

Draft minutes for the Community Pharmacy IT Group (CP ITG) Summer 2026 meeting held via videoconference

About CP ITG: The Group was formed in 2017 by [Community Pharmacy England](#), [NPA](#), [RPS](#), [CCA](#), and [IPA](#). Members representing these five organisations participate, as do representatives from pharmacy system suppliers, [NHSBSA](#), [NHS England's Transformation Directorate \(NHSE's TD\)](#), [NHS England pharmacy team](#), [Department of Health and Social Care \(DHSC\)](#), and [PRSB](#). For further information on the group, please visit the [Community Pharmacy England website](#).

Present

Matt Armstrong (Chair), Boots Pharmacy, and CCA	Dalveer Singh Johal, CP North East London
Dan Ah-Thion (Secretariat), Community Pharmacy England	Anne Joshua, NHS England
Noor Al-dairi, Boots Pharmacy	Charan Kaushish
Mubasher Ali, CP Lancashire & South Cumbria	John Kitson, NHS England
Arvin Abdollahzadeh, Pharmlogic	Ron Kirk, Poolearth Healthcare Pharmacy
Dr Ahmed, Healthya	Ylan Kunstler, BeWell
Mark Anyaegbuna, Community Pharmacy Kent	Parita Lad, Lanas
Dane Argomandkhah, Cohens	Paul Larmour, Jelly Software
Charlotte Aston, EMIS Health	Michael Levitan, CP Middlesex Group
Mohit Bhardwaj, Asda	Alan Lister, NHSBSA
Neil Bhayani, National Pharmacy Association (NPA)	Fiona Lowe, CP Arden
Mitesh Bhudia, CPE	Paul Mayberry, PharmacyX
Gemma Binns, Cegedim	Paul McGorry, CP Humber
Katherine Bridges Pilltime	David McNamara, AAH
Luke Bolton, Cegedim	Wahid Muhammad, Invatechhealth Titan
Karen Brookes, Optum	Stephen Noble, CP Black Country
Mathew Brooks, Apotec	David Onuoha, CPE
Alistair Brown, NHS England	Chloe Papadopoulos, CP Hertfordshire
Eddie Brown, CP Essex	Hitesh Patel, Community Pharmacy KCW
Richard Brown, CP Avon and Wiltshire	Nishali Patel, NHS EPS team
Shiné Brownsell, CPE	Sunil Patel, PharmSmart
Sarah Bucknall, NHS England	Darren Powell, NHS England, RCPHarm
Alastair Buxton, CPE	Russell Pringle, NHSBSA
Eileen Byrne, Clanwilliamhealth	Shanel Raichura, Apotec
Rachel Clements, Cegedim	Tracey Robertson, Cegedim
Karen Cox, CP Cambridgeshire & Peterborough	Tahmina Rokib, NHS England
Spurdle Craig, CCA	Harjeet Sian, Optum
Aimee Currie, Charac	Rupal Sagoo, Tesco Pharmacy
Phil Day, Pharmacy2U	Jasmine Shah, NPA
Ian Dean, CP North Yorkshire	Jeff Shelley, Invatechhealth
Darryl Dethick, Peak Pharmacy	Charis Stacey, NHS England
Sana Din, NPA	Nick Thayer, CCA
Matthew Ellis, Positive Solutions	Rob Thomas, CPE
Garry Finch, Positive Solutions	Pritpal Thind, Sonarinformatics
Jon Flitcroft, Titan	Peter Thnoia, Pilltime
Sanjay Ganvir, Greenlight Pharmacy	Caline Umutesi, CPE
Jo Graham, Pharmacy2U	David Vanns, Weldricks Pharmacy
Patrick Gompels, Gompels Pharmacy	Karen Ventura, Cleo Systems
Dervis Gurol, Healthy-U Pharmacy, CPE	Gary Warner, PharmOutcomes & Regent Pharmacy
Leanne Hackett, Cegedim	Shaun White, NHS England
Joanne Hendry, Boots	Janson Woodall, Well Pharmacy
Emma Hooker, NHS England	Paul Wright, NHS England
Julian Horsley, Clanwilliam /RxWeb	Andre Yeung, NHS England Northeast and Yorkshire
Gary Hyde, NHSBSA	
Sima Jassal, EMIS Health	

Item 1: The Chair welcomed the group and joined for the first part. Darryl Dethick (Peak Pharmacy) deputised for Matt and chaired the latter half of the meeting.

