



Service Development Subcommittee Agenda

Date: 26th June 2024

Start time: 3.15pm

Location: Malmaison Birmingham, The Mailbox, Birmingham, B1 1RD

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

1. Welcome from Chair
2. Apologies for absence
3. Conflicts or declarations of interest
4. Subcommittee revised Terms of Reference (within the governance papers in the Committee agenda)
5. Minutes of the April and May meetings and matters arising ([Appendix SDS 01/06/2024](#) and [Appendix SDS 02/06/2024](#))
6. Workplan for 2024/25 (Action) ([Appendix SDS 03/06/2024](#))
7. Appointment of a Vice Chair (Action)
8. External members of the subcommittee (Action)

The new governance framework provides that members of subcommittees should have the combination of skills, experience, and knowledge to best carry out the subcommittee's work; and that non-committee members may be appointed (as a minority of non-voting members) to bring additional expertise or insight where this is needed.

Accordingly, the subcommittee is asked to consider:

- First, if any additional expertise or insight is required for the subcommittee's work; and
- Second, if so, whose name might be submitted (or what process may be followed to identify appropriate candidates) for the Governance and People subcommittee to consider?

The Committee appoints any external subcommittee members on the recommendation of the Governance and People subcommittee.

9. Implementation update: Pharmacy First and the other clinical services (Action) ([Appendix SDS 04/06/2024](#))
10. Service development priority list (Action) ([Appendix SDS 05/06/2024](#))
11. Vaccination update and discussion on central procurement of flu vac (Action) ([Appendix SDS 06/06/2024](#))
12. Policy on pharmacy technician use of PGDs (Action) ([Appendix SDS 07/06/2024](#))
13. Pharmacy Contraception Service: review of implementation (Action) ([Appendix SDS 08/06/2024](#))
14. Discharge Medicines Service: review of implementation (Action) ([Appendix SDS 09/06/2024](#))
15. Update on NHS IT (Report) ([Appendix SDS 10/06/2024](#))
16. Miscellaneous matters of report (Report) ([Appendix SDS 11/06/2024](#))
17. Any other business



Appendix SDS 01/06/2024

Minutes of the Service Development Subcommittee meeting held at 14 Hosier Lane on 17th April 2024 commencing at 1.15pm

Present: Phil Day, Sami Hanna, Clare Kerr (Chair), Olivier Picard, Faisal Tuddy.

In attendance: Alastair Buxton, Janet Morrison, David Onuoha, Rosie Taylor, Sue Killen, Anil Sharma, Lindsey Fairbrother, Prakash Patel, Gary Warner, Beran Patel, Sian Retallick, Jas Heer, David Broome, Marc Donovan, Stephen Thomas, Niamh McMillan, Adrian Price, Ifti Khan, Ian Cubbin, Peter Cattee, Ian Strachan, Mike Dent, Daniel Fladvad, Gordon Hockey, Katrina Worthington, James Wood.

LPC representatives: David Dean, Ashley Littlewood–Miller, Artur Pysz, Alison Freemantle, Amish Patel, Mark Anyaegbuna, Mark Donaghy, Sarah Davis, Julia Powell.

Item 1 – Welcome from Chair

1.1 The Chair opened the meeting and welcomed the attendees including LPC representatives.

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 and matters arising

4.1 The minutes of the subcommittee meeting held on 31st January 2024 were approved.

Item 5 – Draft Workplan for 2024/25

5.1 The subcommittee considered the draft workplan for 2024/25 reflecting on potential amendments or additional items which could be added. Further detail will be added to the plan as work progresses during the year.



- 5.2 It was noted that the target timings for work to be undertaken are from the main Committee plan agreed at the last Committee meeting; some of those may need to be amended in due course, e.g. those relating to the conclusion of the current negotiations.

Item 6 – Implementation update: Pharmacy First and the other clinical services

- 6.1 The subcommittee considered the information on implementation support provided for the various clinical services over the last few months.

- 6.2 The following points were noted:

- The Chair and another member of the Subcommittee acknowledged the hard work of the Services Team in providing support and resources on Pharmacy First and the other clinical services over the last couple of months.
- A concern was raised about the number of patients that need to be seen to hit the target of patients passing the gateway point in the Pharmacy First service to enable pharmacy owners to be paid the monthly fixed payment.
- It was agreed that getting the message out to the public about Pharmacy First is very important and the marketing campaign is imperative to this. A comment was made that tweaks may need to be made to the NHS England campaign materials, for example, concern has been raised around the age of the person on the otitis media clinical pathway adverts and this has caused public confusion around the age groups that can access this clinical pathway.
- The subcommittee was asked what else we as Community Pharmacy England, LPCs and individual pharmacy owners can do to promote the service. Alastair Buxton highlighted the recently published animation, which is aimed at GP practices and advised that the comms team is considering commissioning a similar animation aimed at patients. This could then be used in GP practices and pharmacies to highlight the service. He also highlighted the PCN engagement Pharmacy First implementation support (covered in LCS Appendix LCS 05/04/2024) as another way that will help with the engagement of GP practices.
- Inclusion of Pharmacy First on the NHS app and GP apps were highlighted as options to help improve visibility and awareness of the service. Alastair Buxton advised that work is ongoing on the NHS website content on Pharmacy First (which will flow through to the

NHS app) and also that work is ongoing on updating the 111 online functionality to make referrals to the service.

