

## **Automating for Better Care Forum – Meeting Summary**

### **27 May 2026**

#### **1. Welcome and Chairs Update**

- Attendees were welcomed by Dr Keith Ridge CBE (Co-Chair of the Automating for Better Care Forum).

#### **2. Chairs update**

- The government response to the House of Lords inquiry on Medicines Security has been published and will be followed by a House of Lords debate. There is clearly a need for further work on some of the issues raised by the inquiry.
- The House of Lords Science & Technology Committee is currently undertaking an inquiry into Innovation in the NHS: personalised medicine and AI. There is an ambition for the UK to become a leader in this space, including in regulation carried out by the MHRA.
- Several issues are moving up the political and policy agenda:
  - Monitoring innovation uptake is becoming increasingly important and will require data to be collected across the supply chain. Standards will need to be developed so that useable data can be collected.
  - There is likely to be a renewed focus on quality.
- The Scottish and Northern Ireland governments have committed to an electronic prescription service.
- James Murray has joined DHSC as the new Secretary of State with a focus on productivity, and Rob Thompson joined as the new DG on Digital, Data and Technology.

#### **3. NHS England Update on technology, data and digital priorities for medicines management**

- The functions of NHSE are currently being moved over to DHSC and there are ongoing discussions about who will progress different areas of work.
- There are currently 8 big national programmes that received funding in the Spending Review. To date, the business case has been approved for 7 of these programmes. The two programmes on frontline productivity and transforming patient and public care are particularly relevant to this group.

- The frontline productivity programme includes work on cloud hosting, infrastructure, ambient voice technology, EPR optimisation and digital medicines. Within this programme, investment decisions will be made regionally with national moderation. This is the first investment round with this new model of commissioning. There will be further funding available next year.
- Work on the NHS app, including its medicines aspects, form part of the transforming patient and public care programme.
- The regions, and in particular Regional Directors of Digital Transformation, will be key in this new way of working. It is important they understand the need for investment in medicines technologies.
- Demonstrating productivity benefits of technology investment in regions is particularly important especially as technologies become widely adopted and mature.
- There is feedback from frontline staff that they are frustrated from needing to carry out tasks in multiple different systems that do not currently interface with a need to invest in the development of interfaces.
- The group could explore a potential role for A4BC and the A4BC website in providing an additional channel for digital pharmacy updates from NHSE to key stakeholder and member groups.

#### **4. Findings from initial implementations in A&E and update on exemplar work at University Hospitals of Liverpool Group**

- Automation with BD Pyxis is underway within the NHS University Hospitals of Liverpool Group. Before the implementation, medicines storage in the two Emergency Departments within the hospitals group needed rapid improvement.
- There was an initial partnership with BD to install Pyxis across the two emergency departments with 6 Pyxis cabinets purchased and associated estates enabling work carried out. The cabinets have now been in use for 18 months.
- Initial issues that had to be overcome included management of controlled drugs and patients own drugs, downtime support and technical issues.
- Data has been collected locally on the impacts to support a wider rollout. Benefits observed include:
  - Financial savings due to reduced drug spend.
  - Efficiency benefits releasing nursing time to care by reducing the time taken to locate and obtain medicines.
  - Safety benefits through reduction of missed and omitted medicines doses.
  - Dispensary time freed up because of fewer ad hoc orders to Pharmacy.

- Reduced time spent on medicines top ups. Fully automated top ups are now run three times a week, when previously they could only be run once a week.
- The implementation has received very positive feedback from nursing staff with support for wider implementation.
- Following implementation, work was carried out with BD to scope site wide rollout at Aintree hospital across the next two years with 48 Pyxis cabinets to be deployed across all clinical areas.
- Research work funded by BD will be carried out by an independent company to formally assess the benefits of this roll out. The baselining data collection has already been completed.