Item 2: Apologies for absence from voting members: Steve Ash (IPA), David Broome (CPE), Sian Retallick (CPE), and Iqbal Vorajee (IPA).

Introductions, minutes of previous meetings and matters arising

Item 3: The minutes of the previous meeting were agreed upon.

Item 4a: The remaining actions were carried into the paper's 'next steps' for this 3rd June 2026 meeting. Outstanding actions are listed within the minutes.

Minutes

Item 5. Pharmacy services IT updates

- **Appendix CP ITG 01/06/26** sets out detailed updates. Charis Stacey and Anne Joshua (NHS England) provided a summary of progress and forward plans.
- Prior to the meeting, agreement was reached between DHSC, NHS England and Community Pharmacy England (CPE) on the Community Pharmacy Contractual Framework (CPCF) for April 2026 to March 2027.
- Following the negotiation for the 2026/27 CPCF, prescribing capabilities within Pharmacy First and the Pharmacy Contraception Service (PCS) will be introduced from Autumn 2026. Members noted the scale of associated digital change required to support safe, efficient delivery.
- A funded programme is in place from 1st April 2026 to develop enabling digital capabilities. This includes prescribing workflows, system integration, and improvements to patient access. Implementation is anticipated to be phased over four years.
- NHS England and CPE will continue to work jointly on implementation, including engagement with suppliers and the sector.

Independent prescribing IT

- New prescribing and prescription management capabilities are intended to enable pharmacist prescribers to resolve dispensing issues more directly. This may involve:
 - Contacting prescribers
 - Initiating prescriptions under locally agreed pathways (e.g. with ICBs or GP practices)
- Members noted the opportunity to reduce friction in patient care. They highlighted the need for clear governance, auditability, and alignment with existing EPS processes.
- NHS England will draw on learning from Pathfinder sites to shape initial requirements for autumn 2026.
- Alongside this, NHS England is considering the longer-term architecture needed to support scale, interoperability, and sustainability.

Patient records to support safer care

- Further development of patient record access is being explored, including:
 - Allergy information
 - Additional CPCF-relevant clinical data
- Members highlighted that access must be timely, usable, and embedded within pharmacy workflows to support clinical decision-making.
- The group, NHS England's Pharmacy team and Transformation Directorate continue to support the strategic ambition for community pharmacy to connect to the developing Single Patient Record as reconfirmed within the recent Health Bill.
- This was recognised as a key enabler of integrated, neighbourhood-based care.

Patient digital access to community pharmacies

- The strategic direction is to expand patient access to community pharmacy services through digital channels, including the NHS App.
- This is expected to enable:
 - Appointment booking
 - Navigation into both planned and unplanned care pathways
- This aligns with wider NHS ambitions to embed community pharmacy within neighbourhood care models.
- NHS App-based booking for pharmacy services will be tested and iterated over the next four years; detailed delivery timelines are to be confirmed.
- NHS England described two emerging digital pathways into pharmacy:
 - Unplanned care (e.g. triage and urgent need)
 - Planned care (e.g. booked clinical services)
- There will be further exploration of how AI could support triage and navigation. Members noted the importance of transparency, safety, and consistent user experience.
- It will be essential for NHS systems to reflect variation in pharmacy opening hours and service availability. Accurate integration with the NHS Directory of Services (DoS) will be critical to avoid inappropriate referrals and patient frustration.

NHS Digital Services for Integrated Care (DSIC)

- NHS England continues engagement with multiple IT suppliers. Fifteen suppliers have now signed the NHS England catalogue agreement and are progressing through national integrations.
- Current integration work is focused on prescribing-related capabilities, with dispensing system capability reviews expected to follow.
- Suppliers have been working towards delivery of seven core national integrations, originally planned for completion by end of March 2026. Some elements remain in progress.
- Suppliers are progressing in two cohorts:
 - An initial cohort expected to reach assurance first
 - A second cohort to follow through assurance subsequently
- The group support the importance of timely and consistent assurance to support interoperability, reduce variation, and avoid fragmentation across systems and regions.

