

Community Pharmacy IT Group (CP ITG) meeting agenda

to be held on 3rd June 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 post on social media 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. **Pharmacy services IT update** (page 3) ([Appendix CP ITG 01/06/26](#)) 10.15-11.00am
6. **EPS updates** (page 4) ([Appendix CP ITG 02/06/26](#)) 11.00-11.40am

Break

11.40-12.10pm

Actions (2)

- 7-11. **Digital policy, systems and local alignment** (page 5-7) ([Appendix CP ITG 03/06/26](#)) 12.10-12.30pm

Report

12. **Updates on other CP ITG workstream projects** (pages 8-15) ([Appendix CP ITG 04/06/26](#))
13. **Post-meeting CP ITG communications, messages, and upcoming consultations** 12.50-12.55pm
14. **Any other business and close from the Chair** 12.55-1.00pm

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 23rd September 2026 (virtual)
- *Pharmacy Show* (11th-12th October 2026): CP ITG session (Birmingham). Contact the secretariat to propose topics for the group to cover that the Pharmacy Show CP ITG session.

Other upcoming pharmacy/healthcare IT events

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

Subject	Pharmacy services IT update
Date/time of meeting	3rd June 2026: 10.15-11.00am
Status	Public
Presenters	Charis Stacey, Jane Higgins and Anne Joshua (NHS England)
Overview	Updates will be provided.
Proposed action	The group is to be updated and is to discuss developments.

Item 5. Pharmacy services IT updates (10.15-11.00am)

Pharmacy services IT: 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:

- IT to support 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 also continues to develop the 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 and IT suppliers continue in transitioning to the NHS Digital Services for Integrated Care ([DSIC](#)) pharmacy IT programme.

NHS England has been working with both existing assured service suppliers and prospective suppliers progressing through the DSIC assurance process. Suppliers have continued DSIC-related work, with further activity continuing over the course of this year as the DSIC pharmacy workstream progresses in line with planned timelines.

Pharmacy and GP digital co-working: [Supplementary information to support changes to the 2026/27 GP contract](#) was updated in May 2026 regarding the expected elements:

- *Ensuring fair patient choice of pharmacy with EPS and tools:* Practices are to uphold patient choice of pharmacy when setting EPS nominations and using referral or triage tools that provide a full list of NHS community pharmacies.
- *Email collaboration:* Practices are to maintain a suitable, monitored and secure email (e.g. nhs.net or equivalent) to support safe effective communication with community pharmacy.

More detail can be found on page 8 of this agenda paper.

Charis Stacey, Jane Higgins and Anne Joshua (all NHS England) will be present to update the group on progress and next steps related to NHS pharmacy IT and invite discussion.

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Subject	Electronic Prescription Service (EPS) update
Date/time of meeting	3rd June 2026: 11.00-11.40am
Status	Public
Presenters	NHS EPS team
Overview	Updates will be provided.
Proposed action	The group is to be updated and is to discuss developments.

Item 6. EPS updates: (11.00-11.40am)

EPS technology upgrades: Transitional work continues with [EPS 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.

Better visibility of repeat medicines in the NHS App: Changes are being made with NHS App prescriptions features so that they give patients a more complete view of all their active repeat medicines. Patients can now see all their repeat items in one place, including medicines that cannot be requested yet, with clear explanations of why, for example, if it's too soon to order again, or a review is needed. This helps patients better understand their medicines, and reduces the confusion where items previously appeared "missing". All TPP practices are now live with this feature, with Optum (formerly known as EMIS) GP practices rolling out from June.

EPS nomination and patient choice: [NHS England updated its national EPS nomination standards](#) on how pharmacy teams and IT system suppliers process EPS nominations – the biggest change to the standards since 2013. The drafted version had been discussed at the group's previous meeting. This follows renewed scrutiny of nomination practices and reinforces the principle that patients must be able to set or change their nomination freely, without pressure or unwanted intervention.

