

Community Pharmacy IT Group (CP ITG) meeting agenda

to be held on 23rd September 2026 via videoconference

from 10.15am – 1pm

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

Voting members: Steve Ash, David Broome (Chair), Darryl Dethick, Amandeep Doll, David Evans, Sanjay Ganvir, Dervis Gurol, Nick Kaye, Darren Powell, Sian Retallick, Craig Spurdle, Iqbal Vorajee, Janson Woodall (Vice Chair) and Heidi Wright.

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

MS Teams meeting

Attendees are encouraged to:

- Join early using a webcam to test access and, where possible, a large screen to view the slides.
- Use the 'raise hand' feature to seek the attention of the Vice Chair.
- Use the chat box to share comments, queries, and respond to each other. (Note: Time constraints may prevent all comments from being addressed during the meeting, but all comments will be saved to aid the group's work.)
- Mute any devices logged into the meeting when not speaking (using the mute button '🔇', the device's mute option).
- Note: those attending the meeting can extend the invite to colleagues within their organisation so they can dial into the meeting at the relevant stage.
- Please use the 'rename' feature so that your display name looks like this: <First name> <Surname> (<organisation>).

The login details for joining are included in your invite.

Social media: To post on social media about the group or meeting (excluding anything confidential), use the hashtag *#cpitg*

Meeting format: The meeting will be divided into two sections, with a break in the middle.

1. **Welcome from the Vice Chair** 10.15-10.15am
2. **Apologies for the absence of voting members**
Apologies were received from David Broome. No other voting member apologies were received during agenda preparation.
3. **Minutes of the last meeting**
The minutes of the previous meetings were emailed to the group.
4. **Actions and Matters Arising**
Outstanding actions have been carried forward within the workstream updates appendix.

Actions

- | | | |
|----|---|---------------|
| 5. | Building the digital enablers for independent prescribing within CPCF (pages 3-4) (Appendix CP ITG 01/09/26) | 10.15-10.55am |
| 6. | Patient access and navigation of NHS pharmacy services (page 4) (Appendix CP ITG 01/09/26) | 10.55-11.15am |

Break

11.15-11.45am

Actions (2)

- | | | |
|-------------|---|---------------|
| 7. | Connected care through the Single Patient Record (SPR) (page 5) (Appendix CP ITG 02/09/26) | 11.45-12.30pm |
| 8. | NHS App improvements to support patient repeat medicine ordering (page 6) (Appendix CP ITG 03/09/26) | 12.30-12.45pm |
| 9a.-
9e. | Digital developments: data, AI and digital assurance (pages 7-9) (Appendix CP ITG 04/09/26) | 12.45-1.00pm |

Report

- | | | |
|-----|--|--------|
| 10. | Updates on other CP ITG workstream projects (pages 10-21) (Appendix CP ITG 05/09/26) and (Appendix CP ITG 06/09/26) | |
| 11. | Post-meeting CP ITG communications, messages, and upcoming consultations | 1.00pm |
| 12. | Any other business and close from the Vice Chair | 1.00pm |

Slido survey

We will use Slido polls for some of the sessions. Please use a second device (such as a mobile phone) or desktop internet browser to scan the barcode (or from the slides) or visit slido.com and enter the code #5513 712. All attendees are encouraged to participate.



Future CP ITG events

- **Pharmacy Show** (Sun-Mon 11th-12th October 2026): CP ITG session (Birmingham). Contact the secretariat to propose topics for the group to cover.
- **Main meetings:**
 - Tues 2nd March 2027 (virtual)
 - Tues 1st June 2027 (virtual)
 - Tues 21st September 2027 (virtual)

Other upcoming pharmacy/healthcare IT events

- [Getting ready for CP Prescribing: IT overview](#) (NHS England, 1st Oct virtual)
- [Ambient Voice Technology](#) (Kings Fund, 12th Nov 2026, virtual)
- Items listed at: cpe.org.uk/itevents.

Subject	Pharmacy services IT update: independent prescribing and services navigation
Date/time of meeting	23rd September 2026: 10.15-11.15am
Status	Public
Presenters	Wasim Baqir, Jane Higgins, Anne Morgan, Charis Stacey, and Andrew Thorne-Marsh (all NHS England)
Overview	Updates will be provided.
Proposed action	The group is to be updated and is to discuss developments.

Item 5. Building the digital enablers for independent prescribing within CPCF (10.15-10.55am)

Background

Community Pharmacy Contractual Framework (CPCF) arrangements for 2026/27 were [announced](#) in April 2026, and it was set out that prescribing (independent prescribing) would be introduced into the CPCF as an extension of [Pharmacy First](#) and the [Pharmacy Contraception Service](#) (PCS) from the autumn of 2026.