- Concern was raised about the number of consultations being carried out by pharmacists that do not pass the gateway point. David Onuoha highlighted that there does appear to be, based on calls to the Services Team, some confusion as to when you can make a claim. The team has written a 'When can you claim?' guide which highlights the different scenarios of the service when you can make a claim and when an entry needs to be added to the Pharmacy First IT system. This is currently being reviewed by NHS England.
- A suggestion was made about producing a support document for GP practice teams to assist them with understanding when a referral could be made. Alastair Buxton advised that NHS England should have published their GP toolkit by now, but unfortunately this has still not been published.
- It was highlighted that it would be helpful to issue reminders to pharmacy owners about the Community Pharmacy England resources available to help them to deliver the service.
- Olivier Picard highlighted a collaborative session he had had with a local GP on the Pharmacy First service; he was asked to provide further details so this could be written up as a case study.
- No concerns or suggestions were made on the rollout of the other clinical services and the support materials provided for these. Alastair Buxton advised that the Services Team is going to be publishing a series of reminder news stories, with the first one being published today, on the Hypertension Case-Finding Service. The aim of these is to help maximise the potential of the service. We will then aim to do a similar series of news stories on the Pharmacy Contraception Service at a later date. It was agreed that the PCS will be considered further at the next subcommittee meeting.

ACTIONS:

- **Olivier Picard to send to the Services Team further information on the collaborative session he had with his GP colleague on Pharmacy First so this can be written up as a case study.**

- **All Committee members to send examples of good practice in relation to Pharmacy First and suggestions of pharmacy team members who could potentially participate in a further webinar on the practical provision of the service.**

Item 7 – Vaccination update

- 7.1 It was noted that the JCVI guidance on future vaccination programmes would likely mean the state funded provision of C-19 vaccinations will become more restrictive. The private vaccination option was consequently good news for patients and a positive development for pharmacy owners.
- 7.2 Alastair Buxton noted the primary concern regarding the NHS England proposal for the nineteen-month commissioning period was the fee remaining the same over that period; that would be raised with NHS England.
- 7.3 Pharmacy owners were experiencing difficulties when they were asked with short notice to vaccinate in care homes. In some cases, GPs had already undertaken flu vaccinations in a care home, but they refused to undertake C-19 vacs; without co-administration of both vaccines, the service was not viable for the pharmacy. Similarly, the cost of administering vaccines in patients' homes was not thought to be viable with the current funding, as over and above the time taken to travel to the house and administer the vaccine, there was often significant additional workload to organise appointments with this group of patients. It was reported that requests to vaccinate care homes were often received with very short notice; this was something that would be raised with NHS England and it would also be raised with LPCs, as they could discuss this with the ICB staff who are managing the service locally.

ACTION: Committee members to send to the Services Team:

- **arguments for additional funding for the C-19 vacs service, including any associated data (by 26th April).**
 - **specific changes to the C-19 vac operational processes which would make it easier for pharmacy owners to provide the service.**
- 7.4 Annoyance was expressed that the start date for the flu vaccination service in October had

not yet been specified by NHS England. It was noted that they were awaiting a decision on this by JCVI. The matter would be raised again with NHS England. It was also noted that NHS communications were needed to manage the expectations of patients wanting the service in September.

- 7.5 Gordon Hockey would be asked to clarify the legal position on pharmacies operating vaccination sites away from registered pharmacy premises, as was envisaged in stage 2 of the proposed procurement of vaccination sites.

Item 8 – Future service development options and prioritisation

- 8.1 On the results of the service prioritisation exercise at the last meeting, it was suggested that the option for a walk-in service for all aspects of Pharmacy First and a service to supply OTC medicines could be higher in the ranking. Expansion of the scope of Pharmacy First to other conditions and using independent prescribing within the service were both priority options. Building on the Hypertension Case-Finding Service with the initiation of treatment and ongoing management of hypertension was also a priority.
- 8.2 The opportunities for GPs to refer patients to the Hypertension Case-finding Service were discussed. It was noted that the increasing range and volume of services needing consultation rooms was now leading many pharmacy owners to identify a need for additional rooms to be installed.
- 8.3 Feedback on the PA Consulting analysis of service opportunities was provided.
- 8.4 The next steps in this work are to merge key elements of the PA priorities with the top results from our prioritisation. That list would then be reviewed and subsequently it will be discussed with DHSC and NHS England following the current round of negotiations, in order to inform a shared vision on the future of the CPCF.

Item 9 – Service aspects of the 2024/25 negotiations

- 9.1 Alastair Buxton reported on the service aspects of the 2024/negotiations.

Item 10 – Digital NHS Health Checks

- 10.1 The information in the agenda was noted.



Item 11 – Collecting pharmacy self-care consultation data to inform negotiations

- 11.1 Alastair Buxton provided an overview of the process which has been agreed to collect pharmacy self-care consultation data. Richard Brown has been commissioned to manage the Advice Audit, which will be the fourth time this has been completed. Pharmacy owners will be asked to collect data for one day in early June. They will also be asked if they would be willing to capture data on an ongoing basis to see if there is an appetite to carry out this activity.

Item 12 – Miscellaneous matters of report

- 12.1 This was a matter of report.

Item 13 – Any other business

- 13.4 **NHS England clinical services evaluation** – Alastair Buxton advised that NHS England has commissioned RAND Europe to conduct an independent evaluation of community pharmacy clinical services. NHS England is planning on cascading a message out via the regional teams to alert pharmacy owners that this is happening and that they are looking for a sample of pharmacy owners, pharmacists and their teams and other stakeholders to participate in an interview and patients to participate in interviews or focus groups. Alastair Buxton has also been asked to sit on the Advisory Board for the evaluation that RAND will report to each quarter.