NHS patient choice poster update: NHS England has updated the pharmacy choice poster hosted on the NHS digital website. Some time ago, NHS England had previously written to general practices and community pharmacies to confirm that patients must always be able to choose their pharmacy, and that providers should make this clear through materials such as the NHS poster or equivalent information (including on websites and apps). The updated poster now includes a QR code, enabling patients to more quickly raise unresolved concerns directly with their Integrated Care Board (ICB) if their choice of pharmacy has been restricted – for EPS or NHS pharmacy services. [View the poster](#) which is hosted at the [NHS nomination standards webpage](#).

Other projects continue:

- NHS App medicine readiness notifications
- EPS Prescription Tracker version 2.0

CP ITG actions:

The **NHS EPS team** will provide updates and invite discussion.

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Subject	Digital policy, systems and local alignment
Date/time of meeting	3rd June 2026: 12.10-1.00pm
Status	Public
Presenters	Paul Wright (NHS England terminology pharmacy lead)
Overview	Updates will be provided on digital developments
Proposed action	The group is to be updated and is to discuss developments, and may provide feedback during the meeting or by emailing the secretariat. Survey opportunities are also outlined.

Item 7. Medicine pack barcode data quality (12.10-12.30pm)

Following past discussion of this, the Medicines and Healthcare continue to be 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 feedback has continued to be shared to NHS England.

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). Some representatives have noted that achieving consistency may require legislative or regulatory change.

CP ITG actions:

- NHS England is inviting pharmacy team members and CP ITG representatives to [complete a short survey](#) on the impact of incomplete or inaccurate barcode data on patient safety and day-to-day workflows.
- Pharmacy representatives that need to, can make use of a [form to complete that helps GS1](#) and others understand the scale and types of issues.
- **Paul Wright (NHS England terminology pharmacy lead)** will provide an update and invite discussion.

Item 8. Guidance on ambient scribing tools (12.30-12.35pm)

Community Pharmacy England has published a new webpage on [ambient scribing tools](#), setting out how they may support community pharmacy, and the safeguards required for their use. This incorporates the group's feedback gathered at the last session we had on this topic.

Ambient scribing tools use voice technology and AI to create draft consultation notes, which pharmacy professionals must review and approve. This can help reduce administrative workload, improve record quality, and allow greater focus on patient care.

These tools are particularly relevant as community pharmacies deliver more clinical services. However, they must be used safely, transparently, and in line with NHS guidance.

Ambient scribing tools do not replace professional judgement, do not make clinical decisions, and do not automatically update patient records. Pharmacy teams remain fully accountable for all documentation. Overall, these tools offer potential efficiency benefits but require careful and responsible implementation.

Additional ambient scribing developments are outlined on page 10 of this agenda paper.

The NHS digital Ambient scribing webpage states that:

“Applications for [IT] suppliers reopened on 3rd February 2026 and will remain open. Read more about the process on the [Find a Tender](#) website. The list of suppliers on our website will be updated when new suppliers are added to the [list of self-certified AVT supplier](#).”

CP ITG actions:

- The group may consider the guidance and their potential use of such tools during piloting or rollout.
- IT suppliers may consider whether the ambient scribing framework and register is relevant.

Item 9. IT system selection (12.35-12.40pm)

NHS England researchers are seeking pharmacy input on how clinical IT systems are chosen and compared (e.g. the Pharmacy First systems). And what pharmacy teams might want to know ahead of such decisions.

This important 5-minute survey helps pharmacy owners and decision-makers shape future approaches around clarity, usability, and reducing burden.

CP ITG actions:

- CP ITG pharmacy representatives are encouraged to [complete the survey](#).
- The group (including IT system suppliers) are encouraged to share the survey link to their networks of pharmacies to complete it.

Item 10. Local IT roadmaps and ICB IT priorities (12.40-12.45pm)

Community Pharmacy England has recently received queries from Local Pharmaceutical Committees (LPCs) about Integrated Care Boards (ICBs) asking for views on local community pharmacy IT priorities and digital investment plans.

To help support these local conversations, and any future ones in this year or within future years we have updated [the IT policy](#) webpages with a template:

[Local pharmacy IT priorities and ICBs](#)

The template is designed to help LPCs and pharmacy owners:

- Articulate community pharmacy IT priorities in a clear and consistent way
- Align local asks with wider ICB and primary care digital objectives
- Support constructive discussions about inclusion of pharmacy within local digital plans and local digital proposals
- Reduce duplication and variation across different ICB areas

The content draws on CP ITG principles and existing national and CP ITG pharmacy IT priorities, while remaining flexible for local use. It is intended as a starting point rather than a fixed or mandatory position.

