

Hub & BeSpoke



Welcome

Welcome to the latest issue of Hub and BeSpoke, and our first newsletter of 2026.

A lot has happened since our last issue. Most importantly, legislation that will allow dispensing to take place between different legal entities has finally been enacted. The new legislation change provides a real opportunity for community pharmacy and opens up three new business models for hub and spoke. You can read more about the business models we have identified on [page 5](#) of this issue.

We have also been seeing a growing trend for new regional dispensing hubs in place of, or in addition to, the more traditional “mega” fulfilment hubs. You can learn more about what is driving this in the next article. Boots is among the pharmacy groups to open a new state-of-the-art regional hub in Basingstoke which we hope will be the first of many. Read more on [page 6](#).

Hub and spoke is also now on its way to Northern Ireland with Medicare Pharmacy Group becoming the first in the country to roll out this model of dispensing. Installation is scheduled to take place in late spring, with a phased rollout then happening across all branches. Read more on this on [page 8](#).

The combination of regulatory change, operational innovation and growing confidence from early adopters is creating real momentum behind hub and spoke. What was once seen as a future concept is now a practical, scalable solution for pharmacies who are looking to improve efficiency and release capacity in store to create more time for face-to-face patient care and services.

In this issue, we share insights from across the sector, highlighting emerging best practice and examining both the opportunities and the challenges that lie ahead.

Paul Williamson

Global Director of Product and Sales

We hope you enjoy this latest issue of Hub and BeSpoke and as always we would welcome your feedback. enquiries@centredsolutions.co.uk



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THE LONG READ

The Move to Regional Dispensing Hubs

Our Head of Marketing, Shelley Gibbins, looks at how pharmacy hub and spoke is evolving with regional original pack dispensing hubs growing in popularity.



In recent years, the pharmacy sector has undergone a quiet but important transformation in how medicines are processed and assembled. Traditional “mega” fulfilment hubs - large-scale facilities handling huge volumes, heavy automation, expensive real estate, and complex logistics - are increasingly being complemented, and sometimes replaced, by more modest regional dispensing hubs.

Several opportunities are pushing the shift from huge central hubs to smaller regional ones. The costs of real estate, resource, automation and logistic infrastructure for mega hubs can be significant, meaning large hubs aren't an option for many pharmacies. In comparison smaller regional hubs cost less in terms of space, overheads, transport and can be more efficient for clusters of nearby pharmacies.

Benefits of Smaller Regional Pharmacy Hubs

Smaller regional hubs also offer pharmacies the ability to scale up slowly. Rather than committing to huge, multi-million automation dispensing lines and facility investment from the offset, pharmacy groups can start with smaller regional hubs or hybrid systems, see returns, refine processes and then scale up.

Another key driver for this shift is customer expectations. Understandably, patients increasingly expect speed, better service, local availability and 24-hour repeat prescription turnaround. Smaller regional hubs can deliver to nearby branches fast and reduce delays due to distance or logistical bottlenecks. Every hub we work with at Centred Solutions, national and regional, typically turns around prescriptions for the spoke within 24 hours, including the new Boots regional hub delivering to 150 stores in Southern England (read more about this on [page 6](#)).

The Future of Hub and Spoke

With new legislation now introduced we expect to see more regional hubs emerging. As independents and smaller chains become able to access hub services, it is likely that there will be the emergence of clusters of spokes grouped around regional hubs. Expect to see chains adopting partially automated systems, plus manual and semi-automated lines, to balance cost and flexibility.

Smaller pharmacies that are not in a position to have their own hub may outsource to and use a ManagedService hub model or collaborate with other pharmacies in their area to create their own JointVenture Co-operative hub (more about this on [page 5](#)). To make regional hubs viable, the transport links must be reliable, frequent, and cost-efficient. As a result, investment in logistics, IT systems for tracking and distribution will become increasingly important. As competition increases, speed, local availability, visibility and trusted relationships will be key. Spoke pharmacies will want to maintain customer service and patient trust.

The move toward smaller, more regional dispensing hubs reflects changes in regulation, patient expectation, technology, workforce pressures, and the desire for more resilient, responsive systems. Regional hubs seem likely to become a dominant model for many working in community pharmacy because they are a cost effective way to achieve many of the efficiencies of centralisation without the risks or capital burden.