Community pharmacist prescribers will be enabled to:

- *Prescribe within the existing Pharmacy First clinical pathways*, instead of using the PGDs.
- *Prescribe within the [PCS](#)*, instead of using the PGDs, with the ability to prescribe existing contraceptive products covered by the PGDs and some alternative contraceptive products.
- *Provide five new Pharmacy First prescribing-only pathways*. These consultations will count towards the monthly clinical pathways minimum activity requirement.
- *'Prescription management' i.e. prescribe an alternative item* where there is a need to meet the needs of an individual patient, e.g. where there is a supply chain issue relating to the original prescription or a clinical error, and there are arrangements in place with the original prescriber to allow such an approach.

The proposals build on the approach taken in many of the pharmacies involved in NHS England's Independent Prescribing Pathfinder Programme, which sought to develop a framework for future commissioning of NHS community pharmacy clinical services that incorporate prescribing.

Interim IT arrangements for prescribing within CPCF

The long-term solution is expected to involve enhancements to community pharmacy clinical service systems and supporting NHS digital infrastructure.

An interim approach will be required for the IT used to support the provision of prescribing services. It will be similar to the approach taken during the Pathfinder Programme, but for any pharmacy that was not part of that programme, it will involve more manual processes than the systems currently used for Pharmacy First.

Further information about the topic is found at [Community Pharmacy England's Prescribing within the CPCF webpage](#).

There is also an upcoming NHS England webinar, [Getting ready for CP Prescribing: IT overview](#) which will be held on Thurs 1st Oct 2026 from 6.30pm to 7.30pm.

IT development roadmap for prescribing within CPCF

NHS England is working with system suppliers under the Digital Services for Integrated Care ([DSIC](#)) IT framework to develop new standardised consultation record functionality for community pharmacy services. Development will take time as NHS England and system suppliers work through the required design, standards and implementation activities.

The focus of this session will be on progress towards long-term independent prescribing IT arrangements.

CP ITG actions:

Jane Higgins, Wasim Baqir and Andrew Thorne-Marsh (all NHS England) will be present to update the group on progress and next steps related to Independent Prescribing IT and invite discussion.

Item 6. Patient access and navigation of NHS pharmacy services (10.55-11.15am)

Anne Morgan and Charis Stacey (both NHS England) will update the group on ongoing work to look at patient access to and navigation of, NHS pharmacy services, including progress to date, planned next steps, and areas for discussion.

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Subject	Connected care through the Single Patient Record (SPR)
Date/time of meeting	23rd September 2026: 11.45-12.30pm
Status	Public
Presenters	Madison Sorrenti, Eve McCann, Thomas Rollinson, Rahul Singal, and Tahmina Rokib, (NHS England)
Overview	Updates will be provided.
Proposed action	The group is to be updated and is to discuss developments.

Item 7. Connected care through the Single Patient Record (11.45-12.30pm)

The [SPR](#) is intended to combine important health information – such as test results, hospital letters, and summaries from GP and hospital care – into a single, easy-to-access place. Patients will be able to view this information themselves through the NHS App.

The SPR is designed to:

- give patients more control over their health information;
- reduce the need to repeat information at appointments;
- help healthcare professionals see the bigger picture of a patient's health; and
- support better coordination between care settings.

It's part of the NHS's 10-Year Health Plan, which sets out three major shifts in healthcare: from analogue to digital, hospital to community and from treating illness to preventing it.

SPR developments

- *Supplier Roundtables*: The industry body techUK collaborated with the NHS England SPR team to host extensive workshops, bringing digital health suppliers together to establish how existing IT infrastructure will link up.
- The [NHS SPR Public Engagement Portal](#) was updated.
- HTN reported that the [Parliamentary and Health Service Ombudsman report has focused on the SPR, with recommendations for end-of-life care as an initial use case](#).
- DHSC published a [SPR factsheet](#).
- The King's Fund published, [SPR explained](#)
- Public Policy Projects published the report: [Delivering the SPR](#).

CP ITG actions:

Research: Pharmacy team owners and team members are encouraged to register their interest in reviewing and providing feedback on an SPR prototype, please complete the [SPR expression of interest form](#). Research calls are expected to begin during the week commencing 21st September 2026. The researchers are seeking input from individuals with a range of digital skills and experiences, including those with diverse needs, to help ensure the SPR works for everyone.

Madison Sorrenti, Eve McCann, Thomas Rollinson, Rahul Singal, and Tahmina Rokib, (NHS England) will provide updates and invite discussion.

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Subject	NHS App improvements to support patient repeat medicine ordering
Date/time of meeting	23rd September 2026: 12.30-12.45pm
Status	Public
Presenters	Megan Mitchell (NHS Digital Medicines / NHS App)
Overview	Updates will be provided.
Proposed action	The group is to be updated and is to discuss developments.

