



Service Development Subcommittee Agenda

Date: 11th September 2024

Start time: 12.45pm

Location: 14 Hosier Lane, London, EC1A 9LQ

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. Minutes of the June meeting and matters arising (**Appendix SDS 01/09/2024**)
5. Review of progress against the 2024/25 Workplan (Action) (**Appendix SDS 02/09/2024**)
6. Role and responsibilities of Service Development Subcommittee additional members (Action) (**Appendix SDS 03/09/2024**)
7. Review of the Pharmacy First clinical pathways (Action) (**Appendix SDS 04/09/2024** and **Appendix SDS 04a/09/2024**)
8. Vaccination update (Action) (**Appendix SDS 05/09/2024** and **Appendix SDS 05a/09/2024**)
9. Policy on pharmacy technician use of PGDs (Action) (**Appendix SDS 06/09/2024**)
10. Pharmacy Contraception Service: review of implementation (Action) (**Appendix SDS 07/09/2024**)
11. Discharge Medicines Service: review of implementation (Action) (**Appendix SDS 08/09/2024**)
12. Update on the Pharmacy Quality Scheme (Action) (**Appendix SDS 09/09/2024**)
13. Minor Ailment Service toolkit (Action) (**Appendix SDS 10/09/2024**)
14. Service development priority list (Report) (**Appendix SDS 11/09/2024**)



15. Implementation update: Pharmacy First and the other clinical services (Report) ([Appendix SDS 12/09/2024](#))
16. Miscellaneous matters of report (Report) ([Appendix SDS 13/09/2024](#), [Appendix SDS 13a/09/2024](#) and [Appendix SDS 13b/09/2024](#))
17. Any other business



Minutes of the Service Development Subcommittee meeting held at Malmaison Birmingham on 26th June 2024 commencing at 3.15pm

Present: Fin McCaul (Chair), Phil Day, Sami Hanna, Clare Kerr, Olivier Picard (part of meeting).

In attendance: Alastair Buxton, David Onuoha, Rosie Taylor, Janet Morrison (part of meeting), Faisal Tuddy, Shiné Brownsell, Gary Warner, Ifti Khan, Lindsey Fairbrother, Sian Retallick, Sue Killen.

LPC representatives: Stephen Noble, Onkar Singh, Sunny Gill, Rebecca Butterworth, Jeff Blankley, Fiona Lowe, Anurag Hegde.

Item 1 – Welcome from Chair

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

Item 2 – Apologies for absence

2.1 Apologies for absence were received from Jay Patel.

Item 3 – Conflicts or declarations of interest

3.1 No new conflicts or declarations of interest were raised.

Item 4 – Subcommittee revised Terms of Reference

4.1 The subcommittee revised Terms of Reference were noted.

Item 5 – Minutes of the April and May meetings and matters arising

5.1 The minutes of the subcommittee meetings held on 17th April 2024 and 22nd May 2024 were approved.

Item 6 – Workplan for 2024/25

6.1 The subcommittee noted the progress on the workplan for 2024/25.

Item 7 – Appointment of a Vice Chair



7.1 Clare Kerr was appointed as the Vice Chair of the subcommittee.

Item 8 – External members of the subcommittee

8.1 A discussion was held around the appointment of external members joining SDS.

8.2 The following points were noted:

- It was suggested that it would be helpful to have LPC Chief Officers or other LPC staff members, who are involved in implementing services at a local level, on the subcommittee.
- Other suggestions included pharmacy owners who are providing services on a day-to-day basis in their pharmacies and operational staff from multiple pharmacy groups.
- Clare Kerr offered to support with consideration of the skills/experience required to support the subcommittee.

ACTION: Fin, Alastair and Clare to consider the skills/experience that additional external members would ideally have to join the subcommittee. This will be circulated to the subcommittee for approval before being sent to the Governance and People Subcommittee for review.

Item 9 – Implementation update: Pharmacy First and the other clinical services

9.1 The subcommittee considered the information on implementation support provided for the various clinical services since the last Committee meeting. No additional resources were suggested for the Services Team to provide.

ACTION: If Committee members think of additional resources that the Services Team can produce to help with service provision, they are asked to email the suggestions to services.team@cpe.org.uk.

Minimum thresholds

9.2 There are increasing concerns amongst pharmacy owners on the minimum thresholds and the topic was a matter for discussion. Alastair Buxton provided a reminder of why the minimum thresholds were agreed, the main points being:

- That NT did argue robustly against such an approach to targets, but we were also wanting to secure our proposal of the monthly payment. No such payment had been proposed by NHS England or DHSC in negotiations, but the Committee wanted to ensure there was a payment for pharmacies to reflect the wider work, beyond Pharmacy First consultations, which would be associated with the service, such as support for self-care consultations which are not funded by the service.
- One of NHS England's requirements for agreeing to the inclusion of a fixed monthly payment within the service was to have activity thresholds, so they could demonstrate that a payment was not being made with no associated Pharmacy First activity. In the negotiations we managed to push down the original target levels they proposed, but we have always been open in our communications on the service that we are concerned about the higher target levels.
- The Committee decided it was better to get agreement to the £1000 payment with the target levels than to not have any fixed monthly payment.

9.3 Janet Morrison has continued to bring this up as an area of concern with DHSC and NHS England and is still doing so in their regular conversations.

9.4 Alastair Buxton advised that he had asked NHS England about the CPCLs being able to share the Pharmacy First data pack that has been shared with ICBs with the LPCs. NHS England had said that they had only been given permission to share the data with DHSC, Community Pharmacy England and the ICBs, therefore this would have to be a local decision for ICBs. Alastair Buxton had fed back our dissatisfaction around this.

9.5 Alastair asked for ideas for what changes could be made to the Pharmacy First service to help more people reach the minimum threshold of 30 (when this changes in October) and a discussion on this followed.

