

PSNC Service Development Subcommittee Agenda
for the meeting to be held on 1st February 2023
via Zoom, commencing at 11.30am

Members: Fin McCaul (Chair), Reena Barai, Clare Kerr, Sunil Kochhar, Claire Nevinson, Faisal Tuddy

1. Welcome from Chair
2. Apologies for absence
3. Conflicts or declarations of interest
4. Minutes of the last meeting (**Appendix SDS 01/02/2023**)
5. Actions and Matters Arising

Action

6. Workplan for 2023 (**Appendix SDS 02/02/2023**)
7. Pharmacy Contraception Service (**Confidential Appendix SDS 03/02/2023**)
8. Hypertension Case-Finding Service (**Confidential Appendix SDS 04/02/2023**)
9. Flu Vaccination Service update (**Appendix SDS 05/02/2023**)
10. Pharmacy Quality Scheme update (**Confidential Appendix SDS 06/02/2023**)
11. Quarterly submission of NMS data (verbal report)

Report

12. Development of APIs for clinical services (**Appendix SDS 07/02/2023**)
13. NHS Independent Prescribing Programme (**Appendix SDS 08/02/2023**)
14. Public perceptions of community pharmacy (**Appendix SDS 09/02/2023**)
NHS England commissioned Ipsos to undertake research on the public's perceptions of community pharmacy. This appendix contains their summary of the research findings, with a link to the more detailed report.
15. PSNC Briefing 001/23: A summary of the 2023/24 NHS priorities and operational planning guidance
NHS England published their 2023/24 priorities and operational planning guidance on 22nd December 2022. A PSNC Briefing summarising the elements of this guidance which are of

most relevance to the community pharmacy sector was published and is included in the agenda for information.

Link to the briefing: <https://psnc.org.uk/briefings/psnc-briefing-001-23-a-summary-of-the-2023-24-nhs-priorities-and-operational-planning-guidance/>

16. PSNC response to the Consultation on Community Pharmacy Quality Improvement ('Daffodil') Standards for Palliative and End of Life Care ([Appendix SDS 10/02/2023](#))

Following discussions at the last subcommittee meeting, a response to this consultation was drafted and submitted to the Royal Pharmaceutical Society. The response is set out in the appendix for information.

17. Any other business

**Minutes of the PSNC Service Development Subcommittee meeting
held on 23rd November 2022 at DoubleTree by Hilton,
60 Pentonville Rd, London N1 9LA at 1.15pm**

Present: Clare Kerr (Chair), Roger Nichols, Reena Barai, Faisal Tuddy, Sunil Kochhar

In attendance: Alastair Buxton, Rosie Taylor, David Onuoha, Anil Sharma, Lindsey Fairbrother, Prakash Patel, Ian Cubbin, Sunil Kumar, Gary Warner, Sian Retallick, Jas Heer, David Broome, Marc Donovan, Tricia Kennerley, Sam Fisher, Rhys Martin, Adrian Price, Ifti Khan, Peter Cattee, Has Modi, Jay Patel, James Wood, Gordon Hockey, Shiné Brownsell, Zoe Long, Jamie Gilliam, Janet Morrison, Katrina Worthington, Suraj Shah, Sarah Welbourne, Mike Dent, Rob Thomas, Jack Cresswell

Item 1 – Welcome from Chair

1.1 The Chair (Clare Kerr in Fin McCaul's absence) opened the meeting and welcomed the attendees.

Item 2 – Apologies for absence

2.1 Apologies for absence were received from Fin McCaul.

Item 3 – Conflicts or declarations of interest

3.1 No new conflicts or declarations of interest were raised.

Item 4 – Minutes of the last meeting

4.1 The minutes of the subcommittee meeting held on 14th September 2022 were approved.

Item 5 – Actions and Matters arising

5.1 None.

Action

Item 6 – Draft workplan for 2023

6.1 Alastair Buxton talked through the draft workplan for 2023, noting it was deliberately not picking up on all the team's business as usual work and that it was hoped there would be more time available in the year ahead to undertake work to support LPCs with local commissioning. He asked for feedback from the subcommittee members.

6.2 Subcommittee members made the following points:

- Reference could be included to work to share the success of community pharmacy services and the PQS.
- Taking any appropriate actions on the outputs of the NHS England vaccination consultation could be included, over and above work on Flu, C-19 and local commissioning of vaccination services.
- Engagement with other sector representatives – that was viewed as business as usual work, which is always ongoing, via regular collaboration meetings with all the pharmacy bodies and wider work across the organisations, rather than being something that required a specific reference in the workplan.