We are keen to ensure this resource, primarily aimed at LPCs is practical, proportionate, and genuinely helpful at local level.

CP ITG actions:

- LPCs, pharmacy owners, and other stakeholders are therefore invited to share email feedback on the working document with da@cpe.org.uk before or following the meeting.

[Items 11-14. Chair comments and close](#) (12.45-close)

Matt Armstrong (CP ITG Chair) will:

- a) provide an update to the group;
- b) discuss key post meeting messages;
- c) invite the group to provide AOB items; and
- d) will close the meeting

Subject	For the report: Updates on other CP ITG work streams
Date/time of meeting	3rd June 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](#)

Community pharmacy and GP co-working

NHS England previously announced changes to the GP Contract in 2026/27, which included digital elements to support co-working. [Supplementary information to support changes to the 2026/27 GP contract](#) was updated in May 2026 regarding the below.

2.12 Ensuring patient choice of pharmacy

In the letter announcing the changes to the GP contract we said the practices would be required to reconfirm the nominated pharmacy, whenever a new (non-repeat) prescription is issued – and to ensure that any referral and triage tools used for community pharmacy clinical services offer patients a full choice of provider.

By this we mean that patients must be able to choose, and if they wish, nominate or change their NHS community pharmacy of choice, for electronic transfer of prescriptions or referral for clinical services. Practices must provide clear, accessible information on how patients can nominate or change their chosen pharmacy. Patients should be given unbiased information, free from any influence towards a particular pharmacy.

Any triage or referral tools used by the practice to support access to community pharmacy clinical services must present the full list of available NHS community pharmacies, enabling patients to make an informed choice from all suitable providers. Practices are responsible for ensuring that digital and non-digital referral processes do not restrict patient choice.

2.13 Dedicated GP email address for community pharmacy communication

In the letter announcing the changes to the GP contract we said that practices will be required 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).

By this we mean that practices must maintain a suitable, monitored and secure email (The secure email standard – NHS England Digital, Secure Email – NHS Standards Directory) address to support safe and effective communication with community pharmacy. The purpose of this requirement is to support coordination of care, manage referrals, and ensuring accurate prescription handling where alternative digital routes are not available.

Practices are not required to create a new email address where existing secure email addresses fulfil this function. The email address must be regularly monitored during core practice hours to ensure timely review, and where needed, response. Practices are required to record this email address and keep it

up to date in the NHS Directory of Service. Practices and community pharmacies are jointly responsible for maintaining confidentiality and data security in all email exchanges.

Interoperability

As part of NHS England's digital transformation and transition into the Department of Health and Social Care, a review of legacy digital services has been undertaken. Following this review, developer.nhs.uk and associated domains were decommissioned in March 2026.

Key developer content is being migrated to new locations or archived for reference – and where needed, continued use. Suppliers, developers, and programme teams should update any documentation, integrations, or bookmarks accordingly.

FHIR assets previously hosted on these servers are now available at the following locations:

- Assets from fhir.nhs.uk: <https://simplifier.net/STU3-FHIR-Assets/~resources>
- Assets from fhir.hl7.org.uk: <https://simplifier.net/HL7FHIRUKCoreR4/~resources>

Further details are available on the [Decommissioning developer.nhs.uk and FHIR servers](#) page.

SNOMED International Proposal to Increase Description Length Limit

NHS England has provided an update to the information shared in [previously](#) regarding SNOMED International's proposal to increase the maximum length of Fully Specified Name (FSN) and Synonym descriptions from 255 to 4,096 characters.

Additional information has now been released by SNOMED International and is available in the following document: [Transition Plan to Increase Description Type Length Limits](#).

A blog containing further details is also available on the [SNOMED International website](#).

If pharmacy or supplier representatives have any questions or concerns, please contact support.digitalservices@nhs.net, quoting 'SNOMED International proposal to increase Description length limit' in the subject line.