ACTION: The Subcommittee is asked to consider further what changes could be made to help pharmacy owners reach the threshold and to feed this back to services.team@cpe.org.uk.



Pharmacy First patient survey

- 9.6 A discussion was had on the proposed patient survey. The benefits of obtaining this data was seen as being important, therefore it was agreed that we should move forward with the voluntary survey.
- 9.7 Alastair Buxton asked for some volunteers to test the survey in their pharmacies; Olivier, Sami, Fin, Faisal and Clare volunteered their companies to be involved in this.

Item 10 – Service development priority list

- 10.1 Alastair Buxton provided an overview of the paper and how the list of services would be used.
- 10.2 The following points were noted:
- There was a need to prioritise the list; Alastair Buxton agreed and highlighted that expansion of Pharmacy First and a commissioned walk-in Stop Smoking service were the likely priority areas for a new Government.
 - It was suggested that we should look at which services could be provided by different members of the team; we don't want to prioritise too many services that can only be provided by a pharmacist as this will further impact capacity issues. The prevention/public health services were ones which support staff would be able to provide in many cases.
 - It was noted that any services that play into the political parties' agendas (for example, freeing up GP appointments) would likely be looked at early as the new Government will want to show they are having an early impact.
 - A discussion was had on the inclusion of migraine as a Pharmacy First condition, including the need to have it diagnosed by a GP.

Item 11 – Vaccination update and discussion on central procurement of flu vac

Update on points raised with NHS England regarding the Flu Vaccination Service

- 11.1 As highlighted in the Vaccination update paper, Alastair Buxton had written to NHS England about the various points that the subcommittee had raised at the May subcommittee meeting. A written response has been received from NHS England on these matters and

this was further discussed at a meeting with the NHS England Vaccination Team on Monday. Alastair Buxton provided a summary of the responses received from NHS England.

ACTION: Committee members who have experienced ongoing stock issues with the COVID-19 spring booster programme are asked to share their experiences related to individual pharmacies (please include the ODS code) by emailing services.team@cpe.org.uk.

Respiratory Syncytial Virus (RSV) vaccination programme

11.2 Alastair Buxton advised that an additional paper was shared yesterday evening on the RSV vaccination programme. The programme had been discussed with the Vaccination Team on Monday and an update on those discussions was provided.

Pertussis vaccination programme

11.3 A small number of pharmacies may be commissioned to provide a local service to support provision due to UKHSA having declared a national incident for pertussis.

Central procurement of flu vaccinations

11.4 In light of the NHS England vaccination strategy stating they would consider the merits of central procurement of flu vaccines, a short discussion was had on central procurement. It was agreed that there would need to be an understanding of how the distribution system would work before a view could be provided on any move to central procurement.

ACTION: The subcommittee are asked to review the pros and cons list and if they consider that any pros or cons have been missed, they are asked to email services.team@cpe.org.uk with further details.

Item 12 – Policy on pharmacy technician use of PGDs

12.1 This matter was deferred; another SDS meeting will be arranged to discuss this agenda item.

Item 13 – Pharmacy Contraception Service: review of implementation

13.1 This matter was deferred; another SDS meeting will be arranged to discuss this agenda item.



Item 14 – Discharge Medicines Service: review of implementation

14.1 This matter was deferred; another SDS meeting will be arranged to discuss this agenda item.

Item 15 – Update on NHS IT

15.1 This was a matter of report.

Item 16 – Miscellaneous matters of report

16.1 This was a matter of report.

Item 17 – Any other business

17.1 There was no other business.

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 and the economic stocktake which was undertaken by the new Government.
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	<p>PA Consulting contracted in early June to support work on a submission for the Government spending review, which will include service development options.</p> <p>The priority service development proposals have been finalised and published within our strategy papers. The priority services were also discussed with all the LPCs and pharmacy owners that attended our recent regional events.</p> <p>PA Consulting are working up the spending review, including working with the Services Team, on the top priority service development proposals.</p>



No.	Workplan element	Timeframe	Progress update
<p>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.</p>			
<p>2.1</p>	<p>Monitor the impact of the PCRCP investment:</p> <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 (with Pharmacy Funding team). 	<p>Throughout the year</p>	<p>Monitoring of the services is ongoing, with regular meetings of the Pharmacy First Implementation Group with DHSC and NHS England.</p> <p>Issues with the implementation of the services are being addressed on an ongoing basis and additional resources to support pharmacy owners, LPCs, general practices and other stakeholders have been developed, as reported in previous SDS agendas.</p> <p>Feedback on successes and challenges within the rollout of the services is being sought on an ongoing basis, including via the LPCs/CLOT.</p>
<p>2.2</p>	<p>Support pharmacy owners, their teams and LPCs to implement the new services providing advice, information, tools and troubleshooting emerging challenges and feedback into ongoing co-</p>	<p>Throughout the year</p>	<p>See above update to 2.1 and updates in the April, June and September 2024 SDS agenda papers.</p>



No.	Workplan element	Timeframe	Progress update
	management with DHSC/NHSE (with LPC support and Comms teams).		
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, June and September 2024 SDS agenda papers.
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.</p> <p>Work also continues on developments for the rollout of GP Connect: Access record.</p>



No.	Workplan element	Timeframe	Progress update
<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	<p>Promote horizon scanning, innovation and new thinking about the future of community pharmacy (including international comparison) via membership of the World Pharmacy Council.</p>	Ongoing	<p>Annual Pharmintercom meeting attended in June 2024, with service developments from the World Pharmacy Council member countries shared at the meeting. A session on lessons learned in service developments in England was facilitated at the meeting.</p> <p>Our priority service developments have been submitted to DHSC and NHS England, as well as being published in our strategy papers. They were also discussed at the recent regional events for LPCs and pharmacy owners.</p>
<p>Objective 4: Build the investment case for further expansion of current services that can be developed into major service interventions.</p>			
4.1	<p>Evaluate the pipeline of potential clinical services, their scope, impact, value and funding models (with independent consulting advice) (with Pharmacy Funding team).</p>	Q1/2	See update above on 1.5.



