

May 2026 - DPDP Programme Progress Report

High Level Summary

Overall status: Programme has moved to Green. A rebaselined Programme plan was presented to DPDP Programme Board at end of April which was approved and has now moved the Programme to Green. Implementation planning discussions commenced in late April, with further discussions planned to establish activities which will be gradually built into wider Programme planning. The Programme await the official announcement from Scottish Government regarding long term funding for the Programme following the confirmation of inclusion within the GP package for Scotland, which is imminently anticipated. Work has continued to progress with the DPDP build where further detail is provided later in the report. Key activities for the procurement of the AES are also continuing.

Funding: We have received a letter of comfort from Scottish Government confirming funding for year 26/27. Funding allocation for year 26/27 is £8.14m pending final funding confirmation in June 2026. Current spend for 26/27 to end April 26 is £505k. (Refer to slide 5 for further information).

Risks and Issues: The monthly risk review has taken place with all active Programme risk scoring and aligned ownership assessed and updated. A summary of all RED risks are detailed in later slides. There are currently no issues raised for the Programme at this time.

Dependencies: The Programme continue to engage with Practitioner Services colleagues on the readiness work and provide any support required by the Programme. Senior DPDP and Practitioner Services leads met at the end of April to discuss current status, next steps and future collaboration. A further meeting is now planned for late June to continue discussions. It is anticipated a formal governance structure for the readiness project will be established by Practitioner Services following this discussion. Discussions on the potential of embedding DPDP resource within the PSD Readiness Project will also be progressed from this. Discussions are also underway on DPDP engagement within phase 2 of the readiness project. Discovery work with PHS and PSD has been highlighted which is being progressed as part of the technical build delivery.

The Programme are currently assessing next steps in engagement with OneAdvanced to continue discussions that commenced in March. We also continue to meet monthly with the GPIT Reprovisioning Programme to determine next steps and to ensure the dependency on the GPIT programme is effectively managed.

The Programme continue to attend the PMR liaison group which meets monthly and plans to recommence dedicated technical calls with each PMR supplier once the technical delivery partner initial groundwork of the DPDP build is underway.

Planning: A rebaselined Programme plan has now been completed with new milestones captured and agreed. This was presented to DPDP Programme Board at end of April and approved. The Programme plan will continue to be built on as the Programme evolves.

Path To Green

(inc. escalations)

- Planning of next phases is underway. This will be finalised once priorities have been confirmed with new milestones captured and agreed (ratification with technical delivery partner once fully onboarded)
- New Programme milestones will be presented to Programme Board for approval w/c 20th April. If milestones are approved, then this will move the Programme to a Green status
- Submission and approval of DP and IAAP
- Onboarding of BJSS to commence work on platform services
- Completion of DPDP Target Operating Model
- Commencement of Implementation & BAU Business Case through governance process
- Position on the new Digital Claiming & Processing Programme to be resolved as a critical dependency to DPDP

Key Milestones

- Formal Communication of Funding by Scottish Government (TBC)
- Recruitment of key resources including Communications Manager (TBC)

Governance Meetings

- DPDP Programme Board: 16th June 2026 (every 2 months)
- Clinical Advisory Group (CAG): 10th June 2026 (every quarter)
- Technical Design Authority (TDA): 3rd June 2026 (monthly)
- DPDP Operational Delivery Group: Weekly every Thursday