- Training and reaccreditation requirements for services – that was felt to be work that fitted into business as usual discussions with NHS England and we would not want to proactively pursue discussions on this, as manageable arrangements were being sought on a service-by-service basis.

Item 7 – Standard additions to the Advanced Service specifications

7.1 As part of this workstream, PSNC had suggested that a template service specification should be developed, to drive greater standardisation in the flow of future service specifications. NHS England had agreed that would be appropriate to undertake as part of this work. Feedback from the subcommittee members was collated.

Item 8 – NHS Pharmacy Contraception Service

8.1 The subcommittee made various points on the draft service specification.

- Indemnity insurance for the Tier 3 service may not be obtainable; that was out of scope for the current discussion but could be picked up outside the meeting with Alastair Buxton.
- Sexual health clinics – how will referrals work if they do not have appropriate IT? In reality, they are likely to signpost patients, rather than make formal referrals. All patients will be able to self-present in pharmacies to request the service.
- Should independent prescribing also be included in the service specification? That was currently being explored in the ongoing pilot, with an expectation that if successful, it would be incorporated in the service in due course.
- Sharing notifications with the patient’s GP – generally you can share data and not need to ask for permission. Traditionally, consent to share with the GP is always sought in relation to sexual health services, as patients had the right to greater privacy.
- Is there sufficient content in the training requirements related to consent, Gillick competency etc.? That is covered in the EHC training and was also believed to be a core competency for community pharmacists. Individual pharmacists had a duty to assess their own competence before providing services and contractors would also have a responsibility to ensure their staff were competent to provide the service.
- Was a Declaration of Competence (DoC) being used for the service? No. Contractors will have to ensure competence of staff, but the service specification was not going to specify how they should do that. This was a deliberate decision to provide more flexibility for contractors and their pharmacists.
- How long would the full training take? This had been assessed and had been included in the SDS papers earlier in the year. Many of the training requirements were those already undertaken by most pharmacists, e.g. safeguarding, consultation skills and EHC.

Item 9 – Hypertension Case-Finding Service

9.1 The subcommittee made various points on the proposed changes to the service specification.

Item 10 – Flu Vaccination Programme – issues with the use of incorrect vaccines

10.1 David Onuoha provided a verbal update on this issue.

Item 11 – COVID-19 antivirals

11.1 Alastair Buxton provided a verbal update on this issue. As had previously been discussed at subcommittee meetings and reported in the minutes of the negotiating team (NT), the Government has purchased a large stock of several C-19 antivirals. Currently the medicines

are supplied via Covid Medicines Delivery Units, but NHS England has asked ICBs to consider how a business-as-usual approach could be used to supply the medicines from April 2023.

Item 12 – Pharmacy Quality Scheme 2022/23

12.1 Rosie Taylor provided a brief introduction to the paper.

12.2 Points raised by the subcommittee included:

- Positive feedback was provided on the PQS resources and there were no suggestions for further resources.
- There was little support for the NHS England PQS guidance in its current format and most people indicated that they used the Drug Tariff or the PSNC PQS resources to understand the Scheme.
- A question was asked as to when the declaration questions would be published; Rosie Taylor advised that a final version had gone to the MYS team at NHSBSA for them to add to MYS so she would push for this to be published as soon as possible.
- A comment was made about the importance of getting information about the 2023/24 PQS out as soon as possible and Alastair Buxton confirmed that the team was working on this.

Item 13 – Development of APIs for clinical services

13.1 Alastair Buxton talked the subcommittee through the key points in the paper. NHS England were proposing to provide financial support to system suppliers if they commit to develop all the APIs and, where appropriate, the ‘front-end’ clinical systems for use by pharmacy teams, in line with the timetable set out in the paper.

13.2 NHS England has not yet got full approval for the business case to undertake this work, but once that is obtained, they will work with the NHSBSA and system suppliers to start to develop detailed plans for the programme. They would want contractors to use the API once the system suppliers have developed the APIs and are expecting the focus of development will just be on the four suppliers that have already developed compliant systems in relation to CPCS IT support. If other suppliers wanted to participate in the programme, they would be able to do so, but would first need to be compliant with the CPCS requirements.

13.3 The PCS would be the first API to be developed in the programme to ensure the service could launch with IT being in place.