Appendix SDS 02/06/2024

Minutes of the Service Development Subcommittee meeting held on Microsoft Teams on 22nd May 2024 commencing at 12pm

Present: Fin McCaul (Chair), Sami Hanna, Clare Kerr, Olivier Picard, Faisal Tuddy, Phil Day (left at 12.30pm)

In attendance: Alastair Buxton, Rosie Taylor, David Onuoha, Zoe Long, Sian Retallick, Stephen Thomas, Ifti Khan, Peter Cattee (joined at 12.15pm).

Item 1 – Welcome from Chair

1.2 The Chair opened the meeting and welcomed the attendees.

Item 2 – Apologies for absence

2.1 No apologies for absence were received.

Item 3 – Conflicts or declarations of interest

3.1 No new conflicts or declarations of interest were raised.

Item 4 – Flu vaccination programme 2024/25

4.1 The meeting was focused on various matters related to the vaccination programme. These were discussed and the matters of concern would be raised with NHS England.

Comms plans regarding the delayed start of the programme

4.2 Alastair Buxton advised that NHS England is waiting for JCVI to advise on what the start date of the COVID-19 vaccination programme should be; the Flu Vaccination Service start date will then mirror this due to the desire for co-administration of vaccines to occur.

4.6 A discussion was held on the delayed start date and the following points were noted:

- Alastair Buxton advised that as well as GP and pharmacy colleagues, there also needs to be comms for patients as many will be expecting to get their flu vaccination in September as they have previously done. The following is planned:
 - The Services Team will be working with the Comms Team to produce some posters which can be displayed in pharmacies to highlight the policy change.
 - Work will be done with patient groups to alert patients through these organisations.
 - LPCs may be able to do work on a local basis so we will explore issuing some template press releases.
- It was highlighted that some patients seem to wait for national comms or text messaging about vaccination services, as was the case during the pandemic and are therefore not coming forward for vaccination. This will be fed back to NHSE.

NHSE's plans re. NBS and messaging to patients

4.7 A request was made to open NBS earlier as this would be beneficial for all and to ensure this is ready at the start of the flu/COVID-19 programme. This will be proposed to NHS England.

Any other matters related to the programme

4.8 **Stock write off** – Due to the theoretical risk that some pharmacies may end of with excess stock, the point was made that we should go back to NHS England again about refunding left over flu vaccinations at the end of the season. Alastair Buxton said he would discuss this with NHSE again.

4.9 **Funding for extra fridges** – Due to the changes in the timings for the campaign, a lot of flu vaccine will be received before pharmacies can vaccinate most eligible patients. This will mean they have to store flu vaccinations for a longer period than normal. This has highlighted that they may not have enough fridge space and will therefore need to invest in another fridge in order to store these. It was agreed that this should be highlighted to NHS England, with a request for additional funding for new fridges.

4.10 **Increased administration fee if co-administration is not possible** – It was highlighted that some GP practices are choosing to not offer COVID-19 vaccinations but are still



offering flu vaccinations. This therefore makes the option of co-administration of vaccines more difficult to achieve as many patients will choose to have their flu vaccination at their GP practice but then want the pharmacy to provide the COVID-19 vaccination at a later date. It was suggested that if co-administration is not possible, due to the patient already having received their flu vaccination at their GP practice, pharmacy owners should be eligible for the higher vaccination consultation fee. Alastair Buxton advised he would make this point to NHSE.

Item 5 – Any other business

5.1 There was no other business.



Appendix SDS 03/06/2024

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, rather than picking up on all individual elements of work which will be undertaken, including some of the business-as-usual activities.

An update on progress against individual parts of the plan is provided below.

Subcommittee action

Review the update on progress.



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 (with Pharmacy Funding team).	Apr – Jun 2024	Progress on negotiations delayed by the General Election.
1.5	Evaluate pipeline services and implications for the future funding model with the support of PA Consulting (with Pharmacy Funding team).	Apr – Jul 2024	PA Consulting contracted in early June to support work on a submission for the Government spending review, which will include service development options.
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 	Throughout the year	Monitoring of the services is ongoing, with regular meetings of the Pharmacy First Implementation Group with DHSC and NHS England. Issues with the implementation of the services are being addressed on an ongoing basis and additional resources to support pharmacy



No.	Workplan element	Timeframe	Progress update
	reference to registration, performance data, targets and caps and IT progress (with Pharmacy Funding team).		owners, LPCs, general practices and other stakeholders have been developed, as reported in the SDS agenda. Feedback on successes and challenges within the rollout of the services is being sought on an ongoing basis, including via the LPCs/CLOT.
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 (with LPC support and Comms teams).	Throughout the year	See above update to 2.1 and updates in the April and June 2024 SDS agenda papers.
2.3	Supporting LPCs to enable them to provide local support for pharmacy owners and their teams (with LPC support and Comms teams).	Ongoing	See above update to 2.1 and updates in the April and June 2024 SDS agenda papers.



