



Service Development Subcommittee Agenda

Date: 17th April 2024

Start time: 1.15pm

Location: 14 Hosier Lane, London, EC1A 9LQ

Members: Phil Day, Sami Hanna, Clare Kerr, Fin McCaul (Chair), Olivier Picard, Faisal Tuddy

1. Welcome from Chair
2. Apologies for absence
3. Conflicts or declarations of interest
4. Minutes of the last meeting and matters arising (**Appendix SDS 01/04/2024**)
5. Draft Workplan for 2024/25 (Action) (**Appendix SDS 02/04/2024**)
6. Implementation update: Pharmacy First and the other clinical services (Action) (**Appendix SDS 03/04/2024**)
7. Vaccination update (Action) (**Appendix SDS 04/04/2024**)
8. Future service development options and prioritisation (Action) (**Confidential Appendix SDS 05/04/2024**)
9. Service aspects of the 2024/25 negotiations (Report) (**Confidential Appendix SDS 06/04/2024**)
10. Digital NHS Health Checks (Report) (**Appendix SDS 07/04/2024**)
11. Collecting pharmacy self-care consultation data to inform negotiations (Report) (**Confidential Appendix SDS 08/04/2024**)
12. Miscellaneous matters of report (Report) (**Appendix SDS 09/04/2024**)
13. Any other business



Minutes of the Service Development Subcommittee meeting held at 14 Hosier Lane on 31st January 2024 commencing at 11am

Present: Sami Hanna, Fin McCaul (Chair), Faisal Tuddy, Phil Day.

In attendance: Alastair Buxton, David Onuoha, Janet Morrison, Prakash Patel, Sian Retallick.

Item 1 – Welcome from Chair

- 1.1 The Chair opened the meeting and welcomed the attendees, including Phil Day, who had been appointed as a new member of the subcommittee to fill the vacancy created by the resignation of Claire Nevinson.

Item 2 – Apologies for absence

- 2.1 Apologies for absence were received from Clare Kerr and Olivier Picard.

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 and update on actions

- 4.1 The minutes of the subcommittee meeting held on 1st August 2023 were approved.

Item 5 – Implementation update: Pharmacy First and other clinical services

- 5.1 The subcommittee considered the information on implementation support provided for the various clinical services over the last few months and the planned work still to be undertaken. The Chair expressed his thanks to the Services Team for all their hard work to get the services launched/relaunched. Alastair noted the team effort across Community Pharmacy England and beyond, highlighting the efforts of the Comms Team, the Dispensing and Supply Team and colleagues at NHS England.
- 5.2 In relation to the five webinars delivered in December and January, almost 5,000 people registered to attend them, with most hitting our 1,000-person capacity cap. Over 2,500



people attended live and since the recordings of the webinars have been available, they have had a total of almost 10,000 views. Almost 7,000 of those views were just for the two Pharmacy First webinar recordings.

- 5.3 The Chair highlighted the role that LPCs have played to support and promote the service and its launch. It was agreed that this should be formally acknowledged by Community Pharmacy England, perhaps via a message from Janet in the next LPC Newsletter. It was also suggested that the data associated with the volume of pharmacists locally trained in each LPC should be captured and highlighted as part of the success of the implementation effort. The opportunity for LPCs to explore and access local pots of ICB money to support additional training sessions was highlighted.
- 5.4 A question was raised on the capacity in the system to support the volume of additional face-to-face training still required. It was recognised that there are still issues with the capacity and availability of face-to-face training and LPCs are working on ways to support this locally.
- 5.5 A question was raised regarding how pharmacy owners could be supported to consider how they manage the level of demand for the service, to maximise their capacity. It was highlighted that some IT system providers are already looking at how to develop their systems beyond the minimum viable product to include elements such as pre-consultation tools. It was noted that pharmacy owners have already been exploring solutions for themselves and that CPE could host future webinars focused on sharing best practice and ideas that have supported provision of the service and the management of demand. An approach used in some pharmacies to manage walk-in consultation capacity was treating the patient as if they had a walk-in prescription, so they had a 'place' in the pharmacy's queue of work.
- 5.6 The NHS Booking and Referral Standard (BaRS) is one of the next IT projects to be undertaken with GP and Pharmacy system suppliers, which will initially support referrals from general practice to community pharmacy, but the opposite flow of referrals will follow, with the potential for action messages to be sent to practices. The latter development requires further work to establish the GP user requirements. It was noted that interoperability between clinical systems, pharmacy booking systems and NHS booking

systems would improve the user experience for patients and the sector. This topic had previously been explored at CPITG meetings and further discussion of the topic may be required.

- 5.7 Protected time for training in pharmacies was highlighted as a need; this is already one of our regulatory asks of Government and NHS England.
- 5.8 In relation to the Lateral Flow Service, NHS England had shared a list of pharmacies signed up to provide the service, but which have not amended their NHS website profile to identify they provide the service. Information will be shared with head offices and LPCs to see if the issue can be addressed with the relevant pharmacy owners.
- 5.9 Suggestions were sought on additional support and resources which could be provided to pharmacy owners and their teams. The outstanding materials to be published for the Pharmacy First service, listed in the agenda paper were reviewed.
- 5.10 The subcommittee was advised that the NHS public promotion of the Pharmacy First Service is due to go live from 19th February 2024, but that is still subject to confirmation. Everybody in the sector needs to play their part in promoting the service to patients.