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Workstream	May Activity	June Focus	Status
Business Case	The Implementation and BAU Business Case was submitted to the Sponsors on 20th August 2025. Scottish Government Sponsors have now confirmed a multi year funding allocation for the Programme, formal communication of this is awaited.	For the Sponsors <ul style="list-style-type: none"> Formal communication of the long-term funding allocation Confirm requirements for future BCE endorsement of BAU 	
Target Operating Model (TOM)	Feedback and Health Board nominations are awaited from some Health Boards following the TOM presentations throughout January to March. Discussions are being progressed on the best way to seek outstanding representation. The feedback received to date will also be reviewed with next steps assessed.	<ul style="list-style-type: none"> Agree approach for seeking Health Board representation Update the TOM with any feedback received Discuss and agree on any wider socialisation of the TOM through agreed stakeholder and governance groups 	
Information Governance	The DPDP IG lead has now left on maternity leave so other activity has been temporarily paused until a backfill for the role has been confirmed. Status remains Amber due to this. Some work to establish clinical safety requirements for the Programme and quality standards is also being progressed in the meantime.	<ul style="list-style-type: none"> Progress discussions on quality standard options and clinical safety requirements 	
Procurement & Recruitment	<p>Procurement: Discussions are continuing regarding on the procurement of AES PKI with a proof of concept being progressed.</p> <p>Recruitment: The recruitment process for a full time Marcomms lead has now been completed with an offer made to the preferred candidate. The HR process for onboarding are in progress and expect candidate to join the team in June. An SLA has now been drafted for an identified clinical deputy which is being reviewed by the Programme Lead and clinical SRO. A pharmacy deputy is still sought, and discussions are underway regarding this.</p>	<p>Procurement:</p> <ul style="list-style-type: none"> Continue procurement of AES PKI <p>Recruitment:</p> <ul style="list-style-type: none"> Complete HR process and onboarding for Marcomms lead Progress deputy roles as replacement for co-lead 	
Benefits	Feedback has now been received from the Health Economist on the DPDP benefits, and this will be reviewed in greater detail at the next benefits review in later this month.	<ul style="list-style-type: none"> Implement any relevant feedback from Health Economist within Benefits 	

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Workstream	May Activity	June Focus	Status
DPDP MVP Build	<p>Overall Delivery: Technical build now operating fully within two-week cadence scrum sprints for both squads. Facilitated joint working between external partner and internal PSD expertise operating successfully. Design process and activity has progressed well, and commencement of build process for the registers has been undertaken and progressing to plan. Technical deployment to PSD Scotland Technology Services (PTS) environment initiated and route to completion understood.</p> <p>Solution, Data & Security Architecture Design: Progression on high level technical design has continued. Deployment of Platform Engineer from the Developer Platform Services team progressed runtime environment. Migration of the tech demo to utilise PSD Scotland GitHub storage has completed along with image generation. Initial deployment to the runtime environment via exemplar pipeline of the image expected to complete. Prescription signature security proof-of-concept with first potential supplier to complete and initiate second potential supplier mirror exercise. Technical epic and user story has been extended covering the proof-of-concept activities. ADRs (Architecture Decision Records) to be raised covering Wolverine (orchestration), Blazor (UI layer), Netlify (prototyping), Storm-exemplar (UI toolkit) as well as one covering runtime time environment management approaches.</p> <p>MVP Development: Functional user stories for prescriber register completing refinement. Wireframe construction and demonstration of the prescriber register completed. Prototype build of prescriber register progressing to show solution for screen interaction. Functional user stories for dispensing organisation register to be refined to development state Wireframe construction and demonstration of the dispensing organisation register to be initiated.</p> <p>Business Analysis and Testing: Initial migration of epics and stories to NDP DevOps completed; this aligns with NDP ways of working and improves tracking of dependencies and later transition to support. Ongoing business analysis for the MVP development continuing to finalise through refinement for development. Test Strategy for the DPDP engine distributed at draft stage. Static testing continuing. Additional BA support requested from delivery partner to detail existing ePMS claims process and operation.</p>	<p>Overall Delivery:</p> <ul style="list-style-type: none"> •Continue to monitor development work trajectory to inform planning and resources. •Continue assurance and proofs of concept work to reduce future risk areas. <p>Solution & Security Architecture Design:</p> <ul style="list-style-type: none"> •Progress further ADR reviews as needed for construction components. •Aim to complete Signature Solution proof-of-concepts (depends on supplier). •Elevate priority of discussion with regards to IAM/MFA approach and solution. <p>MVP Development:</p> <ul style="list-style-type: none"> •Start formal development build for Prescriber Register management •Aim to finish wireframe and prototype for Dispensing Organisation Register •Continue refinement of remaining Register Functional user stories <p>Business Analysis and Testing:</p> <ul style="list-style-type: none"> •Confirm additional BA capacity, plan and initiation for ePMS requirement •Identify delta for pre and post DPDP standard operating procedures for prescribing and dispensing •Progress further refinement of Test Strategy •Continue static testing of existing story content 	
Business Change & Implementation	<p>Stakeholder engagement opportunities have continued to be prioritised including attendance to the Scottish National Users Group event and meeting with the Alliance as part of the SCLF project. There has also been ongoing support provided through the SCLF project work in terms of Health Board engagement and GP visits. Work to support the next steps on the DPDP Target Operating Model has also been progressed.</p>	<ul style="list-style-type: none"> • Continuing with Stakeholder engagement priorities and events • Support SCLF project work • Support ongoing Target Operating Model activities • Support ongoing comms activities 	