Item 8. NHS App improvements to support patient repeat medicine ordering (12.30-12.45pm)

The NHS App team are developing new functionality to support medicines management, including patient reminders for repeat prescription requests. These developments aim to improve patient experience and reduce avoidable reliance on emergency supply routes.

Megan Mitchell (NHS Digital Medicines / NHS App) will provide an update on developments.

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Subject	Digital developments: data, AI and digital assurance
Date/time of meeting	23rd September 2026: 12.45-1.00pm
Status	Public
Presenters	The NHS digital medicines
Overview	Updates will be provided.
Proposed action	The group is encouraged to participate with these engagement and research opportunities. Please feed into the secretariat or via the routes outlined.

Item 9a. Data security, DPIAs and assurance case studies (12.45-12.50pm)

NHS England and DHSC are seeking examples of good practice to support development of the Innovator Passport programme, which aims to reduce duplication in technology assurance and accelerate adoption of innovation across the NHS.

A current workstream is exploring how Data Protection Impact Assessments (DPIAs) can be undertaken more consistently and efficiently, whilst still supporting appropriate local risk management. The group has previously referred to unnecessary DPIA duplication creating burden for pharmacies, suppliers and NHS teams.

The programme team is looking for examples of:

- Effective use of the national DPIA template;
- Shared assurance or joint procurement approaches;
- Reduced DPIA turnaround times;
- IG communities of practice and knowledge sharing;
- Approaches that reduce repeated requests for the same information; and
- Tools supporting information sharing between NHS organisations and suppliers.

The findings will inform delivery of a minimum viable Innovator Passport product for digital technologies by the end of 2026.

Potential community pharmacy examples

- Re-use of assurance evidence across multiple NHS organisations
- National or local deployment of pharmacy technology using a common DPIA approach.
- Collaboration amongst suppliers, NHS teams and pharmacies to streamline IG.
- Examples where duplicated DPIA activity delayed implementation and where a more standardised approach could have helped.

CP ITG actions:

- The group is invited to identify examples that could inform this work. Examples may relate to DPIAs, wider information governance assurance processes, re-use of assurance evidence, or situations where repeated assurance requests created unnecessary burden or delayed implementation. Feedback can be passed to the [secretariat](#) outside of the meeting.
- If you have feedback on the [NHS digital Data Protection Impact Assessment \(DPIA\)](#) template please share this to the secretariat who is feeding back to NHS England.

Item 9b. Emerging AI technologies: pharmacy research (12.50-12.55pm)

Community Pharmacy England has updated its [artificial intelligence \(AI\)](#) guidance.

Pharmacy team members are invited to take part in AI community pharmacy research.

Pharmacy owners and pharmacy team members who would like to take part can either:

- Confirm interest via the meeting chat stream, contact the CP ITG [secretariat](#) to request further information and the survey link; or
- register interest [using the IT feedback form](#) (input 'AI research' into question 6).

This enables research participants to share their views on the opportunities, challenges, safety and governance considerations, and areas where AI-enabled tools could support work and patient care.

Item 9c. Clinical safety standards and digital assurance (12.50-12.55pm)

NHS digital clinical safety standards (DCB0129 and DCB0160)

NHS England has consulted on proposed changes to the DCB0129 and DCB0160 clinical risk management standards. CP ITG previously gathered feedback from suppliers and other stakeholders on the proposals, and NHS England has since published supporting guidance.

An update on this work was highlighted at the previous meeting, and more was circulated to CP ITG IT suppliers in July. Some pharmacy owners report that suppliers provide summary templates and supporting documentation to help pharmacies meet local compliance requirements. This can help reduce duplication of effort and avoid pharmacies having to develop supporting materials independently.

Assessing IT solutions checklist

The "[Template 23: Assessing IT solutions checklist](#)" hosted on Community Pharmacy England's [data and security templates page](#) incorporates the DCB0129 and DCB0160 considerations, as well as other elements.

Item 9d. Shaping the future of dm+d (12.50-12.55pm)

NHS England has launched its first annual NHS dictionary of medicines and devices (dm+d) user survey. The survey seeks feedback on how dm+d is used, challenges experienced by users, and priorities for future development.

Whilst the survey is expected to be most relevant to NHS organisations, system suppliers, informatics specialists and others working directly with medicines data standards, pharmacy professionals and pharmacy IT stakeholders may also wish to contribute. Responses are requested by 2nd October 2026. The NHS dictionary of medicines and devices is a core national standard used across prescribing, dispensing and medicines management systems.

Community pharmacy systems rely on dm+d to support interoperability between NHS services and pharmacy IT systems. Improvements to dm+d can therefore support safer medicines use, better data quality and more effective digital integration.

The survey provides an opportunity for stakeholders to influence the future development of a key element of NHS medicines infrastructure.

CP ITG actions:

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).