Item 14 – National health campaigns

14.1 Rosie Taylor provided a brief overview of a meeting on 16th November 2022 with NHS England and DHSC on health campaigns. The main points to note were:

- NHS England recognised that we are quite a long way through the year, so they were not suggesting mandating six public health campaigns for 2022/23.
- They do want to move to digital only campaigns in 2023/24, but the proposal for 2022/23 is to mandate one campaign on weight management in January 2023, which aligns with the PQS 2022/23 requirements on weight management and on HLP/ outreach work. As part of this, they want to encourage use of the NHS weight Loss Plan app, as well as the NHS Digital Weight Management Programme and other resources.
- NHS England proposed that the weight management campaign would be a hybrid campaign; the Office for Health Improvement and Disparities (OHID) will provide campaign materials if pharmacies want to order these, and digital campaign materials

will also be available.

- The idea of digital campaigns only for 2022/23 was also discussed and feedback from the September SDS meeting on this idea was provided to NHS England and DHSC.
- PSNC asked whether OHID had given any consideration to whether a digital only campaign could worsen health inequalities, as not everyone would have access to computers or smart devices and whether there was any research on this. NHS England suggested inviting OHID to a meeting to talk with them about health inequalities and acknowledged that we should look at the evidence collaboratively.
- NHS England advised they would start to think about campaign ideas for 2023/24.

- 14.2 Subcommittee members repeated points previously made about the benefit of having physical materials to use to start conversations with patients and the public. The short notice agreement of the Cabinet Office to authorise Government publicity campaigns was a real impediment to planning by the NHS and contractors. A push approach to distribution of materials was much better for contractors, as a pull approach adds to burdens on contractors, but OHID could not commit to that for the proposed campaign in January. It was also noted that contractors had benefited from not having to undertake any campaigns earlier in the year and the proposed campaign would support work within the PQS.
- 14.3 After a discussion of the issues raised by the proposal, the subcommittee reluctantly agreed to support NHS England's plan for a campaign in January.
- 14.4 It was recommended that: PSNC accepts NHS England's proposal for a hybrid campaign in January, focused on weight management and using a pull approach for obtaining physical resources, where the contractor does not want to use digital resources alone.

Item 15 – RPS/Marie Curie Daffodil Standards for PEO LC

- 15.1 Alastair Buxton explained that it seemed appropriate for PSNC to respond to the consultation, particularly as the PQS included an element related to PEO LC. He expected there may be some concerns about the proposed standards and asked the subcommittee members to provide their views on them, to inform the drafting of a response to the consultation.
- 15.2 Subcommittee members would provide detailed feedback via email by the end of the week, but the broad consensus was that the response should question the need for the standards and highlight they could create an unrealistic expectation of the service that all pharmacy teams would provide, when this was not a commissioned service and there was no funding available to support this.

Report

Item 16 – NHS Independent Prescribing Programme

- 16.1 This was a matter of report.

Item 17 – Hepatitis C Testing Service

- 17.1 This was a matter of report.

Item 18 – Women's Health Strategy for England

- 18.1 This was a matter of report.

Item 19 – The House of Commons Health and Social Care Committee report on the future of general Practice

- 19.1 This was a matter of report.

Item 20 – Early diagnosis of cancer pilot

20.1 This was a matter of report. Conversations were ongoing with the LPCs covering the pilot sites and networking between these LPCs had been facilitated to allow them to share intelligence with each other and PSNC.

Item 21 – Any other business

21.1 None.

2023/24 Workplan for the Services Team

This workplan forms part of the wider plan and priorities for PSNC in 2023/24 (set out in the RDF November 2022 agenda) and covers the elements of activity which will be undertaken by the Services Team. The workplan aims to reflect the major areas of work for the team in the year ahead, rather than picking up on all individual elements of work which will be undertaken, including some of the business-as-usual activities.

Updates on progress made in implementing the various elements of the workplan are noted below.