No.	Workplan element	Timeframe	Progress update
4.2	<p>Monitor development of the IP pilots, learning and evaluation to develop options for their deployment within community pharmacy commissioned services (with LPC support team).</p>	Ongoing	<p>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.</p>
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> <p>- Support LPCs to develop and share learning from local commissioning of community pharmacy services, including</p>	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>



No.	Workplan element	Timeframe	Progress update
	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	See update above on 2.4.
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.			
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. No discussions have yet been had with NHS England on health campaigns and clinical audits, but we expect to have discussions on those once negotiations on 2024/25 recommence.

No.	Workplan element	Timeframe	Progress update
5.6	Monitor the development of NHSE service pilots and the roll-out of CPCF services.	Ongoing	<p>The team supports information sharing by the LPCs involved in the early diagnosis of cancer pilot, but activity remains minimal in that project.</p> <p>Monitoring of other CPCF services is ongoing, as reported in the SDS agenda papers.</p>
5.7	<p>Support and monitor the delivery of IT and digital infrastructure and interoperability.</p> <p>– Supporting the operation of the Community Pharmacy IT Group and leading its workstreams, working with partners</p>	Ongoing	<p>See update above on 2.4.</p> <p>The team continues to provide the secretariat for the Community Pharmacy IT Group.</p> <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>

Role and Responsibilities of Service Development Subcommittee Additional Members

At the last subcommittee meeting, there was a discussion on the appointment of additional external members to SDS. It was agreed that Fin, Clare and Alastair would consider the skills/experience that additional external members would ideally have to join the subcommittee.

This has been undertaken and is included in a draft document, set out below.

Subcommittee action

- Review the draft document ahead of it being finalised and sent to the Governance and People Subcommittee, with a proposal that additional members should be appointed to SDS.

Role and responsibilities of Service Development Subcommittee Additional Members

Purpose and function of the subcommittee

The Service Development Subcommittee is a policy and advisory subcommittee of the Community Pharmacy England Committee which provides advice, scrutiny and challenge on service development matters. This includes the monitoring of services, development of proposals for new services, and community pharmacy information technology.

The subcommittee's terms of reference are set out in Annex A.

The role of the Subcommittee members is to share knowledge, insight and experience to support the decision making of the Committee and Executive Leadership Team (ELT) and delivery of Community Pharmacy England's strategy, by:

- Providing input or feedback to the ELT, for example on draft plans, policies, proposals or options, to inform their work.
- Providing pre-scrutiny of information and proposals to provide advice to the Committee.

- Identifying any issues or areas of concern and drawing them to the attention of the Committee.
- Progressing specific projects or work at the request of the Committee or ELT.

The Subcommittee does not have any delegated power to take decisions on behalf of the Committee.

Responsibilities of Service Development Subcommittee Additional (non-Committee) members

The Service Development Subcommittee is looking to appoint additional non-Committee members to the Subcommittee as non-voting members to bring additional expertise or insight to support the Subcommittee's work.

Responsibilities would include:

- Reading papers and preparing in advance for all meetings.
- Making timely and valuable contributions to inform the subcommittee's work, including sharing opinions, insight and experience where relevant.
- Engaging openly with other subcommittee members in constructive discussions and debates, recognising that decisions are usually made through consensus in the overall best interest of the general body of community pharmacy owners, and supporting the agreed position of the subcommittee.
- Contributing to and/or leading specific areas of work as required.
- Building and maintaining respectful and constructive working relationships with Community Pharmacy England's colleagues, Committee members and stakeholders
- Exercising reasonable care, skill and diligence at all times.
- Demonstrating Community Pharmacy England's Values and Behaviours at all times, including respecting confidentiality.

Person specification

Community Pharmacy England aims to promote diversity and inclusion and reduce obstacles to participation in all aspects of its work, including membership of its Committee, subcommittees

and other groups.

Skills, experience and attributes

- Knowledge and experience relevant to the work of the Service Development Subcommittee, such as:
 - Health policy priorities for the NHS and Government.
 - Community pharmacy service development.
 - Service implementation and delivery.
 - Use of IT systems to support provision of services.
- Able to use the following skills to support the Subcommittee's work:
 - Strategic direction: Able to understand and contribute to the strategic direction of service development opportunities, see the bigger picture and bring knowledge of commissioning opportunities, critically assess and analyse problems, understand the implications of change, and the critical factors that make a service successful.
 - Collaborative: Contribute actively to discussions, encouraging the involvement of others, willing to listen, think flexibly and work constructively to find solutions, build consensus and reach decisions.
 - Constructive challenge: Highly developed interpersonal and communication skills, able to use judgement, tact and diplomacy to know when and how to ask the difficult or challenging questions, suggesting solutions and enabling objective outcomes to be reached.
 - Implementation and evaluation: Data analysis to monitor service quality, service value to patients, commissioners and contractors, identify service improvement plans and share successes.
- Willing and able to attend regular meetings, both online and in-person and to provide input as required between meetings.



- Ability to represent the broad needs and interests of community pharmacy contractors in England.



Annex A – Service Development subcommittee Terms of Reference

1. Purpose and function

The Service Development Subcommittee is a policy and advisory subcommittee of the Community Pharmacy England Committee which provides advice, scrutiny and challenge on service development matters. This includes the monitoring of services, development of proposals for new services, and Information Technology.

The role of the Subcommittee members is to share knowledge, insight and experience to support the decision making of the Committee and Executive Leadership Team (ELT) and delivery of Community Pharmacy England’s strategy, by:

- Providing input or feedback to the ELT, for example on draft plans, policies. proposals or options, to inform their work.
- Providing pre-scrutiny of information and proposals to provide advice to the Committee.
- Identifying any issues or areas of concern and drawing them to the attention of the Committee.
- Progressing specific projects or work at the request of the Committee or ELT.

