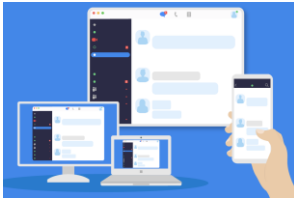


Community Pharmacy IT Group *Autumn 2026 event*

Meeting: 23rd September 2026

Taking part

- **Seek the attention of the Chair** e.g. use 'raise hand' featuring during Q&A sessions
- (please wait until Q&A sessions before raising your hand)



- **Use the chat** (use it throughout meeting)

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 taking minutes
- we will be using AI and features to help our notes, unless there are objections



Agenda

	Session	Time
1-4.	Vice Chair's introduction, apologies, minutes, actions	10.15-10.15am
5.	Building the digital enablers for independent prescribing	10.15-10.55am
6.	Patient access and navigation of NHS pharmacy services	10.55-11.15am
	Break	11.15-11.45am
7.	Connected care through the Single Patient Record (SPR)	11.45-12.30pm
8.	NHS App improvements to support patient repeat medicine ordering	12.30-12.45pm
9.	Digital developments: data, AI and digital assurance	12.45-1.00pm
10.	Chair updates, post-meeting messages, AOB and close from the Vice Chair	1.00pm

Building the digital enablers for independent prescribing



Prescribing within the Community Pharmacy Contractual Framework (CPCF)

Presentation to CP ITG
23rd September 2026



Agenda

- Overview of prescribing within CPCF
- Interim IT solutions
- Strategic IT solutions

A prescribing pharmacy

- A Prescribing Pharmacy will be able to deliver the community pharmacy prescribing service as set out in the CPCF 2026/27:
 - Prescribe for the seven existing clinical pathways (instead of using Patient Group Directions (PGDs))
 - Deliver five additional pathways
 - Prescribe existing and alternative contraceptive products
 - Support patients through Prescription Management
- Prescribing Pharmacies/ pharmacists will
 - Follow the [Professional Assurance Framework](#)
 - Comply with Prescribing and service specifications, directions and guidance relating to Pharmacy First, Contraception and Prescription Management
 - Have the required competencies for the condition they are managing and medicines they are prescribing

Pharmacy First

- Five new pathways
 - Low-frequency, episodic migraine (adults 18–64 years)
 - Seasonal allergic rhinitis in children (4–11 years)
 - Acute otitis externa in adults (18 years and over)
 - Mild-to-moderate acne in young people
 - Mild skin and soft tissue infections and scabies
- Prescribing will be enabled in legal directions for the seven existing pathways
- Autonomy to prescribe beyond current PGD scope for seven existing pathways
- All prescribing must be within prescriber scope of practice and competence
- Guardrails being developed to support prescribing decisions within each service

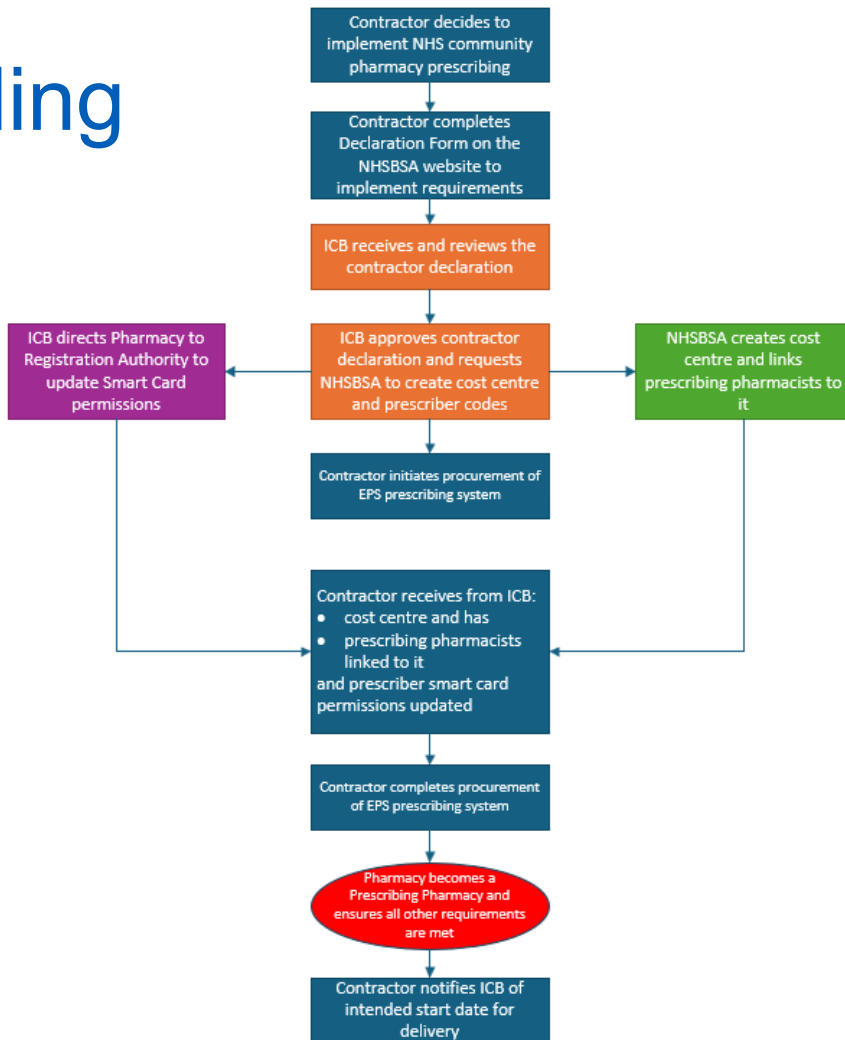
Contraception

- Prescribing will be enabled within the NHS Pharmacy Contraception Service
 - Contraception and Emergency Hormonal Contraception
- Improving access and increasing choice: prescribing alternative contraceptive products (e.g. rings and patches), oral medicines and depot injections (with caveats)
- Prescribing will be enabled in legal directions for the PCS
- Autonomy to prescribe beyond current PGD scope for contraception
- All prescribing must be within prescriber scope of practice and competence
- Guidance being developed to support prescribing decisions

Prescription management

- Prescription management allows community pharmacist prescribers to support safe and timely access to medicines when a prescription cannot be supplied as written.
- Autonomy to prescribe
- All prescribing must be within prescriber scope of practice and competence
- Not a service and no fee payable for Prescribing Management interventions

Onboarding



Prescribing in CPCF – **interim** digital position

This will be the position from October 2026, following the launch of community pharmacies delivering prescribing consultations in Pharmacy First (clinical pathways and minor illness), Pharmacy Contraception and Prescription Management services.