## **5. Outputs from Optimed Unit Dose project at University Hospitals of Leicester**

- The group heard results from an independent evaluation undertaken by the University of Birmingham looking at implementation of the Deenova Optimed Closed Loop Unit Dispensing system in the University Hospitals of Leicester NHS Trust.
- To date, the system has been fully implemented across 11 wards with plans to roll out to 58 wards.
- In this system, each unit dose has a unique barcode. The workflow is fully closed loop (from prescription to dispensing to administration) with automation and full tracking. Medication is electronically selected from the automated unit dose medicines cupboard and automatically transferred into the ward medicines trolley with individual drawers for each patient according to a specific drug administration round. The drug trolley is taken to each patient as in any normal medicines administration round and appropriate patient and medicine confirmed by scanning the patient wrist band and unit dose thereby eliminating administration errors.
- While there is published evidence from Europe showing similarly consistent benefits from unit-dose medicines systems, this is the first assessment in the NHS environment. The observational study is being carried out under the Knowledge Transfer Partnership Scheme and funded by Deenova UK and Innovate UK. It will focus on patient safety, staff impact and waste and expenditure with the results published in peer reviewed journals.
- Drug rounds were observed pre and post implementation. The study made the following findings:
  - There was no change in cognitive burden following adoption of the new technology and processes.
  - An average time saving of three minutes per patient per drug round was observed, increasing nursing time for care.

- There was a significant decrease in missed doses due to medicines unavailability which was equivalent to of 5.3 missed doses of medicine per ward per week.
- A 28% reduction in medication expenditure was observed across the 8 wards.
- Additional research on patient safety benefits is planned. The impact on patient flow could potentially be studied in the future.
- A few medicines such as inhalers cannot be dispensed as unit doses and are kept in a small cabinet.
- There was discussion about how far these findings could be translated from one NHS organisation to another.

## 6. Update on Medicines Barcoding

- GS1 UK presented an update on Medicines Barcoding. Minister Ahmed announced that the government “intends in due course to consult on the types and use of barcodes that will be required on medicines packaging”. This consultation will be an opportunity to advocate for compulsory barcodes on UK medicines packaging and for the data that needs to be carried by those barcodes. The consultation is likely to be launched before the Summer parliamentary recess.
- GS1 UK carried out a survey of NHS Trusts collecting evidence on the scale and impact of missing, incorrect or inaccurate barcodes across NHS Trusts.
- There was discussion about how evidence can be captured at a larger scale. Potential ways include asking manufacturers for data and using snapshots of data captured from pharmacy robots. This has been trialled by BD in one NHS trust, and this could be expanded if other trusts “opt in”.
- There was also discussion about the data that should be captured including whether medicines packs have 1D barcodes, 2D barcodes or no barcodes and whether data is collected on number of medicines packs or number of product lines. **Action: GS1 to discuss with relevant forum members how further evidence can be collected and what data should be captured.**
- There was a discussion on the draft A4BC Medicines Barcode briefing which had been circulated ahead of the meeting. The aim is ultimately to share the briefing with key stakeholders as an A4BC product.
- The following feedback should be incorporated into the next draft of the paper, which should be produced within the next few weeks:
  - The impact of missing barcodes on productivity, the supply chain and medicines uptake should be brought out more clearly in the paper.
  - A schematic should be added illustrating the impacts of missing barcodes across the supply chain.

- The paper should bring out the differences between 1D and 2D barcodes more clearly.
- The paper should be condensed aiming for 2-3 pages.

**Action: GS1 and PRSB to update the medicines barcoding briefing within the next few weeks to reflect this discussion.**

## 7. Update on A4BC Advocacy workstream and discussion of future plans

- The draft A4BC advocacy plan had been circulated to the group ahead of the meeting and was presented and discussed.
- The aims of this programme are to: raise awareness, understanding and support for connected medicines management, and to position A4BC as the trusted, multi-stakeholder forum accelerating progress in this area.
- To achieve this, the programme has four main strands of ongoing and planned work including:
  - Stakeholder identification and engagement.
  - Horizon scanning to identify opportunities to increase the profile and priority of CMM.
  - Proactive advocacy to raise awareness of blockers and previously hidden benefits identified by A4BC. This is currently focussed on making the case for mandatory 2D barcodes on medicines packaging.
  - Build evidence base and develop messaging on benefits of automating and digitising medication management.
- Conferences such as the Clinical Pharmacy Congress could be an opportunity to publicise A4BC.
- The A4BC messaging should amplify engagement work being carried out by NHS/DHSC.
- A second focus area for the proactive work could be to develop the evidence base and messaging on the efficiency and productivity benefits of CMM. For example, case studies could be developed based on the evidence presented to the group during the meeting. Chief Pharmacy Information Officers will be a key audience for this.
- **Action: PRSB to progress the advocacy work ahead of the next forum meeting and to present an updated advocacy plan for discussion at the next meeting.**

## 8. Update on A4BC working group on interoperability and workflow

- The aim of the work is to enable the medicines data held by Trusts to be interoperable and shared to the necessary clinical and pharmacy systems, digital cabinets and robots.

