

Dr Amanda Doyle

National Director for Primary Care and Community Services
NHS England

25 March 2025

Sent via email

Dear Amanda,

Urgent Concerns Regarding EMIS Web Dispensing Module Charges for Dispensing Practices

We write to raise urgent concerns regarding information we have received from GP surgeries (who are dispensing practices) using the EMIS Web clinical system. EMIS (Optum) has communicated to all their users that the existing arrangement, under which NHS England has met the monthly charge for the EMIS Web dispensing module, will cease on 1 April 2026.

As a result, these rural and remote GP practices who undertake vital dispensing services to their patients will now be required to absorb this cost directly. We understand, though this has not been formally confirmed, that the proposed charge will be £0.25 per registered patient. For some practices, this would represent a significant and immediate financial impact; for example, we have been informed that one dispensing practice stands to lose approximately £6,000 per year as a result of this change.

Despite the scale and immediacy of this issue, no communication has been received from NHS England to explain the rationale for this change, its implications, or any mitigations.

We are not aware of any equivalent changes being introduced for practices using the other major clinical system TPP SystemOne, which raises questions about consistency and fairness across the NHS. More fundamentally, we feel software for these legitimate NHS activities should be funded centrally for dispensing / EPS to ensure equity with non-dispensing practices. This is an issue we have raised numerous times over many years which has continuously failed to be addressed.

We ask you to urgently look at this issue and provide financial support for these remote and rural practices providing vital support to their patients.

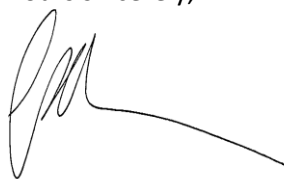
This recent development over cuts to funding to dispensing practices sits within a wider context in which these practices, particularly those serving remote, rural and coastal communities are experiencing mounting pressures with little indication that NHS England appreciates or intends to address the cumulative impact. The risk is clear: without urgent attention, these dispensing practices may well find they can no longer provide medication dispensing service to their patients. The consequences could be significant, not only for local patients but also for the wider health and care system and government policy objectives.

We therefore request that NHS England urgently:

1. Provides clarification on the termination of the national arrangement with EMIS/Optum.
2. Confirms whether the proposed per-patient charge is accurate and, if so, what assessment has been made of its impact on dispensing practices.
3. Explains what mitigations, support or transitional arrangements (if any) will be put in place.
4. Clarifies whether any equivalent changes are being introduced for TPP SystemOne or other clinical systems.

Given the time critical nature of this issue, we would welcome a prompt response.

Yours sincerely,



Dr Julius Parker
GP Committee England Deputy Chair



Dr David Wrigley
GP Committee England Deputy Chair