The **interim** digital landscape for community pharmacy prescribing for nationally commissioned services will consist of:

Journey into service

Referral from NHS telephony and online to Pharmacy First (PF) and Contraception

- BAU - via ITK

Referral from GP to PF

- BAU – via BaRS

Signpost via another provider

- BAU – Local solution

Walk in

Signpost via nhs.uk to PF and Contraception

- BAU – via nhs.uk

Pharmacy Triage

Triage to assess suitability for prescribing

- BAU - Verbal or local solution

Consultation

Record consultation

- No national consultation record IT solution(s)
- NHSE will provide guidance to pharmacy owners
- Contactors to use existing or procure a suitable (non-NHSE assured) consultation record system

Access patient record

- BAU – via GP Connect Access Record, NCRS, Shared Care Records

Prescription

- Solutions tested during the Pathfinder programme - via EPS

Post Consultation

Post event message to GP

- NHS.net Connect

Claim

- BSA MYS form

Management information

- BSA MYS form

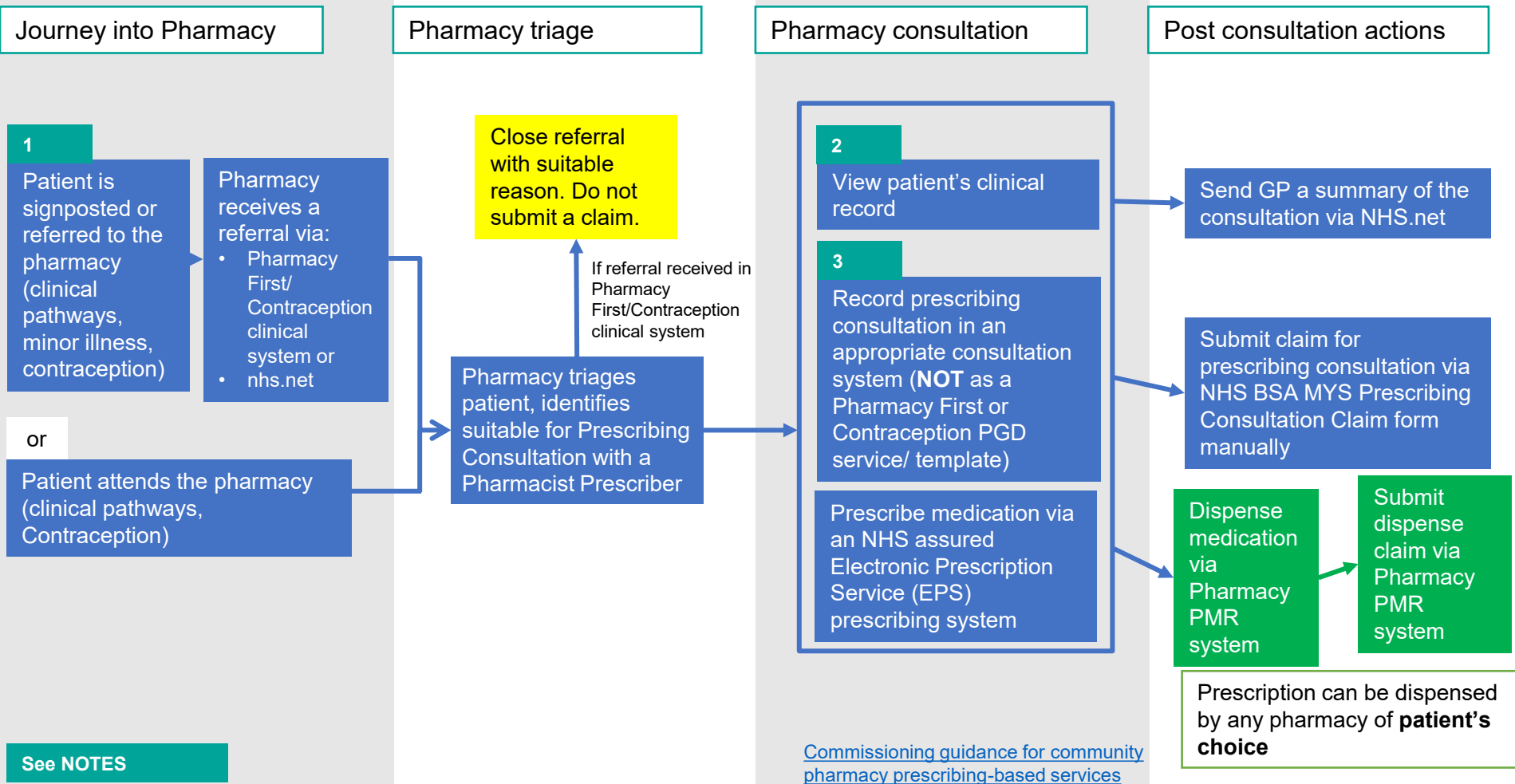
Referral/signpost to another service

- BAU – Verbal / Local solution

Dispensing

- BAU – Pharmacy EPS system

Pharmacy First/Contraception prescribing consultations



Prescription Management Prescribing Consultations

Journey into Pharmacy

Pharmacy triage

Pharmacy consultation

Post consultation actions

Patient attends pharmacy with a prescription for dispensing

Pharmacist
Prescriber
identifies a new
prescription is
needed

Inform/consult with
GP/original
Prescriber

Mark original
prescription as **NOT
DISPENSED** via
Pharmacy PMR
system

2

View patient's clinical
record

Record prescription
management
consultation/decision
in an appropriate
consultation system

