mail's Postcode Address File with OS Places API

October to December 2025
- Running a pilot of GP Connect in NCRS, which will mean that users can access documents and other information from GP systems (using existing patient consent models)
- Add the ability to launch Shared Care Records from NCRS
- Background improvements to infrastructure

January to March 2026
- Expanding the pilot of GP Connect in NCRS to more users
- Ongoing background improvements to infrastructure

- Project teams in place to manage and support
- Further supplier integrations (e.g. in-context one-click view)
- Private Providers
- GP Connect Integrations
- What information do care settings need to see?
- National Rollout to Dental and Optometry
- Patient Flag API – Reasonable Adjustments
- In-context launch of Shared Care Records

What's next for the National Record Locator?

- 6 out of 8 Shared Care Record Suppliers are live on the NRL. The remaining 2 suppliers are in the process of onboarding

- More than 1.5 Million patient records are now available on the NRL

- The ask from the Connecting Care Records Programme is that over the next year, all ICBs should publish NRL pointers to an International Patient Summary (IPS) for all patients

Letters in NCRS

Even if urgent and emergency clinicians can access GP Connect patient data via GP Connect API or via Shared Care Records, essential documents are sometimes / often unavailable, making it difficult to recognise deterioration, maintain continuity of care, and respect patient treatment preferences. Examples:
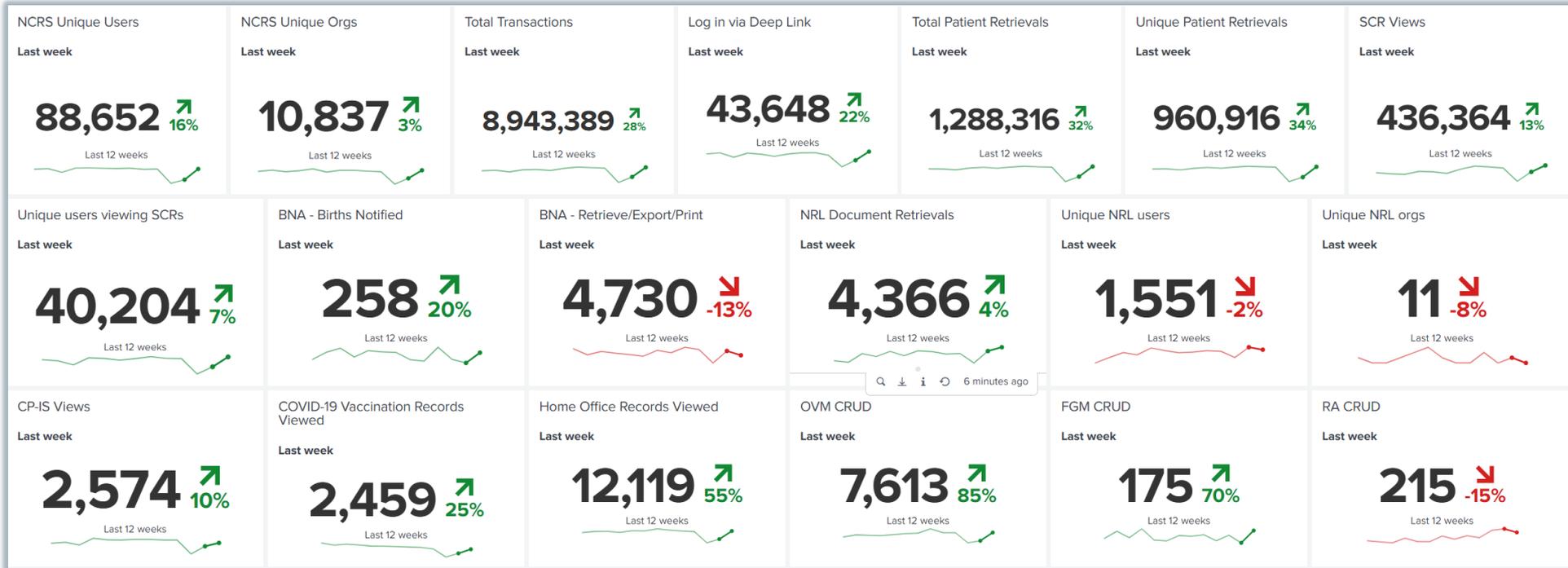- clinical care plans (diabetes, respiratory, other chronic conditions, etc.)
- discharge notes
- hospital speciality letters (oncology, opthamology, cardiology, etc.)
- Referrals / appointments

We are taking a mobile-first design approach as the working in the narrowest view-port (50% of landscape iPad screen) is important to urgent and emergency clinicians. We conducted 9 interviews with mobile users of NCRS