Workplan 2023/24			
Services team			
Objective 1: Negotiating with Government and NHS England to secure the best possible contractual terms and remuneration for NHS services			
1.1	Supporting the further development of the Walk-in service proposals	Ongoing	Response from DHSC awaited.
1.2	Conclude negotiations on the Year 4 and 5 services and develop support materials for contractors and LPCs	Sept 2022 – Dec 2023	Work on the Pharmacy Contraception Service ongoing with DHSC/NHSE – see update in Feb 2023 agenda.
1.3	Conclude negotiations on the Year 5 PQS and develop support materials for contractors and LPCs	Nov 2022 – May 2023	Work ongoing with DHSC/NHSE – see update in Feb 2023 agenda.
1.4	Agreement of standard additions and review of all Advanced service specifications	Nov 2022 – July 2023	Feedback provided to DHSC/NHSE on their standard proposals. Work initially focused on the Hyp Case-finding Service and a re-drafted SCS specification is expected from NHSE shortly.
Objective 2: Laying the groundwork for the next CPCF			
2.1	Reviewing and analysing the responses to the first Vision consultation	Nov 2022 – Jan 2023	Thematic analysis on first consultation responses and contractor events nearing completion.
2.2	Facilitating the PSNC vision working groups (Services; Digital & Technology; Workforce)	Nov 2022 – May 2032	Each working group met before Christmas and second meeting of each will have been completed by the end of Jan.
2.3	Supporting PSNC's wider work on the vision and strategy	Nov 2022 – Jun 2021	Work ongoing with Nuffield Trust/The King's Fund team to support their activities and two events for contractors to feed

			into the initial consultation phase have been undertaken.
Objective 3: Developing PSNC's Vision and Strategy			
3.1	As 2.3 above	Nov 2022 – Jun 2021	See section 2.
Objective 6: Representing community pharmacy's interests with Government and the NHS across a broad range of issues from the development of services, to regulatory and legislative issues			
6.1	Annual services negotiations (flu vac, health campaigns, clinical audit) and monitoring service delivery including Flu and COVID-19 vaccinations	Ongoing	Review of flu vac service part of the Feb agenda. Stats on clinical service provision can be found in the Clinical Services Dashboard .
6.2	Monitoring the development of NHS England service pilots, plans for vaccination services (following the NHS England review) and the roll-out of Year 4 and 5 services and PQS, taking action where necessary	Ongoing	The NHSE vaccination team are still working on plans for vaccination services, including planning for C-19 vacs in 2023/24. Policy Exchange paper (A Fresh Shot), included PSNC proposal on developing more National Enhanced Services for vaccinations. Update on NHSE IP pilot part of the Feb agenda.
6.3	Sharing learning from the PQS and nationally commissioned services and celebrating their success	Ongoing	Continuing to push NHSE to publish the results of PQS audits, with a paper on NSAID audit recently being published in BMJ Open Quality .
6.4	Support LPCs to develop and share learning from local commissioning of community pharmacy services, including through maintaining the services database and case studies	Ongoing	Each month, a several LPCs are contacted to review their local service commissioning and to ensure the details on the online services database are up to date. Ad hoc updates are also made to the database as new services are launched, when these are identified via our ongoing monitoring of LPC newsletters. Support is being provided via PLOT to LPCs working on palliative care services.
6.5	Development of commissioning toolkits for use by LPCs (identification of atrial fibrillation; stop smoking; pneumococcal and childhood flu vaccination; NHS Health Checks – subject to team capacity.	Nov 2022 – Mar 2024	Work on the atrial fibrillation toolkit is ongoing.

6.6	<p>Supporting and monitoring the delivery of IT and digital infrastructure and interoperability, through work with NHS England, NHSBSA, NHS Digital and IT system suppliers, including the following priorities:</p> <ul style="list-style-type: none"> • Access to patient information, e.g. Shared care records and GP Connect • IT standards and APIs, particularly the PRSB community pharmacy standard, the Bookings and Referrals Standard, and MYS APIs • EPS enhancements, including next generation EPS API • New approaches to user authentication • Supporting IT system suppliers, through the provision of advice and regular updates on NHS IT developments and CPCF matters 	Ongoing	Work ongoing and updates are generally reported via the Community Pharmacy IT Group agenda papers, which are shared with PSNC members. Update on MYS APIs included in the February agenda.
6.7	Supporting the operation of the Community Pharmacy IT Group and leading its workstreams, working with partners	Ongoing	Work ongoing and the Community Pharmacy IT Group agenda papers are shared with PSNC members.
Objective 7: Supporting the effective governance of PSNC and its support to contractors and LPCs			
7.1	Provide regular updates and communications to LPCs and contractors on key contractual and IT developments	Ongoing	This is ongoing business as usual work, which includes publishing resources on the website, news stories, contributing content to PSNC's email newsletters and supporting LPCs via PLOT and the CO Gaggles Group.
7.2	Provide ongoing advice and support to contractors on all matters related to their dealings with the CPCF, community pharmacy IT, the NHS and other service commissioners	Ongoing	Reactive support is provided to contractors, pharmacy teams and LPCs on all services and IT matters on request, as part of the business as usual work of the team.