The secretariat also intends to submit a pharmacy sector response. Members wishing to discuss issues relating to dm+d or medicines data standards are welcome to raise these separately with the secretariat following the meeting.

dm+d survey link

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

Item 9e. Changes to EPS-related data publications (12.55-1pm)

As part of wider organisational changes across NHS England and the Department of Health and Social Care, the NHS Digital Medicines team is reviewing its [EPS statistics publications](#).

The review will consider the value, usage and resource requirements associated with a range of EPS-related publications, including:

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

Within the community pharmacy space, some of these datasets are used by pharmacy analytics organisations and other stakeholders to create additional dashboards, reports and insights for pharmacy teams and the wider sector. Understanding how the data is used will help inform future publication arrangements.

CP ITG action:

All CP ITG participants and pharmacy team members are invited to share feedback on:

- which EPS datasets or publications they use;
- how the information supports pharmacy operations, analysis or decision-making;
- whether any publications would be difficult to replace if withdrawn (within the NHS digital website or within pharmacy dashboards which 'pull' from it); and
- opportunities to improve the usability or accessibility of EPS statistics.

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

Items 10-12. Chair comments and close

Janson Woodall (the group's new CP ITG Vice Chair) will:

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

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Subject	For the report: Updates on other CP ITG workstreams
Date/time of meeting	23rd September 2026
Status	Public
Overview	This appendix provides updates on work plan areas that will not be discussed in detail during the meeting due to time constraints. Members are invited to review the updates, consider any actions requested, and provide comments to the secretariat before or after the meeting. Comments may also be raised during any other business, if required. Unless concerns are raised, the proposed next steps will be taken forward.
Next steps	The group is encouraged to participate with these engagement and research opportunities. Please feed into the secretariat or via the routes outlined.

Data flow, standards & IT communications

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

Patient choice and IT

- NHS England is working with Community Pharmacy England, system suppliers, integrated care boards (ICBs) and pharmacy teams to support implementation of the revised [EPS nomination: standards that must be followed](#).
- The process for ICBs requesting relevant data has been streamlined.
- ICBs can submit requests via the [NHS National Service Desk \(NSD\) portal](#).

NHS England resources

- NHS England has published an updated [patient choice poster](#) available from the [EPS nomination standards webpage](#) and Community Pharmacy England's [EPS nominations hub](#).
- Some pharmacies are displaying the poster to help explain patients' rights regarding pharmacy choice and to support patients who believe their choice has not been respected.
- The poster includes a QR code that helps patients or their representatives identify their local ICB website and ICB contact details so they can send their feedback about pharmacy preference to the ICB.
- The poster can be used for concerns relating to both dispensing arrangements and access to pharmacy services.

Community Pharmacy England resources: patient feedback templates

To support local resolution, optional patient feedback templates are available. These have been developed with input from NHS England pharmacy and EPS colleagues and cover:

- [Feedback about a pharmacy and my pharmacy choice](#)
- [Feedback about an app, website or technology affecting patient choice](#)
- [Feedback about GP practice information and pharmacy choice](#)

Key points

- The templates are entirely optional.
- Patients may adapt them or provide feedback in their own words.
- Existing local ICB feedback and escalation processes can continue to be used.
- When supporting patients, organisations may wish to use terms such as feedback or confirming pharmacy choice rather than complaints, where appropriate.

Use of the templates

- The templates are intended to be used where issues arise. Community Pharmacy England Local Pharmacy Committee colleagues and others may wish to signpost pharmacy owners to them where relevant queries are raised.

Feedback

Any feedback on the templates can be provided directly to [Community Pharmacy England's IT Policy Manager](#).

Updates will continue to be published at:

- [EPS nominations hub](#)
- [Patient choice and IT](#)

Interoperability

Further updates have been published on the [NHS Developer and Integration Hub](#) since the group's last meeting.

SNOMED International changes to Description Length Limits

NHS England's terminology team provided an update:

"NHS England is providing an update to the information posted in [previously](#) regarding the change by SNOMED International to increase the maximum length of Fully Specified Name (FSN) and Synonym descriptions, from 255 to 4,096 characters.

SNOMED International has shared on its [Early Visibility Release Notifications page](#) (item 29) the descriptions that will be increased beyond the previous 255 character limit from the August 2026 International Edition.

These descriptions will first appear in SNOMED CT UK Edition Release 43.0.0, due on [30 September 2026](#), as that release will include data from the August 2026 International Edition.

If UK stakeholders have any questions or concerns, please email the dm+d team and include 'SNOMED International proposal to increase Description length limit' to the subject line."

No specific actions are currently proposed, but members may wish to consider whether any pharmacy systems could be affected by the increased description length limits.

Drug Tariff IT

- The Government [announced](#) that young people leaving care will become entitled to free NHS prescriptions up to the age of 25. Further communications to follow. As this will require legislative changes and further operational planning, this entitlement is not likely to come into force for many months.

