

*Community Pharmacy IT Group
Summer 2026 event*

Meeting: 3rd June 2026

Agenda

	Session
1-4.	Chair's introduction, apologies, minutes, actions
5.	Pharmacy services IT update
6.	EPS updates
	Break
7.	Medicine pack barcode data quality
8.	Guidance on ambient scribing tools
9.	IT system selection
10.	Local IT roadmaps and ICB IT priorities
11.	Chair updates, post-meeting messages, AOB and close from the Chair

Pharmacy services IT updates



Pharmacy services IT updates

CP ITG have identified a set of key IT priorities for community pharmacy. These include:

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

CP ITG, alongside Community Pharmacy England and NHS England, continues to drive and shape these programmes, aligning them with the wider long-term vision for community pharmacy set out by the Nuffield Trust and King's Fund.

Community Pharmacy Contractual Framework

The Department for Health and Social Care and NHS England published a letter confirming the Community Pharmacy Contractual Framework (CPCF) arrangements for 2026 – 2027.

You can find the letter on the Department's website: [Community Pharmacy Contractual Framework: financial year 2026 to 2027 - GOV.UK](#)

This letter sets out the outcomes of the negotiations with Community Pharmacy England for 2026 - 2027, including updates on services, funding, and the regulatory changes. It also sets out the quantum of CPCF funding that is available.

NHS England is hosting a webinar for all pharmacy owners from **6 – 7pm on Wednesday, 3 June 2026**.

The webinar may also be of interest to some pharmacy IT supplier representatives

Register for this event: [on NHS England's website](#)

<https://www.events.england.nhs.uk/events/community-pharmacy-contractual-framework-2026-27-webinar>

EPS updates



EPS updates

EPS Technology Upgrades (Project FAME)

Ongoing transition to EPS FHIR architecture to improve interoperability, system resilience, usability, and enable future enhancements for patients and pharmacy teams.

Improved Repeat Medicines Visibility (NHS App)

- Patients can now view *all active repeat medicines* in one place
- Includes items not yet requestable, with clear explanations (e.g. too early, review needed)
- Reduces confusion around “missing” items
- Live in all TPP practices; Optum (EMIS) rollout started June

EPS updates

EPS Nomination Standards Update

- NHS England refreshed national guidance for processing nominations
- Reinforces patient choice — nominations must be set or changed *freely*, without pressure

Other Ongoing Work

- NHS App notifications
- EPS Prescription Tracker v2.0

NHS App

Prescriptions & Medicines

Nishali Patel

Clinical Lead, Digital Medicines Programme, NHSE

Active features

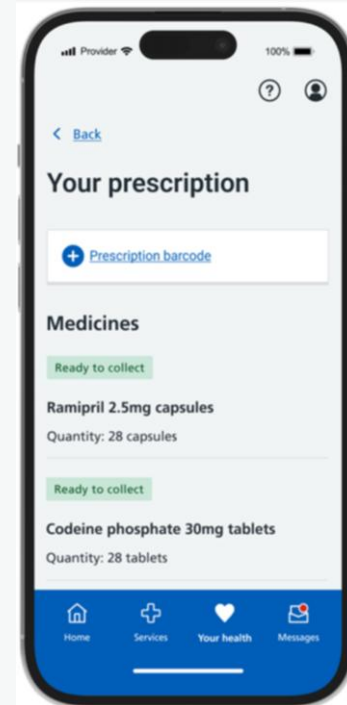
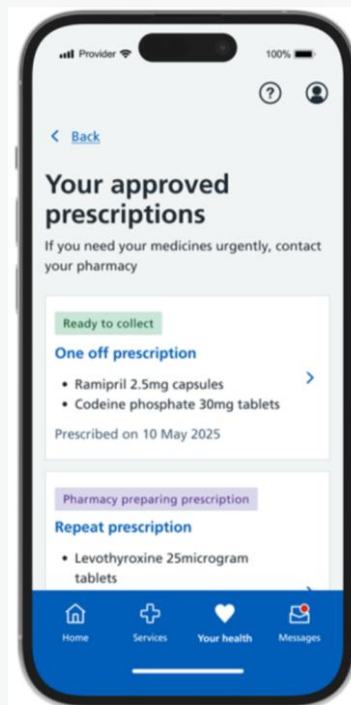
Prescription tracking

'Ready to collect' notifications

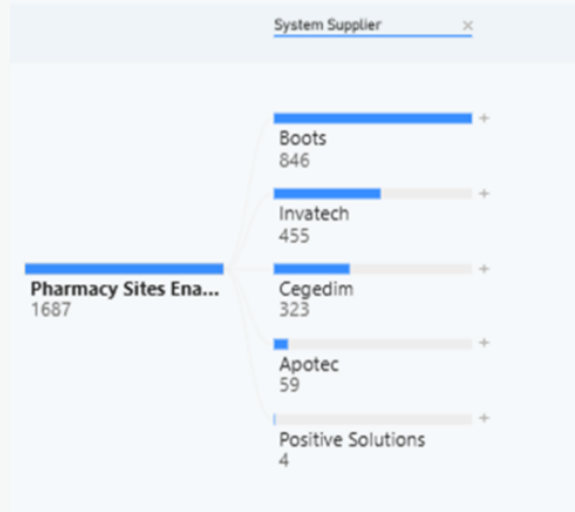
Prescription Tracking

29.7% of patients can now track their EPS prescriptions and items on the NHS App up to the point of collection or dispatched for delivery