NHS England will continue to share updates from SNOMED International as they become available.

Updating the SNOMED CT UK Drug Extension Model: Phase 3 and Phase 4 Changes

NHS England provided an update to the [information](#) regarding the planned [Phase 3](#) and [Phase 4](#) changes to the SNOMED CT UK Drug Extension.

NHS England said it had previously planned to implement these changes as a joint release (version 42.1.0) within May 2026.

Further information about this work is available on the [NHS England webpage](#).

If you would like to discuss this work further, please contact: nhsdigital.ukmeds@nhs.net.

Systems & services IT

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

Ambient scribing tools updates

- Nuffield Trust published a report on [Mixed-method evaluation of ambient voice technology: phase 1](#).
- European Medical Journal published an article on [Rollout of AI scribe tools transformed NHS consultations](#).
- Nuffield Trust published a report on [Ambient voice technology in health care: the evidence so far](#)
- JMIR Medical Informatics published [AI Scribes and Measuring What Matters](#)
- [An ambient voice technology pilot at Oxford University Hospitals NHS Foundation Trust found that 87% of users saved time on related admin tasks](#).
- Innovation manager for Health Innovation Kent Surrey Sussex commented on [the potential of AI scribes in the NHS, urging relevant implementation steps and thoughtful execution alongside the enthusiasm for the benefits of ambient voice technology](#).
- The Chief Pharmacy Information Officer at Mid and South Essex NHS Foundation Trust emphasised [the need to establish frameworks for AI scribing](#).
- Four NHS trusts in south west London [deployed Lyrebird Health's ambient voice technology for AI-powered clinical scribing across 20,000 clinicians in the region](#).

Artificial Intelligence (AI) regulation

- Politics UK published an article on [AI implementation](#).
- [MHRA secured £3.6 million from DHSC to expand AI Airlock](#), the UK's first regulatory sandbox for AI-enabled medical devices.
- [The National Commission into the Regulation of AI in Healthcare shared early findings from over 770 responses](#), highlighted question of how AI medical devices are monitored once in use, as well as uncertainty around AI medical device liability.

Artificial Intelligence (AI) pilot and trials

- Healthcare in Europe reported that [Sword Intelligence launched in the UK and Europe, delivering AI-led care operations to support healthcare providers under pressure from rising waiting lists and limited capacity](#).

Artificial Intelligence (AI) and health

- Healthwatch North Yorkshire published an article, [AI in NHS care: the impact, and what people think](#)
- OECD published articles on:
 - [Exploring possible AI trajectories through 2030](#); and
 - [Scaling Artificial Intelligence in Health](#).
- [The AI Ambassador Network](#) is a forum for healthcare professionals and those interested in AI in healthcare to learn about and share practical applications of AI.
- Integrated Care Journal published an article, [No trust, no scale - what AI in the NHS needs next](#).
- AI Magazine reported that [AI strategy investment by the UK government, worth £1.6bn, aims to boost healthcare innovation from early disease detection to drug discovery](#).
- The Health Foundation published an article on [Attitudes to technology and AI in health care](#).
- JMIR Medical Education published an article on [AI Competency: Current State and Challenges](#).

- HTN reported on a panel discussion on [AI strategy, implementation and adoption opportunities](#).
- npj Digital Medicine published an article, [EcoRxAgent: an AI agent for generating economically substitutable prescriptions](#).

Vaccination IT

- NHS England launched user support video guides and drop-in sessions via NHSFutures for the [Manage your appointment](#) and [Record a vaccine service](#).
- [NHS England has awarded a contract worth £33.6 million to TPXImpact to deliver digital and data services relating to vaccinations, as part of the Digital Prevention Services Portfolio](#).

nhs.net

- Community Pharmacy England reported on [the New NHS.net Connect Launchpad homepage – rolling out](#).

