Pharmacy reimbursement: Pricing and IT log

This document summarises digital improvements proposed by pharmacy teams to optimise NHS pharmacy reimbursement and pricing BAU processes. It sets out recommendations for DHSC and NHSBSA, aligned with pharmacy feedback and wider NHS policy objectives. Items are grouped under principles A-F, with status and priority level noted, where appropriate. Items within A-E are associated with Manage Your Service (MYS) development. In addition to the items below, CPCF-aligned pricing and IT developments, typically arranged annually also remain critical.

A. Optimised

Streamlining processes, reducing pharmacy administrative burden, encourage paperless processes and integration:

A1. MYS APIs across all NHS pharmacy services

Not all NHS pharmacy services are integrated with MYS APIs. This leads to duplication of data entry across systems and reduced data quality. Pharmacies would support complete rollout of MYS APIs across all national services with requirements for IT suppliers and NHS systems to align to a consistent API model.

Status: Work planned *Importance*: Foundational

A2. Multi-branch access for pharmacy owners

Currently, pharmacy owners managing multiple ODS codes are required to log in separately to review and submit claims for each branch using MYS. Enhanced multi-branch access should be introduced, providing a single view aligned to organisation (e.g. Parent Organisation Codes or YP identifiers). MYS to enable reporting and filtering at pharmacy (ODS code), parent organisation and geographical levels to support organisations operating multiple pharmacies.

Status: TBC *Importance*: Foundational

A3. Plan and schedule IT changes for any upcoming Drug Tariff changes or reforms

IT suppliers and NHS systems do not consistently receive advance sufficient notice, clarity, or coordination for Drug Tariff-related changes. DHSC and NHS should introduce a structured IT planning framework for Drug Tariff reforms (e.g. charge exemptions etc.), providing clear timelines for implementation, IT specifications, and stakeholder engagement.

Status: Notice provided where possible *Importance*: Foundational

A4. Planning changes: Introduce piloting for MYS and Drug Tariff-related IT changes

MYS and related system changes are often implemented using "big bang" rollouts, limiting opportunities to identify issues early. Before wider roll-out of any MYS changes, NHSBSA could work with CPE, including its Committee and CP ITG members, to support user research, structured piloting and staged rollout of MYS APIs and other major changes.

Status: TBC *Importance*: Foundational

A5. Planning changes: Joint working on MYS design to support commitments made under the Community Pharmacy Contractual Framework including any Drug Tariff-related IT changes

We welcome DHSC's and NHSBSA's collaborative approach to planning Drug Tariff changes that need MYS or other IT updates. Continued joint review of MYS content and functionality, including early access to demos plus screenshots, would support effective implementation. We have previously requested access to a MYS dummy or test account for relevant NHS, DHSC and CPE stakeholders.

A6. Improve MYS prescription return screens

Pharmacy teams cannot always clearly and fully input missing or additional endorsements (e.g. OOP, SP) for unpaid items. MYS pages should be updated to facilitate structured endorsement entry.

A7. Prepare for pharmacist flexibility within EPS

Pharmacist flexibility reforms need supporting with suitably detailed technical specifications within EPS and IT systems. Following consultation, structured substitution information may need capturing in EPS messages and workflows.

Status: Consultation response expected shortly.

A8. Enable digital confirmation of patient exemption status

Legacy paper processes, including ink signatures on EPS tokens, remain in place and create inefficiencies for pharmacy teams and the NHS. Move to digital processes for exemption confirmation, using tech (e.g. NHS App, RTEC, APIs).

B. Usable transparency

Improving visibility and usability of pricing and reimbursement data:

B1. Improve use of EPS identifiers for pricing transparency

Key EPS identifiers are not consistently available across NHSBSA systems and reports, limiting pharmacy owners' ability to reconcile prescription payments end-to-end. Wider use of these would enable efficient tracking of prescription items through the pricing process. The *Prescription Line-Item UUID* is generated at prescribing. It remains unchanged across the prescribing, dispensing and pricing journey. It is captured within NHSBSA's data warehouse. The Short Prescription Form Token UUID is a prescription-level identifier used on EPS tokens and across pharmacy and EPS systems.

Status: Active. *Importance*: Foundational

B2. Enhance availability and usability of pricing and activity data within MYS

Current reporting (including legacy ISP outputs) is not fully integrated into MYS and lacks optimal usability. Enhance MYS to provide improved access to both summary and detailed activity and payment data for example, PIR report.

Status: Active.

B3. Improve MYS user flow for service claiming

Pharmacy teams may overlook claimable activity due to fragmented navigation and lack of prompts. Enhance MYS user journey by providing notifications or prompts for any unclaimed activity to allow pharmacy teams to check and submit claims for any unpaid prescriptions and services.

Status: BSA advised this ask has been added to their backlog and DHSC direction needed to progress further

B4. Enable in-month visibility of submission totals

Pharmacy teams cannot always view submitted service and prescriptions totals during the month, limiting time to spot issues. Enable real-time or near real-time visibility of submitted service totals in MYS.

Status: Discussing.

C. Flexibility

Enabling pharmacy owners to correct and adapt submissions within appropriate timeframes:

C1. Enable amendments for claims submitted using MYS

Once submitted, claims cannot be amended before the submission deadline, even where errors are subsequently identified. Enable digital amendment of claims up to the final submission deadlines.

Status: Improvements planned but yet to be implemented by BSA *Importance*: Foundational

D. Resilience

Ensuring pricing IT systems are available, reliable, and supported through contingencies:

D1. Establish clear contingency arrangements for MYS downtime

There is limited clarity on processes to follow during system outages, particularly around claim submission deadlines. A comprehensive contingency and business continuity framework for MYS should be developed.

Status: TBC *Importance*: Foundational

D2. Strengthen MYS capacity planning and availability

To continue to mitigate risks of month-end submissions optimal performance and the avoidance of outages. Enhance system capacity planning and monitoring to ensure resilience during peak usage.

Status: Some mitigations already in place, and to be considered on ongoing basis

E. Prompt reimbursement

Accelerating reimbursement timelines to improve cash flow and financial stability:

E1. Refine timelines

Legacy prescription and service processes result in delays between activity and reimbursement (often one to three months). Progress to faster payment models, leveraging technology (e.g. EPS, MYS APIs and improved processing).

Status: Active: Part of ongoing reforms work.

F. Data-driven

Strengthening the quality, governance, and maintenance of pricing data to support accuracy product and pricing information held on NHS dm+d:

F1. Improve dm+d updates through a manufacturer portal and guidance:

Current update routes can be inefficient and may delay changes to product information. Improved guidance, manufacturer engagement and a dedicated portal would support timelier and more accurate dm+d updates, reducing pharmacy administration and helping prevent reimbursement issues linked to outdated product and pricing data.

Status: Dm+d portal work paused due to BSA capacity constraints *Importance*: Foundational

F2. Strengthen incentives and requirements for dm+d data quality

Limited incentive and enforcement mechanisms to maintain accurate dm+d data results in dated or incomplete data. We support strengthening the incentive and compliance framework for manufacturers maintaining dm+d information.

Notes: Expectations exist, via VPAG branded medicine framework and NHSBSA standards. In 2026, DHSC consulted and said it was "*seeking to add a provision in the information regulations to require suppliers and manufacturers to… keep DHSC notified if changes are made to the product including its price and pack size.*" (see gov.uk 2026).

Status: Outcome of DHSC's consultation is awaited

We welcome discussion and continued progress on the items. Contact our DST and IT policy leads for queries about this working list.