The Subcommittee does not have any delegated power to take decisions on behalf of the Committee.

2. Membership

2.1 Members

The Subcommittee shall normally consist of at least six members appointed from the Community Pharmacy England Committee with a range of skills, knowledge and experience relevant to the Subcommittee’s work.

In order to reflect the different interests and perspectives of pharmacy owners, the

subcommittee shall normally comprise a balance of Committee members representing independent pharmacy owners and Committee members representing multiples, however, the Committee may agree an alternative composition.

The Committee may at its discretion appoint other non-Committee members to the Subcommittee as non-voting members to bring additional expertise or insight to support the Subcommittee's work where needed, subject to the total number of non-Committee members remaining a minority.

2.2 Appointment

Members are appointed by the Committee, on the advice of the Governance and People Subcommittee, for an initial term of up to two years, which may be extended for up to two additional two-year periods subject to the Committee's approval.

2.3 Chair of Subcommittee

The Committee shall appoint a Chair of the Subcommittee, on the advice of the Governance and People Subcommittee, for an initial term of up to two years, which may be extended for up to two additional two-year periods subject to the Committee's approval.

In their absence, the meeting will be chaired by another member of the Subcommittee.

3. Other Attendees

The Committee Chair and Vice-Chair have a standing invitation to attend Subcommittee meetings if not full members.

The Subcommittee Chair may invite the following to attend all or part of any meeting where relevant to the agenda: Community Pharmacy England Chief Executive Officer (CEO), another member(s) of the ELT, a member of an LPC or other adviser.

Attendance by other Committee members is at the Subcommittee Chair's discretion on a case-by-case basis, save any Committee members whom the Committee has agreed should shadow the Subcommittee.

Participation of the above attendees is at the discretion of the Subcommittee Chair and none has voting rights.

The Subcommittee Chair may invite a non-Committee member to attend a meeting to advise the Subcommittee on a particular matter.

4. Meetings

The Subcommittee usually meets four times per year with the timing of meetings to be determined by the needs of Community Pharmacy England business.

Meetings may be held in person or by any means, or combination of means, that enables the Subcommittee's members to communicate with each other. Members unable to attend a meeting may provide comments to the Subcommittee Chair in advance but are not entitled to appoint a replacement to attend in their absence.

Subcommittee members' input or feedback may be sought on specific matters by email outside the schedule of meetings in accordance with Community Pharmacy England business need.

5. Quorum and Decisions

The quorum necessary for the transaction of business at any meeting shall be three full-voting members. Subcommittee members will be considered in attendance and count towards the quorum if they are able to participate fully in the meeting.

The Subcommittee takes any decisions collectively. In the event of a formal vote, a simple majority of the full voting members is required, with the Subcommittee Chair having a casting vote.

Any Subcommittee member or other attendee who faces a potential conflict of interest is required to declare such an interest and to recuse themselves from the discussion, decision or meeting, as determined by the Subcommittee Chair.

6. Meeting Administration and Minutes

The Subcommittee shall receive at least seven days clear notice of any meeting.

The Subcommittee Chair determines the agenda for any meeting in consultation with the CEO or other member of the ELT with the aim of ensuring that the subcommittee best supports the



work and decision-making of Community Pharmacy England. The agenda and any papers will be issued in advance of a meeting.

A member of Community Pharmacy England staff shall attend and prepare minutes of Subcommittee meetings which shall be circulated promptly to Subcommittee members and will be formally approved by the Subcommittee at the next meeting. Minutes, redacted as necessary for confidentiality reasons, will be published on the Community Pharmacy England website.

7. Authority

The Subcommittee receives its authority from the Committee and has delegated authority in accordance with these terms of reference.

8. Reporting

The Subcommittee Chair shall report to the Committee after each meeting on the nature and content of its discussion and any recommendations.

Review of the Pharmacy First clinical pathways

DHSC and NHS England have agreed that the seven Pharmacy First clinical pathways should be reviewed.

This provides an opportunity to amend the pathways in the light of community pharmacists practical use of them and to review the appropriateness of the location of the gateway points.

The clinical group which advised on the original design of the clinical pathways will be asked to feed into the review, but we will also be able to provide feedback directly to NHS England.

Fin McCaul and David Broome were members of the clinical group and they will be consulted again as part of this process.

Feedback received on the clinical pathways

Following the start of the service, we have received feedback on the clinical pathways from Committee members and several pharmacists and pharmacy owners. We have also requested feedback from the LPCs.

The current clinical pathways are available on the [NHS England website](#).

Subcommittee action

- Review the content of the clinical pathways and provide feedback on them, including thoughts on the positioning of the gateway points.

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, as well as information on the newly announced respiratory syncytial virus (RSV) vaccination programme and other relevant updates.

Developments since the June 2024 Committee meeting

COVID-19 vaccination programme

In July 2024, NHS England commenced a new (Stage 2) expression of interest process for pharmacy owners that wish to take part in the COVID-19 Vaccination Service from a fixed location away from their pharmacy and/or provide outreach vaccination services.

Each NHS England regional team determined what services may need to be commissioned based on the initial network of vaccination providers that had signed up to provide the service, which are made up of pharmacies providing the service from their premises, GP practices working as PCN groupings and NHS trusts commissioned to provide the service.

Pharmacy owners and other potential providers were invited to express their interest in any opportunity where they felt they could meet the requirements set out by the commissioner in their invitation to tender.

A [news story](#) was published to highlight this announcement to pharmacy owners. However, it was not anticipated that this opportunity would be of interest to the majority of pharmacies, as those wanting to provide the service generally want to do so from their pharmacy premises.

On 21st August 2024, NHS England contacted us to inform us that due to an administrative error in the use of the Health Family Portal (the e-commerce system used for the Stage 2 expression of interest process) they had been unable to receive and evaluate bids in the timescales required to effectively deliver the Stage 2 procurement. Instead, their regional teams will offer a

contract to all incumbent providers that can meet the necessary requirements and who are operating in an area where a gap in provision has been identified.