Prescribe medication
via an NHS assured
Electronic
Prescription Service
(EPS) prescribing
system

Send GP a summary of
the consultation via
NHS.net

Dispense
via
Pharmacy
PMR
system

Submit
dispense
claim via
Pharmacy
PMR
system

Prescription can be dispensed
by any pharmacy of **patient's
choice**

See NOTES

[Commissioning guidance for community
pharmacy prescribing-based services](#)

Notes

1. There are no changes to existing national referral/signposting pathways into Pharmacy First and Contraception services. Patients will be referred or signposted for their presenting complaint to a pharmacy of their choice. The pharmacy will determine how to manage based on if they are a Prescribing Pharmacy or not.
2. A patient's clinical record can be viewed via:
 - National Care Records Service (Summary Care Record)
 - GP Connect Access Record Structured – Medications, Observations and Investigations (available via Pharmacy First/Contraception clinical system)
 - GP Connect Access Record HTML (available via the interim solution CLEO Solo)
 - Shared Care Records
3. Prescribing consultations must **NOT** be recorded or claimed for using the existing Pharmacy First/Contraception PGD service templates.

Prescribing within CPCF – **strategic** digital position

This is the intended position when supplier solutions assured for the Prescribing CPCF capability will be available on the Digital Buying Catalogue. Delivery will be dependent on:

- CP IT suppliers first achieving assurance against baseline [Community Pharmacy Clinical Services Supplementary Care Standard](#)
- The agreed Effective Date for the Published Road Map Item (RMI), including EPS onboarding and assurance.

This will open up wider choice of prescribing solutions for Community Pharmacy Provider use, beyond the interim solution system

The **strategic** digital landscape for community pharmacy prescribing for nationally commissioned services will consist of:

Journey into service

Referral from NHS telephony and online to Pharmacy First and Contraception

- Addition of new pathways TBC

Referral from GP to Pharmacy First

- Addition of new pathways TBC

Signpost via another provider

- Addition of new pathways TBC

Walk in

Signpost via nhs.uk to Pharmacy First, Contraception, other services

- Addition of new pathways TBC

Pharmacy Triage

Triage to assess suitability for prescribing

- BAU

Consultation

Record consultation

- National consultation record IT solution(s)

Access patient record

- GP Connect Access Record Structured or equivalent (TBC) via Pharmacy Consultation/ Prescribing systems, NCRS

Prescription

- NHSE assured Pharmacy Prescribing systems via EPS

Post Consultation

Post event message to GP

- GP Connect Update Record or equivalent (TBC) with email fallback

Claim

- BSA integrated API

Management information

- BSA integrated API

Referral/signpost to another service

- BAU

Dispensing

- BAU

Prescription management enablement

- Prescription Management aims to:
 - Improve patient experience by reducing unnecessary referrals back to general practice.
 - Support continuity of treatment and medicines optimisation.
 - Reduce administrative burden on GP practices and community pharmacies.
 - Provide a safe framework for managing prescription-related issues, including medicines shortages, prescribing errors and medicines synchronisation.
- This will allow an approved NHS community pharmacy/ pharmacist prescriber to assess a prescription-related issue and where appropriate, prescribe an alternative medicine or make a prescribing intervention to enable continued patient care.

Prescription Management should be used only where:

1. The issue cannot be resolved through routine dispensing processes.
2. Any existing pharmacist interventions have been considered first (e.g. SSP).
3. The intervention is in the patient's best interests.
4. Appropriate communication and governance arrangements are in place with the originating prescriber.

Thank You



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Patient access and navigation of NHS pharmacy services



Patient access and navigation

Presentation to CP ITG
23rd September 2026



Patients struggle to navigate the NHS

It is confusing and frustrating for patients to get the right care



When patients are unsure where to go, high-acuity settings become the default.



Poor triage means clinical capacity is used to manage access and flow, rather than provide clinical care.



Health

One in seven in UK prefer consulting AI chatbots to seeing doctor, study finds

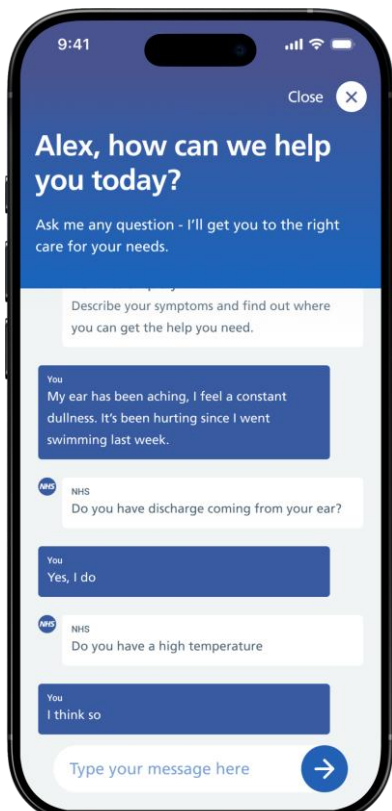
When patients ask large language models (LLMs) where to go, the NHS loses the opportunity to guide, assure and influence that decision.

