

Digital Pharmacy Expert Advisory Group Agenda

Wednesday 27 May, 12:00-13:30

Present: Alistair Gray, Anna Bunch, Catherine O'Brien, Darren Powell (Chair), Harriet Launders, Heidi Wright, Liam Bastian, Penny Daynes, Rachael Clarke, Sean Macbride-Stewart, Yasmin Karsan,

Absent: Amna Khan-Patel, Angela Burgin, Dipak Duggal, Emma Hindley, Esther Gathogo, Stephen Goundrey-Smith

1: Recognition

1.1	Welcome, introductions, apologies and declarations of interest	12:00 – 12:10
Description	<p>Welcome and apologies</p> <p>DP welcomed members and noted the apologies listed above. No declarations of interest were recorded.</p> <p>HW clarified that a recent erroneous email had been sent to all expert advisory group members as a result of an IT issue when setting up internal distribution lists following the RCPHarm website migration. Members were asked to disregard that email. Internal distribution lists have now been set up. A SharePoint area for meeting papers is under consideration but does not yet exist.</p> <p>It was noted that the distribution list email DP had been using reached most members but not all. AB confirmed she had not been receiving communications via that channel and had not received the agenda or papers ahead of the meeting. HW forwarded these during the session. DP confirmed he would no longer rely on that channel as the sole communication route.</p>	

1.2	Update from previous meeting	12:10 - 12:15
Description	<p>Agendas and outcomes from previous meetings are published on the group's webpage at: https://www.rpharms.com/about-us/who-we-are/expert-advisors/digital-pharmacy-expert-advisory-group</p>	
Purpose	<p>To review the outcomes and priorities from the last meeting</p>	
Outcomes	<p>Seven action points were reviewed from the previous meeting:</p> <ul style="list-style-type: none"> • Action 1 - Position statement on barcodes and patient safety: published on the RPS website (pending confirmation on the updated site). • Action 2 - Meeting minutes: November minutes have been published; February agenda and notes are also on the website. • Action 3 - ABT proposal and AI Commission: a link for the engagement survey was shared with members. 	

	<ul style="list-style-type: none"> • Action 4 - Guidance on use of digital technologies in pharmacy: Tahmina's clinical fellow has produced a substantial draft. HW confirmed the RCPPharm has reviewed it and it is close to completion. It is England-focused, community pharmacy-focused, and structured as a checklist for organisations considering digital technology. RCPPharm will likely endorse it on publication. DP suggested the AI roundtables could build on this document and identify gaps for the wider profession. HW agreed and noted the document covers digital technologies broadly, not only AI. • Action 5 - Blog guidelines: marked as complete. • Action 6 - Short meeting video (Emma): not yet completed. Emma has apologised and intends to produce this. • Action 7 - Note circulated to the group: confirmed complete. <p>Inter-meeting communications from HW to the group were noted:</p> <ul style="list-style-type: none"> • 18 February: link to the AI Commission engagement survey • 10 March: Information Standards Bulletin requesting feedback • 23 March: information on the impact of missing or incomplete barcodes on pharmacy services in NHS Trusts (consultation closed April) • NHS.net Connect Service Improvement user research request (movers and leavers workflow for staff moving between organisations) • 13 April: HSSIB consultation on electronic prescribing and medicines administration - governance and safety learning in acute hospitals (feedback closed 6 May) • Online prescribing - opportunities to improve patient safety (closed 25 May)
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2: Relevance

2.1	NHS England	12:15 - 12:25
Description	This session will provide the group with an update on behalf of the NHS England Digital Medicines Programme. This will include an update around GTINs Rahul Singal	
Purpose	To receive an update on developments pertaining to the NHS England Digital Medicines Programme	
Outcomes	<p>Organisational Context A new Director General, Rob Thompson, has joined NHS England/DHSC, responsible for the Technology, Data and Digital directorate. He joins from the Home Office (previously Department for Work and Pensions) and has a technology background rather than a healthcare background. RS noted that while this creates a need to educate him on pharmacy and medicines, there may be advantages in having a technology-focused leader for the current phase of NHS digital transformation. He suggested this group could play a role in helping Rob Thompson understand the complexity of digital medicines.</p> <p>Programme Structure</p>	

Eight national business cases have been approved (one pending). Digital medicines work sits principally across two:

- Frontline Productivity: EPR optimisation, ambient voice technology (AVT), infrastructure, and medicines (one of eight focus areas)
- Transforming Patients and Services: the NHS App is the key component here

Digital medicines programmes now span multiple business cases, which RSI described as beneficial for programme visibility and investment flow. Organisational redesign discussions - target operating model, roles, and structure - will continue over the coming months following the NHS England/DHSC merger. RS confirmed no current concerns about existing work being deprioritised.