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Workstream	May Activity	June Focus	Status
Stakeholder Engagement & Communications	<p>Overall Discussions with colleagues in England have continued and their feedback has now been reviewed by the DPDP team. A follow up has also been sent to NHS Wales colleagues regarding the proposed agenda for a visit to their facility and we await feedback from them on capacity to meet. Some of the DPDP team will be attending the Scottish National User Group (SNUG) event at end of May to continue engagement with colleagues and raise awareness of the Programme. Significant stakeholder engagement is also continuing across several Primary Care groups via the Business Change workstream. Work on the DPDP Spring newsletter will also be progressed throughout May.</p> <p>SCLF Project Work has been ongoing within the Health Inequalities Project and feedback has now started to be received via the surveys issued. Practice visits will be continuing throughout May and June. There has been ongoing communication with the ALLIANCE to consider future collaboration with the Digital Citizen's Panel.</p>	<p>Overall</p> <ul style="list-style-type: none"> Refine website content Progress discussions with NHS Wales Issue Spring Newsletter <p>SCLF Project</p> <ul style="list-style-type: none"> Continue engagement on surveys Continue in person visits to GP practices 	
PMR & GPIT Supplier Management	<p>PMR Management DPDP continue to attend the monthly PMR Liaison Group meetings with a particular focus on ensuring delivery of PMR changes to ensure operation with DPDP and the revised accreditation process. The former will be driven by PMR suppliers once DPDP start iterative releases of the dispensing module, and the latter will in part driven by PSD and in part by specific accreditation points for DPDP. The Programme also continue to meet fortnightly with PSD and CPS colleagues to discuss any key updates and actions relating to PMR supplier management.</p> <p>GPIT Management DPDP team have met with GPIT Reprovisioning colleagues to maintain engagement and discuss progress across the Programmes of work. The DPDP team are currently assessing timing for next engagement with OneAdvanced to continue discussions on roadmaps and next steps.</p>	<p>PMR Management</p> <ul style="list-style-type: none"> Continue attendance at the PMR Liaison group Continue liaison with PSD over accreditation requirements <p>GPIT Management</p> <ul style="list-style-type: none"> Continue discussions with GPIT team and One Advanced Continue discussions on roadmaps and high-level delivery plans with One Advanced and GPIT Reprovisioning team 	
Citizen Engagement	<p>Discussions and guidance from SG Comms colleagues to discuss citizen engagement and general public comms for the Programme is still sought however it is anticipated that this will not be possible until mid 2026 due to other priorities and the Scottish election.</p>	<ul style="list-style-type: none"> Reschedule follow up meeting with SG Comms team for mid 2026 	

May 2026 - DPDP Finance Review

Total Approved Budget for FY 26/27	£8.14m
Technical Build	£6.84m
Programme	£1.30m

Programme Finance Update FY 26/27	Actuals FY 26/27*	Current Forecast FY Spend	Forecast Over/Underspend FY 26/27
Technical Build Spend	£429k	£6,828k	-£12k
Programme Spend	£76k	£1,508k	+£208k**
Total DPDP	£505k	£8,336k	+£196k

Budget Summary

Forecast for 26/27 is currently £8,336k.

*Actuals to end April 2026. Noting that NTS do not carry out a month end for April, so figures are based upon forecast for this month only.

Over / Underspend Summary

**Programme overspend currently forecast due to SG requested re-procurement of National Imprivata Licence, for which DPDP will be a use case.

Expect forecast costs to reduce as definitive timing of some resources and final costs for procurement activities become definitive.