How this translates into a digital patient experience

Unified access point removes burden of patient to select the right service



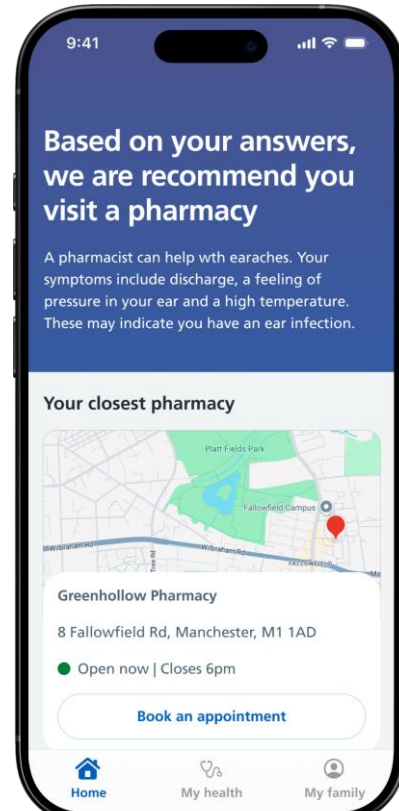
LLM-powered chat takes users through class IIA certified clinical triage (initially Bayesian) which incorporates complexity



Patient acuity, complexity and history are analysed against local service capacity. Triage output has earned autonomy



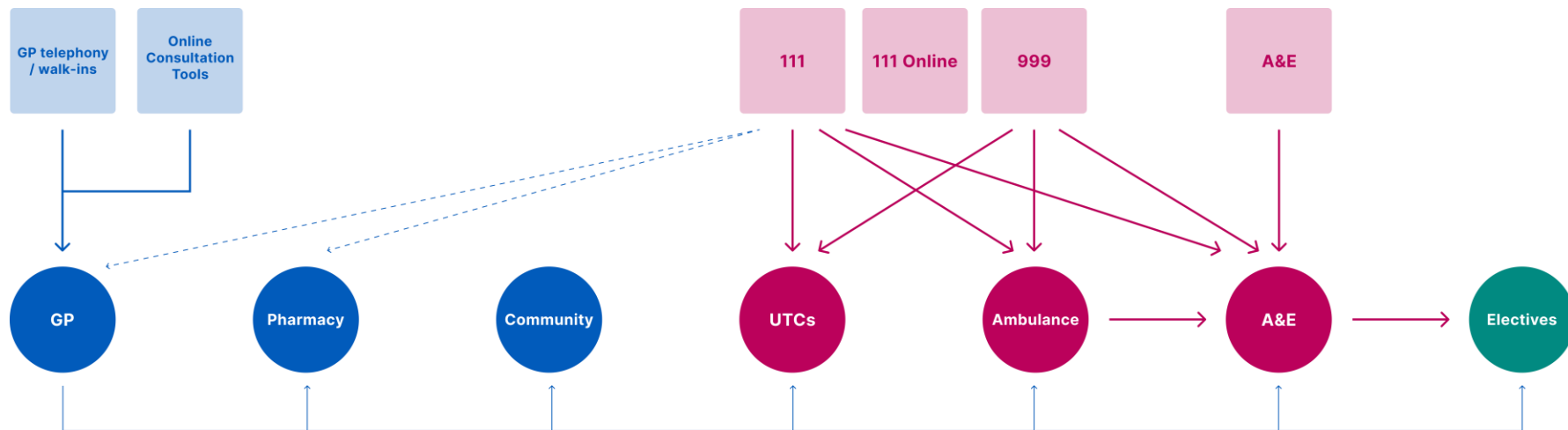
Triage output enables direct booking into a wider range of services, driving improved patient experience and system efficiencies



What is the unified access model?

Current state

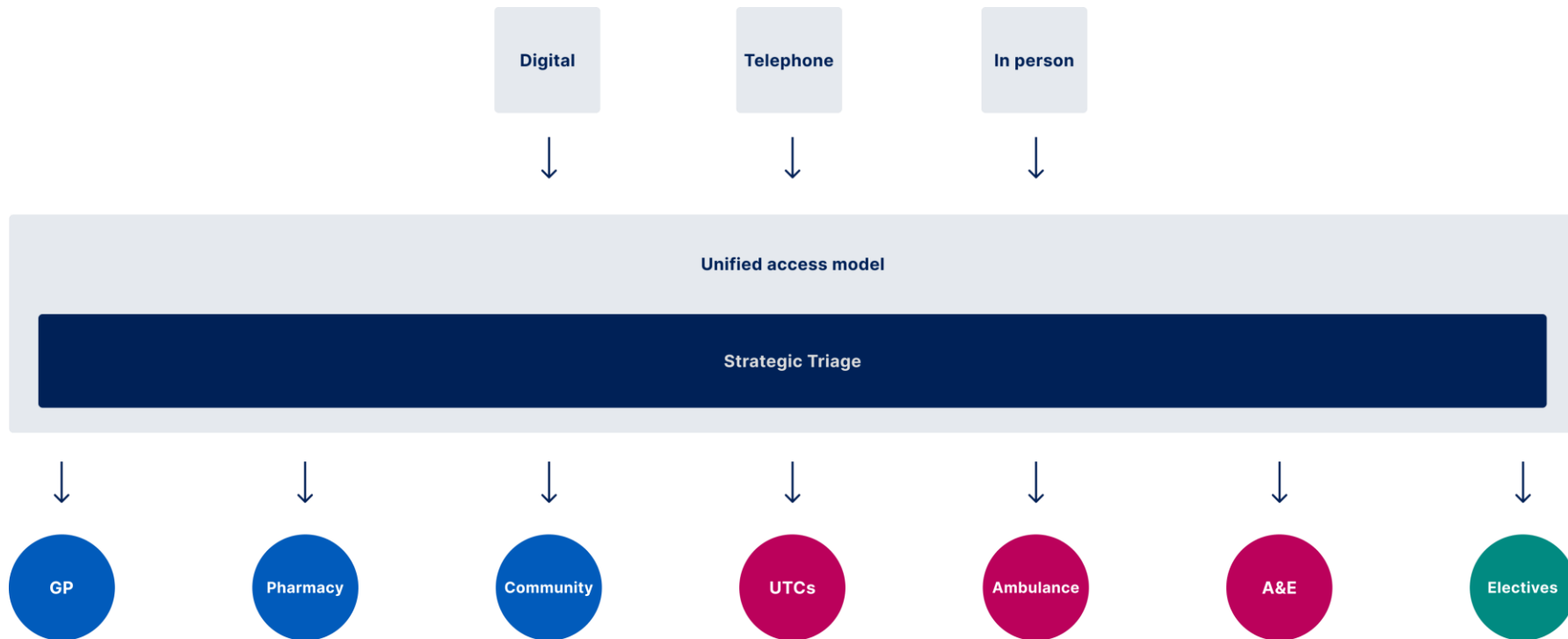
Multiple entry points to the NHS with patients facing multiple (wasted) touch points before they reach the most appropriate care setting, causing inefficiency & delay. Outputs of tools are not supporting clinical efficiency.