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The Importance of 2D Barcodes for Medication Packs

Since the UK left the EU in 2020, the European Union's Falsified Medicines Directive (FMD) – which required manufacturers to include unique identifiers like GTINs within 2D barcodes on medicines packaging – no longer applies in Great Britain. And since the implementation of the Windsor Framework in January 2025, the inclusion of a two-dimensional (2D) barcode on medicine packaging has become optional. As a result, crucial data like product identifiers, batch numbers and expiry dates are lost.

Pharmacy staff are increasingly raising concerns that 2D barcodes are no longer being printed on all medicines destined for the UK supply chain according to the Royal Pharmaceutical Society (RPS).

Equally worrying is the fact that there is no process that verifies whether the information on the barcode is accurate. This includes ensuring that Global Trade Item Numbers (GTINs) are not reused and that the product is represented accurately by the barcode.

Earlier this year, the Royal Pharmaceutical Society released a position statement calling for 2D barcodes to be included on all medication destined for the UK supply chain. This is something that we at Centred Solutions have been advocating for so it's great to see such a key body raising this to the top of the agenda.

“Pharmacy staff are increasingly raising concerns that 2D barcodes are no longer being printed on all medicines destined for the UK...”

Raising the Alarm

At Centred Solutions we have become acutely aware of the issue of missing or incorrect barcodes. Last year the team raised concerns to the MHRA that a duplicate barcode was circulating on some packs of Fexofenadine 120mg Tablets after it was picked up by our FLOWRx software at a customer site. As a result, several batches of Fexofenadine Hydrochloride 120mg film-coated tablets were recalled.

In a new automated pharmacy world, the inclusion of an accurate barcode on medication is absolutely crucial. More and more pharmacies are turning to technology and software that relies on barcode scanning to create efficiencies within the dispensing process so they have more time for patient-facing services in branch. When the barcode on medication is incorrect, pharmacists must stop and check the medication and will often need to print temporary labels. They also need to find time to report the incorrect barcode. This negates the efficiency and safety benefits that pharmacy dispensing technology can bring and hinders recalls and audits. When there is no barcode on medication at all, further workarounds have to be put in place creating even longer delays and creating greater risks.



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“The lack of 2D barcodes is causing disruption to robotic dispensing and supply, stock management and closed loop medicine administration processes affecting patient safety, interoperability and operational efficiencies.” – says the Royal Pharmaceutical Society.

“Barcodes should be the most reliable part of the pack not the weakest link. Pharmacists maintain accuracy daily, yet barcode quality isn’t held to the same standards.” – PillSorted who have been campaigning on this issue.

Contingency Plans

The Royal Pharmaceutical Society has called for providers to implement contingency plans for managing medicines packs without barcodes. These could include manual verification or expiry checks. At Centred Solutions we have already evolved our software to put in place a safety net to mitigate the issue where possible. For example, our FLOWRx system checks for duplicate barcodes and will flag this at the hub so the item can be checked and resolved by a pharmacist or technician. But safety and efficiency within the medication assembly process should never come down to one individual or organisation, it needs a system-wide approach and everyone to work together. Manufacturer standards must improve so all barcodes are included and accurate to save time, improve safety and support the technology now used by pharmacy teams across the UK.

Every time a pharmacist or dispenser cannot rely on an automated barcode scan and has to switch to manual checking, it increases the risk of human error. Correct barcodes ensure pharmacy teams have an effective and robust safety net.

‘Barcode errors, duplication or absence can lead to the wrong medicine or wrong dose reaching patients, with potentially fatal consequences.’

The Royal Pharmaceutical Society.



Impact on Medication recalls

Faulty barcodes can also impact medication recalls and audits. With technology and the right barcode, recalls and audits have never been simpler. But when a barcode is missing or inaccurate it undermines the entire process. From a regulatory and quality perspective, we cannot overestimate how important end-to-end traceability is. Whether it’s a recall, a safety alert, a regulatory audit, the ability to reliably identify packs, batches and movement is vital.

It’s crucial that we recognise that a medication barcode is no longer just a packaging label, it’s part of the “final check” in the patient safety chain. Waiting until a wrong medicine reaches a patient is unacceptable because building barcode reliability is possible. But it will take collaboration and shared responsibility.