Systems & services IT

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

Ambient voice technology

Community Pharmacy England has further updated its [ambient scribing tools hub](#), setting out how these tools may support community pharmacy and the safeguards required for their use. This guidance incorporates the group's feedback gathered at the last session we had on this topic.

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

These tools may become increasingly relevant as community pharmacies provide 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. These tools may offer efficiency benefits but require careful, responsible and user-tested implementation.

Additional ambient scribing developments are outlined on page 10 of this agenda paper. The NHS digital Ambient scribing webpage states that:

"Applications for [IT] suppliers reopened.. 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](#)."

Next steps

- Members may wish to consider the guidance and the potential role of these tools during piloting, procurement or wider rollout.
- IT suppliers may consider whether the ambient scribing framework and register is relevant.
- An upcoming event may be of interest to some: [Ambient Voice Technology](#) (Kings Fund, Thurs 12th Nov 2026) (virtual)

Other updates on Ambient voice technology

- [Medicines and Healthcare products Regulatory Agency \(MHRA\) confirmed within new guidance regarding ambient voice technology products](#) that:
 - are intended to support diagnosis, treatment and automated clinical actions need to be regulated as medical devices and remain subject to the relevant regulatory requirements

- solely intended to transcribe and summarise clinical conversations, draft correspondence or suggest clinical codes for review by a clinician are not to be regulated as medical devices under the current regulatory framework (MDR 2002).
- HTN Health Tech News reported that [Croydon Health Services was awarded a £380k contract for ambient voice implementation](#) and [Kingston and Richmond NHS Foundation Trust started its roll out of ambient voice technology](#).
- The King's Fund published an article [Seizing a rare opportunity: scaling ambient voice technology in the NHS](#).
- JMIR published an article [Ambient AI Scribes: Retrospective Cohort Study](#).
- Health Innovation Kent Surrey Sussex published a case study on [Accelerating successful and safe adoption of ambient voice technology across health and care](#).
- Healthwatch published a report, [What does the public think about AI scribe use in healthcare?](#)
- Healthcare Today reported that [The Royal College of Physicians expressed concerns regarding use of automated voice technologies](#).
- Patient Safety Learning Hub published, [Ambient voice technology: patient safety](#).
- [Central and North-West London NHS Foundation Trust cut clinical admin by up to 68% after becoming one of the first mental health trusts in England to scale ambient voice technology](#).

Artificial Intelligence (AI) governance

- NPJ Digital Medicine [reviewed governance frameworks for the safe and responsible use of AI within healthcare organisations](#).
- Frontiers in Digital Health evaluated [AI, digital health equity and implementation safeguards framework](#).
- Tony Blair Institute for Global Change discussed [The Risk of Standing Still: Governing AI in Health Systems Under Pressure](#).
- NHS Shared Business Services [launched a £900m AI procurement framework for NHS and public sector organisations](#).

AI Regulation

- HTN Health Tech News reported that [MHRA announced plans to launch a regulatory AI sandbox with the aim to explore how AI can support medicines development and safety](#).
- Medical Protection Society published a report, [Closing the AI liability gap: AI, safety, and the case for legislative change](#).
- HTN Health Tech News reported that [MHRA AI regulatory sandbox for London calls for expressions of interest](#).

Patient use of AI

- A study published by King's College London found that [instead of consulting a GP](#).
- The King's Fund published, [Is the NHS ready for the AI-powered patient?](#)
- Wired Gov published, [Harnessing the potential of AI to bring real benefits for patients](#).

AI and health policy

- Digital Health's chief clinical information officer, [warned that the NHS risks becoming "too attached to AI" at the expense of tackling challenges around access and inequality](#).
- NHS Employers published [Keeping humans at the heart of the AI transformation](#).

- BMJ published [NHS AI policy: What's in the £10bn investment and what are the concerns?](#)

AI pilot and trials

- The Rotherham NHS Foundation Trust has [reduced IT help desk call volumes by 28% after introducing an AI-powered autonomous agent.](#)
- HTN reported that University Hospital Southampton NHS Foundation Trust [shared plans on how it will progress further with its rollouts of AI and ambient voice technology tools.](#)
- GOV.UK reported on the launch of [the London sandbox, a secure environment designed to safely test AI-enabled devices in a real-world environment.](#)