No.	Workplan element	Timeframe	Progress update
2.4	Support, with others, plans for IT/Digital integration for community pharmacy across the NHS.	Ongoing	<p>Work ongoing with NHS England, DHSC and IT system suppliers to support the development and rollout of IT integration. The Community Pharmacy IT Group also feeds into this work. A range of IT implementation issues have been addressed, working with the above organisations and as reported in SDS agenda papers.</p> <p>NHS England, NHSBSA and IT system suppliers have implemented or started to implement MYS APIs for the clinical services, GP Connect: Update record and Booking and Referrals Standard referrals from GP practice systems. Work also continues on developments for the rollout of GP Connect: Access record.</p>
<p>Objective 3: Promote the role of community pharmacy as a vital part of an integrated primary care system and as hubs for community health.</p>			
3.6	Promote horizon scanning, innovation and new thinking about the future of community pharmacy (including international	Ongoing	Annual Pharmintercom meeting attended in June 2024, with service developments from the World Pharmacy Council member countries



No.	Workplan element	Timeframe	Progress update
	comparison) via membership of the World Pharmacy Council.		shared at the meeting. A session on lessons learned in service developments in England was facilitated at the meeting.
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) (with Pharmacy Funding team).	Q1/2	See update above on 1.5.
4.2	Monitor development of the IP pilots, learning and evaluation to develop options for their deployment within community pharmacy commissioned services (with LPC support team).	Ongoing	We continue to work with NHS England and other stakeholders through the IP Pathfinder Operational Delivery Group to support the pathfinder sites. Updates on this work are provided in reports within the SDS agenda papers.



No.	Workplan element	Timeframe	Progress update
4.3	<p>Support LPCs in the development of locally commissioned services and their evaluation for 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 	Ongoing	<p>Work on several commissioning toolkits is nearing completion.</p> <p>Greater capacity to undertake this work will be available once the new team member is recruited.</p> <p>The team continues to work with the LPCs to keep the local services database up to date and to write case studies on successful services to promote these to commissioners and other stakeholders.</p>
4.4	Monitor, with others, delivery of IT/Digital integration as above (Objective 2.4).	Ongoing	See update above on 2.4.



No.	Workplan element	Timeframe	Progress update
<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 service delivery including Flu and COVID-19 vacs.	Ongoing	Updates on recent negotiations related to vaccinations have been provided in SDS agenda papers and discussed at meetings.
5.6	Monitor the development of NHSE service pilots and the roll-out of CPCF services.	Ongoing	<p>The teams supports information sharing by the LPCs involved in the early diagnosis of cancer pilot.</p> <p>Monitoring of other CPCF services is ongoing, as reported in the SDS agenda papers.</p>
5.7	Support and monitor the delivery of IT and digital infrastructure and interoperability.	Ongoing	<p>See update above on 2.4.</p> <p>The team continues to provide the secretariat for the Community Pharmacy IT Group.</p>



No.	Workplan element	Timeframe	Progress update
	<ul style="list-style-type: none"> - Supporting the operation of the Community Pharmacy IT Group and leading its workstreams, working with partners 		<p>Agenda papers for the quarterly meetings of the group are circulated to all Committee members and further information can also be accessed at https://cpe.org.uk/digital-and-technology/community-pharmacy-it-group-cpitg/</p>



Appendix SDS 04/06/2024

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

The Services Team has published four articles to help pharmacy owners and their teams to maximise the potential of the Hypertension Case-Finding Service. The published articles are:

- [Maximising the use of my team \(includes a new pharmacy staff training checklist\)](#)
- [How can I promote the service?](#) (Includes a promoting the service checklist)
- [How do I engage with my general practices?](#)
- [ABPM](#)

The Services Team and Comms Team have also worked together to create:

- A series of posters for display within pharmacies and for more general use, for example, in GP practice rooms; and
- Social media tiles and suggested social media posts about the Hypertension Case-Finding Service.

In addition, we have published a [service case study](#) on how community pharmacies and optical practices are working together to identify patients for the Hypertension Case-Finding Service in Humber and North Yorkshire as a way to highlight pilot work related to the service that is happening in areas across the country.



Lateral Flow Device (LFD) service

Feedback was received from an LPC about confusion within ICBs and pharmacies about advance supply of LFDs, i.e. before patients have symptoms; their understanding being that pharmacies couldn't supply LFDs until a patient has symptoms. The services team shared this feedback with NHS England and updates to the wording of the service specification were agreed to make it clearer that advance supply of tests was the expectation. The wording on our website and in our resources was also updated accordingly.

These changes also provided an opportunity to review and simplify the wording related to some of the additional eligible cohorts added to the service in April. The updated service specification was published on the NHS England website and a [news story](#) was published on the Community Pharmacy England website.

A [new service finder](#) has been launched on the NHS website that lets members of the public and healthcare professionals search for a pharmacy that offers the LFD service. We have alerted pharmacy owners about the new tool and reminded them about ensuring they have included the service in their NHS Profile Manager where they provide the service.

Pharmacy First service

Resources and news stories

The Services team was approached by Lyme Disease UK to see if we could support their annual awareness campaign in May. While tick bites/Lyme disease is not a clinical pathway of the Pharmacy First service, patients may present with a tick bite, thinking it is an infected insect bite. Therefore, it was felt awareness of the condition and symptoms that patients may present with, was important to highlight to pharmacy teams. A [news story](#) was therefore published on the resources that Lyme Disease UK has available as well as highlighting learning on Lyme disease which is available on the Royal College of General Practitioners website. The Comms team also supported the awareness campaign during May by posting on our social media channels.

The Services team has also published a ['When can you claim?' resource](#), which sets out a range of scenarios associated with the Pharmacy First service and when a consultation within



the service is complete (and hence can be included in the total number of completed Pharmacy First consultations claimed at the end of the month). This has also been shared with the Pharmacy First IT suppliers so they can review this and ensure, where appropriate, that their systems are allowing pharmacy owners to claim correctly.