On 15th August 2024, NHS England [wrote to community pharmacy owners and GPs](#) to confirm the eligible cohorts for COVID-19 vaccinations and the timings for the autumn/winter programme. The letter also reiterated the previously announced timings for the flu vaccination programme.

The letter followed the Government's acceptance of the final advice from the [Joint Committee on Vaccination and Immunisation](#) (JCVI) regarding the COVID-19 autumn/winter 2024/25 vaccination programme.

The groups to be offered a COVID-19 vaccine in autumn/winter 2024/25 are:

- residents in a care home for older adults;
- all adults aged 65 years and over;
- persons aged 6 months to 64 years in a clinical risk group, as defined in tables 3 and 4 of the COVID-19 chapter of the UK Health Security Agency Green Book on immunisation against infectious disease; and
- frontline health and social care workers and staff working in care homes for older adults.

For the latter group, which will include community pharmacy staff, NHS England is asking employers to signpost those staff to the most convenient COVID-19 vaccination offer, which may be through NBS, where staff can self-declare their eligibility.

The COVID-19 vaccination campaign will commence on Thursday 3rd October 2024, alongside the main start date for the flu vaccination programme.

NBS will be opened for all participating sites to post COVID-19 and flu appointments from Monday 16th September 2024. It will be open for bookings from the public from Monday 23rd September 2024.

The last available appointment date on NBS will be Friday 20th December 2024 for both flu and COVID-19.

Ahead of the autumn/winter programme starting on 3rd October 2024, the COVID-19 Vaccination Service webpage on our website has been updated.



Flu vaccination programme

On 3rd July 2024, the service specification for the Flu Vaccination Service was updated. The changes were minor amendments to reflect the amendment to the National Flu Immunisation Programme 2024/25 letter due to the non-availability of the Sanofi QIVr vaccine for the season ahead. On the following day, the Patient Group Direction for the service was published and a [website news story](#) was issued to highlight this.

UKHSA has updated their guidance on the [GOV.uk website](#) around when eligible people can get their flu vaccination; a printed leaflet is also available for pharmacies to order.

In Autumn/Winter 2022/23, NHS England ran a proof-of-concept pilot in which community pharmacies in the north west were able to upload seasonal flu appointment calendars onto NBS. NHS England have reported to us that overall the proof of concept in testing NBS functionality for booking flu vaccination pharmacy appointments was successful, with positive feedback from both patients and community pharmacies.

Following on from this, for Autumn/Winter 2023/24 community pharmacies, which were providing COVID-19 vaccinations, were able to upload COVID-19, flu and co-administration appointments to NBS. Resulting in 77% of sites posting COVID-19, flu and co-administration calendars.

For Autumn/Winter 2024/25, NHS England has decided to make NBS available to all community pharmacy contractors to ensure access to online flu vaccination appointment calendars for the flu season; this use of NBS will be entirely optional for pharmacy owners. This was announced by NHS England via a cascade message to pharmacies on 20th August. While it is a broadly positive development, the announcement included a deadline for responses of 1st September, which was an unhelpfully short time for responses, particularly during a period when many people are on leave. This was fed back to NHS England, but they were unable to extend the response period.

The Services Team has updated the Community Pharmacy England resources and the relevant webpages on our website for the 2024/25 flu season and is currently working with the Comms Team on increasing the range of promotional materials that are available for the service.

Update on central procurement of flu vaccines in Wales

In July 2024, the Welsh Government wrote to pharmacy owners in Wales to advise that from the 2025/26 vaccination campaign onwards, flu vaccines will be procured centrally and supplied without charge to the primary care contractors administering them.

The central supply of MMR and Pertussis vaccines to community pharmacies

In July, DHSC sought agreement to amend the PLPS regulations to permit the central supply of MMR vaccines to pharmacies. At this time, Gordon Hockey also noted that DHSC was likely to seek agreement to amend PLPS regulations to permit the central supply of Pertussis vaccines to pharmacies.

The NT agreed that these requests were reasonable and in line with our understanding that involvement in national vaccine programmes would require central supply. However, it was noted that central supply of drugs must be on a case-by-case basis. The amendments will not allow blanket central supply; only the specified vaccines will be allowed by these amendments.

The office circulated a note to the Committee to notify them of the NT's consideration of this matter and agreement to amend the PLPS regulations.

Vaccination demonstrator sites

The [NHS Vaccination Strategy](#) states: "From 2023/24 we are working with some demonstrator systems to test the proposals including identifying where further exploration would be helpful, for example innovative commissioning models. This will build on work already underway and support the development of a wider community of practice linked to the strategy to share insights and lessons learned."

The Services team met with NHS England's vaccination team at the beginning of July, where an update on the progress of ICB delegated commissioning early adopter sites for NHS vaccination services was provided.

On 30th July 2024, NHS England announced that it would be delaying the delegation of commissioning of vaccination and screening programmes to ICBs, by one year, with this now being planned to take place from 1st April 2026. They said they delay was to support a wider review of NHS England's approach to screening services.



RSV

At the last subcommittee meeting a briefing was provided on NHS England's plans to commission some pharmacies to participate in a new respiratory syncytial virus (RSV) vaccination programme.

Subsequent to that briefing, on 24th June 2024, NHS England and the UK Health Security Agency **publicly announced** the RSV vaccination programme for all adults aged 75 and a catch-up programme for those aged 75–79 years and a maternity RSV vaccination for pregnant people from at least 28 weeks gestation would be introduced from 1st September 2024.

On the same day, the Services Team met with NHS England to have further discussions on community pharmacy's involvement in the vaccination programme. As was shared at the last subcommittee meeting, NHS England proposed a new locally commissioned community pharmacy RSV vaccination service in one region with 50 early adopter community pharmacies launching as soon as possible after 1st September 2024 pending procurement, site setup and onboarding. The service would be supplemental to the proposed core offer through general practice or NHS Trusts respectively, in areas where local need has been identified.