DPDP Risk Summary

Status	Number
Total Open Risks	51
Total Closed Risks	51
Risks added since last month	0
Risks closed since last month	11
Risks materialised to Issues	0

New Risks	Risk Level	Risk Score
N/A	N/A	N/A

Closed Risks	Risk Level	Risk Score
See Next Slide	See Next Slide	See Next Slide

DPDP Risk Scoring Summary

Risk Level	Total Risks This Month	Total Risks Last Month	Difference
Very High	2	2	0
High	26	31	-5
Medium	22	28	-6
Low	1	1	0
Total	51	62	-11

DPDP Increased Risks

Increased Risks	Previous Risk Level	Previous Risk Score	New Risk Level	New Risk Score
N/A	N/A	N/A	N/A	N/A

DPDP Closed Risks

Closed Risks	Risk Level	Risk Score
DPDPR033	Medium	8
DPDPR060	Medium	4
DPDPR067	Medium	8
DPDPR069	High	12
DPDPR072	Medium	8
DPDPR081	High	12
DPDPR082	High	12
DPDPR085	Medium	6
DPDPR087	Medium	8
DPDPR099	High	15
DPDPR100	High	15

DPDP Active High Risks

Risk ID	Risk Title	Risk Description	Impact Description	Impact	Likelihood	Score	Active Status Notes
DPDPR031	Lack of Marcomms resource to support programme	There is a risk that key communications activities and stakeholder communications cannot be progressed if appropriate Marcomms support for the Programme cannot be secured.	Potential Impact: - Limited communication with stakeholder will have a significant impact on the programme's reputation. - Unable to implement a clear communication strategy and plan	High (4)	Almost Certain (5)	20	06/05/26 - Risk remains Very High. Meetings have now taken place with shortlisted candidates, and a preferred candidate has now been selected. An official offer has now been made, and HR processes are underway. Onboarding is anticipated mid to late June. Risk will remain Very High until the onboarding process has commenced. ES
DPDPR097	Additional Senior Leadership for the Programme	There is a risk that the Programme does not have full appropriate seniority as part of the leadership team if a replacement for the joint co-lead position is not sourced.	Potential Impact: - Reliance on single leadership resource to cover the entire programme - Reduction of seniority role to support high level Programme activities - Lack of specialist knowledge from a seniority role	High (4)	Almost Certain (5)	20	06/05/26 - Risk remains Very High. A candidate for the medical deputy role has now been identified. An SLA has now been drafted and with Programme Leads for review. Risk remains very high as a pharmacy deputy is still sought. ES

Please note that AMBER risks are available for viewing in detail if required.
Please contact the DPDP PMO at NSS.digitalprescribing@nhs.scot for more information.

DPDP Issue Summary

Status	Number
Total Open Issues	0
Total Closed Issues	14
Issues added since last month	0
Issues closed since last month	0

DPDP New Issues

New Issues	Impact
N/A	N/A

DPDP Closed Issues

Closed Issues	Issue Level
N/A	N/A

DPDP Glossary of Terms & Frequently Used Acronyms

Acronym	Description
AES	Advanced Electronic Signature - The eIDAS definition of AES is that it allows unique identification and authentication of the signer of a document and enables the verification of the integrity of the signed agreement, is usually accomplished through the issuance of a digital certificate by a certificate authority or trust service.
AMS	Acute Medication Service - AMS supports the provision of pharmaceutical care services for acute episodes and any counselling and advice. On receiving a prescription in the pharmacy, the barcode is scanned which retrieves the electronic prescription message for that prescription. The pharmacist then uses this information for dispensing purposes, reducing the need for data entry and transcription. Dispensing a prescription creates and sends an electronic claim message to support payment.
AHP	Allied Health Professional - AHP is an umbrella term for a range of professions and includes registered Health and Care Professions Council (HCPC) practitioners and support staff. Here is a list of the types of AHPs for information.
API	Application Programme Interface - a software intermediary that allows two applications to talk to each other.
CDs	Controlled Drugs - A controlled drug is a prescription medicine that is subject to strict legal controls. These controls are to prevent it from being misused, being obtained illegally, or causing harm. The law determines, for example, how these medicines are produced, stored, prescribed, and destroyed. Legislation for managing all medicines, including controlled drugs, lies with the UK Parliament and applies to all parts of the UK.
CFS	Counter Fraud Services - works in partnership with NHS Scotland and across the Scottish public sector to provide a comprehensive service to reduce the risk of fraud and corruption.
CHI	Community Health Index - a register of all patients in NHS Scotland.
CLO	Central Legal Office - The <i>Central Legal Office</i> (CLO) provides NHS Scotland with <i>legal</i> advice and <i>assistance</i> in every area of <i>law</i> relevant to the health service.
CMS	Chronic Medication Service allows patients with long-term conditions to register with a community pharmacy and receive a package of care which ensures they obtain optimal therapeutic benefit from their medicines and minimises any predictable undesirable effects.
CP	Community Pharmacy - Community pharmacy contractors provide a range of NHS services for health boards. There are around 1250 community pharmacies in Scotland.
CPS	Community Pharmacy Scotland the organisation which represents community pharmacy owners and their teams throughout Scotland.
COTS	Commercial off-the-shelf
DaS	Digital and Security - National Services Scotland business unit
DPIA	Data Protection Impact Assessments - a process to help identify and minimise the data protection risks of a project.
EPS	NHS England's Electronic Prescription Service