Digital engagement and user experience considerations

- NHS England confirmed that user-centred design remains embedded in development. This includes active involvement of user researchers and open calls for sector feedback.
- CP ITG pharmacy representatives will be notified of future user research opportunities including the one that has begun (actions below).
- Ongoing engagement with the sector is being used to iterate digital tools and improve usability. Members emphasised that solutions must be intuitive and minimise additional workload for pharmacy teams.
- NHS England is working with Community Pharmacy England on implementation planning. Updates will continue to be shared with owners, including emerging timelines where available.
- User research panels for clinical decision support and interaction checking now include over 40 participants, with further opportunities for involvement being promoted.
- Pharmacists raised concerns regarding patient visibility of consultation notes via the NHS App. NHS England advised that clinicians should assume entries may be visible to patients, with separate internal notes used where appropriate for sensitive information. Members noted the need for clear guidance and consistency in practice.
- Discussions highlighted the importance of:
 - Pharmacy apps aligning with NHS standards
 - Continued development of the NHS App using open APIs
 - Avoiding loss of existing investment and patient engagement
 - Supporting innovation across the market (including beyond the NHS App)
 - Maintaining a level playing field to enable interoperability and system choice

- Members noted strong prior supplier and sector investment in BaRS and emphasised the need for clear and timely direction to avoid duplication of effort, wasted investment, and uncertainty across the ecosystem.

Actions:

- **CP ITG pharmacy representatives and pharmacy team members are encouraged to sign up now for user research** relating to:
 - Independent prescribing (including those currently delivering, paused, or stopped)
 - Pharmacy First
- CP ITG pharmacy representatives and pharmacy team members to be notified of upcoming user research rounds – Community Pharmacy England will support with communications for this.
- NHS England to continue discovery work to refine strategic plans and roadmaps for patient access features, including integration with pharmacy patient-facing applications that align to NHS standards.
- The secretariat to re-share with NHS England the previously agreed pharmacy representative positions on open APIs and innovation across NHS and third-party patient-facing platforms, including specific examples of functionalities and capabilities aligned to NHS IT standards. Further engagement to take place alongside ongoing discovery and design activity.
- NHS England to provide further clarity on the potential withdrawal of Hypertension Case-Finding Service and Pharmacy Contraception Service (PCS) applications from Booking and Referral Standards (BaRS) referral specifications (v1.11).

Item 6. EPS and digital medicines updates

Appendix CP ITG 02/06/26 provides further detail. NHS England's Digital Medicines team presented an update and **slides**.

Care Identity Service 2 (CIS2) and Digital Signature Service (DSS)

- NHS England is progressing modernisation of authentication and signing through the Digital Signature Service (DSS). This will enable more flexible and secure prescription signing.
- Suppliers using legacy HL7 V3 EPS integrations must install a new DSS certificate by 30th September 2026. This will support modern authentication methods, including Windows login and biometrics, while meeting high assurance standards.
- Transition plans include support for both local and remote sign-in. Smartcard authentication is expected to move towards remote access to improve consistency and maintainability. NHS England has issued communications to affected suppliers.
- Decommissioning of Care Identity Service 1 (CIS1) is underway, with full switch-off planned for end February 2027. All suppliers are required to migrate to CIS2, with many already live or in progress.
- Smartcard Connect will replace legacy credential management and is required for access to CIS2-enabled systems.
- An EPS onboarding team has been established to:
 - Support migration from HL7 V3 to FHIR APIs
 - Onboard new suppliers
 - Streamline testing and improve documentation
- The EPS FHIR architecture modernisation programme aims to:
 - Simplify EPS architecture
 - Improve development pace
 - Enable new functionality (e.g. single item prescribing, antimicrobial resistance tracking)
 - Decommission HL7 V3 over an estimated three-year period
- Members noted the importance of supporting suppliers through transition to minimise disruption to pharmacy operations.

Actions:

- All suppliers using EPS HL7 V3 to install DSS signing certificates by 30th September 2026.
- All suppliers to complete migration to CIS2 and implement Smartcard Connect before February 2027.