Subject	NHS Flu Vaccination Service Update
Date of meeting	1st February 2023
Committee/Subcommittee	SDS
Status	Public
Overview	<p>This paper provides an update on the NHS Flu Vaccination Service, including:</p> <ul style="list-style-type: none"> • confirmation of the JCVI recommendations for flu vaccines for the 2023/24 flu season; • an update on the National Booking Service (NBS) pilot to assist patients booking flu vaccine appointments; and • an update on the latest vaccination figures for the 2022/23 season.
Proposed actions	<ul style="list-style-type: none"> • Provide feedback on the current flu season and any suggestions on changes that could be considered for the 2023/24 flu vaccination service
Author of the paper	David Onuoha

Introduction

The Services Team is seeking to influence the NHS Flu Vaccination Service for the 2023/24 flu season, following a series of discussions with other stakeholders and ongoing discussions with NHS England.

This paper provides an update on recent and ongoing discussions and activities related to the service.

JVCI advice on influenza vaccines for 2023/24

The Joint Committee on Vaccination and Immunisation (JCVI), published its latest [advice on the 2023-24 flu vaccination programme](#). This provides details of both the eligible cohorts for vaccination for next season and the recommended vaccines. The advice is largely in line with their recommendations for the current season:

Programme	Age/Risk group	Preference	If the preferred vaccine is not available
Routine	>65 years	aQIV, QIVr, QIV-HD	QIVc
	18-64 years in risk groups	QIVc or QIVr	QIVe
	2-17 years	LAIV	
	2-17 years in risk groups but unable to have LAIV [†]	QIVc	QIVe
	6 months-2 years in risk groups	QIVc (off label)	QIVe
Enhanced [‡]	50-64 years	QIVc or QIVr	QIVe

[†] LAIV the vaccine of choice for the children's programme 2-17 year olds

[‡] Advised as a temporary cohort during the COVID -19 pandemic influenza 2020/21, 2021/22 and 2022/23 seasons. Policy for 2023/24 to be confirmed.

In response to the COVID-19 pandemic, JCVI has been supportive of the temporary expansion of the flu vaccination programme to those aged 50 to 64 years of age not at clinical risk from flu, to protect this group from the risk of co-circulation of COVID-19 and flu and to relieve pressure on the NHS. In the absence of a cost-effectiveness analysis, JCVI has now recommended nations should vaccinate 50-64 year olds, if funding is available.

PSNC has requested confirmation from DHSC and NHS England of when the annual programme letter will be published for the season ahead, but a response is yet to be received. However, it is worth noting, that the Welsh Government has already indicated that due to financial challenges, they will be deferring their decision on whether to vaccinate this cohort until further cost-effectiveness data is available for analysis. They have indicated a decision is expected to be made in spring 2023.

Evaluation of the NBS pilot to support flu

As reported at the September 2022 subcommittee meeting, NHS England have been running a small proof of concept pilot on the use of the National Booking System (NBS) to support flu vaccination appointment bookings.

The proof of concept operated in a small proportion of community pharmacies that were either:

- 1) Community pharmacy-led COVID-19 sites already using NBS across the country; or

- 2) A small number of other 'flu-only' community pharmacies in a geographical concentration in the north west region.

The flu-only sites were volunteer sites. Bookings opened to patients on Friday 14th October, to coincide with the 50-64 year old cohort becoming eligible for free NHS flu vaccinations.

NHS England's stated aims of the pilot were to:

- Test the flu booking technical solution;
- Support expansion of cohorts and relieve pressure on general practice over autumn / winter 2022;
- Increase patient choice and visibility of flu vaccine availability for the NHS and patients;
- Understand whether a national booking platform could increase uptake levels for each cohort; and
- Prove patients and pharmacy contractors will utilise NBS for non-COVID-19 vaccinations.

While use of the booking system continues, NHS England are now undertaking the evaluation of the flu NBS service with NHS Digital colleagues.

PSNC was asked to respond to the following questions:

- 1) How has the NBS proof of concept for flu appointments been received by your members?
- 2) Have your members reported any disbenefits/unintended consequences?
- 3) What were perceived as the benefits?
- 4) Did your members report any beneficial unintended consequences, such as reducing burden on people ringing to book appointments etc?
- 5) If NBS calendars for flu appointments were available next season - what improvements would you like to see?