Digital patient services & prescriptions

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

NHS account and NHS App updates

- [Patients will be able to sign up for clinical trials through the NHS App](#), as part of the government's National Cancer Plan.
- DHSC launched the [NHS App campaign](#), the campaign encouraged people to get the most from features such as turning on notifications and viewing their GP health record and test results.
- [NHS App management stats were updated](#).
- [NHS England launched a campaign urging the public to enable push notifications on the NHS App to reduce missed appointments](#), with a survey that found nearly one in four people have missed one.
- Humber Teaching NHS Foundation Trust [received funding from NHS England to lead on the roll-out of functionality allowing patients to manage their appointments and visits directly from the NHS App](#).
- NHS England's Director of Digital Prevention Services stated that, [the NHS App will shift to becoming a personalised health companion over the next few years](#).
- NHS England explored [plans to enable patients to order tests, complete them and receive results at home via the NHS App](#).
- Polling, conducted by Ipsos suggested [the NHS App is not yet improving patients' perceptions of NHS administrative processes despite increased uptake](#).

NHS POC codes

- Community Pharmacy England published guidance for [pharmacy owners with more than one premises: Knowing your NHS POC code](#)
- Every community pharmacy owner has an NHS Parent Organisation Code (POC).
- This is the unique code that identifies the pharmacy premises 'parent organisation' within the NHS.
- If pharmacy owners have a single pharmacy, they still have a POC.
- If pharmacy owners own multiple pharmacies, each pharmacy site should be correctly linked to the same POC.
- POCs are usually four or five characters long and often begin with the letter "P".

- Getting this right is important. It helps ensure NHS records about pharmacy organisations are accurate and consistent.
- POCs differ to the unique ODS code of a pharmacy. ODS codes have five characters – usually starting with ‘F’.

Read more: [Knowing pharmacy NHS POC codes](#).

Patient tools

- HSJ [opined](#) that NHS England may be:
 - concerned about £11m being associated with supporting patient engagement portal supplier platforms; and
 - looking at speeding up the work towards directly integrating appointment management into the NHS App.
- [HSJ also opined that NHS England may be planning to bring more online consultations through the NHS App](#), and may be developing more granular plans to progress this.

Patient tools: guidance on sending NHS-related notifications to patients

NHS England has published new messaging best practice guidance alongside a content guide for writing and sending messages via the NHS App, text messages, emails and letters. The guidance supports teams across the NHS to create clearer, safer and more effective communications for patients and the public.

It covers when and how to contact patients, the benefits of a digital-first approach, and practical advice on getting started with NHS Notify, the national NHS messaging service. This encourages those who will use it in future to explore the guidance to strengthen their messaging and help improve patient outcomes. The group previously discussed the need for future standardised pharmacy notification wording for relevant scenarios and where appropriate.

Read the [Messaging Best Practice Guidance](#) and use [the Writing NHS Messages Content Guide](#).

Electronic health records

Relevant webpages include: [/genomics](#) and [/records](#)

Records

- Interim Chief Digital Officer at NHS England stated that [NHS England is moving its focus from electronic patient record adoption to implementing business change](#).
- HTN published, [Deep Dive: from record to reasoning: EPRs at the AI inflection point](#).
- Health Tech World published an article on [The evolution of Shared Care Records: From documents to conversations](#).
- Frontiers in Digital Health published an article on [Unlocking electronic health records: a hybrid graph RAG approach to safe clinical AI for patient QA](#).
- HTN reported on an expert panel that discussed [EPR implementation approaches, lessons learned, challenges, and future directions across NHS](#).
- Orion Health published, [From blueprint to readiness: preparing for Single Patient Record](#).
- The BMA called for [doctors to remain in control of GP data in the Single Patient Record data, rather than the Department of Health and Social Care](#).

Single Patient Record developments

The Department of Health and Social Care (DHSC), NHS England, and Health Minister Karin Smyth have outlined key changes in the [NHS Modernisation Bill](#). A central feature of the bill is the introduction of the Single Patient Record (SPR).

This will require all NHS providers—including hospitals and GP practices—to share patient data, enabling authorised doctors, nurses and specialists across England to securely access a patient's full medical history, regardless of where they receive treatment.

The SPR will be a secure, digital system that intends to bring together patient health information in one accessible place. It is intended to support safer, faster and more coordinated care by ensuring health and care professionals have the information they need when they need it. Clinicians are expected to start benefiting from improved access to records as early as 2027, beginning with areas such as maternity and frailty care.