Item 6 – NHS England’s Vaccination strategy

- 6.1 The subcommittee were asked to provide thoughts on the strategy, including opportunities and threats for the sector, alongside any points which need further clarification from NHS England’s vaccination team.
- 6.2 It was highlighted that this is a significant opportunity for pharmacy owners to apply their existing learning from the implementation of the C-19 vaccination service to the provision of other vaccinations.
- 6.3 How ICBs commission future vaccination services, how pharmacy owners are paid and the required IT systems to support service provision were raised as concerns to consider. It was also noted that avoiding variability of the commissioning approach used by ICBs would be beneficial for pharmacy owners.
- 6.4 It will be necessary to consider our position on central procurement of flu vaccine, now that NHS England has stated the potential for this will be considered and we would need to

consider the impacts on margin of such an approach.

6.5 The quality of child vaccination records was questioned; this could have an impact on the plans set out in the strategy document. It was highlighted that there is a need for data to support visibility of both pharmacy provision of vaccines and pharmacy's impact through vaccination on tackling healthcare inequality. This could then be used to further make the national and local case for greater pharmacy provision.

6.6 The services team will be meeting with the NHS England vaccination team to discuss the implementation of the vaccination strategy. Locally, LPCs should engage in local discussions with ICBs, ahead of commissioning being devolved to them in April 2025.

Item 7 – Results of the 2022/23 mandatory national audit on valproate

7.1 The results of the audit were reviewed.

Item 8 – Update on the 2023/24 Workplan for the Services Team

8.1 The information in the agenda was noted. A new workplan is in development to reflect Community Pharmacy England's draft plan for 2024/25, which is set out in the main Committee agenda papers.

Item 9 – Flu and COVID-19 vaccinations

9.1 The information in the agenda was noted and a verbal update was provided.

Item 10 – NHS England NMS antidepressant pilot

10.1 This was a matter of report. The key point to note is that the pilot has been extended.

10.2 It was highlighted that a lot of training was required to participate in the pilot which will have reduced uptake by pharmacy owners.

Item 11 – NHS Weight management service pilots

11.1 This was a matter of report. The approach taken by the NT was supported.

Item 12 – NHS England Independent Prescribing Pathfinder programme

12.1 The information in the agenda was noted.



Item 13 – Digital therapeutics

- 13.1 Alastair Buxton reported on a meeting he had attended with colleagues from the NPA, which was focused on exploring how digital therapeutic products could be distributed to patients in primary care.
- 13.2 Digital therapeutics are evidence-based therapeutic interventions delivered through software to prevent, manage, or treat a medical disorder or disease. They are typically accessed via a smartphone app or online and engage the patient without the involvement of a clinician. They are registered medical devices and are regulated by the MHRA for use in the UK. Some of them have randomised controlled trial evidence that demonstrates safety and efficacy.
- 13.3 It was noted that pharmacies in Germany are heavily involved in supplying digital therapeutics to patients, with wider support provided to make sure the patient was able to use the product. This work is funded by health insurers. Information will be sought on this via the World Pharmacy Council.

Item 14 – AMR and diagnostics

- 14.1 This was a matter of report.

Item 15 – Any other business

- 15.1 **Lateral Flow Service** – NHS England and DHSC proposed on Monday that the service should be extended from 1st April 2024 for a year, on the same terms as agreed when the service commenced just over two months ago.
- 15.2 New draft guidance was published by NICE on the use of Paxlovid in early January 2024. Once this guidance is implemented, the new patient cohorts will be able to access LFDs via the pharmacy service, adding an additional 1.4 million people to the eligible patient cohort. NHS England proposed that the additional patient cohorts should become eligible for supplies of LFDs from 1st April 2024.
- 15.3 The subcommittee supported the proposed extension of the service.



It was recommended:

- that the proposed extension of the service, with the additional patient cohorts, should be agreed.

- 15.4 **Clinical services APIs** – there have been delays in the delivery of NHS-assured IT systems to support the final two clinical services which do not yet have such systems available – the Smoking Cessation Service and the Discharge Medicines Service. Once these systems become available, pharmacy owners will need to contract with a system supplier and payment claims for the service will have to be made via an application programming interface (API) with the NHSBSA’s MYS portal.
- 15.5 NHS England informed us earlier this week that the realistic start date for use of NHS-assured IT systems for the two services is now 1st April 2024. That was always the date by which NHS England expected all the IT systems to be live. They plan to communicate this to pharmacy owners later this week.
- 15.6 The services team have told DHSC and NHS England that the transfer to the new systems and away from the manual payment claim systems must be undertaken in a way that does not reduce the usual time pharmacy owners have to submit their March 2024 payment claims. DHSC and NHS England have also agreed to our request to update the payment claim arrangements for DMS, so they are aligned with the three-month claim window which applies to the Advanced services.



Appendix SDS 02/04/2024

Draft 2024/25 Workplan for the Services Team

This workplan forms part of the wider plan and priorities for Community Pharmacy England in 2024/25 (set out in the Community pharmacy sector and CPE strategy paper for plenary at the February 2024 meeting) and covers the elements of activity which will be undertaken by the Services Team. It 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.

At future meetings, an update on progress against individual parts of the plan will be provided.

Subcommittee action

Review the draft workplan and suggest any amendments or additions.