What you can do today

- 1 **Audit your barcode scans** - how often do your teams override or manually verify because of scan failures?
- 2 **Log and escalate errors** - every failed scan is data. Capture it, classify it (missing code, wrong code, duplicate, unreadable) and share it with your suppliers/manufacturers.
- 3 **Engage manufacturers** - ask whether they treat barcode accuracy as part of their labelling QA process and whether they have internal metrics for barcode-failures in the field.
- 4 **Lobby for change** - if you’re a pharmacy manager or superintendent, bring this barcode-accuracy topic into your quality meetings, branch meetings, LPCs.

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Hub and Spoke Business Models

After almost a decade of consultation and heated debate, hub and spoke dispensing between pharmacies with different legal entities has finally been enabled across the UK. This ensures all pharmacies have access to this model of dispensing and an opportunity to take advantage of the benefits that hub and spoke can bring. The legislation change provides the opportunity for pharmacies to take advantage of three new hub and spoke business models. Understanding the key differences between these models is essential in enabling pharmacies to identify the most suitable structure for their business. You can learn more about each model in our [Hub and Spoke unpacked guide](#).



IntraGroup

Available for pharmacy groups, which are under common ownership or control, which have previously operated through multiple legal entities. They can now operate a hub and dispense to all pharmacies within the group regardless of legal entity.



ManagedService

Pharmacies with existing hubs or looking to establish a hub facility can now offer assembly services to other pharmacies outside of their own legal entity for a fee.



Joint Venture Co-operative

Pharmacies can co-operate together and establish a joint ownership co-operative hub to offer an assembly service to their own pharmacies and/or to other pharmacies.

LEGAL COMPLEXITY

Low

Medium

High

IMPLEMENTATION SPEED

Fast

Medium

Slow

RISK DISTRIBUTION

Contained within group

Clearly delineated by contract

Shared according to ownership

CAPITAL INVESTMENT

Moderate

Higher for hub, lower for spoke

Higher for hub, lower for spoke

BEST SUITED FOR...

Multi-entity pharmacy groups or pharmacy groups with directors in common.

Existing hubs or future hubs with high volume of single independent branches in region.

Single pharmacies or small groups interested in regional pharmacy collaborations

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Boots Opens New Regional Dispensing Hub

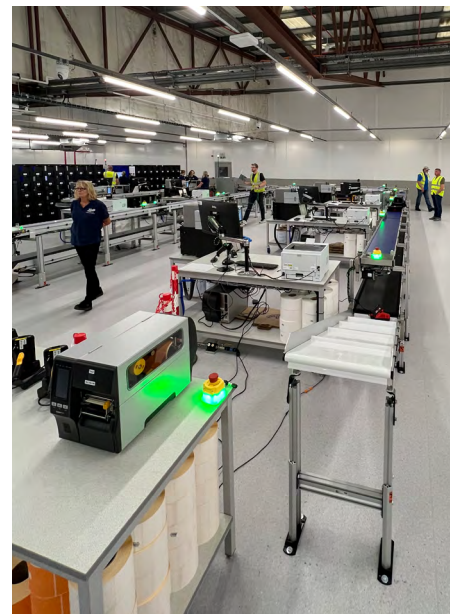


Boots has deployed a FLOWRx Auto Hub solution at its new Basingstoke regional distribution hub.

The regional distribution hub workflow starts in a Boots store, where repeat prescription orders are clinically and accuracy checked before being securely transmitted to the FLOWRx hub. At the hub, orders are batch picked by dispensing operatives, after which FLOWRx automates the assembly of repeat prescriptions including labelling, sorting and packing. Completed prescriptions are then scanned, placed in designated bags, and returned to the store for dispensing. Medicines will be delivered from the hub to stores within 24 hours of a prescription being issued, ready for customers to collect or for an onward journey to customers' homes.

Empowering Pharmacy Teams to Focus on Patients and Care

By reducing the time spent on manual dispensing, pharmacy teams in stores can dedicate more time to customers, freeing up their time for providing advice and support and dispensing acute prescriptions more quickly. This expanded capacity will also allow pharmacy professionals to deliver a wider variety of healthcare services in-store, foster closer collaboration with local GPs, and continue to strengthen their clinical skills and expertise, providing even greater support to the communities they serve.