We have also [published a checklist](#) for promoting the service to patients as a way to remind pharmacy owners and their teams about all the resources that are available from Community Pharmacy England and NHS England for promoting the service.

We have published several new resources to support pharmacy owners, their teams and LPCs to keep engaging with local general practice colleagues including:

- [Pharmacy First – Promoting the service to GP practices](#)

This checklist provides suggested actions that pharmacy owners and their teams can choose to undertake to help promote the Pharmacy First service to their local GP practice team.

- [PowerPoint presentation aimed at GP practice teams](#)

A template presentation on the service that can be used to present to GP practice teams, for example, at a practice meeting.

- [PowerPoint presentation aimed at patients](#)

A template presentation on the service that can be used to present at events such as Patient Participation Group meetings at GP practices.

- [News story on the service](#)

A template news story that could be used by GP practices on their website or in their patient newsletter.

- [Brief news story on the service](#)

A shorter template news story that could be used by GP practices in their patient newsletter.

We have updated the following previously published resources as well as updating our [Pharmacy First: Information for GP practice teams](#) page with more information and resources for GP practice teams:

- [Pharmacy owner template email/letter to GP practices](#)
An email/letter introducing the Pharmacy First service.
- [Briefing for Local Medical Committees and general practices on the Pharmacy First service](#)
A three-page briefing introducing the service including questions and answers for GP practice teams.
- [Pharmacy First template PowerPoint presentation aimed at Local Medical Committees and general practice colleagues – for use by LPCs](#)
A template presentation on the service that can be used by LPCs to present to Local Medical Committees and general practice colleagues.
- [Pharmacy First template PowerPoint presentation aimed at pharmacy owners and teams – for use by LPCs](#)
A template presentation on the service that can be used by LPCs to present to pharmacy owners and their teams.
- [Pharmacy First template PowerPoint presentation aimed at other external audiences – for use by LPCs](#)
A template presentation on the service that can be used by LPCs to present to other external audiences.
- [Briefing 010/24: Briefing for pharmacy teams – the Pharmacy First service](#)
This Briefing provides information for pharmacy teams on the Pharmacy First service

The Services Team had received queries about the deadline for claiming Pharmacy First payments and when pharmacy owners will receive payment for the service. A [news story](#) was therefore published which included a table showing when pharmacy owners will receive their £1,000 monthly fixed payment (if the pharmacy has reached the minimum threshold of clinical pathway consultations for that month) as well as their consultation fees and reimbursement of medicines/appliances supplied.



The LPCs across Cheshire and Merseyside shared some data with the services team where they have identified several referrals from GP practices where a pharmacy has rejected a referral where a Minor illness consultation could have been completed and claimed for.

The data also showed examples of where the rejection message showed that a consultation had taken place, but the referral had been rejected instead of completing a clinical record on the Pharmacy First IT system. This therefore meant the pharmacy owner was not eligible for a consultation fee.

As a result, we have published a [news story](#) highlighting key learnings from the inappropriate rejections to help spread learning amongst pharmacy teams.

Community Pharmacy England commissioned a second animation on the Pharmacy First service this time aimed at patients and the general public and this has [now been published](#).

Pharmacy owners and their teams have been encouraged to make use of the new animation to communicate the benefits and scope of the Pharmacy First service to their patients. For example, the animation can be linked to in pharmacy social media content and pharmacy owners can download a copy to play on digital screens in pharmacies. Similarly, general practices could be encouraged to use the animation on digital screens in their practice waiting areas.

The Services Team will review the existing resources and include a link to the new patient animation where appropriate.

Data

The Funding Team has carried out an analysis on the February 2024 Pharmacy First consultation data that has now been published by NHSBSA; a paper on this is included in the FunCon agenda. NHSBSA had intended to publish a news story with the headline stats for February and for each month going forward; however, due to the upcoming general election and purdah, this has now been put on hold.

Other work on Pharmacy First

Community Pharmacy England has worked with Healthwatch England, on their ['Pharmacy: what people want' report](#), which had a focus on Pharmacy First.

The report presented several findings and recommendations for how Pharmacy First can reach its full potential. Significantly, it found that patients are receptive to Pharmacy First, with a high proportion of people already open to the idea of receiving advice and treatment from a pharmacy rather than a GP. Many people would also support the expansion of Pharmacy First to other conditions, although a small number would still need convincing to stop using their GP as a first port of call.

Community Pharmacy England was invited to present on Pharmacy First by the National Pharmacy Association in Portugal; David Onuoha presented at this event.

Alastair has been invited to sit on the NIHR Pharmacy First evaluation steering committee, for the NIHR-funded evaluation of Pharmacy First. The evaluation will examine the take-up, safety, equity, cost effectiveness and acceptability of the service, as well as its implications for antibiotic use and antimicrobial resistance. Further information on the evaluation can be found on the [London School of Hygiene & Tropical Medicine's website](#).

Ethics approval was recently granted to the study, and with that the research team commenced initial stakeholder interviews, including an interview with Alastair.

NHS England has published their [guidance](#) on the Community Pharmacy Primary Care Network Engagement Lead.

At the request of Community Pharmacy England, changes have been made to the National Health Service (Charges for Drugs and Appliances) Regulations 2015 which has removed the requirement for patients to sign if they have paid for items supplied under a PGD.

Preparatory work has started on the next Pharmacy First webinar for pharmacy owners and their teams.