The PSNC Services Team have responded to the request.

Flu vaccination figures to date for 2022/23

NHS England has announced 20 million flu vaccinations have been administered this season, which is below the national ambition of 21 million. Community pharmacy has already exceeded the 2021/22 season provision figures.

Based on reports from Pinnacle and Sonar, up to and including 19th January 2023, contractors have provided over **4,890,000** flu vaccinations so far this season.

Analysis of Service delivered under from PharmOutcomes (only)

Vaccination delivered under	Total	Percentage of total vaccinations
Patient Group Direction	3,815,892	89.1%
National Protocol	466,527	10.9%

Patient eligibility group data from PharmOutcomes and Sonar for 2022/23

Vaccination eligibility group	PharmOutcomes	Sonar	Total	% of total vaccinations
	20th Jan 23	20th Jan 23		
65 years and over	2,069,506	262,664	2,332,170	47.7%
50 to 64 years old	1,329,781	165,847	1,495,628	30.6%
Chronic respiratory disease	228,385	39,957	268,342	0.7%
Diabetes	115,043	35,627	150,670	3.1%
Carer	130,987	24,063	155,050	3.2%
Frontline Health and Social care workers	102,314	17481	119,795	2.4%
Immunosuppression	91,637	19,260	110,897	2.3%
Household contact of immunocompromised individual	50,623	10,705	61,328	1.3%
Chronic heart disease	42,353	11458	53,811	1.1%
Pregnant woman	27,867	7591	35,458	0.7%
Chronic neurological disease	24,126	4,606	28,732	0.6%
Morbid obesity	20,364	2,698	23,062	0.5%
Learning disability	19,008	2,797	21,805	0.4%
Health and social care workers employed through Direct Payment of Personal Health Budget	9,104	572	9,676	0.2%
Chronic kidney disease	7,180	1520	8,700	0.2%
Chronic liver disease	4,472	1,171	5,643	0.1%
Asplenia or splenic dysfunction	3,153	552	3,705	0.1%
Hospice worker	2,932	418	3,350	0.1%
Person in long-stay residential care home/care facility	3,599	816	4,415	0.1%

Location of service data from PharmOutcomes (only)

Location	Total	Percentage of total vaccinations
Pharmacy	4,013,879	93.7%
Onsite at a Pharmacy run LVS	65,720	1.5%
Onsite at vaccination centre	178,998	4.2%
Care home	10,418	0.2%
Residential Facility	2,470	0.1%
Home or Housebound	6,295	0.1%
Not Recorded	4,651	0.1%

Subcommittee action

The subcommittee are asked to:

- Confirm whether it is content with supporting the consensus statement from the roundtable event; and
- Provide feedback on the current flu season and any suggestions on changes that could be considered for the 2023/24 flu vaccination service

Subject	Development of APIs for clinical services
Date of meeting	1st February 2023
Committee/Subcommittee	SDS
Status	Public
Overview	This paper provides an update on NHS England's plans for the development and rollout of APIs, working with the NHSBSA and pharmacy IT system providers.
Proposed action	None
Author of the paper	Alastair Buxton

Introduction

As reported at the November 2022 subcommittee meeting, NHS England are continuing to work with the NHSBSA, NHS Digital and the pharmacy IT system providers, in relation to the development of application programming interfaces (APIs) between community pharmacy IT systems and the NHSBSA’s Manage Your Service (MYS) portal.