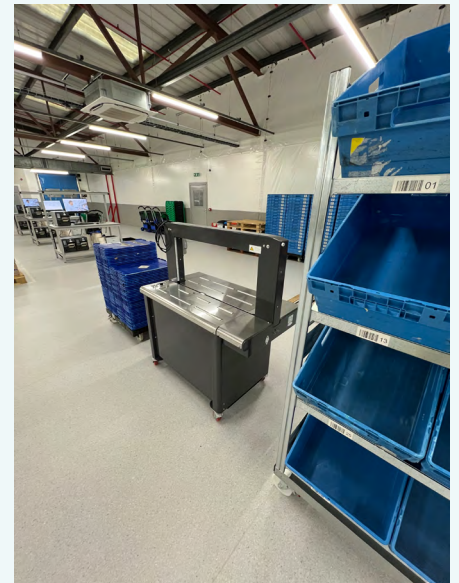


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Driving Pharmacy Innovation Nationwide

Todd Siegel, CEO of Centred Solutions said: “We are ecstatic to have a partner such as Boots added to our growing list of prestigious and forward-thinking pharmacies. We continue to enhance our product, improving virtually every resource-intensive workflow we possibly can. This partnership with Boots validates that our systems can now scale from a single pharmacy to the largest provider in the country.”

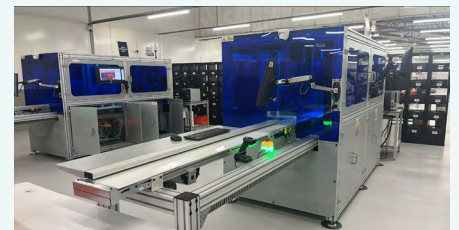


Anne Higgins, Pharmacy Director at Boots, said: “As the UK’s largest dispenser of prescriptions, we are excited to announce the opening of our first regional dispensing hub in Basingstoke. In addition to offering a faster, better service for our repeat prescription customers, this transformation is centred on empowering our talented pharmacy teams to spend more time directly with their customers – enhancing the care, expert advice and personal attention available in every store.

“Warmly welcomed by our pharmacists, the regional dispensing hub allows them to further expand the healthcare services

they can offer in the heart of their communities and provide even more opportunities to develop their clinician skills and advance their careers with us.

“This development supports the government’s 10-year-plan for the NHS, which is focused on moving healthcare away from hospitals and into communities, from analogue to digital, and from sickness to prevention. We look forward to opening more regional dispensing hubs across the UK to support our customers, colleagues and the NHS as we continue to broaden and modernise our pharmacy operations and services.”



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First Hub and Spoke Model in Northern Ireland

MediCare Pharmacy will become the first pharmacy in Northern Ireland to move to a hub and spoke model of dispensing for original pack medication.

The group, with 52 high-volume branches across Northern Ireland, is looking to transform the way it dispenses by investing in state-of-the-art FLOWRx hub and spoke technology. The hub will be based in Belfast and will feature two automated dispensing lines which have the ability to label around 3000 packs per hour. The hub will also benefit from guided sorting and automated bagging and toting. All medication processed at the hub will be delivered back to pharmacy spokes the following day.

Installation of the hub will begin in late spring, with a phased rollout of the hub and spoke model expected to start shortly after. The FLOWRx software will be fully integrated with McLernon's PMR, the largest PMR provider in both Northern Ireland and the Republic of Ireland.

Michael Guerin, Managing Director of MediCare Pharmacy Group, said: "MediCare Pharmacy is committed to investing in the future of pharmacy. Our investment in a FLOWRx hub is another example of the way we use cutting-edge technology to improve the speed, accuracy and dispensing of services we provide."

"MediCare Pharmacy is committed to investing in the future of pharmacy.."