What is the unified access model?

Unified access model

A multi-channel access model that shares a common triage approach, enabling patient diversion to all appropriate care settings based on acuity, complexity and service availability.



Access, Triage & Navigation (ATN) will reduce primary care burden and improve primary care capacity

Challenge



383.3 million

GP appointments
in England 2024/25

The number of patients per GP is still 20% higher than it was 8 years ago*.

GPs are overwhelmed when many patients can be seen more quickly by alternative, more appropriate healthcare services or carry out self care safely

ATN investments

Access



Expanding self-referral capabilities



Improved data & analytical capabilities



Triage



Use of AI to intelligently navigate patient health queries



Pre-triage sort and filter patients to divert demand



Navigation



Establish and rollout national triage standards



Efficient data sharing / sourcing to streamline patient journeys



Benefits

Shifting demand

- Self care
- Non-clinical support
- Self-referrals to appropriate services
- GP or referrals to more appropriate services

Freeing capacity

- Less clinical time spent on GP calls, re-triage and validation
- Less admin burden on referrals, data admin

Est. Value

4.5%

of GP appointments can be safely redirected to lower acuity services or self-referrals annually by 2030
(worth over **£637M**)

1.6%

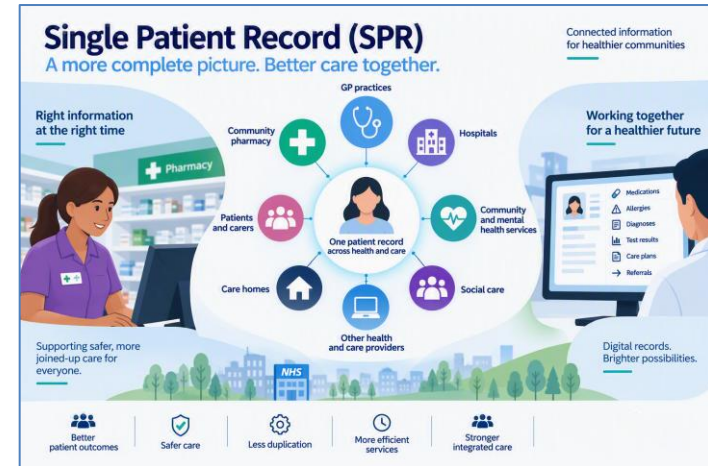
of administrative capacity could be freed up at GP receptions annually by 2030
(equivalent to **130,000 hours**)

2.6M

calls to GPs will be redirected to the NHS app annually by 2030
(worth approx. **£1.8M**)

All £ values relate to the non-cash releasing benefits

Connected care through the Single Patient Record (SPR)



Connected care through the Single Patient Record (SPR)

What is SPR?

- A single digital record bringing together key patient information across care settings.
- Accessible to patients through the NHS App.

Key Benefits

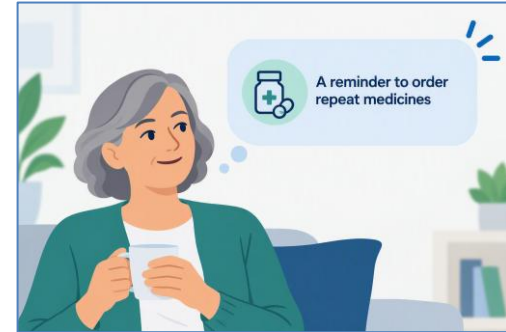
- Improves patient access and control of health information.
- Reduces duplication and repetition at appointments.
- Supports joined-up care and better clinical decision-making.

Connected care through the Single Patient Record (SPR) (2)

Pharmacy owners and team members are encouraged to register interest in testing and providing feedback on the SPR prototype. User research is expected to begin from **this week**, with participants sought from a diverse range of digital skills and backgrounds.

Please complete the [SPR expression of interest form](#).

NHS App improvements to support patient repeat medicine ordering



NHS App

Prescriptions & Medicines

Reminder to request repeat prescriptions pilot

Megan Mitchell, Product Manager



The problem

Patients often struggle to request their repeat medicines on time, and this delay creates several challenges:

- They can run out of their medicines before they are able to get a new batch, leading to an increased risk of missing doses and becoming unwell. When medications are critical, there can be consequences:

Missing the next dose of treatment can put a patient's health at risk.

- They might end up calling or chasing their GP practices for urgent prescription requests, increasing frontline burden and patient anxiety about their health and next steps.
- Patients may have to request an emergency prescription as a last resort costing the NHS **millions of pounds per year.**

What is 'Reminder to request'?

- 'Reminder to Request' is a feature we are releasing in the NHS App to enable patients to set self-authored calendar reminders after completing a repeat prescription request.
- This feature is an optional, additive feature – it does not change the core requesting journey at all.
- The reminder lives in the patient's own device calendar; it is not managed by the NHS App or the GP practice.

 This feature **will not** change practice or pharmacy workflows, systems or prescription processes.



What are we trying to learn from piloting this feature?

10-week pilot

Target go live: October 2026

1. User value

- Is there value in self-authored reminders?
- Does Add to Calendar meet user needs, including when medicines or dates change?

2. Behaviour change

- Do reminders effectively help patients to remember to request their repeat prescriptions?
- Are patients more likely to request their medicines earlier and receive them before running out?

3. Service impact

- Does the feature reduce urgent prescription requests?
- Does it reduce emergency prescription requests?



Key hypotheses

We believe that enabling reminder functionality in the NHS App to support users in remembering to request their medicines...