- April 2026: live with 3035 sites (**29.7%** of total community pharmacy estate) in England
 - 100% of all Boots and Apotec sites rolled out
 - 51% of all Invatech sites rolled out
 - 35% of all Cegedim sites rolled out
 - 49% of all Positive solutions sites rolled out
 - 8 Optum sites are now live
- Available to **>15.8M people** (based on total number of nominations served by live sites)
 - **>2M NHS App users** used the functionality since go-live

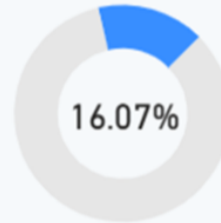


'Ready to collect' notifications



Pharmacy Sites with "Ready To Collect" Notifications Enabled

1687



Active Nominations with "Ready To Collect" Notifications Enabled

8.66M



Upcoming features

Medicines unavailable
Reminder to request

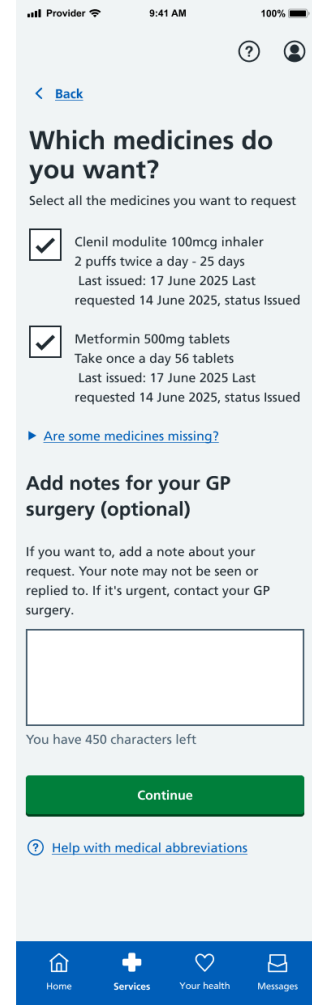
The Problem

Patients were reporting that some of their medicines are missing...

leading to confusion, uncertainty about their prescriptions and clinical risk.

“*My repeat prescription had once again disappeared from the app*”

- In-app feedback



The Problem

GPs were experiencing an increase of inbound calls from confused patients...

adding administrative burden and taking time away from clinical care.

“*It may be better if repeat medication that has reached max issue is greyed out (rather than becoming invisible) on NHS app?*”

- GP feedback,

Before

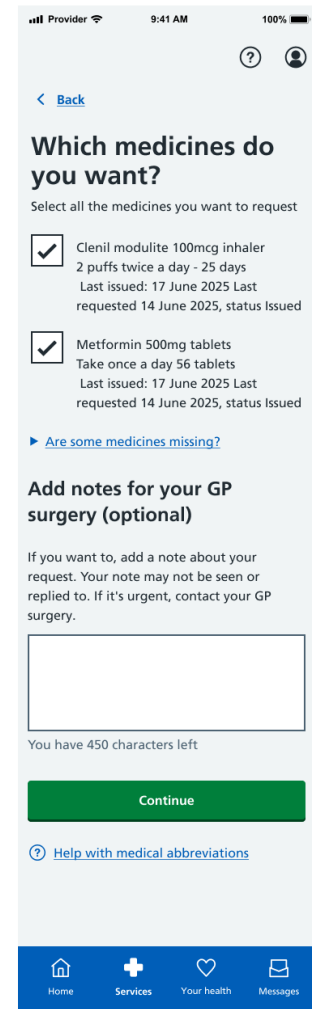
TPP patients experience

TPP's safeguarding rules made **some medicines temporarily non-requestable** and **therefore not visible in the app**.

For example, if **their request was pending, it was too early to request them again, or if a medication review was due**.

This caused two key issues for patients and GP practices:

- **Confusion and increased workload:** patients didn't understand why a medicine wasn't appearing/was disappearing, leading to frustration and more calls to GP practices.
- **Risk to health outcomes:** some patients assumed the GP had removed the medicine from their record and stopped taking it, potentially leading to poor health outcomes.



Now

TPP patients experience

In April, we went live all TPP practices nationally following successful completion of our Pilot.