Prescription Tracking and Patient Notification Improvements

- Prescription tracking is now live in over 3,000 pharmacies (approximately 30% of the estate), covering more than 15.8 million nominations. Around 2 million patients have engaged to date.
- “Ready to collect” notifications are live in just over half of enabled sites. Evaluation and phased rollout are ongoing to improve patient communication and reduce pharmacy call volumes.
- A new “medicines unavailable to request” feature has been introduced to address patient confusion where repeat requests are not yet available. Early evidence suggests a reduction in patient complaints and GP queries.
- Differences between GP systems were noted:
 - TPP: configurable request windows may prevent early requests
 - EMIS: more flexible request functionality, with greater reliance on practice controls
- Pilot findings indicate:
 - 33–50% reduction in patient complaints about missing medicines
 - Around 80% patient understanding of new status messaging
- Delivery tracking remains limited to “dispatched” status, with no integration with courier systems. Further enhancements are being considered for the roadmap, including tracking links and clearer communication on stock availability and delays.
- NHS App notification language is currently limited to English. Expansion to support wider inclusivity remains a potential ambition not yet formalised.
- Royal College of Pharmacy (formerly RPS) guidance suggests a seven-day window to allow sufficient time for prescribing and dispensing processes to be completed safely. Members highlighted the importance of tracking information and notifications aligning to this – even for outlier scenarios where additional time to obtain medicines is needed.
- The overall aim of tracking and notifications is to support a shift in patient behaviour towards relying on confirmed readiness messages. Members noted ongoing challenges relating to stock availability, omissions and how these scenarios are communicated effectively.

Actions:

- NHS England to re-share, via the secretariat, example wording and timelines for prescription tracking and patient notifications.
- NHS England to continue development and evaluation of the notification programme.
- Members offered to work through some outlier scenarios and how tracking information can work on those scenarios. The secretariat to reach out to those members who put themselves forward to share views about this and feedback views to the EPS team.

EPS nomination standards

- [NHS England has updated its national EPS nomination standards](#), setting out how pharmacy teams and IT system suppliers should manage EPS nominations. The draft version was discussed at the group’s previous meeting.
- NHS England confirmed that these are now formal standards (rather than guidance) and are therefore expected to be followed.
- NHS England has updated the [pharmacy choice poster](#) hosted on the [NHS digital website](#). Previously general practices and community pharmacies were asked to use this or equivalent information (including on websites and apps). A new poster QR code enables patients to quickly raise an unresolved concern to their local ICB.
- The NHS EPS team will continue to provide information to ICBs where escalations arise and is improving the reporting available to support local oversight.
- There has been a slight increase in overall escalations. This may partially reflect greater awareness of the standards and the appropriate routes for local escalation, where required.

Actions:

- The group including LPC representatives are encouraged to support awareness of the updated standards ([template news communication here](#)) and promote alignment across pharmacy teams and within systems.

Item 7. Medicine pack barcode data quality

- [Appendix CP ITG 03/06/26](#) sets out related updates. Paul Wright (NHS England terminology pharmacy lead) provided an update.
- A [survey](#) evaluation is underway to assess the impact of missing or inaccurate 2D data matrix barcodes on medicine packs across England. To date, 65 responses have been received from primary and secondary care pharmacy teams, and more are being welcomed.
- The evaluation focuses on patient safety and operational impacts following Windsor Framework changes (early 2025), which made 2D barcodes optional rather than mandatory.
- The issue has received national attention, including:
 - Prior CP ITG feedback to NHS England
 - A joint letter from UK Chief Pharmaceutical Officers
 - A government petition
 - A Royal Pharmaceutical Society position statement
 - A House of Lords report calling for mandatory 2D barcodes
- A government consultation on future barcode requirements is expected shortly. Findings from this evaluation will inform NHS England's national response.
- The work complements separate analysis in secondary care, with further findings to be shared in due course.
- Members noted the importance of barcode data including batch number and expiry date to support:
 - Patient safety
 - Targeted batch recalls
 - Expiry alerts within PMR systems
- Challenges highlighted included:
 - Parallel imports affecting barcode consistency
 - Barcode recycling
 - Duplicate barcodes across different products
- These issues were recognised as posing risks to automation, accuracy, and patient safety.
- NHS England is engaging with MHRA and GS1 to support improvements in barcode standards and data quality.

Actions:

- Pharmacy team members and CP ITG representatives to [complete the short survey on the impact of incomplete or inaccurate barcode data on patient safety and day-to-day workflows](#).
- The group are encouraged to share the survey across their organisations and wider networks to maximise response and support the evidence base.

Item 8. Guidance on ambient scribing tools

- [Appendix CP ITG 03/06/26](#) sets out related updates. The secretariat provided an update.
- Ambient scribing tools, which enable automated transcription of clinical consultations, remain an emerging technology. Guidance is developing across data protection, clinical safety, and supplier assurance.
- Early research from NHS trusts and others suggests potential benefits, including reduced administrative burden and improved patient interaction.

- Members discussed the need for further evaluation within community pharmacy settings to understand real-world impact, including usability, workflow integration, and patient acceptability.