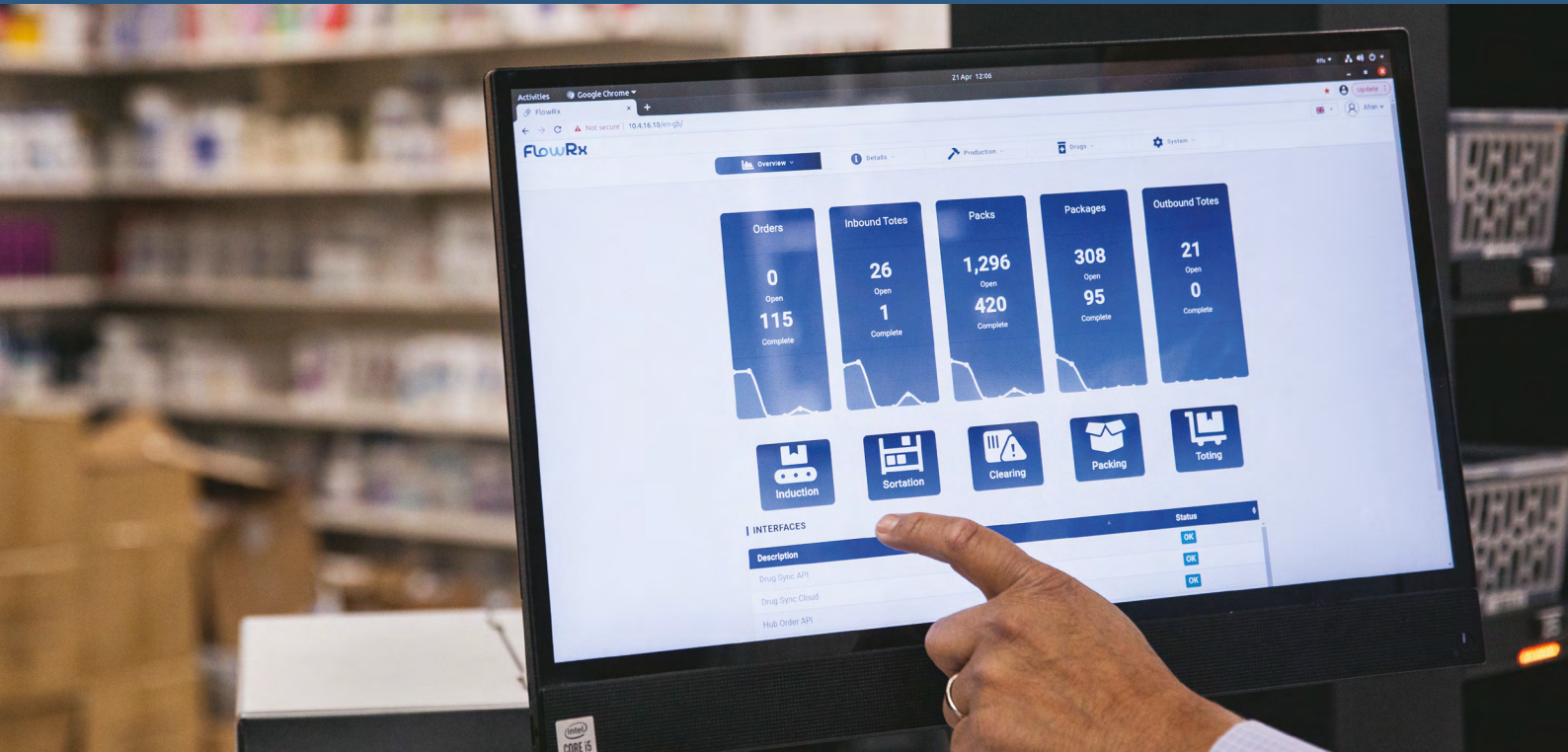
"In addition, by moving our original pack repeat dispensing offsite to a central location, we will be ensuring that our teams in branch have more time available to interact with, and provide pharmacy services to our patients, so we can care for their health in the most efficient and effective way possible."

Todd Siegel, CEO, at Centred Solutions, said: "We are delighted to be rolling out our first FLOWRx hub in Northern Ireland. The work we are doing with MediCare will showcase the efficiencies of hub and spoke and how it can benefit patients and staff. We are the only company to specialise in scalable hub and spoke dispensing for the UK pharmacy

market and the team at MediCare recognised our expertise in this field from the outset.