No.	Workplan element	Timeframe	Progress update
Objective 1: Deliver an improved Contractual Framework to address the current funding crisis and secure a stable future.			
1.2	Conclude the 2024/25 CPCF negotiations and develop guidance for pharmacy owners and their teams to support implementation.	Apr – Jun 2024	
1.5	Evaluate pipeline services and implications for the future funding model with the support of PA Consulting.	Apr – Jul 2024	
Objective 2: Drive the success of the Pharmacy First service, blood pressure and contraception services to demonstrate their value and the potential for a greater role for community pharmacy in clinical services.			
2.1	Monitor the impact of the PCRIP investment: <ul style="list-style-type: none"> - Establish process and timing of joint management group with particular reference to registration, performance data, targets and caps and IT progress. 	Throughout the year	



No.	Workplan element	Timeframe	Progress update
2.2	Support pharmacy owners, their teams and LPCs to implement the new services providing advice, information, tools and trouble-shooting emerging challenges and feedback into ongoing co-management with DHSC/NHSE.	Throughout the year	
2.3	Supporting LPCs to enable them to provide local support for pharmacy owners and their teams.	Ongoing	
2.4	Support, with others, plans for IT/Digital integration for community pharmacy across the NHS.	Ongoing	
Objective 3: Promote the role of community pharmacy as a vital part of an integrated primary care system and as hubs for community health.			
3.6	Promote horizon scanning, innovation and new thinking about the future of community	Ongoing	



No.	Workplan element	Timeframe	Progress update
	pharmacy (including international comparison) via membership of the World Pharmacy Council.		
Objective 4: Build the investment case for further expansion of current services that can be developed into major service interventions.			
4.1	Evaluate the pipeline of potential clinical services, their scope, impact, value and funding models (with independent consulting advice).	Q1/2	
4.2	Monitor development of the IP pilots, learning and evaluation to develop options for their deployment within community pharmacy commissioned services.	Ongoing	
4.3	Support LPCs in the development of locally commissioned services and their evaluation for	Ongoing	



No.	Workplan element	Timeframe	Progress update
	<p>scaling across regions and as part of a pipeline for national services.</p> <ul style="list-style-type: none"> - Support LPCs to develop and share learning from local commissioning of community pharmacy services, including through maintaining the services database and case studies - Development of commissioning toolkits for use by LPCs 		
4.4	Monitor, with others, delivery of IT/Digital integration as above (Objective 2.4).	Ongoing	
<p>Objective 5: Lead future thinking on the funding, policy and regulatory policies that will enable community pharmacies to deliver services effectively and sustainably and respond to changing Governmental/NHSE priorities.</p>			
5.5	Annual service negotiations (flu vac, health campaigns, clinical audit) and monitoring	Ongoing	



No.	Workplan element	Timeframe	Progress update
	service delivery including Flu and COVID-19 vacs.		
5.6	Monitor the development of NHSE service pilots and the roll-out of CPCF services.	Ongoing	
5.7	Support and monitor the delivery of IT and digital infrastructure and interoperability. – Supporting the operation of the Community Pharmacy IT Group and leading its workstreams, working with partners	Ongoing	



Appendix SDS 03/04/2024

Implementation update: Pharmacy First and other clinical services

Introduction

This paper provides an update on the support that has been provided around the implementation of the Pharmacy First and the other clinical services since the last subcommittee meeting, as well as other updates on the implementation of the services.

Hypertension Case-Finding Service

As of 8th April 2024, **11,249 pharmacies** have registered to provide the Hypertension Case-Finding Service

This number of pharmacies registered, as well as the other similar numbers referenced in this paper, will contain some pharmacies that have subsequently closed or relocated, as these are not removed from the NHSBSA data. We hope, in time, to be able to cleanse the NHSBSA data to get an accurate picture of the number of active pharmacies registered to provide the various services. The latest NHSBSA data on the number of pharmacies in England shows there are **10,558 pharmacies**.

On 11th March 2024, DHSC launched a public campaign to promote the service. This included a TV, social media, public relations and billboard campaign to encourage those aged 40 years and over, to get a free blood pressure check at the nearest participating pharmacy. As part of the campaign, the public are encouraged to search for participating pharmacies via the [NHS Check your blood pressure tool](#).

The Services Team provided clinical/technical support for DHSC with the development of the TV advert, to ensure the production company and actors undertook the simulation of the service in an appropriate manner.

Pharmacy owners providing the service, can order a free pharmacy campaign pack from



the [Campaign Resource Centre](#) to promote and support the campaign.

As part of the re-launch of the service, the Services Team is also about to start publishing a series of news stories on the service to promote key aspects, resources available, etc.

Lateral Flow Device (LFD) service

As of 8th April 2024, **8,117 pharmacies have registered to provide the LFD service**, which launched on 6th November 2023.

As agreed at the last Committee meeting, the LFD service will continue to be commissioned under the same terms for 2024/25. We published a news story on the [updated service specification](#) and highlighted the additional patient groups that would be eligible to access the LFD service from 1st April. A reminder news story was also published on 27th March ahead of the change to eligible groups on 1st April and the following resources have been updated as well:

- Template standard operating procedure;
- Team briefing sheet for the service; and
- Eligible patient groups list.

We were made aware by NHS England that a significant number of pharmacies had not updated NHS Profile Manager to say that they were providing the service and several pharmacies had updated NHS Profile Manager but had not actually registered for the service. The Services Team has published news stories and emailed pharmacy owners who have appeared on the list; we are currently waiting for updated numbers to see if this has reduced and if there are further actions we need to take to try to reduce this number further.

NHS England has also advised that they expect the LFD service to be listed on the NHS Service Finder on nhs.uk from July 2024.

Pharmacy Contraception Service

Since 1st December 2023 and up to 8th April 2024, **6,712 pharmacies have registered to provide the PCS**.

NHS England has updated their posters and digital posters to assist pharmacy owners to promote the service to individuals in their pharmacies. These resources, include translations into Bengali,



Polish, Punjabi and Urdu.