Will result in:

- fewer patients forgetting to request their repeat medicines
- improved patient satisfaction and perception of medicine management
- reduced administrative burden for GPs due to reduction in urgent repeat prescription requests
- decrease in emergency prescription requests, reducing demand on online, telephony and the CAS service

We will know we are successful when:

- we observe high feature demand
- we observe high patient satisfaction ratings and patient reported outcome measures
- pilot GPs report a reduction in urgent prescription requests and time spent managing those requests
- & CAS data analysis shows a reduction in emergency prescription requests due to users forgetting to request their medicines



Pilot scope

Patients will be able to:

- **set a reminder at the end of the repeat prescription request journey**, meeting users where they are and supporting findability
- **initiate reminder setup in the NHS App and complete it in their native device calendar**, with the ability to customise the event
- **read content to help them confidently set up their reminders** and better manage their medicines (patient activation)
- **select a suitable reminder date within the NHS App**, supported by guidance, prescription length and dosage
- **create multiple reminders** to support those managing multiple medicines with different cycles (polypharmacy)
- **use pre-populated calendar events that store key details** (e.g. event title, date, all day event, alert time, description) to reduce cognitive load and support successful setup
- **access a deep link back to the NHS App in their calendar event**, enabling seamless navigation to request medicines when the reminder is triggered

Pilot scope



Out of scope:

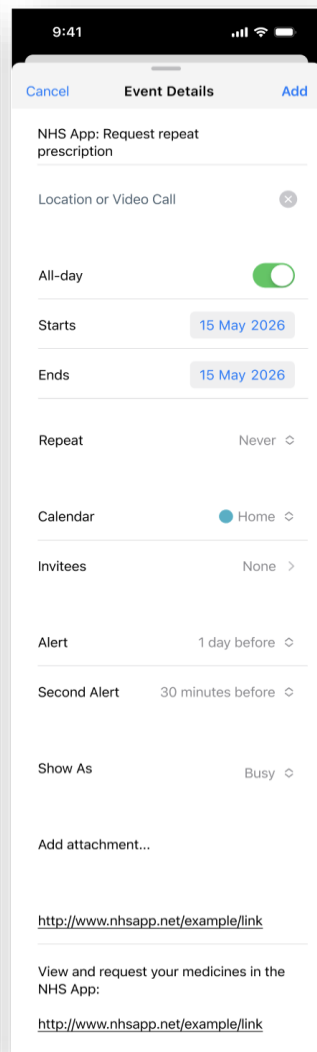
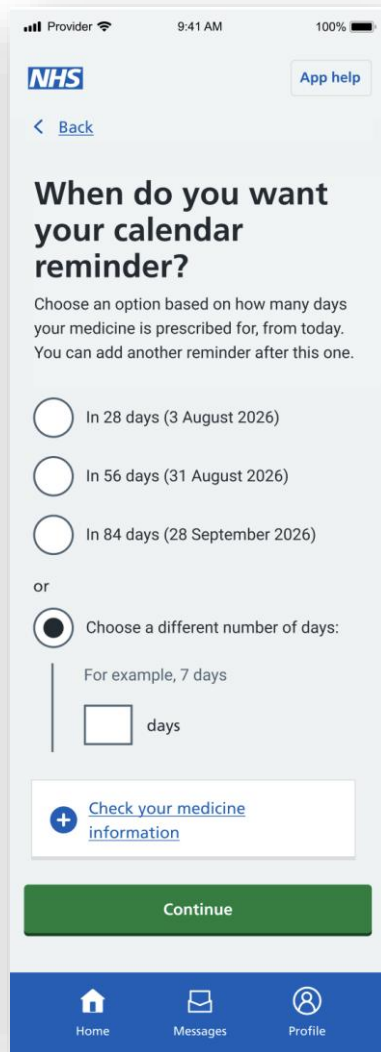
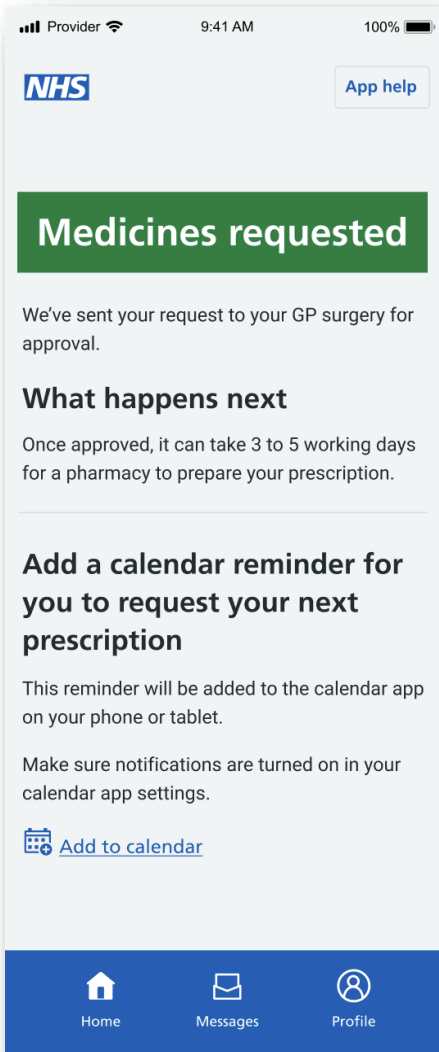
- **Proxy enablement** – This feature will not be switched on for Proxy users for MVP.
- **Web enablement** – This feature will only be switched on for the mobile app, if users are accessing via web they will not be able to access the functionality.
- **iOS 16+** - Users with iOS 15 will not be able to access this new feature. iOS users will be required to update their OS system to access the reminder functionality.
- **Bank Holiday Guidance** – This feature will not contain prompts around bank holidays as part of MVP but will be considered for future enhancement.
- **Additional locations for reminder set up** – Patients will only be able to set up reminders at the end of the request journey as part of the MVP.