Digital Medicines First Type Scheme

A third year of the Digital Medicines First Type Scheme has been launched. This is not an innovation or deployment fund; it is specifically aimed at unblocking interoperability where EPR suppliers or organisations have not yet connected. EPS has been excluded from this year's fund as NHS England considers the capability build for EPS substantially complete across main suppliers.

The two focus areas for this round are:

- Medicines on admission: getting structured medicines information from GP systems into hospital EPRs via GP Connect. RS described this as the highest priority for hospital interoperability improvement.
- Closed-loop medicines: connecting EPMA systems to pharmacy stock control systems (e.g. Ascribe, EMIS), automated dispensing cabinets (ADCs such as BD Pyxis and Omnicell), and other components. A maturity grid was shared with suppliers illustrating the current scale of incomplete interoperability.

The scheme application form will open within two weeks. Organisations and suppliers were encouraged to submit.

Discussion

- AG (ELHT) confirmed a meeting with Oracle/EPG Optum at which they agreed to build the interface between the EPMA and pharmacy system to cover inpatient, outpatient and discharge prescribing. He raised the question of smart pump integration (three-way connection between prescribing system, smart pump and infusion charting), which remains incomplete. Rahul Singal confirmed this falls within the closed-loop bucket and encouraged submission via the First Type Scheme. He agreed to check the position on Millennium-Ascribe interface standards.
- PD noted that existing interfaces cover only inpatients, who represent approximately 25% of dispensing volume; outpatients and discharges make up the majority and must be included for the interface to be worthwhile.
- AB raised concern that digital medicines is being deprioritised within the Frontline Productivity regional process, with AVT pushed to the top and digital medicines displaced. Some pharmacy colleagues were unaware digital medicines was a fundable category. RS acknowledged this concern and confirmed that bid submissions had been variable across regions. He committed to

	presenting a transparent summary of regional submissions. He noted that higher investment is expected in next year's Frontline Productivity cycle and that strong bid volumes this year will support the internal case for ring-fencing digital medicines investment in the next round.
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2.2	AI workshop 1	12:25 – 12:50
Description	DPEAG Chair will provide feedback on the AI workshop held on 22 April and discuss outputs with the group	
Purpose	To discuss potential recommendations or work that may result from the workshop.	
Outcomes	<p>DP provided a summary of the AI in Pharmacy Practice workshop held on 22 April 2026, which he chaired with HW supporting. The event was hybrid; a tube strike on the day reduced in-person attendance, with the majority joining online. This was the first of three planned roundtable workshops by RCPHarm; a report will be produced from each, with a synthesis paper to follow.</p> <p>AI Survey of Pharmacists - HW (RCPHarm) HW presented results from the RCPHarm AI survey of pharmacists, a summary of which was shared with the group by email following the workshop</p> <p>Risks and Responsible AI Use in Medicines Information - Anuj Sunder (UKMi) AS focused on risks associated with AI use in medicines information (MI) services. Key points:</p> <ul style="list-style-type: none"> • Reports of clinicians using general-purpose AI tools (e.g. ChatGPT) rather than consulting medicines information colleagues • Key message: AI should support, not replace, clinical judgement • Risks highlighted include plausible-seeming but incorrect outputs - hallucinated references, fictitious drug interactions, and omissions of real interactions • Human oversight and robust governance are essential <p>The UKMi has published two position statements on the use of AI in medicines information.</p> <p>A Cancer Pharmacy Perspective - Bastiaan Buijtenhuijs BB outlined the growing role of AI within cancer services, highlighting how increasing workload pressures are driving the need for technological support in oncology pharmacy. Key points:</p> <ul style="list-style-type: none"> • AI is being explored to support diagnostics, triage prescriptions by complexity, improve safety checks, and personalise treatment • Substantive arguments for AI supporting workforce efficiency in this setting • The BOPA AI Cancer Advisory Group and BOPA LLM Taskforce are working to guide safe and effective AI implementation across oncology pharmacy 	