Utilisation and Dashboards

Utilisation and Dashboards

NCRS Unique Users	NCRS Unique Orgs	Total Transactions	Log in via Deep Link	Total Patient Retrievals	Unique Patient Retrievals	SCR Views
Last week	**Last week**	**Last week**	**Last week**	**Last week**	**Last week**	**Last week**
88,652 ↗ 16%	**10,837** ↗ 3%	**8,943,389** ↗ 28%	**43,648** ↗ 22%	**1,288,316** ↗ 32%	**960,916** ↗ 34%	**436,364** ↗ 13%
Last 12 weeks	Last 12 weeks	Last 12 weeks	Last 12 weeks	Last 12 weeks	Last 12 weeks	Last 12 weeks

Unique users viewing SCRs	BNA - Births Notified	BNA - Retrieve/Export/Print	NRL Document Retrievals	Unique NRL users	Unique NRL orgs
Last week	**Last week**	**Last week**	**Last week**	**Last week**	**Last week**
40,204 ↗ 7%	**258** ↗ 20%	**4,730** ↘ -13%	**4,366** ↗ 4%	**1,551** ↘ -2%	**11** ↘ -8%
Last 12 weeks	Last 12 weeks	Last 12 weeks	Last 12 weeks	Last 12 weeks	Last 12 weeks

🔍 ⬇ ⓘ ↺ 6 minutes ago

CP-IS Views	COVID-19 Vaccination Records Viewed	Home Office Records Viewed	OVM CRUD	FGM CRUD	RA CRUD
Last week	**Last week**	**Last week**	**Last week**	**Last week**	**Last week**
2,574 ↗ 10%	**2,459** ↗ 25%	**12,119** ↗ 55%	**7,613** ↗ 85%	**175** ↗ 70%	**215** ↘ -15%
Last 12 weeks	Last 12 weeks	Last 12 weeks	Last 12 weeks	Last 12 weeks	Last 12 weeks

NCRS Demo

Today

- Intro
- Improvements for Spring / Summer
- Where we're heading for Autumn/Winter 26
- How to get involved

Intro

What is Manage Your Appointments?

Help pharmacies and other providers publish appointment slots so that...

The public can book vaccination appointments

Vision

Create a **flexible** and **efficient** appointment management system that improves user experience and supports future healthcare services in alignment with the NHS vaccination strategy.

We've scaled up rapidly

Sites with appointments available
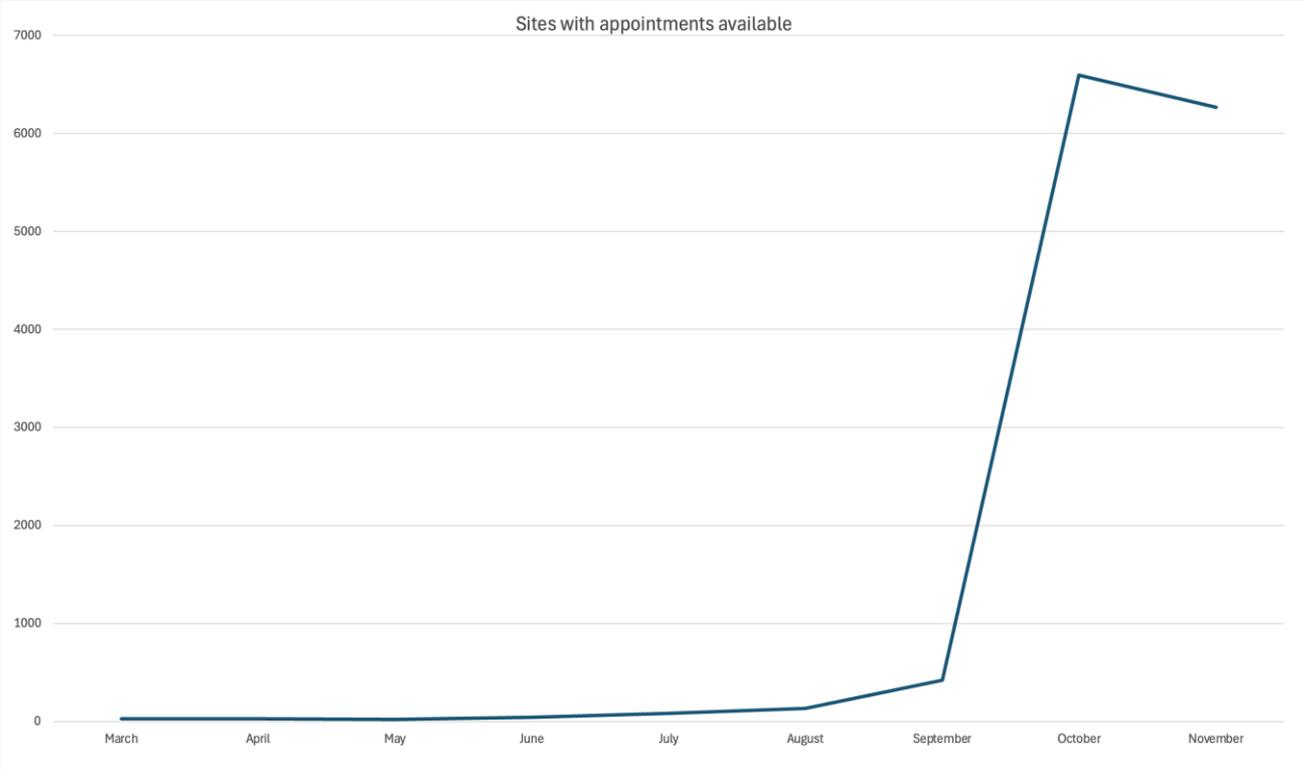
21 million appointments published