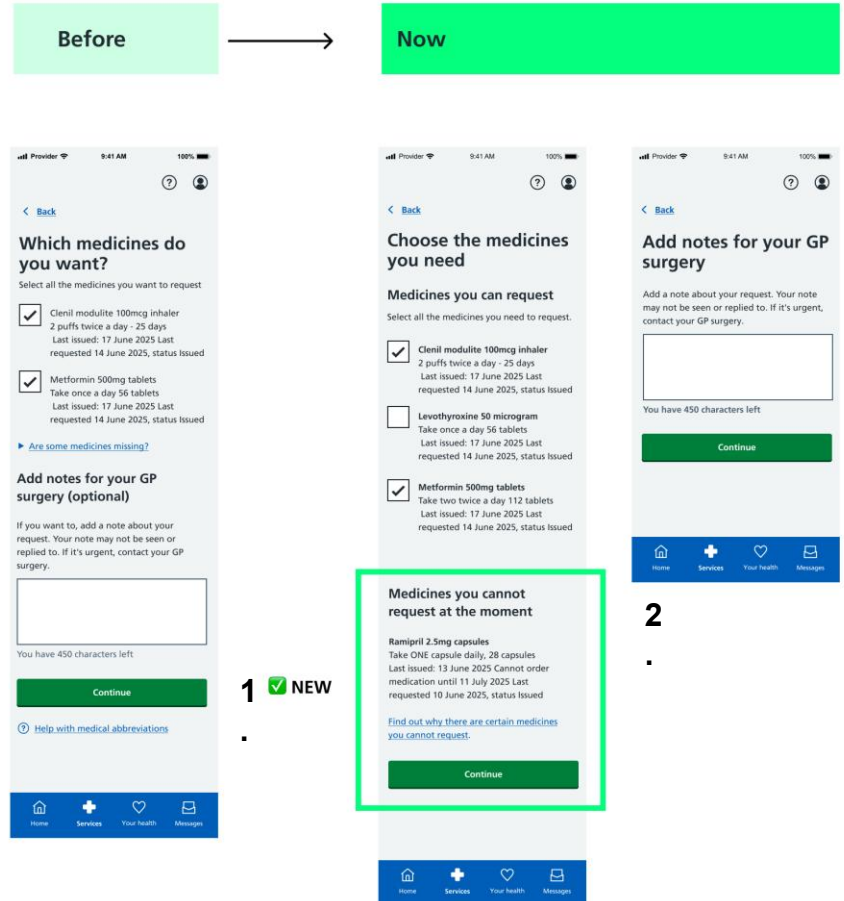
The Hypothesis we proved

If repeat medicines **are always visible** and users **are shown those which cannot be requested** and why, this will:

- decrease admin burden for GP practices
- improve user experience and satisfaction, and mitigate poor health outcomes

Design improvements

- all repeat medicines remain visible including those which cannot be requested at the moment (1.)
- to comply with NHS Design Standards and improve usability the “Add a note” question has been moved to the next screen (2.)



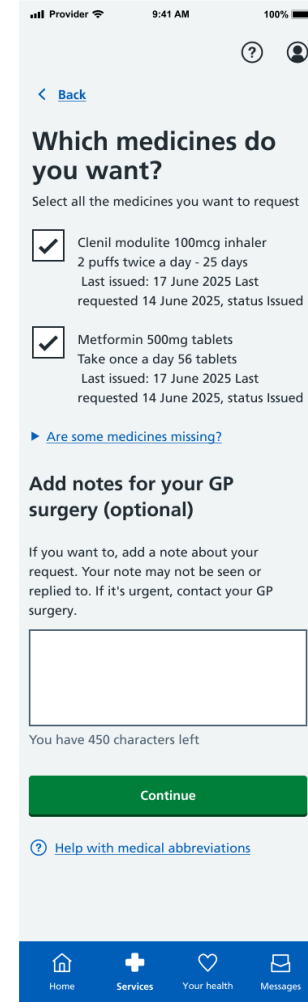
Before

Optum (EMIS) patients experience

Under EMIS logic, patients can request repeat medicines at any time, provided that **there is no pending request** for that medicine.

As a result, we have observed:

- **over-ordering or early ordering** - patients sometimes requested medicines too early or too frequently, leading to unnecessary rejections from the GP practice.
- **confusion** - patients, particularly those on multiple medications (polypharmacy), often forgot what they have recently requested.



Now

Optum (EMIS) patients experience

In March, we went live with all EMIS practices within North Central London as part of a pilot. We plan to scale nationally in June.