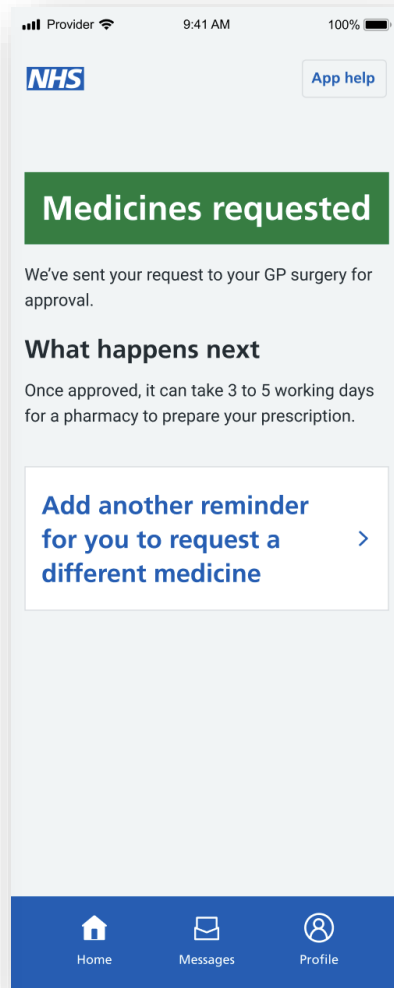
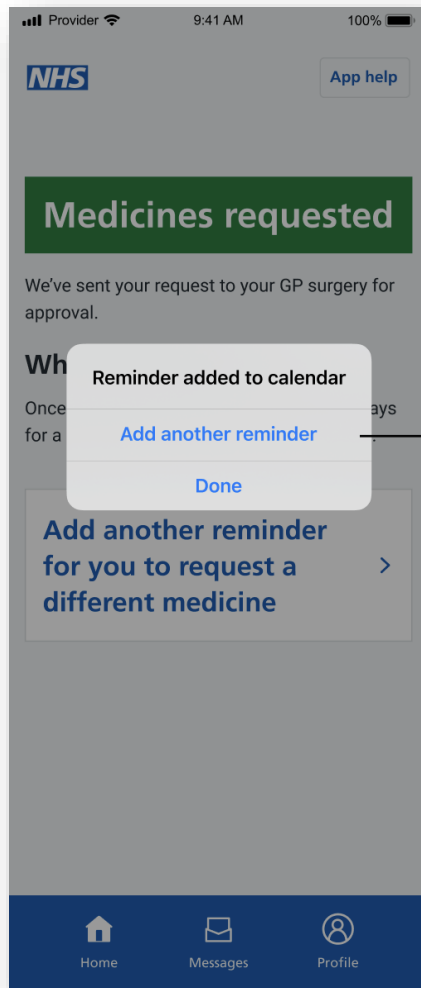
Solution limitations:

- **Reminders linked to medicines** – We cannot link reminders to specific medicines, and, due to patient safeguarding, we cannot add specific medicine information to reminders on the patient's behalf.
- **Reminders are not automated** – We are unable to set automatic reminders for patients due to data limitations and thus, any reminder functionality in the NHS App requires manual set up from the patient.
- **Native calendar functionality may not be used by all NHS App users** – Some users may choose not to add a calendar reminder to help them remember to request their next prescription as it's not a feature they use generally.

Final designs (1)



Final designs (2)





Value and outcome measurement

Our success measurement strategy for the private beta will involve a multi-faceted approach that includes GP and pharmacy collaboration for research, analytics-driven engagement tracking and operational insights to ensure a holistic understanding of our performance and impact.

Patient Outcomes

E.g., Timely medicine requests following reminders

Operational Outcomes

E.g., Emergency Prescriptions volumes via Online (OL), telephony and OOO CAS, GP & pharmacy burden eased

Experiential Outcomes

E.g., Patient satisfaction and perceived value, GP & pharmacist satisfaction

Performance and Engagement Metrics

E.g., Click through Rates, Journey Completion Rates, Deep link return rates, Repeat interaction rate

Note: We are co-defining our success measurement strategy with Pilot GP practices to ensure it is feasible and allows us to effectively measure the value and outcomes we set out to achieve.

Thank You



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Digital developments: data, AI and digital assurance update



AOB1: NHS Digital Medicines Team research and CP ITG EPS priorities review

The NHS England Digital Medicines Team is undertaking research to help shape the future roadmap for medicines and prescription-related national digital services and products.

This includes services such as:

- Electronic Prescription Service (EPS);
- NHS App medicines functionality;
- National medicines and prescribing services;
- Future medicines-related digital capabilities.

Why CP ITG is contributing

This work provides an opportunity to:

- Refresh the CP ITG EPS future priorities list;
- Assess whether a revised structure better reflects current NHS and pharmacy priorities;
- Identify current and emerging medicines and prescribing challenges;
- Ensure community pharmacy priorities help inform future NHS developments.

Pharmacy Rep Session details

Monday 28th September

3pm to 4pm

Microsoft Teams

Attendance is welcomed from CP ITG pharmacy reps. Contact the secretariat this week, if you'd like to join or feed in.



Participant type:



DM Q1. Which areas should CP ITG prioritise when discussing the future of EPS and medicines-related NHS digital services? (select up to three)



DM Q2. Which current issue causes the greatest burden for community pharmacy teams? (select one)



**DM Q3. Looking ahead 1 to 5 years,
which area should NHS England
prioritise most? (select one)**

Data security, DPIAs and assurance case studies (*item 9a*)

What is happening?

- NHS England and DHSC are developing an Innovator Passport approach to reduce duplication in information governance (IG), cyber security and technology assurance activities.
- The aim is to enable proven assurance evidence to be reused where appropriate, helping innovations reach frontline services more quickly.

Goals

- Less duplication of Data Protection Impact Assessments (DPIAs) and assurance reviews;
- Reduced administrative burden on pharmacy teams, suppliers and NHS organisations; and
- Faster implementation of safe and effective digital innovations.

CP ITG discussion

We are seeking practical examples where:

- Assurance evidence has been reused successfully; Multiple organisations requested similar information or reviews;
- DPIA or assurance processes created avoidable delays; or
- A streamlined approach could have supported safer and quicker deployment.