AI: workforce, adoption and implementation

- Health Innovation Network South London published [Preparing the NHS workforce for AI requires more than technology.](#)
- NHS England is rolling out Microsoft 365 Copilot to 505,000 clinicians and support staff [across healthcare services.](#)
- The Journal of mHealth published an [AI Tools that Cut Paperwork could Help Tackle Rising Clinician Burnout across the NHS.](#)
- UCL Partners published [Beyond productivity: AI and NHS workforce implications](#), the report explored how AI may affect workforce roles, skills requirements and service delivery across the NHS.
- [Health sector organisations reportedly welcomed NHS England's plans to accelerate the rollout of AI tools across the NHS as part of a reported £10bn investment programme.](#)
- The King's Fund published [What is it like to lead AI and digital transformation during a time of constant change?](#), a video exploring the opportunities and challenges of leading AI and digital transformation programmes across health and care services.
- NHS Employers published a case study, [Empowering safe and confident AI adoption.](#)
- AI Magazine published an article, [Why 90% of NHS Healthcare Workers Use AI in Clinical Work.](#)
- Wired Gov published [NICE Listens: hearing the public's views on AI in health and care.](#)
- Humber Teaching Foundation Trust reflected on [how the NHS could embrace AI without losing the human heart of healthcare.](#)

Digital patient services & prescriptions

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

Other NHS account and NHS App updates

- The updated [NHS App prescription feature](#) enables patients to view their active repeat medicines in one place.
- The NHS App is [evolving from a simple access tool into a personalised platform to support long-term care management and reduce system pressure.](#)
- The updated [NHS App Toolkit](#) includes posters, images, walk-through videos and messages to help primary care teams promote the NHS App to patients.
- HTN Health Tech News reported that [NHS England has set out plans to commit £10 billion in funding over the next three years for tech and digital systems, including an AI triage tool for the NHS App.](#)
- HTN reported that an [NHS App AI triage tool pilot reduced phone queue volumes by 29% at Wealden Ridge Medical Partnership.](#) NHS England plans wider rollout ahead of national availability from April 2028.

Patient digital tools and apps: case studies

- [University Hospitals Coventry and Warwickshire \(UHCW\) NHS Trust has gone live with an interoperable digital medicines management system.](#)

Electronic health records

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

Records: National

- NHS trusts in England could [spend more than £13.5 million in 2026 fixing data issues after electronic patient record \(EPR\) implementations.](#)
- [Integrated Care Northamptonshire expanded digital care plans through the NHS National Record Locator.](#)
- Dedalus opined that [NHS electronic patient record adoption has a design challenge, not just a training challenge.](#)
- Genomics England [explained how participant data within the National Genomic Research Library supports research](#)
- [Analysis of NHS data by The King's Fund found that the NHS spent almost £240 million storing patient records in 2024/25.](#)
- Health Services Safety Investigations Body published a report: [Electronic patient record systems – electronic referrals for ongoing care.](#)

Connectivity and data security

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

- [NHS England launched a new online tool to help pharmacy teams more quickly identify their local Registration Authority contact details for NHS Smartcard support.](#)
- NHS England has [restricted access to some of its open source code to strengthen security amid concerns about the impact of AI models.](#)

Policy and general updates

Relevant webpages include: [techpolicydev](#)

IT policy: priorities, reports and the future

- NHS England published a pipeline [notice](#) that [set out a potential £40 million opportunity relating to NHS Digital Citizen services, including the NHS App, NHS Proxy and NHS.uk.](#)
- DHSC published the [Health Bill: data and digital functions - fact sheet.](#)
- Computer Weekly published an article [exploring the NHS data model underpinning the Federated Data Platform \(FDP\).](#)

- King's Fund published a report [Innovation, economic growth, medtech and the NHS: from strategy to delivery](#).
- Community Pharmacy England reported on:
 - [Clarifications on the CPCF arrangements for 2026/27 and continued support for a more digitised CPCF](#).
 - [Medicines packs with poor barcodes: NHS England survey](#).
 - [Preparing for national digital phoneline switchover](#).
- The King's Fund published, [One Year On: Is the NHS 10 Year Health Plan Being Delivered?](#), which highlighted progress towards the shift from analogue to digital, including developments in the NHS App, interoperability, and the Single Patient Record.
- Computer Weekly published [The FDP debate is looking in the rear-view mirror – what's around the next bend?](#)

Federated Data Platform developments

- The King's fund published [Our response to the government's announcement of investment in NHS technology and data](#).
- [Health and Social Care Committee urged health minister to get consider whether to end instead of continue arrangements with US firm Palantir and its Federated Data Platform amid 'contested benefits'](#). The NHS England Chief Executive reportedly called for [a further review of the effectiveness of the Federated Data Platform and sought further information on reported benefits](#).
- BMJ published an article, [Palantir: NHS England is warned by statistics watchdog over FDP claims](#).

Digital capabilities of the workforce

- [DHSC plans £1.3 million national workforce development and training framework](#).

Local IT roadmaps and ICB IT priorities

Community Pharmacy England's [the IT policy](#) webpage includes the 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 in line with wider ICB and primary care digital objectives. LPCs, pharmacy owners, and other stakeholders are invited to share email feedback to the secretariat.