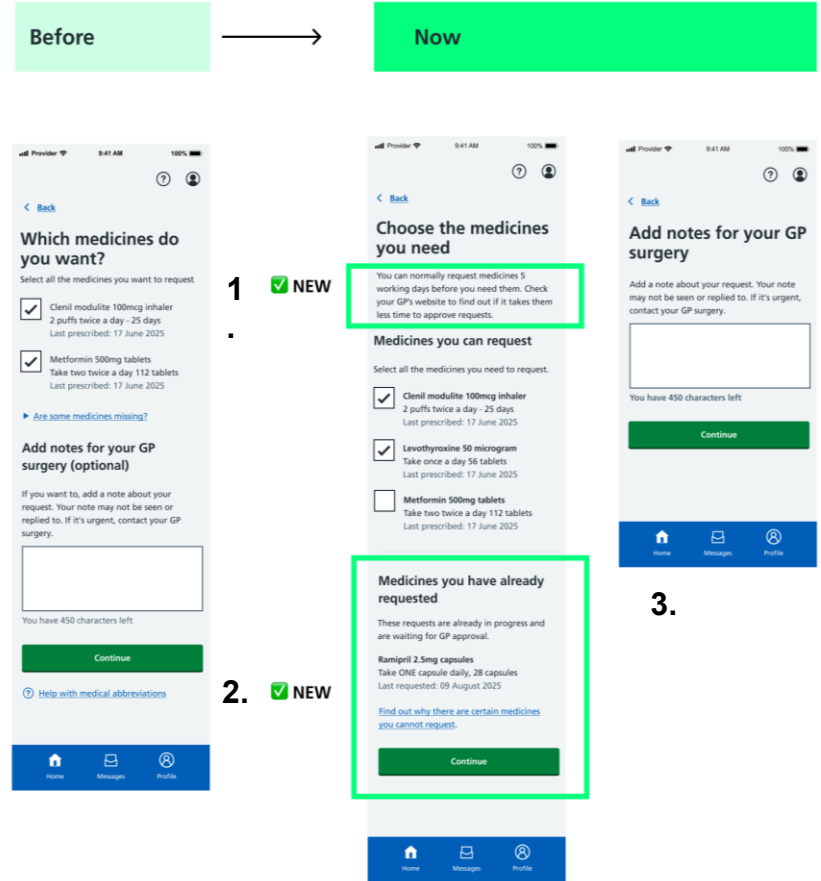
The Hypothesis we are testing

If repeat medicines are always visible, clearly showing which are available or already requested, and providing guidance on when they should request, this will:

- reduce over-ordering and unnecessary requests
- decrease administrative burden for GP practices
- improve user experience and satisfaction

Design improvements

- users receive clear content guidance on when to request their medicines (1.)
- all repeat medicines remain visible including those with a pending request, and the date last requested (2.)
- to comply with NHS Design Standards and improve usability the “Add a note” question has been moved to the next screen (3.)



Now

'Help and support' content

We have improved the Prescriptions' 'Help and support' content, bringing it up-to-date with our recent in-App changes to ensure we provide clear guidance for our NHS App users, on medicines that are currently unavailable to request.

Our recent changes to the Prescriptions' 'Help and support' page include:

- **condensing and updating information** in the 'Missing medicines you want to request' section, to reduce repetition of information and cognitive load for users
- **adding a new section** on 'Medicines you cannot request at the moment', to explain why some medicines may be temporarily unavailable to request – providing users with further certainty and peace of mind
- **using plain English to explain more complex in-App TPP wording**, reducing the reading age score and making it easier for users to understand

Request a prescription

To request a repeat prescription using the NHS App:

1. Select **Prescriptions**.
2. Select **Request a repeat prescription**.

▶ [Requesting urgent repeat prescriptions](#)

▼ [Missing medicines you want to request](#)

A medicine may not be listed if it's:

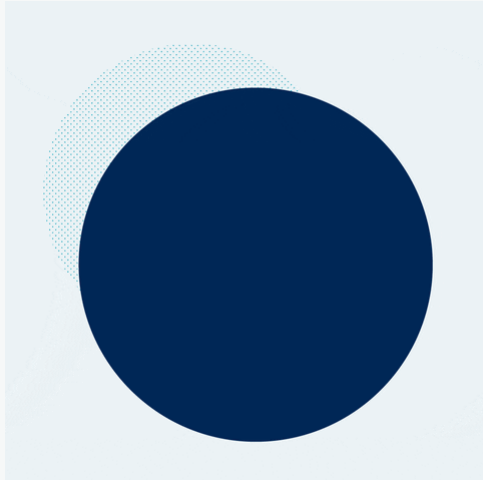
- a one-off course of medicine
- not been prescribed for a long time
- been prescribed while you were living outside of England
- a controlled medicine (a strong medicine) that you cannot request in the NHS App
- on a repeat dispensing prescription (a repeat prescription, which you have for a set period of time, that you do not need to request from your GP)

▼ [Medicines you cannot request at the moment](#)

There may be certain medicines that you cannot request at the moment. This could be because:

- you have recently requested this medicine and your GP still needs to approve it
- you need a medicine review and need to contact your GP to arrange this
- it's too soon after you last requested this medicine to request it again
- your GP does not allow this medicine to be requested through the NHS App and you need to contact your GP to request it

How the Pilot improved GP staff experience



*“We previously received a high volume of complaints from patients, thinking that we had removed their medication from repeat. This has **reduced considerably** since piloting the new update to the NHS App. Patients **seem much more aware of the situation** with their medications, like the example states, **contacting us to arrange reviews etc.**”*

TPP GP Practice Lead

TPP:

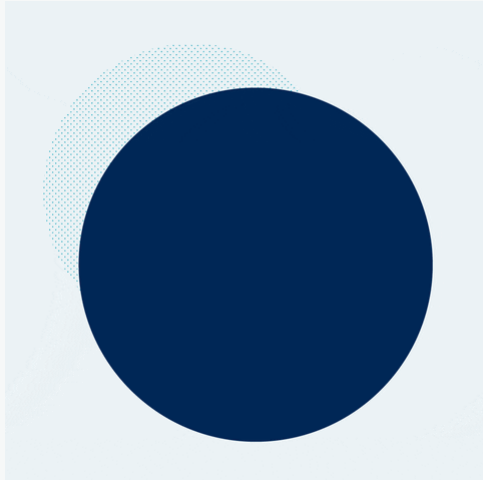
Pilot Practice 1 reported a 33–50% reduction in patient complaints about “removed” medicines since go live.