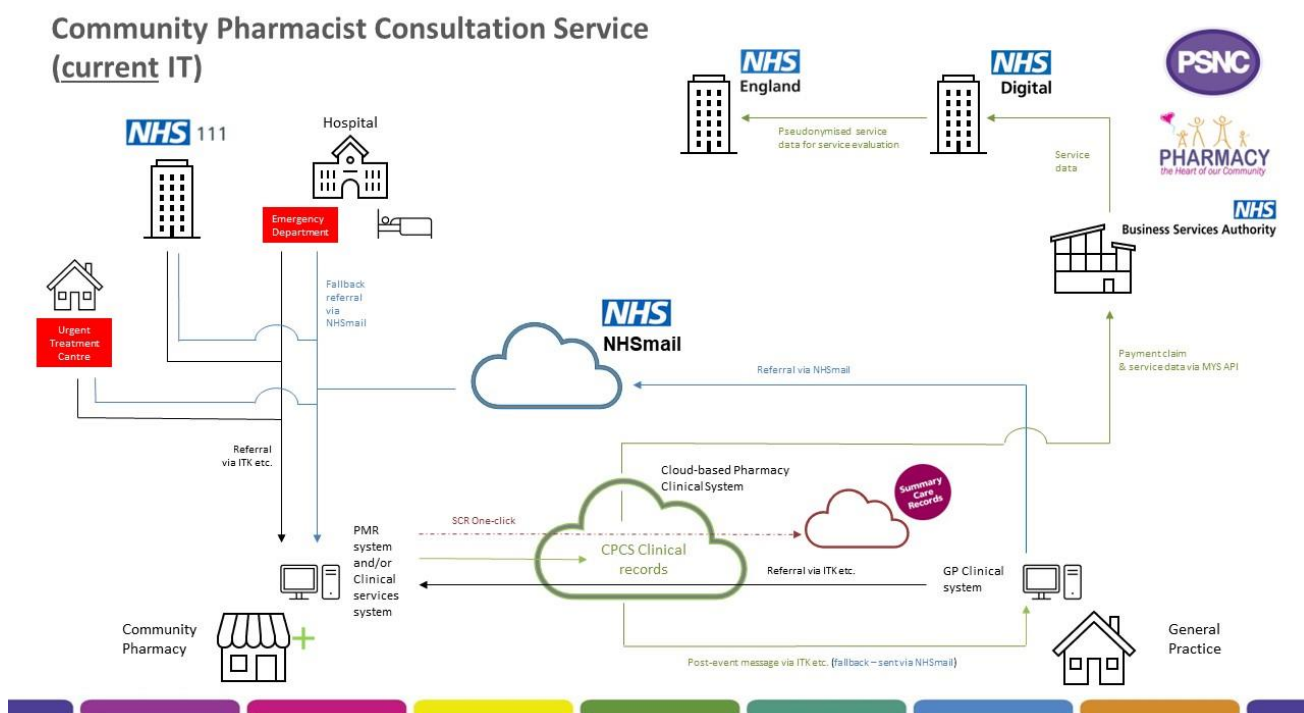
As previously agreed in the Year 3 negotiations, once developed and rolled out, APIs will be used to extract data from community pharmacy clinical services IT systems, which will then be shared with the NHSBSA. This will support NHS England’s evaluation of services, payment claims by contractors and post-payment verification activity undertaken by the NHSBSA on behalf of NHS England.

NHS England initially received approval for their business case to spend funds on the development of an API to support the Pharmacy Contraception Service. It has been agreed that this service will commence once IT functionality (including the API) is in place to support the provision of the service.