The template is intended to help Local Pharmacy Committees (LPCs), pharmacy owners and other stakeholders articulate community pharmacy IT priorities in a clear and consistent way,

aligned with wider ICB and primary care digital objectives. LPCs, pharmacy owners and other stakeholders are invited to provide feedback to the secretariat.

Referrals & appointments

Relevant web pages include: [/bookings](#)

- [NHS BaRS programme](#) continues to support the exchange of [booking and referral information between NHS service providers using standardised formats designed to support clinical workflows](#). The longer-term ambition remains for BaRS to be available across all care settings. The [minutes and slides from the group's previous meetings](#) contain additional information about BaRS and pharmacy use cases. Previous CP ITG feedback highlighted the importance of incorporating NHS appointment standards within the future development of the BaRS programme.
- NHS BaRS team provided the latest updates: [NHS BaRS](#).

Optimal principles across all pharmacy IT

Relevant webpage(s) include: [/itworkflow](#) and [/itcontingency](#)

Pharmacy teams are invited to share examples of progress towards more [paperless](#) working with the secretariat.

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Subject	For the report: CP ITG pharmacy representatives feedback on: IT considerations for prescribing within CPCF
Date/time of meeting	23rd September 2026
Status	Public
Overview	This document summarises CP ITG pharmacy representative feedback on long-term digital, data and interoperability considerations for prescribing within the Community Pharmacy Contractual Framework (CPCF) in England. The list of themes was originally captured prior the pathfinder programme launch.
Next steps	CP ITG pharmacy representatives and supplier representative are encouraged to email the secretariat with any further inputs.

This document captures feedback from Community Pharmacy IT Group (CP ITG) pharmacy representative on long-term digital, data and interoperability considerations associated with prescribing within the CPCF.

A. Digital foundations and enablers

These items relate to the longer-term digital aspects of how prescribing within the CPCF might operate, integrate with emerging NHS pathways and support patient care, service delivery and reimbursement processes

1. Patient electronic health records and information sharing

Category	Foundational
Development context	NHS record-sharing capabilities continue to evolve (e.g. through NCRS, Shared Care Records and Single Patient Record programme)
Issue / opportunity	Community pharmacist prescribers may require access to a broader and clinically relevant 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 decisions and consultation outcomes are shared with the wider NHS.
Pharmacy consideration	Consider whether a future-state vision is needed for the information and core datasets community pharmacist prescribers require to support safe and effective prescribing, and datasets which pharmacists need to record back
Wider NHS consideration	Assess how NCRS, Shared Care Records and Single Patient Record developments can support both access to information and appropriate sharing of prescribing and consultation information across care settings whilst maintaining appropriate information governance.
Strategic rationale	Appropriate access to patient information is likely to be a key enabler for safe, effective and scalable community pharmacist prescribing.

2. Identity and access management (authentication)

Category	Foundational
Development context	Community pharmacist prescribers already require access to NHS systems and services. Identity and access arrangements are expected to continue evolving as prescribing activity expands and service models mature.
Issue / opportunity	Community pharmacist prescribers require access to additional NHS systems and functionality. Access arrangements should be simple, consistent and scalable, reducing local variation and administrative burden.
Pharmacy consideration	Consider whether a nationally consistent access model would support implementation and future scalability.
Wider NHS consideration	Assess whether existing NHS identity and access management arrangements adequately support prescribing workflows and future service expansion.
Strategic rationale	Consistent and scalable access arrangements may support safe service delivery, reduce onboarding complexity and enable future expansion.

3. Community pharmacist prescribing standards and technical assurance

Category	Foundational
Development context	NHS England is already progressing standards, specifications and assurance approaches relevant to community pharmacist prescribing, including activity aligned with wider NHS Digital Services for Integrated Care (DSIC) developments.
Issue / opportunity	NHS England is developing standards, specifications and assurance approaches to support community pharmacist prescribing. There is an opportunity to ensure community pharmacy requirements, interoperability needs and appropriate prescribing safety capabilities are reflected.
Pharmacy consideration	Consider how community pharmacy policy, service and operational requirements can be represented within the development and review of prescribing-related standards, specifications and assurance approaches.
Wider NHS consideration	Ensure evolving standards and assurance frameworks support safe, interoperable and scalable community pharmacist prescribing, including appropriate prescribing safety and clinical governance capabilities.
Strategic rationale	Early consideration of community pharmacy requirements may support interoperability, consistency and future service evolution.

4. Prescribing attribution, organisational identity and reporting

Category	Foundational
Development context	NHSBSA is already progressing work in this area, informed by Independent Prescribing Pathfinder learning and emerging service requirements.
Issue / opportunity	Prescribing activity will need to be consistently attributed to individual prescribers, community pharmacies and associated organisations.
Pharmacy consideration	Consider whether emerging attribution, organisational identification and reporting arrangements support the long-term service model and wider NHS policy objectives.
Wider NHS consideration	Ensure developments relating to organisational identifiers, prescribing attribution and associated architecture provide a scalable foundation for community pharmacist prescribing.
Strategic rationale	Consistent attribution arrangements are likely to be a key enabler for long-term integration within reporting and governance frameworks.