Pilot Practice 2 reported that “Missing medicines” queries have been eliminated since go live, they have not received any.

EMIS:

Very early analytics show a **15% reduction** in EMIS patients reaching the end of the request journey.

How the Pilot improved the patient experience

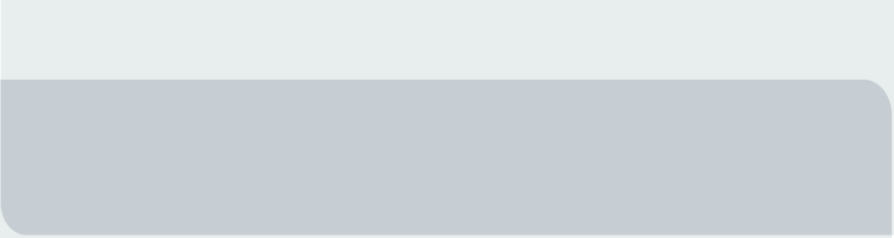


“It’s great to have this feature added as I used to have to go back and find where the info was to check when I could next request something if it wasn’t available.”

TPP User

From **3,145 responses**:

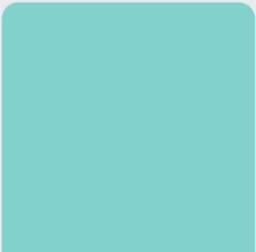
- **81%** of users said they understood why some medicines could not be requested
- **73%** of users said it was useful to see medicines they were unable to order



Care Identity Service 2 and Digital Signature Service New signing certificate for EPS HL7 v3 suppliers

June 2026

Update for CP ITG





***Enable the modernisation of
prescription signing by delivering
platinum-ready signing solutions
which work with more modern CIS2
authenticators***

Digital Signature Service

New signing certificate required for EPS HL7 v3 suppliers

All suppliers of dispensing software using EPS HL7 V3 need to install the remote signing certificate into their trust stores by 30 September 2026 to be able to dispense remotely signed prescriptions

- Dispensing software suppliers using [Electronic Prescription Service HL7 V3 API](#) are required to install a new certificate
- This change is only required for dispensers using EPS HL7 V3
- Once a supplier has moved to EPS FHIR Dispensing API they don't need the additional certificate because this API does the signature verification

Background

Benefits of Digital Signature Service

Clinicians can sign prescriptions using a range of modern [authenticators](#)

Works with smartcards & also supports Windows Hello, security keys & iPad biometrics, which provide a "very high" level of user identity assurance

End user organisations want to start using alternative authenticators for prescribing

DSS supports two signing pathways

"local" signing is done on the client device & is already used for signing with smartcards

"remote" signing is done remotely on our server: initially used for signing with other authenticators & eventually with smartcards too

Transition from local to remote signing

We aim to move smartcard signing to remote signing as soon as possible to improve service consistency & maintainability

During transition from local to remote signing, measures are needed to control the service in event of a security compromise

The separate security certificate for remote signing enables this control

CIS1 Deprecation

- As per the [CIS1 Deprecation Notice](#), CIS1 will be switched off on 28th Feb 2027, all systems to have migrated to CIS2 Authentication before then
- [CIS1 moved to no SLA on 1st Mar 2026](#)
- Community pharmacy systems that use CIS1 are either live, ready to rollout or completing implementation for CIS2 Authentication – See [applications you can access with CIS2](#)
- Ahead of CIS1 being switched off, to continue to use smartcards user terminals must have installed [Smartcard Connect](#)

FHIR Architecture Modernisation in EPS

CP ITG

The NHS logo, consisting of the letters 'NHS' in white on a blue rectangular background.

England

Product Manager: Jen Redman
Implementation Manager: Danielle Gerard
Presenters: John Kitson & Emma Hooker
Contact: england.epsonboarding@nhs.net



Recap

Project FAME aims to:

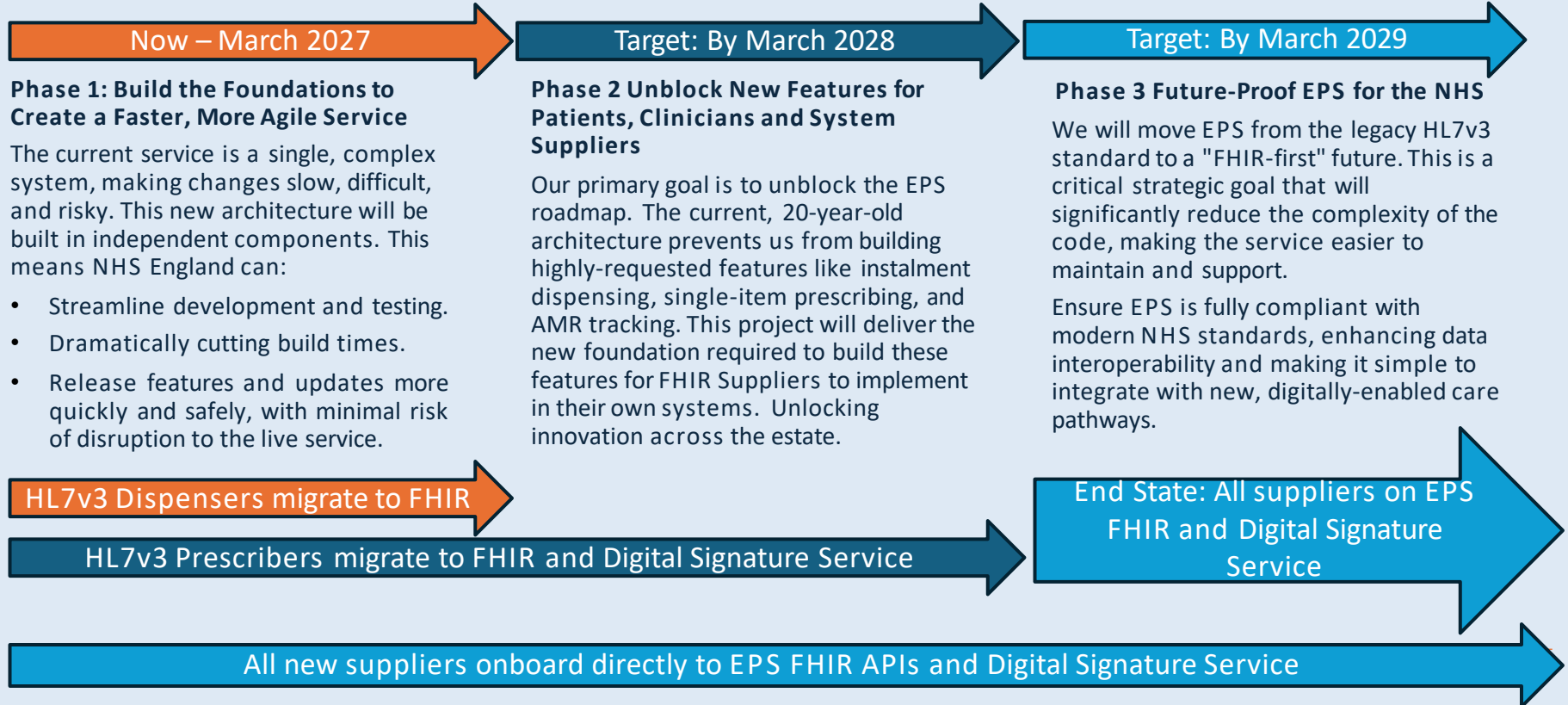
- enable the delivery of new EPS features
- simplify the existing EPS architecture
- reduce build and development cycle times
- increase processing speed for existing FHIR suppliers
- reach an end state where HL7v3 can be decommissioned

all while not disrupting the live service or requiring existing FHIR suppliers to make significant changes to their infrastructure until they want to access new features.

Alongside FAME, there is ongoing work to migrate existing HL7v3 suppliers and onboard new suppliers to the EPS FHIR Prescribing and Dispensing APIs which will:

- create a more manageable EPS supplier landscape
- enable suppliers to take advantage of new FHIR features when available.