Ambient Voice Technology and Pharmacy Practice - Dr Yasmin Karsan

YK explored the emerging use of ambient voice technology (AVT) to transform workflows in pharmacy practice. Key points:

- AVT is increasingly relevant to community pharmacy, particularly in clinical consultation settings
- Benefits include more efficient capture of clinical documentation and improved consultation records
- Risks identified: privacy concerns; language and accent bias (particularly where English is not the patient's first language); over-reliance on model outputs; potential reduction in mental model formation when automation replaces active note-taking

Unintended Consequences - Angela Burgin

AB's presentation explored the unintended impacts of digital systems - and emerging AI - on pharmacy practice, drawing on research into the shift from paper-based prescribing to electronic prescribing and medicines administration (EPMA). Key points:

- Changes to workflows and clinical roles, including reduced face-to-face patient interaction as clinicians engage with screens rather than patients
- The question of whether digital implementations are moving the clinician further from the patient
- The importance of learning from prior digital transformations to ensure AI is implemented in ways that protect patient safety, workforce wellbeing, and the professional contribution of pharmacy

Governance and Regulation - Dr Mani Hussain

MH introduced the National Commission for AI, hosted by the MHRA and established in September 2025. The Commission has convened 60-65 experts from across sectors to advise on the upcoming regulatory framework. Key themes:

- Need for safety monitoring and post-deployment surveillance
- Concerns around bias inherent in AI systems
- Questions of liability for incorrect clinical decisions informed by AI outputs
- Cross-cutting themes: automation bias, psychological safety, equity and fairness, fragmented development across the NHS

Work on the regulatory framework is ongoing. No publication date is currently confirmed.

Morning and Afternoon Discussion Themes

Morning themes: efficiency and strategic opportunity; limited evidence base for many current technologies; impact on clinical quality in consultations; governance and safety; calls for standardisation and workforce support; questions of equity and regulation.

Afternoon themes: impact on clinical roles; capability and professional confidence; governance, data and cybersecurity; importance of redesigning services rather than overlaying digital on existing workflows; variation in risk appetite across the profession; need for practical, setting-specific use cases with demonstrated value.

	<p>DP's closing observation: AI adoption is growing but uneven. The profession must design its way into the future rather than drift into it.</p> <p>Group Discussion</p> <ul style="list-style-type: none"> SMS raised a clinical informatics colleague's caution that AI hallucinations, though rare, can be serious in a medicines context. He noted that accuracy of 85-90% is insufficient for clinical use - drug lists generated by voice recognition require careful checking before any clinical action is taken. DP added that the persistence of erroneous information in clinical records is a significant risk - errors that pass human review become embedded and are difficult to remove, drawing a comparison with the well-known difficulty of removing incorrect allergy records. PD highlighted positive AI use cases on the administrative side, including AI-assisted invoice processing in procurement, noting these tools are already freeing up time for more clinical activity. HL noted that existing manual transcription services already produce medication errors and transcription mistakes. She suggested it would be more useful to compare AVT accuracy against the current imperfect baseline rather than against a theoretical ideal. DP agreed and noted the absence of a published baseline for medical record accuracy against which AI tools can be benchmarked. He expressed concern about automation bias eroding checking behaviours over time. <p>Next Roundtables</p> <ul style="list-style-type: none"> Second roundtable - science, research and clinical trials, and the use of AI from drug development to medicine delivery. The original date may be revised as a speaker from MHRA has not yet been confirmed. The group was asked to suggest speakers or attendees. Third roundtable (24 September 2026) - education for pharmacy professionals.
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2.3	AI readiness checklist	12:50 – 13:10
Description	Group to discuss their thoughts on the AI readiness checklist	
	Led by Anna Bunch	
Purpose	To discuss the content of the AI readiness checklist	
Outcomes	<p>AB described the AI readiness checklist previously shared by HW for group review. She found it a practical, step-by-step resource for organisations considering AI implementation, covering what to assess and what to consider before proceeding. She noted it could be of significant benefit to pharmacy colleagues implementing AI, particularly given the current absence of national guidance.</p> <p>Key discussion points:</p> <ul style="list-style-type: none"> HL found the document useful as a starting point for governance committee discussions, specifically referencing page 25 as a 	