NHS England confirmed East of England as the region selected for the early adopters, where there has been strong take up of COVID-19 vaccinations in older adults via community pharmacy. Consultation has taken place with the two relevant LPCs and NHS England and the LPCs have been keeping the Services Team informed on progress. NHS England shared the draft version of the service specification. This was reviewed and comments were shared with NHS England.

Subcommittee action

- Review the draft RSV service specification and provide feedback on this.



Policy on pharmacy technician use of PGDs

This paper provides a summary of the impact of the new legislation that will allow pharmacy technicians to supply and administer medicines under Patient Group Directions (PGDs), and considers what this means for the delivery of national pharmacy services.

Introduction

New legislation has been introduced to permit pharmacy technicians to supply and administer medicines under Patient Group Directions (PGDs).

[Amendments to the Human Medicines Regulations](#) were laid before Parliament at the end of May and came into effect on 26th June 2024. The changes permit registered pharmacy technicians to supply and administer medicines under a PGD in the course of their professional practice.

The introduction of this legislation follows a consultation on the proposal, which Community Pharmacy England was supportive of, and a subsequent [announcement](#) made by the Department of Health and Social Care (DHSC) earlier this year.

The policy contributes to the ambition of the NHS to maximise the use of skill-mix in pharmacy teams, enabling them to meet more of the health needs of the local population they serve. By utilising the skills of the whole pharmacy team, the intention is that pharmacists in community pharmacy will be able to deliver more patient-facing clinical services, improving access to patient care, and freeing up capacity in the wider NHS. This will also enable registered pharmacy technicians to maximise the contribution they make within multi-professional teams through more effective use of their skills.

Following the introduction of the legislation, NHS England announced on 16th July 2024 that they had established a Pharmacy Technician Practice and Policy Strategic Oversight Group. The group will, in collaboration with key stakeholders, consider updating NHS Advanced and nationally agreed Enhanced service specifications to ensure that the changes to the regulations have the most positive benefits for patients. Implementation plans will consider current

arrangements, clinical governance, competency frameworks and appropriate training requirements.

Community Pharmacy England policy

There are four national services that currently involve the use of PGDs:

1. COVID-19 Vaccination Service;
2. Flu Vaccination Service;
3. Pharmacy Contraception Service; and
4. Pharmacy First.

Pharmacy technicians could previously administer licensed vaccines for the COVID-19 Vaccination Service and the Flu Vaccination Service under the authority of the national protocols, provided they are trained and competent to do so. The clinical assessment and consent process had to be undertaken by a registered healthcare professional as defined within the protocol.

NHS England has confirmed that pharmacy technicians will be able to provide the clinical assessment and consent process under the national protocols and work under the authority of the PGDs for the 2024/25 Flu Vaccination Service and the autumn/winter COVID-19 Vaccination Service.

With regards to the Pharmacy Contraception Service and Pharmacy First, changes to these services would need to first be considered in negotiations and where agreed, the relevant service directions and specifications would then be amended.

Following any decision to amend the Pharmacy First service requirements, while pharmacy technicians could provide the minor illness and clinical pathway strands of the service; they would not be able to provide the urgent supply of medicines/appliances strand. That part of the service requires the pharmacist to provide this, in line with the provisions of the Human Medicines Regulations 2012.

All of the above services require the pharmacist (and other healthcare professional listed in the legislation as able to practise under PGDs for the Flu Vaccination Service and COVID-19 Vaccination Service) to be able to demonstrate their competence to provide the service to pharmacy owners (for some services by using a self-assessment framework such as the



Declaration of Competence for pharmacists providing the Flu Vaccination Service or the UKHSA flu vaccinator competency assessment tool).

While the change in regulations is permissive to allow pharmacy technicians to provide and administer medicines under a PGD, pharmacy owners would need to make a decision on how they want to deploy their pharmacy technicians in relation to the application of skill-mix in their pharmacy.

As Community Pharmacy England has already been supportive of the principle of pharmacy technicians being able to operate under a PGD, it is suggested that our policy should now be that all services involving the use of PGDs should be able to be provided by pharmacy technicians where the individual pharmacy owner wishes a pharmacy technician to provide the service and the individual pharmacy technician has satisfactorily demonstrated their competence to provide the service to the pharmacy owner.

Subcommittee action

- Consider the proposed Community Pharmacy England policy and provide feedback on this.



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.

The definition of '**deliver** the contraception service and blood pressure check service' (as stated in the [Pharmacy First letter](#) to pharmacy owners) has not yet been agreed between Community Pharmacy England, DHSC and NHS England.

However, a lot more pharmacy owners are registered to provide the Hypertension Case-Finding Service (latest figures show 9,620 (91%) pharmacies registered) than PCS (latest figures show 7,392 (70%) pharmacies registered) so there is work to do to try to encourage pharmacy owners to register and start providing this service.

Another concern is that less than a half (3,725 pharmacies by June 2024) of those registered to provide the service have claimed for provision of the service.



Data

The below table shows the growth in the number of consultations claimed by pharmacy owners since the service launched in April 2023 and the expansion of the service in December 2023:

Month	Ongoing supply	Initiation	Total
April 2023	17		17
May 2023	943		943
June 2023	1,595		1,595
July 2023	1,763		1,763
August 2023	2,121		2,121
September 2023	2,300		2,300
October 2023	3,095		3,095
November 2023	3,862		3,862
December 2023	4,604	539	5,143
January 2024	7,895	1,117	9,012
February 2024	9,317	1,837	11,154
March 2024	14,986	2,803	17,789

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 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 the 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.