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Acronym	Description
EPMS	ePractitioner <i>Message Store</i> - At the same time as a GP10 (prescription form) is printed, an electronic message (which is an electronic version of all the details that are printed on the prescription form) is generated and automatically sent to the central ePMS. This store acts as a central repository for information and allows it to flow between GP practices, community pharmacies and PSD. The electronic message does not contain any additional patient specific information other than what is present on the prescription form. The ePMS acts as a message handler, allowing GP practices and community pharmacies to submit and retrieve prescription messages respectively.
ETB	Enabling Technology Board
ETP	Electronic Transfer of Prescriptions - ETP allows a GP to produce a barcoded paper prescription and an associated electronic message. This message is an electronic version of all the details that are printed on the prescription form. The message is sent by the GP system to the ePractitioner Message Store(ePMS) where it sits until the patient presents the prescription in your pharmacy.
ePharmacy	The ePharmacy Programme, provides the technology infrastructure that underpins services such as MAS and CMS in community pharmacy. The ePharmacy Programme also provides community pharmacists with the opportunity to cancel an electronic claim message for any medicine which have been dispensed but not collected, which means that in the majority of situations there should not be an overpayment.
eVADIS	Evaluated Drug Information System
eIDAS	EU regulation – electronic identification and trust services
FHIR	Fast Healthcare Interoperability Resources
GP	General Practitioner
GP IT	GP IT Re-provisioning project
GP10	Prescription form
HSCP	Health & Social Care Partnership
HEPMA	Hospital Electronic Prescribing Medicines Administration
HIS	Health Improvement Scotland
IAM	Identity and access management (IAM) is the discipline that enables the right individuals to access the right resources at the right times for the right reasons. IAM addresses the mission-critical need to ensure appropriate access to resources across increasingly heterogeneous technology environments and to meet increasingly rigorous compliance requirements.

DPDP Glossary of Terms & Frequently Used Acronyms

Acronym	Description
ITT	Invitation to Tender - A formal document issued by a procurement authority which outlines the scope of a project and invites organisations to submit a formal tender to bid for the work.
MAS	Minor Ailments Service MAS enables eligible people to register with a community pharmacy of their choice and have their common conditions treated by their community pharmacist on the NHS.
MCR	Medicines Care Review
MVP	Minimum Viable Product. A minimum viable product is a version of a product with just enough features to be usable by early customers who can then provide feedback for future product development.
nDCVP	New Data Capture Validation and Pricing Programme - New DCVP (nDCVP) is a replacement for the current pharmacy payment system which itself is called DCVP (Data Capture, Validation and Pricing). DCVP processes payment schedules for pharmacies, dispensing doctors and appliance suppliers in respect of services they have provided and items they have dispensed, producing monthly payment schedules for each NHS Scotland Health Board. The system is a critical element of automated payments to providers dealing automatically with c£300k of payments daily.
NES	NHS Education for Scotland
NMP	Non-medical prescriber
NPCCD	National Primary Care Clinician Database - A centralised database of primary care clinicians and general practice details, held at Public Health Scotland but with data maintained by NHS Boards.
NSS	NHS National Services Scotland
OOH	Out-of-Hours
PCI	Primary Care Informatics (formerly SCIMP)
PCR	Pharmacy Care Record - The PCR provides registered community pharmacists and pharmacy technicians with the capability to record details of a patient's care.
P&CFS	Practitioner and Counter Fraud Services
PFS	NHS Pharmacy First Scotland - allows patients to use a community pharmacy as the first port of call for treatment.
PgMS	Programme Management Services - is part of NSS Strategy, Performance and Service Transformation supporting business unit. PgMS are a national provider of specialist transformation services to the NHS and wider public sector, working with clients across a range of programmes to solve problems, co-design and co-deliver transformational change and improve outcomes.