Pharmacy First service

As of 8th April 2024, **10,312 pharmacies** have registered to provide the Pharmacy First service.

Following the last subcommittee meeting, we sought data from CPPE and the LPCs to identify the number of places at ENT/Pharmacy First training events organised by CPPE and the LPCs. The total number of places was **10,273**.

Due to the issues with data being submitted to MYS from the Pharmacy First IT systems (see further details below), NHS England has not yet been able to share the promised data on Pharmacy First service provisions.

The CCA have analysed data provided by their member companies to undertake an [initial analysis of the first month of provision of the service](#).

During the week before and the week after the launch of the service the Services Team held four drop-in online sessions to assist pharmacy owners and their teams with any queries that had about the service. The four sessions were well attended with approximately 200 people dropping in to the two events prior to launch and approximately 100 people dropping in the events after the launch of the service. Alastair also provided a Q&A session for Avicenna members, while Rosie and Janet presented to the PAGB board about the service.

Since the launch of the service, the following additional resources have been published, as well as the Services Team continuing to add to the Pharmacy First FAQs on the website:

- Clinical pathways – online information sources for patients;
- Key contacts sheet; and
- GP practices summary details for local PCN.

Community Pharmacy England commissioned an animation on how the service works, which NHS England were supportive of. This has now been published quietly on our website so it is [available to view](#); however, due to the Pharmacy First IT issues in March, we decided to hold back promoting the animation and associated social media resources until after Easter. A news story on the animation will be published in the Primary Care Bulletin on Thursday 11th April 2024 and we will also highlight the animation through a news story on our website on the same day.



As SDS members will be aware, we have been approached by the RPS to co-badge a resource aimed at GP practice teams to assist with referrals. The RPS has also approached RCGP and BMA about co-badging the resource. Detailed feedback has been provided on the draft resource so this is currently being reviewed by the RPS.

During February, it became apparent that not all Pharmacy First referrals routes were able to point to DSPs, even though some of these had previously been in operation under the CPCS. The Services Team have had several discussions on this topic with DHSC and NHS England, seeking equitable treatment of all pharmacy owners and also restoration of previously available referral routes. We have also requested a full explanation of how the decisions were made on switching off some referral routes, as it seems due process was not followed. The issues are still active and we are continuing to press NHS England and DHSC for resolution of them.

During March, there were a number of IT problems that effected delivery of the service. Firstly, there were issues with the data that the IT providers had provided to the Manage Your Service (MYS) portal therefore pharmacy owners claims were showing as incorrect. Due to the requirement to submit February claims by the 5th of March to ensure payment in May, this caused widespread panic as owners weren't able to get through to their IT provider due to high demand. This resulted in many owners submitting incorrect claims to ensure they got paid their £1,000 monthly payment for the Pharmacy First service (if they had provided one clinical pathway consultation that passed the Gateway point) to assist with cashflow. On 4th March, NHS England and DHSC agreed to extend the deadline until 5pm on 15th March as the issue was resolved and this extension would give pharmacy owners to make their claims. However, another issue came to light, which resulted in another extension; 11.59pm on 21st March. On 20th March, it finally appeared that the issues had been resolved and a final extension was provided (11.59pm on 25th March) to give pharmacy owners time to check their claims and submit if not already done so.

On top of this, EMIS decided to implement Multi-Factor Authentication (MFA) to PharmOutcomes at short notice; it was announced to their users in the afternoon that they would be implementing this later in the day. This caused massive challenges, with pharmacy owners not being able to access PharmOutcomes the following day without installing MFA. EMIS had recruited advisors to help talk pharmacy owners through the process, but we had reports of people having to wait on hold for hours to be able to speak to someone. During this time it meant that people could not



access referrals for the Pharmacy First service (or other services such as DMS) and could also not access the consultation records to be able to record consultations. Therefore, those that continued to offer services, had to do so on paper and then manually add this to PharmOutcomes at a later date, creating additional work.

We were also alerted to PharmOutcomes being unavailable on 19th March between 12–8pm and Sonar being unavailable on 20th March between 8am–12.30pm.

All of these issues caused considerable stress and additional workload for the sector during March and the MFA issue is continuing for some pharmacy owners as the short-term fixes put in place by some of the multiples, for example, are not sustainable in the long term.

The Services Team has been in close contact with NHS England, DHSC and NHSBSA throughout the process, working to get updates for pharmacy owners but also stressing the additional workload and stress this has put on pharmacy owners, the impact this will have had on referrals and confidence in making referrals and how this will impact on pharmacy owners being able to make the March target of five clinical pathway consultations that pass the gateway point. We have also highlighted that since pharmacy owners have been disadvantaged, if they don't meet the March target and potentially also the need to have provided five clinical pathway consultations by 31st March and therefore do not receive their £1,000 monthly payment in March and have their £2,000 upfront payment reclaimed, there could be disengagement with the service from the sector (we have already had several pharmacy owners advise that they are considering this action due to the IT issues in March). Despite our request, NHS England has not been willing to accept that the target number of clinical pathways consultation to receive the monthly payment in March and to retain the £2000 initial payment should be set aside due to the IT issues.

Subject to being able to find suitable speakers, the Services Team is keen to provide more webinars on the practicalities of providing the Pharmacy First service, including how to manage patient demand at busy periods.

Subcommittee action

- Provide feedback on the ongoing implementation of Pharmacy First and the other clinical services.
- Identify any pharmacy owners or team members who may be suitable to participate in



future webinars on the practicalities of provision of Pharmacy First.

- Consider if there are any other resources that could be produced to support Pharmacy First or any of the other clinical services.