Subcommittee action

- Provide feedback on the ongoing implementation of Pharmacy First and the other clinical services (please note, there is a separate paper on PCS later in the agenda where feedback for this service should be provided).
- Provide feedback on the proposed patient survey.
- Consider if there are any other resources that could be produced to support Pharmacy



First or any of the other clinical services.



Appendix SDS 05/06/2024

Service development priority list

Introduction

At the January 2024 Committee meeting, a discussion session was held to prioritise the long list of potential community pharmacy service developments listed in the [Community Pharmacy Vision](#).

We also asked PA Consulting to consider service development opportunities for the sector.

The outcomes of both of those were considered by the subcommittee at the April 2024 meeting.

Final service development priority list

Following the discussions at the April meeting, a final priority list of service developments, to meet the needs of patients, the NHS and Government has been collated.

The list has been cross-checked with the proposals for pharmacy service developments set out in the main party manifestos published for the general election.

The list also includes various options for expansion of the Pharmacy First service.

Subcommittee action

- Provide feedback on the final service development priority list.

Next steps

Once agreed, we will use the list as our main priorities when seeking to agree with the new Government and DHSC/NHS England our organisations' collective service development priorities.

The listed services may be the subject of more work commissioned from PA Consulting to develop economic cases for the commissioning of the services.

They will also be used as the priorities for our public affairs work in relation to service development and implementation of the Community Pharmacy Vision.



Appendix SDS 06/06/2024

Update on commissioning of vaccination services and discussion on central procurement of flu vac

Introduction

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

The paper also provides discussion points on central procurement of flu vaccinations.

Developments since the April 2024 Committee meeting

COVID-19 vaccination programme

Following the April Committee meeting, Alastair contacted NHS England to advise on the issues that were highlighted at the meeting.

Flu vaccination programme

Following both the April and May subcommittee meetings, Alastair wrote to NHS England to express Committee members annoyance that there was still no certainty on the start date for the service in October for the Flu vaccination programme to commence. Other points raised included:

- The request that NHS England fund the cost of unused vaccine which cannot be returned to manufacturers for credit at the end of the season.
- The request that NHS England should fund the cost of new clinical fridges where that is required by a pharmacy as a result of the introduction of the policy change with insufficient advance notice provided to manufacturers and pharmacy owners.

At the time of writing the agenda, we are still waiting for a meeting to be arranged to discuss the above and other more detailed points with the NHS England vaccination team.



On 12th June 2024, the Department of Health and Social Care, NHS England and the UK Health Security Agency issued a statement of amendment to the Annual Flu letter.

This was issued, following the news from Sanofi that recombinant quadrivalent influenza vaccine (QIVr) will not be available for this year's flu vaccination programme.

The amendments to the Annual Flu letter include a new flu vaccine which can be used for the first time – high-dose quadrivalent influenza vaccine (QIV-HD) – which is only licensed for those aged 60 years and over.

NHS England has advised that they have been working with the other vaccination manufacturers to ensure they are lined up to take additional orders. They also advised they have confidence that there is sufficient of the other vaccines to bridge any shortfall from QIVr.

A [news story](#) was published highlighting the statement of amendment.

On 13th June 2024, NHS England advised, following JCVI advice, that the Flu Vaccination Service will start on 3rd October 2024 (pregnant women can be vaccinated from 1st September 2024). NHS England has advised that while they cannot confirm a start date for COVID-19 until JCVI guidance for that service has been published, NHS England is advising pharmacy owners to assume similar timelines for flu should an autumn campaign be recommended.

A [news story](#) was published highlighting the start date, as well as a [Community Pharmacy England poster](#) that pharmacy teams can choose to display to alert patients to the delayed start to the service.

The Services Team has provided feedback to the UKHSA on the draft PGD for the 2024/25 flu vaccination service.

The NHSBSA has published their data showing the number of flu vaccinations being administered under the 2023/24 Flu Vaccination Service. The total number of flu vaccines administered was 3,773,860 (however, claims are accepted within three months of the administration of vaccine or by 30th June 2024, whichever date is earlier. Therefore, the final number of vaccinations claimed may increase slightly due to the final deadline for claims not yet having been passed).



This is significantly lower than the previous year (in 2022/23, 5,007,578 administrations were claimed). However, in 2022/23, the 50–64 year old age group was included as an eligible group. Our analysis of the 2022/23 data from PharmOutcomes and Sonar (which covers the majority of pharmacy owners delivering the service), shows that pharmacy owners vaccinated 1,510,598 patients aged between 50–64 years in 2022/23, which accounts for the drop in vaccinations administered in 2023/24. There was also a delay to the start of the service with only patients who had been booked in for an appointment prior to 10th August 2023, being vaccinated in September with the service officially commencing in October 2023.

Changes to legislation to allow pharmacy technicians to administer (and supply) medicines under PGDs

This topic, and how it relates to the Flu Vaccination Service and the COVID-19 Vaccination Service has been covered in a separate paper (Appendix SDS 07/06/24 Policy on pharmacy technicians use of PGDs).



Appendix SDS 08/06/2024

Pharmacy Contraception Service: review of implementation

Introduction

On 1st December 2024, the Pharmacy Contraception Service (PCS) was expanded to allow the initiation of oral contraception (as well as ongoing supply).

By 31st March 2025, bundling of services comes into force which means eligibility for the £1,000 Pharmacy First monthly payment (as well as still needing to meet the relevant consultation threshold levels) links to provision of the Hypertension Case-Finding Service and PCS.