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

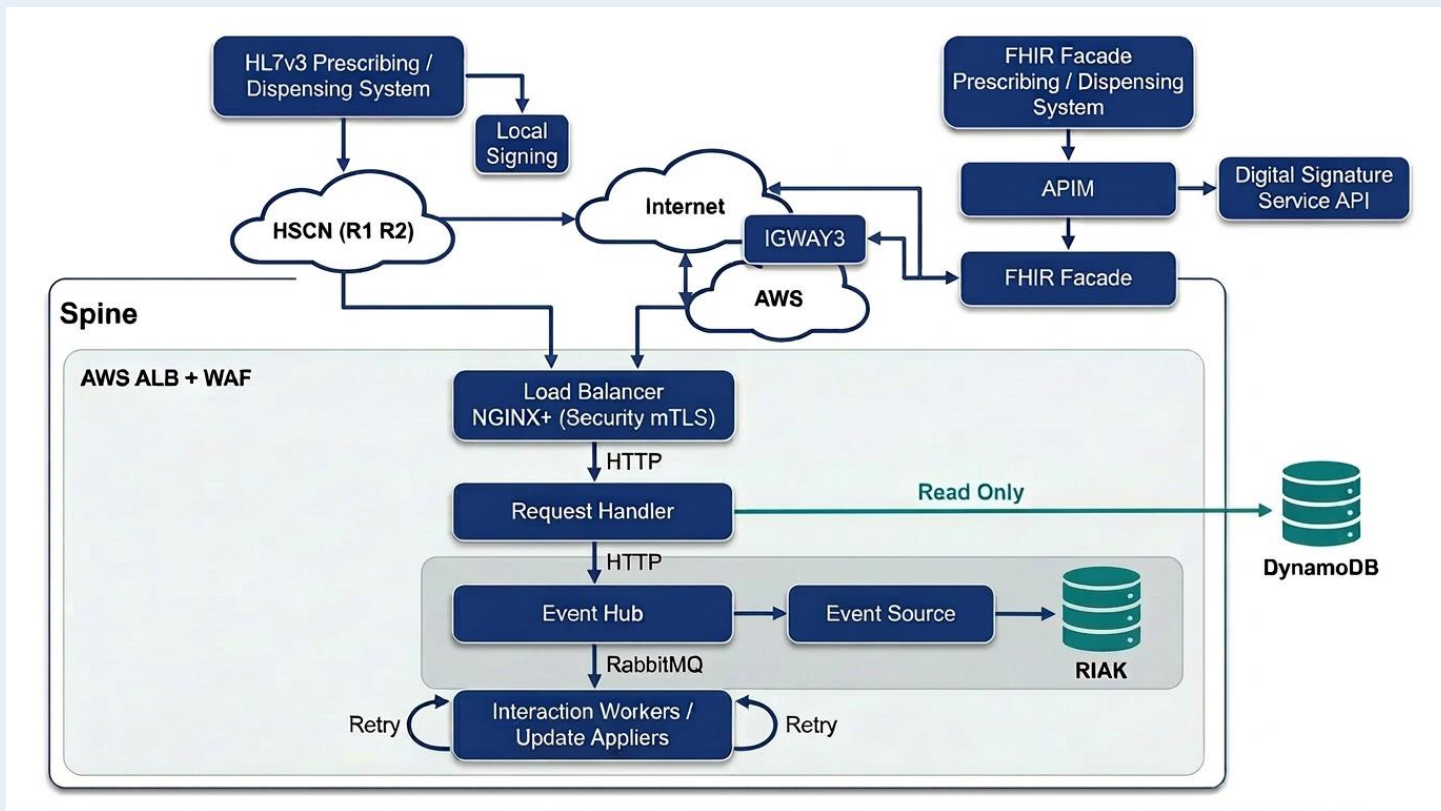




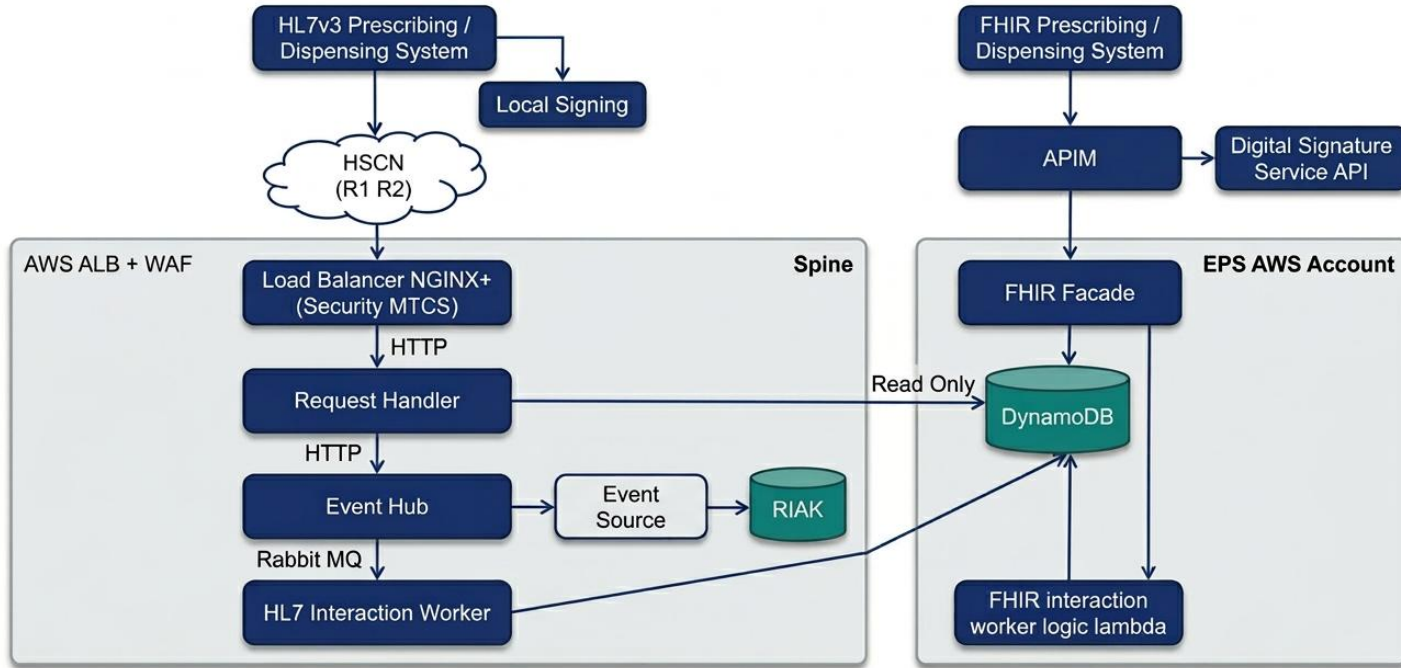
Supplier Onboarding Update

- In-house onboarding team now established
- Working to migrate all HL7v3 suppliers to the EPS FHIR APIs and onboarding new suppliers
- All existing suppliers are informed of Project FAME and the expected timelines
- Onboarding process is being streamlined to increase capacity and quality of onboarding for suppliers
- The new team are integrated with wider EPS team and Business Analysts to quickly resolve supplier queries and improve existing documentation





As-is Architecture



Phase 1 Architecture end state



Build Progress

- Technical foundations for EPS FAME are now in place 
 - Server infrastructure, deployment pipelines and code-sync with Spine
- Improving our Test Data Coverage 
 - Storing real-world data for pseudonymisation in test environments
- Architectural Approval received from our Technical Review Group 
- Full “Red-lines” Assessment completed for Engineering Board Review 
 - Ensures we are building everything to established standards
- “Create Prescription” functionality is now underway
 - The initial infrastructure created here will be reused for the remaining functional areas



What's Next

- Completion of Create a Prescription functionality
- After Create, we will move onto Cancel a Prescription
- On-going improvement and expansion of the EPS testing suite – starting with Create Prescription
- Design of a Claims routing solution, working with NHS BSA



Thank You

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EPS Onboarding: england.epsonboarding@nhs.net

Medicine pack barcode data quality



Medicine pack barcode data quality

Background

Ongoing concerns raised with MHRA & NHS England regarding:

- Limited availability and inconsistency of Global Trade Item Numbers (GTINs)
- Declining presence of 2D data matrix barcodes on UK-only medicines packs

Key Issues

1. **GTINs and the medicines licensing process:** GTIN usage in NHS systems is undermined by their absence from the medicines licensing process and SmPCs, leading to reliance on voluntary manufacturer data and resulting in gaps, errors, and inconsistencies
2. **Reduced use of 2D data matrix barcodes on UK packs:** changes under the Windsor Framework mean 2D barcodes are no longer required on UK-only medicines, leading to more packs without them and undermining NHS initiatives like Scan4Safety and closed-loop medicines processes

Medicine pack barcode data quality

- 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.

[Complete survey](#)

Local IT roadmaps and ICB IT priorities



Local IT roadmaps and ICB IT priorities

- LPCs have been asked by ICBs to provide views on community pharmacy IT priorities and digital investment plans