	<p>practical entry point. She suggested 'playbook' might be a more accurate description than 'checklist' given its depth.</p> <ul style="list-style-type: none"> • DP noted the document was more extensive than the title implied and queried whether it covered clinical safety considerations as well as administrative AI use. AB confirmed it was broad in scope. • AB proposed that the group recommend endorsement by RCPHarm, or at minimum, that it be signposted to members via the digital resources page. She noted national guidance has been expected but not yet published, and organisations are already implementing AI in the interim. • HW confirmed that formal endorsement requires the developers to submit a request; she will explore whether RCPHarm has existing contact with them. She agreed to add the document to the website as a useful resource in the meantime. • AB flagged that endorsement should be reviewed if and when national guidance is published. • DP requested the link also be included in the published meeting agenda notes to maximise visibility. <p>Action: HW to add the AI readiness checklist to the RPS digital resources web page and include the link in the published meeting notes</p>
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2.4	Shape the Future Digital Medicines Pathway - Workshop Invitation	13.10 – 13:20
Description	Request for participants for a workshop to help shape a joined-up digital experience for how patients request, receive and manage medicines.	
	Darren Powell	
Purpose	For awareness and a request to share amongst networks to improve engagement.	
Outcomes	<p>DP presented a single-slide summary of the NHS England Digital Medicines team's initiative to run stakeholder workshops on the digital medicines pathway. The aim is to gather end-to-end insight on what is working, what is hindering progress, and how to develop a clearer, safer and more joined-up digital medicines pathway in support of a digital by default approach.</p> <ul style="list-style-type: none"> • Workshops are approximately 1.5 hours, conducted online, in small group format • Three to four sessions planned over the coming months • Members were encouraged to participate personally and to share the invitation through their networks <p>Action: DP to reshare the workshop booking link with the group.</p>	

3: Communication

3.1	Messages for RPS members	13:20 - 13:25
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ROYAL PHARMACEUTICAL SOCIETY

Description	Sharing information with RPS members is an essential role for RPS, and the EAG's advice on what information is useful and relevant to communicate is vital.
Purpose	To decide what aspects of the EAG's work should be shared with members, and how best to share them. To make recommendations to RPS on other communication with members needed in the EAG's subject area.
Outcomes	<p>Discussion focused on how best to communicate DPEAG activity to RCPHarm members. Key points:</p> <ul style="list-style-type: none"> • Short video summaries of meetings have been trialled but uptake from group members willing to record them has been limited. • HL volunteered to record a short video summary of this meeting within two weeks. HW will send her the guidelines for doing so. • HW will check download statistics for previous videos to assess whether the format is worth continuing. • DP raised short blog posts as an alternative or complementary channel. HW confirmed the RCPHarm blog section is available and can be linked from the DPEAG or digital pages. Members with a topic they wish to write about should contact HW. • HW noted that some observers registered for this meeting did not receive the updated Teams link and were therefore unable to join, and apologised to those affected. <p>Action: HL to record a short video summary of this meeting within two weeks, following guidelines provided by HW.</p> <p>Action: HW to send video summary guidelines to HL.</p>

4: Any other business and close

Cath O'Brien (DHCW - Clinical Informatics) attended the meeting. She has retired from her substantive post and is currently preparing for induction of her replacement, Emily Whiton, who joins from NHS England London Region (primary care) on 22 June 2026. COB will circulate an introduction email when Emily starts. She indicated willingness to continue attending DPEAG while she retains relevant currency, with the arrangement reviewed over time. **Action: COB to circulate an introduction email for Emily Whiton on or after 22 June 2026.**

Meeting Dates:

- 9 September 2026 12 – 1:30pm
- 6 December 2026 12-1:30pm