Read more: the [new SPR factsheet](#) and [SPR](#).

Connectivity and data security

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

- NHS England continues to enable its [sign up process](#) for the IT suppliers to join its [NHS cyber security supply chain charter](#).
- Community Pharmacy England published an article and reminder about the deadlines and guidance for [Data Security and Protection Toolkit 2026](#). Completing the Toolkit is how pharmacies make their annual information governance (IG) declaration. It is a mandatory requirement under the NHS Terms of Service and must be completed by 30th June 2026.

Policy and general updates

Relevant webpages include: [techpolicydev](#)

CP ITG pharmacy representative priorities: CP ITG Roadmap

The group's next steps and roadmap working documents have received more updates since the last meeting:

- [Next steps and roadmaps for pharmacy IT \(CP ITG\)](#)

The theme across pharmacy requests for IT change, is in line with the 10 Year Health Plan for England, relating to a desire for the 'seamless flow of clinical information' (interoperability). A more seamless flow of clinical information would also help to realise Nuffield Trust's vision for the sector, with it being able to support continuous improvement:

- preventing ill health and supporting wellbeing;
- providing clinical care for patients;
- helping patients to live well with medicines; and
- provision of integrated primary care for neighbourhoods.

The updated positions are shared with NHS England.

IT policy: priorities, reports and the future

- NHS England reported on [Approved Particulars: notification on hub and spoke](#).
- HTN Health Tech reported that the [National Cancer Plan launched with focus on tech, data, AI, diagnostics, robotics, supported by billions in investment](#).
- Practice Business reported that [NHS England will begin publishing monthly productivity growth statistics at trust level, including data on the extent to which digital and technology adoption is contributing to productivity](#).
- [Director of national cyber operations at NHS England announced is stepping down](#).
- Health Foundation published a report on [Integrated care systems in England: next steps](#)
- [DHSC and NHS England have pledged £7.4 billion in technology, digital, and data investment through to 2030, according to internal planning guidance](#).
- England's chief clinical nursing information officer [urged a braver, more honest approach to addressing the barriers that hinder the scaling of technologies](#).
- [Government figures are reported to be considering triggering a break clause in Palantir's NHS federated data platform contract](#).
- Rewired 2026 podcast explored [how digital tools and platforms can support neighbourhood health models across NHS services](#).
- Community Pharmacy England published guidance on [NHS Smartcards: important checks to keep systems working](#). Pharmacy teams rely on NHS Smartcards to access essential NHS systems. NHS England and Community Pharmacy England are re-asking all pharmacy staff who use Smartcards to carry out a few simple checks now — to avoid disruption later. This includes checking card and profile end dates and associating an email address and mobile phone number with the Smartcard, and registering for 'self unlock' capability so that this can be done without needing to contact others later. Self unlock is only possible if registered for prior to the card becoming 'locked'.
- Community Pharmacy England provided an update and new guidance regarding [the medicines supply process for detained estate EPS prescriptions](#).

IT policy: commentary and requests for the future

- Health Tech World published an article on [Wearables: how might NHS enable patients to opt to share relevant data](#).
- Imperial College London published an article on [Delivering the NHS 10-Year Plan: The Role of Digital Transformation](#).
- National Health Executive published an article on [Digital Transformation: AI, EHRs, and Data Interoperability 2026](#).

CP ITG administrative matters

- [CP ITG Terms of References updates have been proposed](#) (see tracked version) – including aligning the Chair and Vice Chair positions to some of the pharmacy organisation's committees and enabling these positions to be held for up to two terms in future by a voting member. Group members can make further suggestions to the secretariat.

Digital inclusion

- The Department for Science, Innovation and Technology published a report on [Digital Inclusion Action Plan: One Year On](#).

- The NHS Alliance published a report on [Assessing digital inclusion and the NHS App](#)

Digital capabilities of the workforce

- The Patient Information Forum published the [Health and digital literacy survey 2025/26](#).

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.
- NHS England updated its [NHS App roadmap](#), which included what's been recently delivered, what is currently working on and what's coming up next. This includes increasing objectives to improve users' ability to self-serve, for example booking and managing appointments

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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