A lot more pharmacy owners are registered to provide the Hypertension Case-Finding Service (latest figures show 9,590 (90.5%) pharmacies registered) than PCS (latest figures show 6,588 (62.2%) pharmacies registered) so there is work to do to try to encourage pharmacy owners to register and start providing this service.

Implementation issues

Pharmacy teams were advised prior to the expanded PCS that if they were previously registered for PCS, that they needed to declare that they agreed to the terms and scope of the expanded service (initiation and ongoing supply) via an 'opt in' process on MYS.

If pharmacy owners didn't opt in then they would be de-registered from providing the service on 29th February 2024.

After the de-registration process took place, it came to light that, if pharmacy owners had accidentally not opted in to provide the extended service but wanted to continue to provide the service, they would have to wait three months before they could re-register for the PCS.

While NHS England were clear with pharmacy owners about the automatic deregistration, they did not provide information regarding the three-month period before re-registration could occur. Consequently, this issue was discussed with NHS England and it was agreed with the Services Team that NHSBSA would email the 381 pharmacy owners that had been automatically deregistered and offer them the chance to re-register by contacting the MYS team.



Existing resources

The following resources are available on our website to support pharmacy owners and their teams to provide the service:

Guidance and resources for pharmacy owners/pharmacists

- Briefing on the Pharmacy Contraception Service
- Pharmacy Contraception Service implementation checklist for pharmacy owners
- Initiating contraception on-demand webinar – aimed at helping pharmacy teams who were already providing the service to expand their offering to include initiating contraception.
- Getting going with the service on-demand webinar – aimed at helping pharmacy owners and their teams who have not started to provide the service to get ready to offer it to their patients.

Resources to use pre or during consultations

- Pre-consultation questionnaire template
- Patient leaflet to support provision of readings

Information for pharmacy teams

- Briefing for pharmacy teams on the service

Information for Local Medical Committees, sexual health clinics and general practices

- GP or sexual health clinic letter /e mail service notification template
- Briefing for general practice and sexual health clinics (or equivalent) teams

Promotion of the service to patients

- Service posters and digital posters (available in several different languages)
- Small flyers to use on prescription bags, etc
- Template patient leaflet to promote the service

Potential new resources

The Services Team is already planning a series of website news stories focused on the PCS to



encourage greater engagement in the service, now that most pharmacies have got over the initial challenges of implementing the Pharmacy First service.

We have also identified the following additional resources that could be developed to support pharmacy owners.

The Services Team will discuss this at an upcoming CLOT meeting to see if the LPCs can think of any additional resources that would assist them or pharmacy owners.

Subcommittee action

- Provide feedback on the ongoing implementation of PCS by pharmacy owners and their teams.
- Consider if there are any other resources, other than those suggested, that could be produced to support PCS or other activities we could undertake to support provision.



Appendix SDS 10/06/2024

Update on NHS IT

Electronic Prescription Service and the detained estate

NHS England have been exploring how to allow prison prescribers to use EPS. There is currently a relatively small volume of prison prescriptions dispensed across England within community pharmacies (NHS England estimates this to be 300 prescriptions per year). A small project team are exploring how to make the use of EPS possible, with an initial first-of-type rollout to around one to three prison prescribers planned from early July 2024.

One of the key challenges identified is that patients leaving prison may not have immediate access to mobile phones, and their registered GP information may be outdated. To address this, NHS England are in discussions with prison prescribers about potential scenarios in which they issue EPS prescriptions remotely from the location of the prisoner.

Community Pharmacy England will monitor prescribing volumes, as any significant growth in these will require additional funding within the global sum.

GP Connect and records access

GP Connect enables authorised health care organisations to link in with GP IT systems, including the following functionality:

- GP Connect: Access Record lets authorised clinicians access patient records held by the GP (in a HTML read-only format or within an editable format);
- GP Connect: Update Record lets authorised clinicians update patient records held by the GP
- Send Documents: the tool enables GPs and other healthcare professionals to update a patient record via Interoperability Toolkit 3 (ITK3) and MESH message;
- GP Connect: Appointment Management enables the sharing and management of appointments.

GP Connect: Update Record is now live in Cegedim and Positive Solutions clinical systems, with EMIS and Sonar continuing to work on adding the functionality to their systems.

Read more about GP Connect on the Community Pharmacy England website: [GP Connect website resources for pharmacy teams](#)

The Summary Care Record (SCR) application portal has been fully replaced by [the National Care Record Service \(NCRS\) portal](#). Access to SCRA was removed on 3rd June 2024, with being redirected to NCRS. Before this date, we assisted with contacting the minority of pharmacy teams still using the older SCRA to help prepare for the final part of this transition.

Information standards for health consultation

Earlier this year, DHSC ran a consultation to invite views on the proposals for information standards for health – how these are produced, communicated and implemented in the future.

DHSC Care said that:

“Changes introduced by the Health and Care Act (HCA) 2022, once commenced, will make information standards binding, i.e. they must be complied with, and will extend their application to include private health and adult social care providers. These changes necessitate regulations to establish the procedure for preparing and publishing information standards.”

We responded to the consultation, emphasising the importance of interoperability standards. We also highlighted the need for ongoing engagement regarding IT policy and technical changes that could be progressed or implemented by the community pharmacy sector and its IT suppliers.