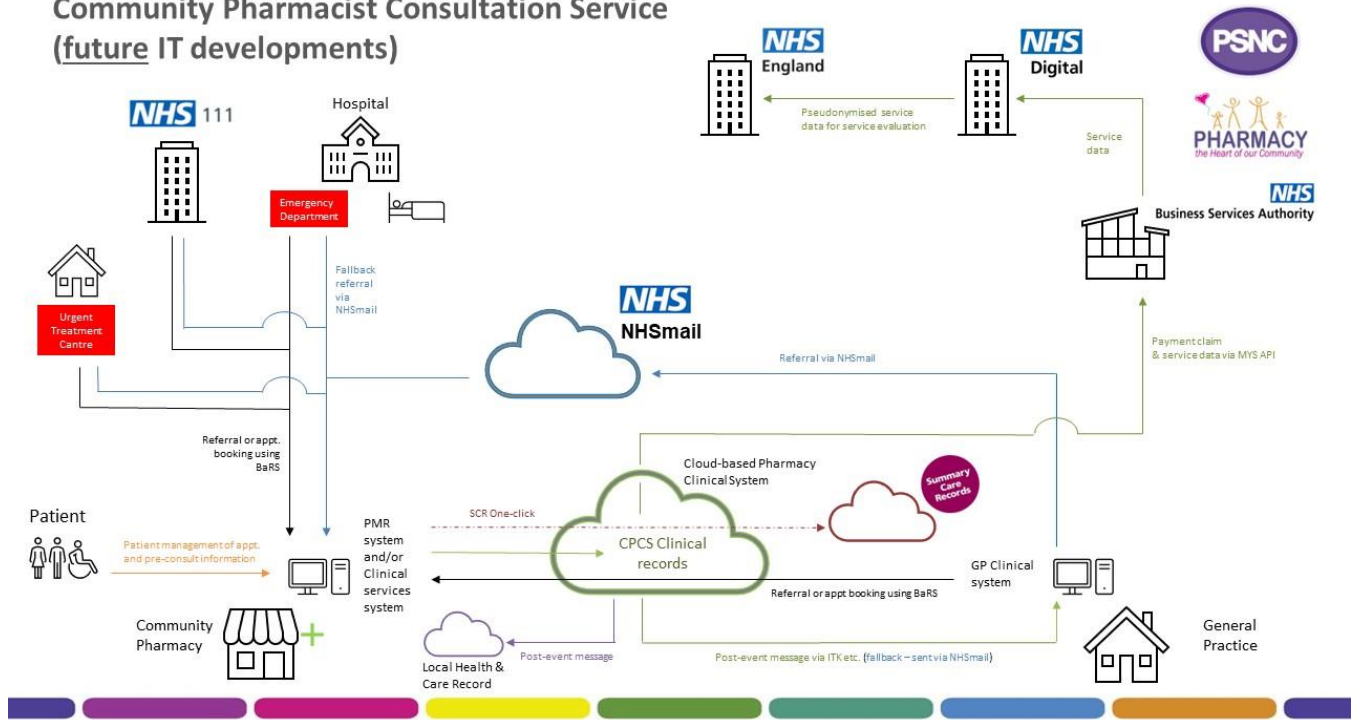
NHS England has subsequently received approval for their wider business case, which will fund work on the APIs for the other extant clinical services within the CPCS. Following that approval for funding, they are now working with the various partner organisations to the following timetable:

Priority Order	Service Name	Date Service Go Live	API Go Live	First Data received
1	Pharmacy Contraception Service	TBC	Mar-23*	Apr-23*
2	Discharge Medicine Service	Live	June-23*	July-23*
3	Blood Pressure Checking Service	Live	Sep-23*	Oct-23*
4	New Medicines Service	Live	Dec-23*	Jan-24*
5	Smoking Cessation Service	Live	Mar-24*	Apr-24*

As background information, the following diagrams attempt to summarise how information flows occur now, using CPCS as an example, and how they will work once the APIs and other information standards are fully implemented in community pharmacy, NHS and general practice IT systems.



Community Pharmacist Consultation Service (future IT developments)



Subcommittee action

None.

Subject	NHS Independent Prescribing Programme
Date of meeting	1st February 2023
Committee/Subcommittee	SDS
Status	Public
Overview	This paper provides an update on ongoing activity related to the development of the NHS Independent Prescribing Programme
Proposed action	None
Author of the paper	Alastair Buxton and David Onuoha

Introduction

The NHS England Pharmacy Integration Programme are looking to establish 'Pathfinder' sites to identify and test the delivery of independent prescribing in community pharmacy across all regions in England. The Pharmacy Integration Team have been hosting a series of webinars to support Integrated Care Boards (ICB), community pharmacy contractors and community pharmacists interested in becoming a Pathfinder site, to find out more about the programme and how they can become involved.

Following the ICBs engagement events, ICBs are currently looking at how they might engage with the programme and have been invited by NHS England regions to express an interest in working on establishing sites in their local areas.

PSNC have been trying to support LPCs to engage with the programme since November 2022. The issue has been raised with David Webb and Anne Joshua to highlight to them, the need for NHS England to engage and provide focused information to LPCs on all of this.

A briefing session with NHS England has been arranged by PSNC at the end of January 2023, to allow NHSE to engage with the LPCs.

In the interim, LPCs have been advised to follow up with pharmacy teams in their ICBs, to understand the local picture, as it is understood that each NHS region is planning webinars for each ICB area over the coming weeks.

The matter will be kept as a standing item at PLOT, so developments and information heard locally and nationally can be shared.

A webpage has been set up by NHS England on the FutureNHS platform to support provision of information on the topic. It can be accessed via the following link: [Independent Prescribing - NHS England Pharmacy Integration Programme - FutureNHS Collaboration Platform](#) (Future NHS login required).

NHSE held a contractor and pharmacist webinar on 25th January 2023. This aimed to provide information on the programme. It was not to discuss how to express an interest, as that process will be picked up by ICBs locally. The slides and a recording of the event will be posted on the FutureNHS platform in due course.