4.7 million booked*

* 15,000 of those for RSV, the rest flu and covid

Continuous feedback and improvement

- Personally interviewed 50+ MYA users since joining the team

- Reviewed 600+ service desk tickets

- Received around 400 feedback survey responses

- Regular sessions with NHS regions

- Attend training webinars and review Q&As

#1 Print the list of today's appointments

Browser window showing the NHS Manage Your Appointments service.

URL bar: f.nhswebsite-integration.nhs.uk/manage-your-appointments/site/1501ecf...

NHS Manage Your Appointments

joe.julier2@nhs.net   Log out   Change site

View availability   Create availability   Change site details   Manage users   Reports

Feedback   Give page or site feedback (opens in a new tab) - this is a new service, your feedback will help us improve it.

‹ Back to week view
Example Pharmacy
Wednesday 25 February

Print page

| Scheduled | Cancelled | Manual Cancellations |

Time	Name and NHS number	Date of birth	Contact details	Services	Action
09:00	MAUREEN CULLINGWORTH 9000000076	1 January 2000	saritha.lakkyreddy1@nhs.net 07438454224	RSV Adult	Cancel

#2 Make it easier to update availability once it's created

- Currently in development
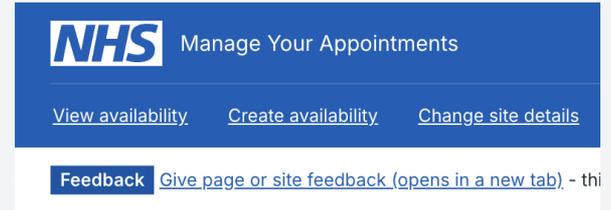
- Aiming to be released early spring
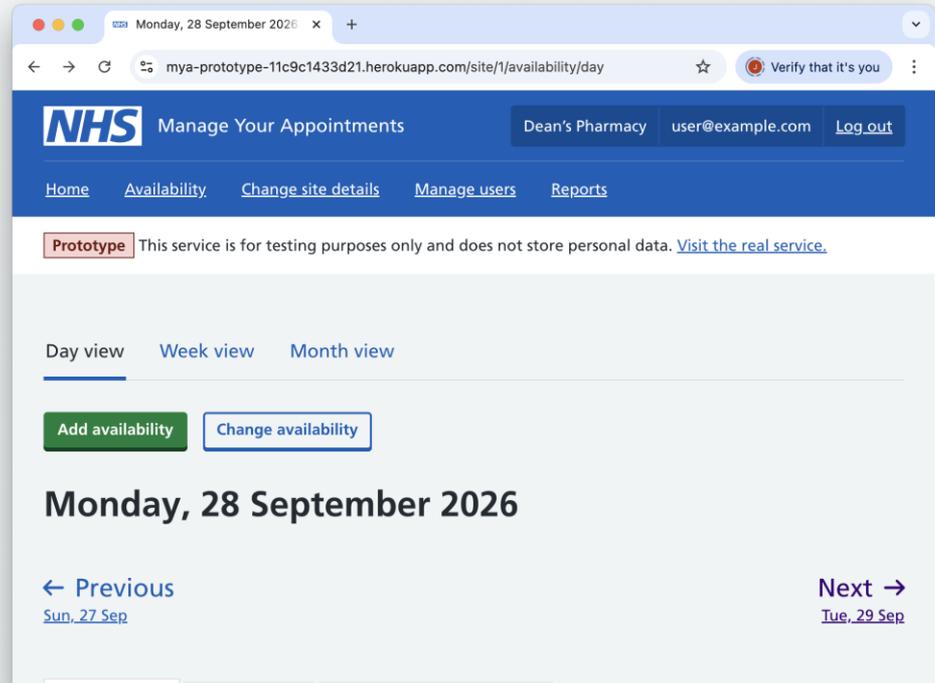
In the design team we're looking towards A/W 26