Ask

- Confirm interest via the meeting chat and we'll reach out to you after the meeting;
- Please share examples with the secretariat after the meeting. – challenges and good use cases.
- Contact the secretariat if you would like to pilot or comment on the new revised NHS standard DPIA.

Emerging AI technologies: pharmacy research (*item 9b*)

Opportunity

We're inviting pharmacy owners, pharmacy team members and system suppliers to contribute to research exploring how artificial intelligence (AI) could support the future of community pharmacy.

Why this matters

Insights will help identify:

- Opportunities for AI to improve patient care and service delivery;
- Ways AI could reduce administrative burden and release time for patient-facing care;
- Safety, governance and data protection considerations that must be addressed; and
- Priorities that could inform future NHS, supplier and sector digital developments.

How to get involved

Interested participants can:

- Confirm interest via the meeting chat and we'll reach out to you after the meeting;
- Contact the CP ITG secretariat to request further information and the survey link; or
- Register interest using the [IT feedback form](#) (enter "AI research" in question 6).

Clinical safety standards and digital assurance (*item 9c*)

Key message

As pharmacy services become increasingly digital, clinical safety and assurance processes must remain robust whilst avoiding unnecessary burden.

Recent developments

- NHS England has consulted on updates to the DCB0129 and DCB0160 clinical risk management standards.
- Supporting guidance has now been published.

What pharmacy teams are telling us

Some suppliers already provide:

- Clinical safety summaries
- Assurance templates
- Supporting implementation documentation

This can save time, improve consistency and reduce duplication for pharmacy teams.

Supporting resource

Assessing IT Solutions Checklist

“[Template 23: Assessing IT solutions checklist](#)” hosted on Community Pharmacy England’s [data and security templates page](#)

includes clinical safety, digital assurance and governance considerations that may help pharmacies evaluate new digital tools and services.

Shaping the future of dm+d (*item 9d*)

NHS England has launched its first annual **dm+d user survey** to gather feedback on usage, challenges, and future development priorities.

Pharmacy professionals and IT stakeholders are encouraged to respond by **2nd October 2026** and help shape future improvements to medicines data standards and digital integration.

CP ITG members may wish to:

- consider responding individually or on behalf of their organisation;
- share the survey with relevant medicines data, informatics and technical colleagues;
- highlight any issues affecting interoperability, medicines data quality or pharmacy workflows; and
- complete and promote the survey within relevant professional networks (estimated completion time: 10 to 15 minutes).

[Take part in the NHS England dm+d survey](#)

Changes to EPS-related data publications (*item 9e*)

Background

- NHS Digital Medicines team is reviewing [EPS statistics publications](#) as part of wider NHS England and DHSC organisational changes.
- The review will assess the value, usage, and resource requirements of EPS-related publications.

Publications in Scope

- [Electronic Repeat Dispensing data csv file](#)
- elements of the [EPS dashboard elements](#); and
- [EPS nominations by pharmacy \(ODS code\)](#), including week-on-week reporting.

Share feedback on:

- Which EPS datasets or publications you use
- How they support pharmacy operations and decision-making
- Publications that would be difficult to replace if withdrawn
- Opportunities to improve usability and accessibility

Feedback can be shared during the meeting or emailed to the [secretariat](#) outside of the meeting. Please provide any comments by **7th October 2026**.

AOB2: CP ITG Digital Considerations for Prescribing within CPCF

Why this matters

The growth of pharmacist prescribing will require digital infrastructure that is safe, usable and interoperable.

We have refined the paper (*Appendix CP ITG 06/09/26*) to identify the digital capabilities that may be needed to support future prescribing services within community pharmacy using the feedback at past sessions.

Key questions

- What information should prescribing pharmacists be able to access?
- What interoperability improvements are needed?
- What digital barriers could hinder service delivery?
- What clinical safety and assurance considerations must be addressed?
- Which digital developments should be prioritised first?

Ask for CP ITG

Please review the appendix within the agenda papers and provide comments, suggested amendments and additional considerations to the secretariat by email.

The aim is to refine the shared pharmacy and supplier view that can help inform future policy and digital developments.

Appendix CPITG 06/09/26	
Subject	For the report 'CP ITG pharmacy readiness to feedback on digital considerations for prescribing within CPCF'
Deliverable title	10th September 2026
Version	V1.0
Overview	This document provides CP ITG pharmacy representatives feedback on long term digital, data and interoperability considerations for prescribing within the community pharmacy context and is a key part of the digital infrastructure that will be required to support the launch of the new prescribing services. The list of themes was originally captured prior to the pathway programme launch.
Next steps	CP ITG pharmacy representatives and supplier representatives are encouraged to email the secretariat with any further input.
This document captures feedback from Community Pharmacy IT Group (CP ITG) pharmacy representatives on long term digital, data and interoperability considerations associated with prescribing within the CPCF.	
These notes relate to the longer term digital elements of future prescribing within the CPCF. They do not include any interim digital, data and interoperability considerations associated with prescribing within the CPCF.	
A. Digital foundations and enablers	
1. Patient electronic health records and information sharing	
Category	1. Patient electronic health records and information sharing
Development needed	1. Patient electronic health records and information sharing
Issue / opportunity	Community pharmacy practitioners may require access to a broader and centrally managed view of patient information to support safe prescribing, clinical decision-making, continuity of care and integrated working. Consideration may also be needed regarding how prescribing, decision and consultation information is shared with the wider NHS.
Pharmacy perspective	Consider whether a federated model is needed for the information and data needed to support safe prescribing, and identify what pharmacists need to be found safe.
Supplier perspective	Consider how NHS, Health Care Records and Digital Health Records can support both access to information and appropriate sharing of prescribing and consultation information across care settings whilst maintaining appropriate information governance.
Strategic outcome	Appropriate access to patient information is likely to be a key enabler for safe, effective and sustainable community pharmacy prescribing.
CP ITG Agenda September 2026 Page 10 of 21	

Any other business



Close from Chair

Thank you!

Post meeting queries: da@cpe.org.uk