Slido poll results

- *Which best reflects your current view on ambient scribing tools in community pharmacy?*
 - Very interested (45%)
 - Interested (40%)
 - Neutral / need more evidence (15%)
- *If explored further, what would matter most? (ranked):*
 1. Clinical safety and accountability
 2. Integration with pharmacy systems
 3. Reducing administrative burden and workload
 4. Patient trust and transparency
 5. Clear NHS guidance and assurance
 6. Cost and value
- *What is your biggest question?*
 - Significant themes noted included: accuracy, consent and data security, practical utility, and integration with wider clinical and AI tools.

Actions:

- Members are invited to consider [the emerging pharmacy-facing and NHS guidance on ambient scribing tools](#), including their potential role in pilots or early adoption and can feed back to the secretariat about this.
- IT suppliers to consider the relevance of the NHS ambient scribing framework and supplier [register](#) and [tender](#).
- CP ITG to continue monitoring developments, with further discussion informed by emerging evidence and pharmacy user feedback.

Item 9. IT system selection

- [Appendix CP ITG 03/06/26](#) sets out related updates. The secretariat presented an update.
- NHS England researchers are seeking pharmacy input on how clinical IT systems are selected and compared (e.g. for Pharmacy First), including what information pharmacy teams need to make informed decisions.
- Members noted the importance of transparency, comparability, and usability in system selection, particularly for frontline teams.

Actions:

- [Pharmacy team members and CP ITG pharmacy representatives are encouraged to complete the IT system selection survey.](#)
- Members, including IT suppliers, are encouraged to cascade the survey to pharmacy networks to maximise response and ensure a representative evidence base. Summary results will be shared with the group including supplier representatives.

Item 10. Local IT roadmaps and ICB IT priorities

- [Appendix CP ITG 03/06/26](#) sets out related updates. The secretariat presented an update.
- ICBs continue to prioritise shared care records and system integration, with ongoing engagement with LPCs and pharmacy owners on local IT priorities.
- Members highlighted significant variation in IT requirements and implementation across ICBs, creating challenges for pharmacies operating across multiple areas and reinforcing the need for greater standardisation.

Slido poll results

- *Which template section best reflects local IT challenges?*

Top themes:

1. Reducing burden from multiple systems and logins
 2. Shared care records and access to patient information
 3. Referrals and appointment booking
- *Where is the strongest local need for ICB digital development?*

Key themes:

 - Consistent referral tools and standards across the system
 - Integration with shared care records / Single Patient Record
 - System integration rather than standalone tools
 - *How consistent are local IT requirements across ICBs?*
 - Mostly consistent: 4%
 - Some alignment: 22%
 - Highly variable: 37%
 - Not sure / limited engagement: 37%
 - *Examples of local issues raised included:*
 - Inconsistent referral routes and tools
 - Lack of integration across systems and care records
 - Challenges for pharmacies operating across multiple ICBs
 - Variability in information governance requirements
 - Gaps in system interoperability (e.g. dm+d, referrals, nomination visibility)
 - Access limitations for locum and relief pharmacists
 - Opportunities for improved signposting from general practice

Actions:

- LPCs, pharmacy owners, and stakeholders are invited to provide feedback on the draft template via email to the secretariat.
- Members underlined the importance of using the template to support consistent articulation of pharmacy IT needs to ICBs and drive greater alignment across regions.

Items 11. Chair comments and close

- Matt Armstrong (CP ITG Chair) announced his intention to step down from his role as Chair after the meeting, and to support the transition.
- He thanked policy colleagues for their engagement and contributions to the group and to Community Pharmacy England.
- He also expressed appreciation to all members for their continued participation, including through meeting discussions, sub-groups, polls, and research activities, as well as those supporting the delivery of the group's work.
- Ahead of the next meeting, the secretariat will contact all voting members to confirm their voting member representatives and provide details of the process.
- Once the start of the nomination process opens pharmacy representative voting members will be invited to stand and will elect the next Chair.
- The group noted their thanks to Matt Armstrong for his contributions to the group during his time as Chair and prior to this.
- The Acting Chair (Darryl Dethick, Peak Pharmacy) thanked members, presenters, and organisers, and formally closed the meeting.

Future CP ITG events

- *Main meeting:* Weds 23rd September 2026 (virtual) (date to be confirmed)
- *Pharmacy Show CP ITG session,* Sunday 11th October 2026 (Birmingham)