B. Service design and NHS integration

These items relate to how community pharmacist prescribing services may operate, integrate with NHS pathways and support patient care, service delivery and reimbursement processes.

5. Prescribing pathway design and information data flows

Category	Important
Development context	NHS England is expected to continue developing prescribing service models, pathways and associated information flows as services evolve.
Issue / opportunity	Future prescribing service models are likely to require associated clinical, prescribing and information flows. Examples may include acute and urgent care presentations, Pharmacy First referrals, long-term condition management, structured medication reviews, deprescribing and future testing or phlebotomy-enabled services.
Pharmacy consideration	Consider how community pharmacy policy, service and operational requirements can inform the development and review of future prescribing pathways.
Wider NHS consideration	Ensure emerging pathway models, prescribing workflows, interoperability requirements and digital designs support effective integration with wider NHS pathways and prescribing infrastructure.
Strategic rationale	Early consideration of pathway, workflow and information-sharing requirements may support coherent service design and reduce future redesign.

6. Digital service discovery, navigation and referral

Category	Important
Development context	Future prescribing services are likely to require representation within NHS referral, navigation and service directory infrastructure.
Issue / opportunity	Consideration may be needed regarding how patients and healthcare professionals identify, access and refer into appropriate prescribing services.
Pharmacy consideration	Consider whether future service models require a nationally consistent approach to service discovery, referral eligibility, service visibility and pathway design.
Wider NHS consideration	Ensure service directories, referral platforms and booking services can accurately identify, describe and route patients to community pharmacist prescribing services.
Strategic rationale	Effective discovery and referral arrangements may support patient access, service utilisation, continuity of care and pathway integration.

7. Patient choice and EPS nomination

Category	Important
Development context	Existing nomination and patient choice policies are well established.
Issue / opportunity	As prescribing becomes increasingly integrated within community pharmacy services, consideration may be needed regarding whether existing arrangements continue to support clear patient choice regarding where NHS prescriptions are dispensed.
Pharmacy consideration	Consider whether future service models could warrant review of nomination guidance, communications or policy relating to patient choice.
Wider NHS consideration	Assess whether digital service design supports consistent application and understanding of patient choice across prescribing and dispensing journeys.
Strategic rationale	Maintaining clear patient choice arrangements may help ensure prescribing and dispensing activities remain aligned with established NHS principles.

8. Service data, evaluation and reimbursement: data entry

Category	Foundational
Development context	NHS England and NHSBSA already recognise the importance of the objectives to reduce duplicate data entry and support data sharing.
Issue / opportunity	Consideration may be needed regarding how service, evaluation and reimbursement data are captured, reused and exchanged across NHS systems.
Pharmacy consideration	Consider whether data requirements for evaluation, assurance, reimbursement and service monitoring should be defined early within service design.
Wider NHS consideration	Ensure future specifications, interoperability standards and national digital services support a record once, use many times approach – at the earliest opportunity.
Strategic rationale	Reducing duplicate data entry may improve efficiency, data quality, user experience and service scalability whilst supporting reporting and reimbursement.

C. Continuous improvement and system development

These items relate to future learning, stakeholder engagement and the wider supplier ecosystem that may support ongoing service development and innovation.

9. User insight, co-design and sector engagement

Category	Foundational
Development context	User research, Pathfinder activity and implementation learning have already taken place, with further opportunities expected.
Issue / opportunity	Valuable insight has already been gathered through Pathfinders, user research and early implementation activity.
Pharmacy consideration	Consider how existing and future user insight, implementation learning and stakeholder engagement can continue to inform the development of prescribing services and supporting digital requirements.
Wider NHS consideration	Ensure evolving service designs, standards and digital capabilities continue to be informed by implementation experience, user research and stakeholder feedback.
Strategic rationale	Ongoing engagement and co-design may help ensure future services remain practical, scalable and aligned with user needs.

10. A sustainable choice of IT systems

Category	Longer-term
Development context	NHS England and NHS England Transformation Directorate are exploring IP developments within NHS Digital Services for Integrated Care (DSIC)
Issue / opportunity	Consideration may be needed to ensure community pharmacy teams can access a range of interoperable solutions that support innovation, service quality, user choice and long-term sustainability.
Pharmacy consideration	Consider how prescribing policies, service models and commissioning approaches can support a sustainable and competitive technology ecosystem.
Wider NHS consideration	Ensure standards, specifications, assurance approaches and supplier onboarding arrangements support an interoperable multi-supplier ecosystem.
Strategic rationale	A sustainable competitive IT ecosystem may encourage innovation, resilience, interoperability and choice whilst reducing dependency on individual systems.

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