A new POP contraceptive pill is now marketed – Drospirenone 4mg (Slynd tablets) – but it is not yet included in the PCS. NHS England have been reviewing the changes necessary to the PGD and IT systems; the latter are likely to mean there will be a delay before which IT system changes can be made, with the new pill being included in the PGD.

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 /email 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 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:

Additional resources aimed at pharmacy teams

- Pharmacist implementation checklist
- PCS template PowerPoint presentation aimed at pharmacy owners and teams – for use by LPCs
- Case studies and top tips news stories

Additional resources to promote the service to GP practice teams

- Checklist for promoting the service to your GP practice
- PCS template PowerPoint presentation aimed at GP practice teams
- PCS template PowerPoint presentation aimed at LMCs and general practice colleagues – for use by LPCs
- A template news story that could be used, for example, by GP practices on their website or in their patient newsletter.
- Template news story on the service – A template news story that could be used, for example, 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, for example, by GP practices in their patient newsletter

Additional resources for promotion of the service to patients and the public

- Promoting the service to patients checklist

- PCS template PowerPoint presentation aimed at patients – can be used to present at events such as Patient Participation Group meetings at GP practices.
- Editable posters, social media cards and suggested social media posts
- Template press release
- A PCS animation (however, this would be dependent on availability of budget to have this commissioned)

Additional resources for promotion of the service to other audiences

- PCS template PowerPoint presentation aimed at other external audiences – for use by LPCs

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.



Discharge Medicines Service: review of implementation

The Discharge Medicines Service (DMS) became an Essential service in February 2021, with NHS trusts given the ability to refer patients who were being discharged from hospital to their chosen community pharmacy.

Prior to the implementation of the service, the Academic Health Science Networks undertook a project working with trusts across the country to support them to send discharge summary information to community pharmacies at the time the patient was discharged.

That work had a variable impact across England and consequently the referral levels to the DMS varied widely across the country. Since that time, NHS England sought to incentivise trusts to make referrals to the DMS via a time-limited CQUIN incentive target, which had a positive impact on referral numbers in some parts of the country.

Latest data on DMS

On the FutureNHS website, NHS England publish a monthly data on trust referrals to the service:

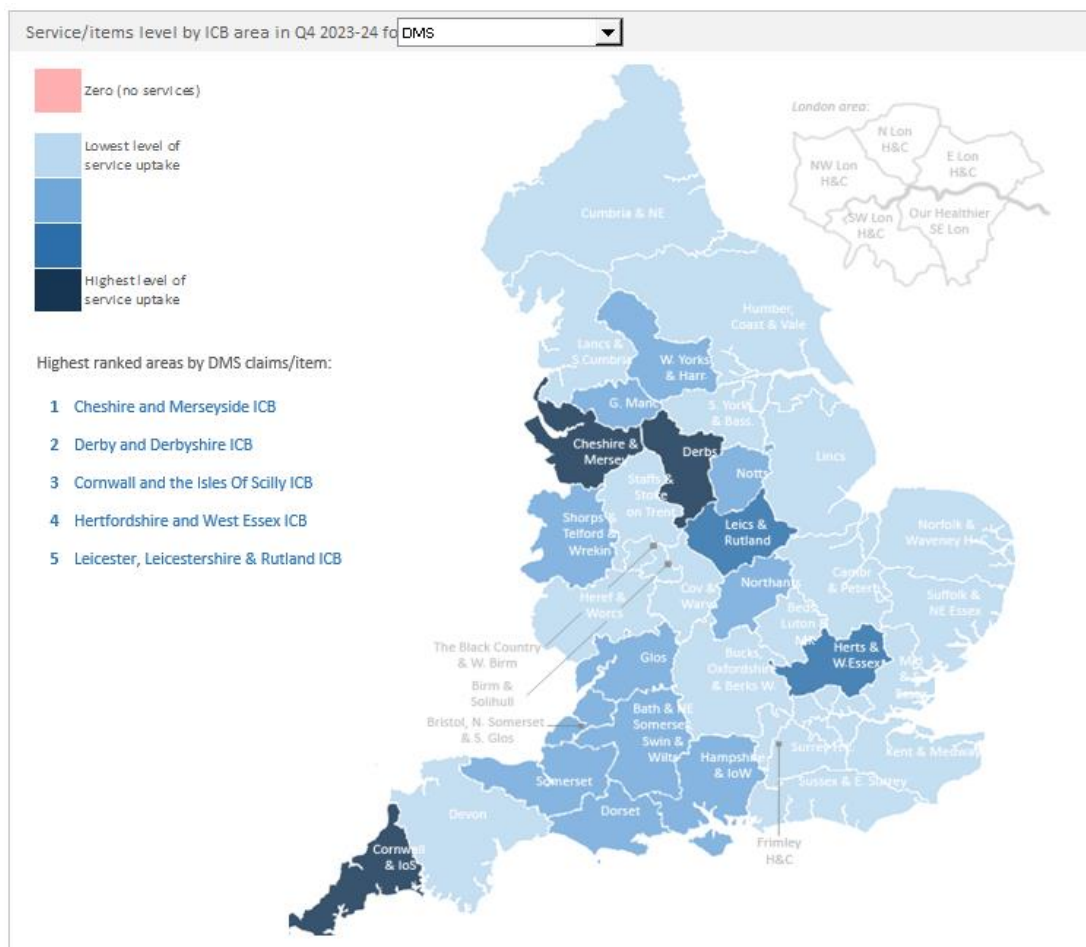
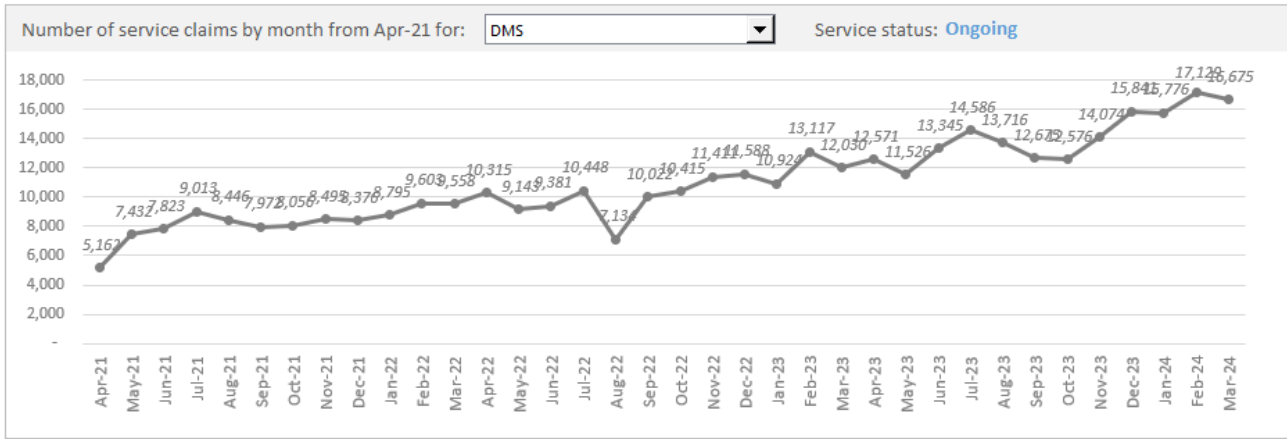
<https://future.nhs.uk/PharmacyIntegration/view?objectId=35657072>