- Edit availability

- Add breaks

- Block out one-off chunks of time

- Make it easier to set up the right amount of appointments

- Search for booked appointments

Demo

Get involved

- Take part in research **next week -** email joe.julier2@nhs.net

- Submit feedback via the banner or share your thoughts, questions and ideas by emailing me directly

Proposals to improve GTINs and 2D barcodes on UK medicines packs

Any other business

AOB1: Shape the Future Digital Medicines Pathway

Workshops

- Sign up to join a series of online workshops running from late March to mid-April.
- NHSEs TD is encouraging of CP ITG pharmacy representatives taking part.
- Please express your interest and confirm availability using this workshop signup form
- Please also nominate colleagues by sharing the link to them.

Supporting information

- We are also gathering evidence to help us prioritise the most valuable digital opportunities.
- If you have research papers, reports, audits, evaluations, service issues, incident reports, examples of local digital innovation, workflow challenges, or anything showing where digital is helping or hindering the medicines pathway, please forward these to the CP ITG secretariat (da@cpe.org.uk) so these can be collated and passed to the Digital Meds Team.

AOB2: GTINs and medicines packs

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.

Two related issues:

1. GTINs and the medicines licensing process
2. Reduced use of 2D data matrix barcodes on UK packs

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).

Share your views where relevant

- 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.

AOB3: Cybersecurity charter for IT suppliers to NHS

Cyber security charter for suppliers to the NHS
A commitment from technology suppliers to the health and social care system.

Your commitment

Current and potential IT suppliers to the NHS should commit in writing to abiding by these principles:

1. Our systems are kept in support and have the latest patches applied to address known vulnerabilities.[1]
2. We will achieve and maintain at least 'Standards Met' as part of the Data Security and Protection Toolkit (DSPT).[2]
3. We will apply Multi-Factor Authentication (MFA) to our own networks and systems. To support our customers to meet the NHS England MFA policy, we will support identity federation or make MFA functionality available on the products that we provide.
4. We will deploy effective 24/7 cyber monitoring and logging of our critical IT infrastructure to prevent and detect cyber-attacks, which will allow investigation in the event of an incident.
5. We will ensure that we have immutable backups of our critical business data, with tested plans that ensure we can offer business continuity and rapid recovery of essential IT. We will also have immutable backups of our products to ensure the continued provision of the systems and services that we provide.
6. We have undertaken board level exercising to ensure we are confident of our ability to respond in the event of a cyber-attack.
7. We will report to our customers in a timely manner, adhering to (and supporting our customers to adhere to) all regulatory requirements, and work collaboratively, openly and in partnership with NHS England in the event of discovering a cyber-attack affecting patient care or data.
8. Where providing software to the NHS, we agree that the software has been produced in adherence to the Department for Science, Innovation and Technology (DSIT) / National Cyber Security Centre (NCSC) software code of practice and commit to meeting the principles of secure design and development, secure build environment, secure deployment and maintenance and communication with customers.

Cyber charter: Launch

NHS England has launched NHS cyber security supply chain charter.

IT supplier sign-up

IT suppliers are encouraged to begin signing-up now

A resilient NHS IT environment

This is a significant step towards enhancing the resilience and security of healthcare services and demonstrates dedication to being a trusted and secure partner to the health and care system.

AOB4: Changes to the way EPS Pharmacy Nominations or Consolidations are requested (e.g. pharmacy ownership changes)

The NHS ODS team reported a change in process for IT suppliers involved with nomination change organization. Pharmacy system suppliers will request EPS Pharmacy Nominations or Consolidations has changed. These requests are now accessed via the NHS National IT Customer Support Portal - support.digitalservices.nhs.uk Steps:

- Log into NHS National IT Customer Support Portal - https://www.support.digitalservices.nhs.uk
- Log into Select 'Submit a Case'
- From the categories listed on the left-hand side of the screen, select 'Medications and Prescriptions'. Select the subcategory *'Electronic Prescription Service'*
- Select the 'EPS Pharmacy Nomination or Consolidation' webform

This is to simplify the request process, decrease request processing times and improve visibility to IT suppliers and relevant parties. From 1st March 2026, NHS ODS **will only accept requests from pharmacy system suppliers submitted via the NHS National IT Customer Support Portal**. Email requests sent to the National Service Desk will no longer be accepted.

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

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

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

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

Transcription to support note-taking

➢ **Transcription and recording** feature can be used only for the purposes of support note taking –

➢ please raise your hand or use the chat if you would prefer we do not use this to assist with the minute taking

➢ we will be using AI and features to help our notes

Close from Chair

Thank you!

Post meeting queries: *it@cpe.org.uk*