- PRSB have undertaken an initial discovery phase with suppliers to scope the work. This scoping has considered implementation from the beginning. The proposed deliverables identified include: data specification; interoperability definitions; governance and data management guidelines; implementation guidelines and supplier conformance validation.
- The context for this work is evolving as NHSE is carrying out work in similar areas. However, the group felt this was still an important focus area for A4BC as interoperability is central to CMM. The A4BC work will add value to the planned NHSE activities by covering additional topics and will lay the foundations for further necessary work.
- To be successful, the work will need buy in and commitment of funding and time from suppliers now, to enable the work to progress.

## **9. Closing remarks**

- Attendees were thanked for their contributions to the discussion.
- The next meeting of the Forum will be Monday 14th September 2026.

## Annex 1 – Attendees

| Name               | Role  | Organisation  |
|--------------------|---|---|
| Keith Ridge CBE    | Co-Chair  | Former Chief Pharmaceutical Officer for NHS England |
| Sam Coopey         | Integration & Connectivity Solution Manager - Hospital Automation                               | BD  |
| Rob Duncombe       | Chief Pharmacist  | The Royal Marsden NHS Foundation Trust              |
| Rebecca Jones      | Policy and Advocacy Consultant  | PRSB  |
| Georgina Lawton    | Head of Healthcare  | GS1 UK  |
| Keith Pullin       | EMEA Commercial Manager – Pharmacy automation   | BD  |
| Tanya Serebryanska | Market Development and Access Manager - MMS   | BD  |
| Rahul Singal       | Chief Pharmacy & Medicines Information Officer & Senior Responsible Owner for Digital Medicines | NHS England   |
| Patrick Singh      | Lead Pharmacist for Digital and Informatics   | Cwm Taf Morgannwg University Health Board           |
| Ann Slee           | Independent Specialist  | Independent Specialist                              |
| Sarah Thompson     | CCIO (Pharmacy and Medicines)   | University Hospitals of Liverpool Group             |
| Pippa Roberts      | Chief Pharmacist  | University Hospitals of Liverpool Group             |
| Rachel Woodcock    | Associate Director - Implementation and Partnerships  | PRSB  |
| Lewis Stewart      | Programme Manager, Health and Social Care   | techUK  |
| Ron Pate           | Independent Consultant working with Deenova   | Independent Specialist                              |
| Sarah Rockowitz    | Postdoctoral Researcher   | University of Birmingham                            |

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|-------------------------------|---|---|
| David Kearney                 | Chief Pharmacy Information Officer                                      | University Hospitals of Leicester NHS Trust             |
| Vinodh Kumar                  | Chief Pharmacist  | St George's University Hospitals NHS Foundation Trust   |
| Sue Ladds                     | Hospital Pharmacy Modernisation Lead                                    | NHS England   |
| Anna Bunch                    | Pharmacy Digital Manager<br>Pharmacist                                  | University Hospital Southampton<br>NHS Foundation Trust |
| David Campbell                | Clinical Director of Medicines<br>Optimisation                          | Northumbria Healthcare NHS<br>Foundation Trust          |
| Polly Shepperdson             | Partnership and Alliances Manager                                       | First Databank  |
| Tony Davies                   | Northern Europe Hub Director –<br>Medication Management Solutions       | BD  |
| Joshua Igbineweka<br>(online) | Clinical Fellow, Patient Safety and<br>Medicines Healthcare Directorate | NHS England   |
| Kandarp Thakkar<br>(online)   | Chief Pharmacist and Clinical<br>Director                               | University Hospitals Plymouth NHS<br>Trust              |