Appendix SDS 04/04/2024

Update on commissioning of vaccination services

Introduction

This paper provides an update on developments with and discussions on the Flu and COVID-19 vaccination services since the last subcommittee meeting.

Developments since the January 2024 Committee meeting

COVID-19 vaccination programme

On 1st February 2024, NHS England published the COVID-19 vaccination Enhanced service specification and wrote to pharmacies providing the autumn/winter 2023/24 COVID-19 vaccination service to ask whether they would be willing to extend the duration of their current contract to provide the service until 31st August 2024 (to provide a Spring 2024 booster programme). This included announcing the additional £2.50 supplemental fee for vaccines administered in the spring, which we had negotiated with NHS England.

The additional payment is to recognise that a Spring booster programme is unable to benefit from cost efficiencies linked to co-administration of COVID-19 and flu vaccines, which was part of NHS England's original rationale for the reduction in the fees they imposed last year.

[Read more about this in our website news story](#)

On 7th February 2024, the Joint Committee on Vaccination and Immunisation (JCVI) [published guidance](#), which was accepted by Government on a Spring 2024 Vaccination programme, with the following groups being eligible for a booster vaccination:

- Adults aged 75 years and over
- Residents in a care home for older adults
- Individuals aged 6 months and over who are immunosuppressed (as defined in tables 3 or 4 in the [COVID-19 chapter of the Green Book](#))

In their advice, JCVI commented on considerations on the future of C-19 vaccination programmes beyond spring 2024, noting that as a consequence of the combination of naturally acquired and



vaccine-derived immunity in the population (hybrid immunity), COVID-19 is now a relatively mild disease for the vast majority of people. They go on to say this ongoing increase in population immunity permits the development of a more targeted programme aimed at those at higher risk of developing serious COVID-19 disease.

COVID-19 has not yet settled into a stable pattern of clear seasonality and JCVI will continue to review the optimal timing and frequency of COVID-19 vaccination beyond spring 2024. Based on the most recent cost-effectiveness assessment, they say it is anticipated that any autumn 2024 campaign would likely be smaller than previous autumn COVID-19 campaigns.

They continue by stating currently available COVID-19 vaccines provide good protection against severe COVID-19 disease (hospitalisation and mortality). However, protection against asymptomatic or mild COVID-19 due to currently circulating highly transmissible SARS-CoV-2 variants is only modest and of short duration. The value of COVID-19 vaccination as a means to reduce transmission of infection from one person to another is accordingly limited. These factors will influence the value of future routine COVID-19 vaccination for groups such as healthcare workers and household contacts of immunosuppressed individuals.

Since that advice was issued, work by various pharmacy owners, vaccine manufacturers and Government has resulted in the first community pharmacy offers of private C-19 vaccinations to the public.

In mid-February, the CCA published their [analysis of C-19 vaccination data](#) obtained from NHS England under Freedom of Information legislation. The main headlines were:

- Community pharmacies had administered 40,045,279 C-19 vaccines by the end of 2023.
- Overall, the sector has delivered a quarter (24.85%) of all C-19 vaccines to date.
- In the month of December 2023, 62% of all C-19 vaccines were administered in community pharmacies.

On 1st March, NHS England initiated [a limited expression of interest process in specific areas](#) within five regions where additional C-19 vaccination providers were needed.

Flu vaccination programme

On 12th March, DHSC, the UK Health Security Agency (UKHSA) and NHS England jointly published the [national flu vaccination programme letter for the 2024/25 season](#).



Based on evidence that flu vaccine's effectiveness can wane over time in adults, the JCVI advised moving the start of the programme for most adults to the beginning of October. This is on the understanding, that the majority of the vaccinations will be completed by the end of November, closer to the time that the flu season commonly starts.

As a result, **from 1st September 2024**, pharmacies will only be able to vaccinate pregnant women, as they are the exception to the advice. **From October 2024**, vaccination of the other adult cohorts will commence, with the **exact starting date to be confirmed by NHS England in due course**.

There are no changes to the eligible cohorts for the 2024/25 season.

The letter advised that there are no changes recommended by JCVI for adult flu vaccines for 2024/2025. As per the 2023/24 season, second line vaccines should only be considered when every attempt to use first line recommended vaccines has been exhausted – evidence of this may be requested by the commissioner before reimbursement is agreed. The letter further advised, that the purchase of alternative second line vaccines should only occur, if all attempts to secure the recommended first line vaccines have failed.

Pharmacy owners who will have a supply of the recombinant quadrivalent influenza vaccine (QIVr), are being advised that preliminary UKHSA **evidence in the UK from the 2022/23** season and [international evidence](#) suggests that the potential additional benefit may be greatest in adults aged 65 years and older and therefore, to prioritise the use of any QIVr for use in the 65 years and over age group.

Following the publication of the annual flu vaccination programme letter, on 22nd March NHS England published the flu vaccination service specification which we had previously agreed with them.

[Read our news story on this](#)



Appendix SDS 07/04/2024

Digital NHS health checks

Introduction

The Digital NHS Health Check is a new approach intended to augment the current face-to-face NHS Health Check, via a 'do-it-yourself' digital approach for patients, using functionality on the NHS app, a blood sample (likely taken at home) and a BP measurement via the Hypertension Case-Finding Service. If the pilot is successful, local authorities will be offered the option to allow eligible local people to access the service, in addition to existing commissioning. One of the original Government announcements on this policy development provides further background on the concept: <https://www.gov.uk/government/news/new-digital-health-check-to-tackle-deadly-cardiovascular-disease>

Within the pilot areas and potentially beyond, should the digital service be rolled out, this will provide an extra opportunity to drive patients to pharmacies to access the Hypertension Case-Finding Service.