- Community Pharmacy England has updated [IT policy](#) webpages with a supporting 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



Which section of the template best reflects the IT challenges you see locally? (select up to two)



Where do you see the strongest local need for ICB digital development? (select up to three)



How consistent are local IT requirements across the ICBs you engage with?



What is one example of a local IT issue that the template should help LPCs raise with their ICB?

IT system selection



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.

Pharmacy reps, [take part in the system selection survey](#).

The group is also encouraged to share this survey with their colleagues and networks.

Guidance on ambient scribing tools



Guidance on ambient scribing tools

Community Pharmacy England has published [Ambient scribing tool pharmacy-specific guidance](#).

What are Ambient Scribing Tools?

- Use **voice technology + AI** to create draft consultation notes
- Notes must be **reviewed and approved by pharmacy professionals**

Potential Benefits

- Reduce administrative workload
- Improve quality of clinical records
- Enable greater focus on **patient care**

Guidance on ambient scribing tools

Key Considerations

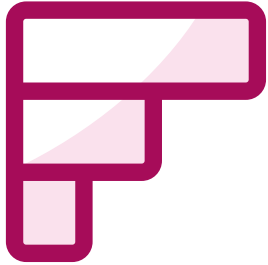
- Must be used **safely, transparently, and in line with NHS guidance**
- Do **not replace professional judgement**
- Do **not make clinical decisions** or automatically update patient records
- Pharmacy teams remain **fully accountable**

NHS Update

- Supplier applications reopened: **3 February 2026 (ongoing)**
- Supplier list updated as new **self-certified AVT providers** are approved



Which best reflects your current view on ambient scribing tools in community pharmacy?



If ambient scribing tools were to be explored further, what would matter most to you? (rank all in order of importance)



What is your biggest question about using ambient scribing tools in community pharmacy?

Any other business



Survey reminder 1: Medicines packs and associated barcode data quality survey

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.

[Complete survey](#)

The group is encouraged to share the survey with their colleagues and networks.

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

Survey reminder 2: 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.

Pharmacy reps, [take part in the system selection survey](#).

The group is also encouraged to share this survey with their colleagues and networks.

CP ITG

Matt Armstrong thanked the group, and announced it would be the last time he attended as chair.

The next chair will be drawn from the voting members before the next main meeting.

Thank you!

Post meeting queries: it@cpe.org.uk