"Hub and spoke isn't just about implementing a new system, it is a fundamental shift in how a pharmacy operates and to ensure success you need expertise. Our engineering team has extensive knowledge of pharmacy workflows, data architecture, complex integrations and governance. Alongside them, our solutions team is made up of trained pharmacists and pharmacy logistics specialists who have spent years working within hub and spoke environments before joining us."

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Why FLOWRx differs from PMR

With more and more solutions claiming to offer hub and spoke functionality, we take a look at how a FLOWRx hub and spoke solution differs from PMR software.

A PMR (Patient Medication Record) system is the core software used by pharmacies to manage patient prescriptions, clinical checks, dispensing workflows, stock control, patient records and regulatory compliance. It's the central system pharmacists use every day to process and finalise prescriptions.

So how is FLOWRx InStore different?

1. What is FLOWRx InStore?

FLOWRx InStore is specialised pharmacy software designed exclusively for hub and spoke to enhance a PMR. It connects individual pharmacy branches (spokes) with a central original pack dispensing hub, to streamline the receipt and handling of bagged prescriptions and to guide in-store processing of any items the hub did not supply. In some PMR systems, FLOWRx is already integrated within the same system.

2. How does FLOWRx InStore differ from a PMR in purpose?

- PMR systems manage the core dispensing process, patient records, stock and prescription data within the pharmacy.
- FLOWRx InStore enhances this by adding:
 - ✓ complete visibility across the hub and spoke workflow,
 - ✓ guided processing for hub-fulfilled prescriptions,
 - ✓ exception handling for local stock,
 - ✓ *and* real-time order status tracking.

FLOWRx InStore maintains a comprehensive audit trail of dispensing activity, including which user handled each step...

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3. Does FLOWRx InStore replace a PMR system?

No. It works alongside your existing PMR. You keep your PMR for core tasks like clinical checks, dispensing, record keeping, EPS handling, while FLOWRx InStore adds hub integration and workflow automation. Your existing PMR infrastructure is maintained, and the two systems integrate together. FLOWRx will integrate with any PMR.

4. What additional visibility does FLOWRx InStore provide?

FLOWRx InStore shows the full lifecycle of prescriptions flowing between a hub and the store, including what's been packed, what's in transit, and what needs local action. This reduces guesswork and missed items. It also means that items can be recalled from the hub at any stage in the dispensing process.

5. How does FLOWRx guided dispensing work?

Unlike a PMR where staff manage picks from local shelves manually, FLOWRx InStore guides pharmacy staff through picking, labelling and packing of any items not supplied by the hub (e.g., controlled or fridge items). These guided workflows help improve accuracy and reduce errors.

6. What does FLOWRx InStore offer in terms of real-time updates?

If the hub can't supply an item for a prescription, it will be rejected back to FLOWRx InStore immediately after the order is sent to the hub and will display as a local pick so it can be processed straight away by staff in branch. This is something that PMRs typically don't do without manual checks.

7. How does stock and order tracking differ?

- A PMR tracks stock levels and prescription fulfilment locally.
- FLOWRx InStore shows:
 - ✓ where prescriptions are in the hub/spoke process,
 - ✓ what's arrived in a tote,
 - ✓ local exceptions that need picking,
 - ✓ and complete order visibility.

This supports better planning and reduces errors.

8. What about safety features and audit trails?

FLOWRx InStore maintains a comprehensive audit trail of dispensing activity, including which user handled each step. This adds an extra layer of tracking beyond the PMR's own logs, helping with safety, accountability and recalls.

9. Does FLOWRx InStore improve workflow efficiency?

Yes. By connecting your PMR with hub-based dispensing and guiding staff in-store, the solution:

- ✓ reduces manual, repetitive tasks,
- ✓ streamlines receiving and topping-up of medicines,
- ✓ decreases workload,
- ✓ and allows staff more time with patients — all while reducing errors and improving traceability.

10. Can pharmacies use FLOWRx InStore without a hub?

FLOWRx InStore is designed to work with a hub and spoke model. Its main value comes from linking the pharmacy to a central hub for dispensing repeat prescriptions. It still enhances workflow even if partial hub use is involved, but its benefits are greatest in integrated models.



If you are interested in learning more about Centred Solutions hub and spoke and tote-to-spoke offerings then visit www.centredsolutions.co.uk or enquiries@centredsolutions.co.uk or call us on 0333 335 5023

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