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Acronym	Description
PHS	Public Health Scotland - PHS engages community pharmacists in the task of health improvement for individuals and local communities.
PIN Notice	Prior Information Notice - The PIN can be published up to twelve months in advance of the actual procurement exercise taking place and will contain some basic information regarding the goods or services to be purchased. In the vast majority of cases, publishing a PIN is not a mandatory requirement for the public body but it can alert the market that there is an opportunity coming up within the next 12 months, allowing you to research and start to prepare your bid.
PIP	Pharmacist Independent Prescriber - pharmacists in Scotland can undergo independent prescriber training after completing the NHS Education for Scotland pharmacy foundation training programme.
PIS	The Prescribing Information System - the definitive data source for all prescribing relating to all medicines and their costs that are prescribed and dispensed in the community in Scotland. The information is supplied by Practitioner & Counter Fraud Services Division (P&CFS) who is responsible for the processing and pricing of all prescriptions dispensed in Scotland. These data are augmented with information on prescriptions written in Scotland that were dispensed elsewhere in the United Kingdom. GP's write the vast majority of these prescriptions, with the remainder written by other authorised prescribers such as nurses and dentists. Also included in the dataset are prescriptions written in hospitals that are dispensed in the community. Note that prescriptions dispensed within hospitals are not included. Data includes CHI number, prescriber and dispenser details for community prescribing, costs and drug information. Data on practices (e.g. list size), organisational structures (e.g. practices within Community Health Partnerships (CHPs) and NHS Boards), prescribable items (e.g. manufacturer, formulation code, strength) are also included.
PKI	Public Key Infrastructure - is used to confirm identity. It does this by proving ownership of a private key. It is a 'trust service' which can be used to verify that a sender or receiver of data are exactly who they claim to be.
PMR	Patient Medication Records - Community pharmacists keep their own patient medication records (PMR) which give a history of all items dispensed from that particular pharmacy, patient demographics and GP details as well as any extra information the pharmacist wishes to note, such as patient preferences for a particular brand of medicine, medicines purchased over the counter, or allergies the patient has told them about. Where there is electronic transfer of prescriptions this now allows GPs to see whether a prescription has been dispensed and at which pharmacy.
QR	Quick Response Code
RCGP	Royal College of General Practitioners
Rx	Prescription
SAS	Scottish Ambulance Service

DPDP Glossary of Terms & Frequently Used Acronyms

Acronym	Description
SBAR	Situation, Background, Assessment, Recommendation SBAR Turas Learn (nhs.scot) - structured communication format that enables information to be transferred accurately between individuals. SBAR communication is normally very focused and relatively brief. Most SBARs are around one page of A4, two at most. The aim is to convey the critical information in an understandable way, clearly and succinctly.
SBU	Strategic Business Unit
SCI Gateway	SCI Gateway is the national product in NHS Scotland for the electronic exchange of clinical information – such as referral letters and discharge documents – between Primary and Secondary Care.
SCIMP	Scottish Clinical Information Management in Practice (now PCI)
SG	Scottish Government
SGPC (BMA)	Scottish General Practitioners Committee (British Medical Association)
SHOW	Scotland's Health On the Web
SNUG	Scottish National Users' Group - supports users of GP and Primary Health Care software programmes.
SPIRE	Scottish Primary Care Information Resource
SRO	Senior Responsible Owner
SWAN	The Scottish Wide Area Network - the secure network for Scotland's public services.
ToR	Terms of Reference
UCF	Universal Claims Framework - supports electronic claiming for pharmacy-led services.