Recommended minimum transfer dataset for pharmacies switching from one patient medication record (PMR) system to another

Community Pharmacy England previously supported developing a recommended minimum dataset for cases where a pharmacy contractor has switched from one PMR system to another. For the sake of continuity of patient care, it is critical for some patient information to be transferred from the old to the new system. A dataset was developed incorporating the comments from previous group meetings and suppliers. A working group of supplier



representatives chaired by Community Pharmacy England conducted monthly meetings to discuss the details of the proposed documents. This work also identified areas where PMRs could be future proofed by exploring opportunities to align how data is stored within the local PMR to various national standards. An associated specification document was developed and published ([version 1.0](#)), and suppliers were asked to work towards aligning with the framework from 1st July 2024.

Data Security and Protection Toolkit (DSPTK)

Earlier this year, we updated our Data security and information governance website hub and published [updated guidance for the 2024 Toolkit submission](#). Additionally, we organised a webinar, with NHS England experts also joining to present the webinar.

NHSmail multi-factor authentication (MFA)

The NHSmail team previously announced that [multi-factor authentication will become mandatory across the platform for all NHSmail users from 2024](#).

MFA will be an essential development for NHSmail as it enhances data security, protects the reputation of the NHS, its users, and organisations, and provides increased defence against cyber-attacks.

Community Pharmacy England, working with the NHSmail team, prepared a [one-page factsheet for pharmacy NHSmail users to guide them in testing or using MFA](#).

Pharmacy teams are also encouraged to put themselves forward to test out MFA by using this [guidance factsheet](#) to switch MFA on (it can be toggled off again during the non-mandatory phase). It is essential for pharmacy team members using NHSmail to try MFA now so that any issues can be identified and addressed before the mandatory rollout.

Smartcard model 2024 changes

Several changes have been introduced to the NHS Smartcard model this year.

Summary Care Record (SCR) CPPE training – pharmacy professional access to SCR (National Care Record Service) has become a business-as-usual process, so we got agreement from NHS



England that users no longer need to have completed the Centre for Pharmacy Postgraduate Education (CPPE) SCR training to receive SCR rights on their Smartcard.

Care Identity Service 2 – the NHS Care Identity Service 2 (CIS2) programme has the potential to enable PMR and IT suppliers to enable improved authentication mechanisms so pharmacy staff don't need to use Smartcards. CIS2 could also aid in using Smartcards without a Health and Social Care Network (HSCN) connection at the pharmacy. We will continue to encourage pharmacy IT suppliers to explore the benefits of using CIS2 to improve the user experience of pharmacy team members.

Smartcard role position – several default baseline positions have been created to add to Smartcards, some replacing previous pandemic-specific positions granting extra multi-site and record access rights. The new positions are:

- National Qualified Pharmacist
- National Trainee Pharmacist
- National Qualified Pharmacy Technician
- National Trainee Pharmacy Technician
- National Pharmacy Team Member (Qualified or Trainee)

These were created with our input to streamline the number of positions used for pharmacy staff, although Smartcard Registration Authorities may also use bespoke positions when they add roles locally.

All Smartcard users can now view their 'Position Assignments', including end dates on their Care Identity Service (CIS) profile, by [logging into the CIS application](#).

Rights extensions – following positive feedback from Community Pharmacy England and the sector about the clinical value of applying 5F and SCR rights to those with the pharmacist or pharmacy technician role on their Smartcard, NHS England agreed to extend these rights while updating the default pharmacy baseline positions.



This change extends the 5F and SCR rights until 1st February 2027. Before 1st February 2027, the policy will be reviewed. NHS England will determine whether a further extension can be applied or whether communications will be issued if there are actions for cardholders.

Smartcard certificate renewals – these can now occur every three years, as the renewal period has been extended from two to three years, reducing the burden on pharmacy staff.

End dates relating to positions granted by local RAs – the NHS Care Identity Service team has notified local Registration Authorities (RAs) that they can now grant any new pharmacy positions, including positions with 5F rights, for up to three years.

Further information and updates

Further information on IT developments can be found in the agenda papers of the [Community Pharmacy IT Group](#).



Appendix SDS 11/06/2024

Miscellaneous matters of report

Introduction

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

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

As reported in the April 2024 SDS agenda papers, in March 2024 the Services Team submitted a consultation response to the DHSC [consultation](#) which sought 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.

DHSC published the [outcome of the consultation](#) in May 2024 which showed overwhelming support for allowing more organisations and individuals to supply take-home naloxone. On this basis, the UK Government and devolved administrations will continue to bring forward the legislative changes outlined in the consultation.

BMJ article: Diagnosing cancer in English community pharmacies

The British Medical Journal has [published analysis](#) around diagnosing cancer in English community pharmacies, which argues that plans to involve community pharmacies in diagnosing cancer are unlikely to transform cancer detection in primary care.

Self care strategy report: Launch of 'Taking stock of the Government's delivery plan for recovering primary care: one year on review'

The Self-Care Strategy Group (which includes Community Pharmacy England) has published [Taking stock of the Government's delivery plan for recovering primary care: one-year-on review](#).

The services team was involved in the production of the report.



UK 5-year action plan for antimicrobial resistance 2024 to 2029

The UK's second [5-year national action plan](#) setting out ambitions and actions for the next five years in support of the 20-year vision for antimicrobial resistance was published in May 2024.

The document includes references to Pharmacy First.

Prevention: at the heart of tackling cardiovascular disease - A General Election manifesto

The CVD risk coalition working group (of which Community Pharmacy England is a member) have published [Prevention: at the heart of tackling cardiovascular disease - A General Election manifesto](#).

The services team was involved in the working group that developed the manifesto and previously, a CVD White Paper in November 2023.