Expression of interest for pilot sites

The Department of Health and Social Care (DHSC) sought expressions of interest from local authorities interested in being involved in the next phase of the development of a digital NHS Health Check and that closed on 22nd March 2024. Detailed guidance outlining eligibility requirements can be found on the [NHS Health Check website](#).

DHSC is looking to work with up to three local authorities to pilot the first iteration of the digital NHS Health Check.

This opportunity was discussed in CLOT (CPE and LPC Operational Team) and on the LPC Chief Officers Gaggles group and the suggestion made that LPCs may want to flag this opportunity to their local public health teams.

Further information on the Digital Health Checks can be found in the slides below:

NHS Health Check explained

What is an NHS Health Check?

During an NHS Health Check seven factors are measured: **blood pressure, cholesterol, physical activity, smoking, alcohol consumption, BMI and blood sugar (HbA1c).**

At the end of your health check, you receive your **10-year risk of getting CVD**, alongside your other risk factor results.

Who is eligible?

People **registered at GP practices in England** aged between **40-74 years old**, with no existing diagnosis of CVD are eligible for a check **every 5 years**.

Why were they introduced?

The NHS Health Check was **introduced in 2009 to measure, manage and reduce cardiovascular risk**. Cardiovascular Disease (CVD) is the second biggest killer in England, affecting 6.4 million people. Responsibility transferred to LA's in 2013.

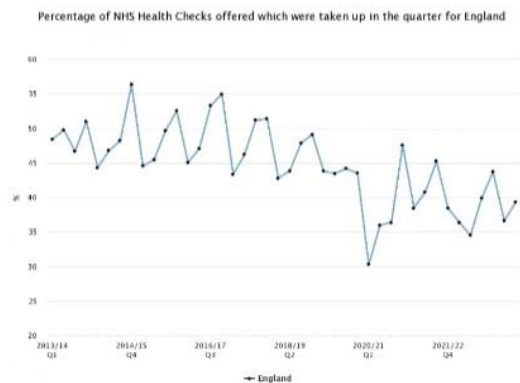
Face-to-face health checks

Most NHS Health Checks are carried out in GP surgeries by healthcare assistants or nurses. In some areas they may also be offered at local pharmacies and other suitable and accessible places, for example, to passers-by at mobile units or at leisure centres.

The problem

Not enough eligible people are completing the NHS Health Check

Participation has declined almost every year since 2014-15, with current uptake 39%. Although this has increased in the last year, the programme is not contributing as much as it could to reducing premature CVD mortality and morbidity because of conditions such as high blood pressure (hypertension), heart disease, stroke, type 2 diabetes, kidney disease and some types of dementia.



Hypothesis

The creation of a new national digital channel working alongside the face-to-face check will provide the choice and flexibility people want, transforming how they engage with the NHS Health Check service resulting in an increase in overall participation and better health outcomes for people in England by **identifying more people at high risk of CVD.**

Vision for a national digital service

The Government's commitment to develop a **national digital service to support the NHS Health Check** was announced in the Health Reform speech on 8th March 2022 and forms a part of DHSC's [Plan for Digital Health and Social Care](#).

Vision

To increase the flexibility and reach of the NHS Health Check through the creation of an innovative, accessible national digital service, delivered alongside local face-to-face offerings, that helps people understand and take action to engage with their cardiovascular health.

How did we get here?

An NHS Health Check [digital exemplar](#) discovery was conducted by Public Health England

2019

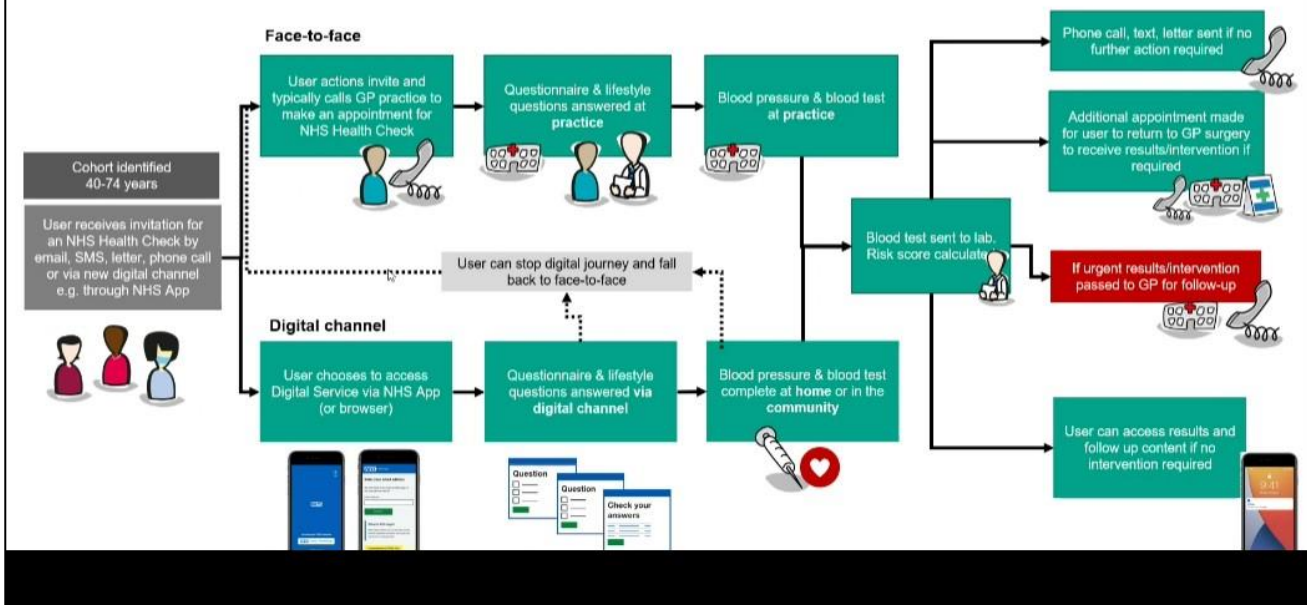
An [evidence-based review](#) of the NHS Health Check programme identified use of a digital approach to improve participation and engagement in the NHS Health Check

