

Community pharmacy IT progress update: Summer 2026

This briefing sets out updates about community pharmacy IT and progress with Community Pharmacy IT Group's (CP ITG's) [workstreams](#) since the last bulletin.

The updates are categorised into the work plan areas below.

- [Community pharmacy IT developments: overview](#)
- [Establishing data flows & IT standards](#);
- [Developing robust services IT & systems](#);
- [Digital prescriptions & services](#);
- [Electronic health records usage](#);
- [Straightforward security & connectivity](#);
- [Policy and general updates](#);
- [Seamless referrals & appointments](#); and
- [Optimal principles across all pharmacy IT](#).

Note: You can click or select a category heading (left) to automatically scroll down to that section of the document.

Comments or feedback that support progress on the priority areas, can be provided by emailing da@cpe.org.uk. These updates are also available within html format at: cpe.org.uk/itupdate.

Community pharmacy IT developments: overview

[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 on an ongoing basis.

[Overview of current pharmacy IT priorities](#)

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 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 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 is working to support suppliers in transitioning to the NHS Digital Services for Integrated Care ([DSIC](#)) framework.

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 expected over the course of this year as the DSIC pharmacy workstream progresses in line with planned timelines.

[EPS updates:](#)

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 people 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) practices rolling out from June.

EPS nomination: [NHS England updated its national EPS nomination standards](#) on how pharmacy teams and IT system suppliers process EPS nominations. 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.

Other projects continue:

- NHS App notifications
- EPS Prescription Tracker version 2.0

[Medicine pack barcode data quality](#)

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.

Group 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.
- A [form to complete that helps GS1](#) and others understand the scale of the problem.

Guidance on ambient scribing tools

Community Pharmacy England has published a new webpage on [ambient scribing tools](#), setting out what they are, how they may support community pharmacy, and the safeguards required for their use.

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.

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](#).”

IT system selection

NHS England researchers are seeking pharmacy input on how clinical IT systems are chosen and compared (e.g. the Pharmacy First system). 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.

Group actions:

- Pharmacy representatives are encouraged to [complete the survey](#).
- The group are encouraged to encourage their networks to complete it.

Local IT roadmaps and ICB IT priorities

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, 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 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.

Group action:

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

Establishing data flows & IT standards

Relevant webpage(s) include: [/itcommunications](#)

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 will be decommissioned on 2 March 2026.

This includes the FHIR servers:

- <https://fhir.nhs.uk/>
- <https://fhir.hl7.org.uk/>

Key developer content is being migrated to new locations or archived for reference. 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 [September 2025](#) 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](#) published in March regarding the planned [Phase 3](#) and [Phase 4](#) changes to the SNOMED CT UK Drug Extension.

NHS England had previously planned to implement these changes as a joint release (version 42.1.0) in 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.

Developing robust services IT & systems

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 admin tasks](#).
- Innovation manager for Health Innovation Kent Surrey Sussex commented on [the potential of AI scribes in the NHS, urging careful implementation and thoughtful execution alongside the enthusiasm for 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 [Regulating AI for the NHS: why implementation, not innovation, is the real test](#).
- [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 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 prescriptions & services

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

Other 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.
- NHS England published the updated [NHS App roadmap](#), which included what's been recently delivered, what is currently working on and what's coming up next.
- 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.

Other NHS account and

- [NHS App management stats were updated](#).
- 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.
- [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: 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. Teams are encouraged to explore the guidance to strengthen their messaging and help improve patient outcomes.

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

Electronic health records usage

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

Records

- Interim Chief Digital and Information 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 an article, [From blueprint to readiness: preparing for a 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.

Further information: [Single Patient Record \(SPR\) factsheet](#).

Straightforward security & connectivity

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 updates

Relevant webpages include: [techpolicydev](#)

IT policy: priorities, reports and the future

- NHS England reported on [Approved Particulars – notification of a hub and spoke arrangement](#).
- 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 that he 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](#).

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](#).

Seamless referrals & appointments

Relevant webpages 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.

About CP ITG

CP ITG voting members nominated by IPA, CCA, NPA, Community Pharmacy England, and RPS: 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.

The wider CP ITG: Other pharmacy representatives, system supplier representatives and representatives from NHS England pharmacy team, NHS England's Transformation Directorate, NHSBSA, DHSC and PRSB.

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

Social media: To publicly tweet about the group use: [#cpitg](#)

Date of last main meeting: Wednesday 4th March 2026.

Next main meetings: 23rd September 2026, 3rd March 2027 (to be confirmed), 2nd June 2027 (to be confirmed).

Comments or feedback: Comments that support progress on the priority areas, can be provided by emailing the CP ITG secretariat, Dan Ah-Thion (da@cpe.org.uk).