2021

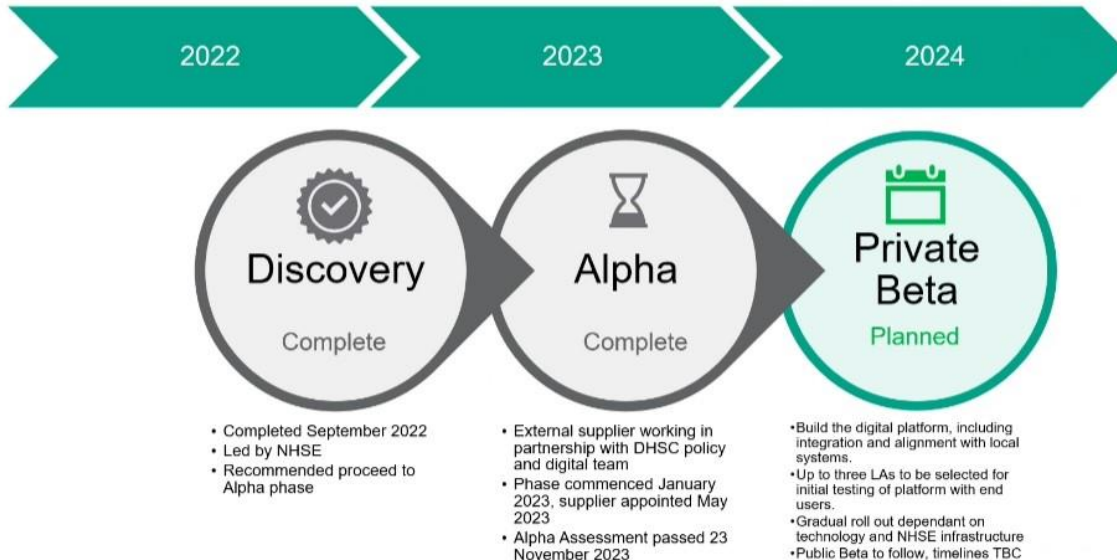
The Government's commitment to develop a digital NHS Health Check was announced by the former Secretary of State for Health and Social Care

2022

Providing a joined-up experience across all channels



Digital NHS Health Check Timeline



Opportunities for aligning with hypertension case-finding advanced service with the digital NHS Health Check

- Mutually beneficial to both programmes:** increasing uptake of the existing pharmacy service and supporting local delivery of the digital NHS Health Check.
- Aligned eligibility criteria:** the NHS Health Check is for people aged 40-74, once every 5 years, and the pharmacy BP checks service is available to people aged over 40.
- Excellent national coverage of the pharmacy service and increased capacity recently announced.**
- Pharmacy finder tool:** Already available and could be signposted (or embedded) directly into the digital NHS Health Check solution to support participants to easily find pharmacies offering the service.
- Streamlines pathways:** Participants who have a BP check in community pharmacy and require ambulatory monitoring could be fitted at the same time, streamlining clinical pathways for people receiving a check and the primary care system.
- Wider benefits to pharmacy,** including increasing footfall in pharmacies to support access to other services and retail.
- Helps to **deliver joined-up care across local and NHS commissioners and could offer local efficiencies.**

Subcommittee action

None.



Appendix SDS 09/04/2024

Miscellaneous matters of report

Introduction

This paper provides a summary of miscellaneous matters of report, which are provided for information only.

AMR and diagnostics

As discussed at the last subcommittee meeting, we were invited to feed into a cross-sector expert statement that set out a consensus on the value of point-of-care testing (POCT) within antimicrobial stewardship (AMS) and outlined recommendations for implementation to support uptake of POCT. Specifically, the statement focused on the value of C-reactive Protein (CRP) testing in respiratory pathways; a copy of the draft statement was included in the papers for the last subcommittee meeting.

The final version of the consensus statement along with a news story was published on 26th February 2024 on the [British In Vitro Diagnostics Association \(BIVDA\) website](#).

Response to DHSC's consultation on proposals to expand access to take-home naloxone supplies

In January 2024, DHSC undertook a [consultation](#) to seek views on their proposals to improve access to take-home naloxone supplies by expanding the list of services and individuals that can give it out without a prescription or other written instruction.

One of their proposals would introduce a list of named services and professionals who would be allowed to issue naloxone without a prescription; the draft list included pharmacy professionals. We submitted a response to the consultation, which was supportive of this proposal, as it would simplify the approach taken in locally commissioned services where naloxone is supplied to drug users from community pharmacies, removing the need for a patient group direction to be used to authorise the supply of the prescription only medicine. Our response recommended the listing should include 'pharmacy professionals (pharmacists and pharmacy technicians) and any trained



and competent non-registered members of the pharmacy team under the supervision of a registered pharmacy professional' in order that maximum use of skill mix may be used within pharmacy teams.

The full consultation response can be read on the [website](#).

NHS England publication of policy guidance on conditions for which over the counter items should not be routinely prescribed in primary care

In mid-March, NHS England issued [updated guidance regarding conditions for which over the counter items should not be routinely prescribed in primary care](#).

This guidance replaces the guidance previously issued to clinical commissioning groups by NHS England and NHS Clinical Commissioners in 2018. The substance of the updated guidance is not different from the previous guidance, including the expectation that OTC medicines should not be prescribed for the management of minor conditions.

The updated guidance has been issued to prescribers in primary care, ICBs and other commissioning organisations. It references the Pharmacy First service and explains how that can be used to support management of some minor conditions, without the need for a GP appointment.

NHS England 2024/25 priorities and operational planning guidance

On 27th March, NHS England published the [2024/25 priorities and operational planning guidance](#), which is principally aimed at ICBs and NHS provider organisations (trusts).

In the document, NHS England identifies their overall priority in 2024/25 as the recovery of core NHS services and productivity following the COVID-19 pandemic; that was also the priority in the previous year. As such, there are not many new priorities for the NHS to focus on.

The document identifies six priority areas: a focus on the overall quality and safety of services; improving ambulance and ED waiting times; reducing long elective waits; making it easier to access community and primary care services, particularly general practice and dentistry; improving access to mental health services; and improving staff experience, retention and attendance.



NHS England note the Spring Budget provided £2.45bn extra funding for 2024/25, which will cover the recurrent cost of the managed sector pay deal, giving the NHS flat real funding for the year.

There are specific mentions of Pharmacy First and the need to increase the use of community pharmacy services. The document is also clear that the various NHS recovery plans, including the access to primary care recovery plan, set out the essential actions for all systems to take in relation to recovery of core services. That should provide a local lever for LPCs to use to ensure ICBs continue to keep a focus on supporting the implementation of Pharmacy First and the other CPCF clinical services.

Another relevant priority area for community pharmacy services is the focus on addressing health inequalities and delivering on the [Core20PLUS5](#) approach. However, it is likely that local budgetary constraints will continue to hamper efforts for the NHS to play a proper role in commissioning new prevention services.

A copy of the document, with the parts of most relevance to community pharmacy highlighted is available in Appendix SDS O9A/O4/24.

Delivery plan for recovering access to primary care: update and actions for 2024/25

On 9th April, NHS England published an [update on the Delivery plan for recovering access to primary care and actions for 2024/25](#). The forthcoming publication of this update was referenced in NHS England's 2024/25 priorities and operational planning guidance.

As with the planning guidance, this document is principally aimed at ICBs, but it has some content related to community pharmacy.

NHS England is asking ICBs to report progress against all the elements of the delivery plan in their October or November 2024 public boards.

The document contains the following content regarding community pharmacy:

Expansion of pharmacy services

In 2023/24 we have successfully expanded the existing blood pressure and oral contraception services and launched Pharmacy First, where pharmacists can now supply

some prescription-only medicines where clinically appropriate to treat 7 common health conditions.

We have been asked how Pharmacy First reduces practice workload if practices still need to review pharmacy actions as part of approving the patient record update. It is important that practices are updated on the outcome of any consultations that take place elsewhere in primary care to inform later clinical decision-making. The GP is also the data controller for the patient record.

We have delivered a range of digital enhancements that make it easier for pharmacists and practice staff to capture outcomes from these new clinical pathways. Pharmacy systems now capture complete, structured data linked to the patient.

Over the coming months, this data will start to be surfaced directly into practice workflows. This means practice staff will no longer have to match records to patients, manually code or transcribe from emails.

Instead, they will be able to review consultation information, including notes and details of medications issued, and add the data to the patient record with one click. Designed with GPs and practice staff, this is a significant enhancement to existing processes, and will provide a template for improving post consultation messages from other care settings.

Our goals for 2024/25 are to grow the monthly patient volumes across all 3 pharmacy services by March 2025 by at least 71,000 blood pressure check consultations; 25,800 oral contraception consultations; and 320,000 Pharmacy First clinical pathways consultations. We will review the ambition of this trajectory in September, when public uptake of the service in the first 9 months is understood. We will continue to monitor uptake by Distance Selling Pharmacies, which have an important role to play in providing wider access to patients via video consultations.

Greater flexibility

Recognising pharmacists and pharmacy technicians each have expertise in medicines, DHSC has taken forward commitments in the delivery plan to release pharmacists' time for more



patient-facing services including:

- consultations on enabling the use of patient group directions by pharmacy technicians and modernising pharmacy legislation on pharmacy supervision
- amending legislation to increase dispensing efficiency

The Medicines and Healthcare products Regulatory Agency (MHRA) has reclassified eligible medicines, so they are more easily available to patients in pharmacies, and elsewhere, without requiring an appointment and prescription. In 2024/25, DHSC will continue to work with stakeholders and partners to support and progress these commitments further.

A. Empower patients

1	Increase use of NHS App and other digital channels to enable more patients to access to their prospective medical records (including test results) and manage their repeat prescriptions.	<p>Increase NHS App record views from 9.9m to 15m per month by March 2025.</p> <p>Increase NHS App repeat prescription numbers from 2.7m to 3.5m per month by March 2025.</p>
3	Expand uptake of Pharmacy First services.	<p>Increase PF pathways consultations per month by at least 320,000 by March 2025 Increase oral contraception prescriptions coming directly from a Community Pharmacy by at least 25,800 by March 2025.</p> <p>Increase Community Pharmacy Blood Pressure check appointments by at least 71,000 per month by March 2025 as part of our ambition to deliver a further 2.5 million blood pressure checks in community pharmacy.</p>