NHSBSA publish a monthly summary of DMS data detailing provisions by pharmacy.

<https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/nhs-discharge-medicines-service>

The following charts come from our clinical services dashboard (Q4 2023/24):

<https://cpe.org.uk/funding-and-reimbursement/nhs-statistics/clinical-services-statistics/>



During Q4 2023/24, the average number of monthly DMS claimed per pharmacy was 1.55 (this increased from 1.31 in Q3 2023/24).



Implementation issues

The generally low and variable level of referrals received by community pharmacies is the most significant issue affecting the service. Such low numbers of service referrals means provision of the service is hard to maintain in a consistent manner for most pharmacies.

Whilst many LPCs have put a lot of effort into working with the NHS and trusts to encourage referrals, challenges with hospital IT systems, information governance barriers and capacity in trusts have all had a negative impact on the success of these local initiatives.

Some LPCs continue to pursue work to increase referral numbers, alongside ICB colleagues, but the lack of a clear benefit to trusts to make referrals is often cited as a barrier, despite the impact of the service on decreasing re-admission rates, which should be a key motivation for trusts, who are now meant to operate as a partner within their integrated care system.

The current highly constrained state of the global sum, to which DMS fees are charged, means when considered from a strategic standpoint, local activity by LPCs to increase DMS referrals rates from hospitals is not going to improve the financial sustainability of the pharmacy network.

We discussed this issue with all LPCs as part of the regional meetings conducted in July, asking Chairs and Chief Officers to discuss the issue with their LPC members.

Update on the MYS API for DMS

At the April meeting of the subcommittee, we discussed the lack of progress made by the NHS on the implementation of the MYS API, which should have been implemented soon after the launch of the service.

Following the subcommittee meeting and the reiteration of the importance of getting the API implemented as quickly as possible, a meeting was requested with NHS England and DHSC to review the situation.

At the meeting, NHS England explained that while progress had been made by the NHSBSA and pharmacy IT system suppliers on the development of the MYS API, there were several barriers to activating it.



NHS England committed to review the options available to get the API live or to reduce the burden on pharmacy owners in the interim period so less data needed to be reported to the NHSBSA to make a payment claim for DMS.

NHS England will explore the options further with the NHSBSA, with the intention of getting the new, temporary submission approach implemented as quickly as possible.

Extending the claim period for DMS

Previously, DMS payment claims needed to be made no later than the 5th day of the month following that in which the final stage that the pharmacy owner was able to undertake was completed.

Following a request from the Services Team to extend the claim period for DMS, so it is in line with most of the Advanced services that have a three month claim period, the Drug Tariff was amended in July 2024 to provide this extended claim period.

Subcommittee action

- Provide feedback on the implementation of the service and any lessons learned or resources required by pharmacy teams or LPCs.



Pharmacy Quality Scheme Update

Introduction

This paper provides an update on developments and discussions on the Pharmacy Quality Scheme (PQS).

Re-opening of PQS 2023/24 audit data

For the 2023/24 PQS a number of pharmacies that claimed for a PQS payment failed to upload relevant audit data and were therefore at risk of having their payment for one or more domains recovered.

The Office successfully argued for the pharmacies/pharmacy owners affected to have a second chance to upload the relevant audit data, and the MYS data collection tool opened again from **9am on Monday 29th July 2024 to 4pm on Monday 5th August 2024** – for data already collected to be uploaded.

The pharmacies/pharmacy owners were given notice of this (the NHSBSA emailed them well in advance of the MYS data collection tool opening). The NHSBSA sent another email when the MYS data collection tool opened.

The Services Team made the LPCs aware of this so they could consider providing local support on this matter and the CCA head offices were also contacted with details of their branches who were listed as not having submitted their audit information.

NHS England did not issue any communication on this matter and neither did the Services Team to avoid confusion in the sector about who this affects.

PQS evaluation

In September 2022, as part of the CPCF Year 4 and 5 agreement, it was announced that there would be an independent evaluation of PQS and its outcomes to inform future development of the scheme.



ICF (an independent research consultancy) and the University of Manchester were commissioned to carry out the evaluation. The evaluation was funded by, but is independent of, NHS England.

In April 2023, pharmacy owners (including head office staff) and community pharmacists were invited to participate in an interview to share their views on the Quality Payments Scheme (the previous name for the PQS) and the PQS.

The final report has now been drafted and is due to be published in due course.

Subcommittee action

- Read the executive summary and policy recommendations below and share any reflections on what has been recommended to inform future negotiations on PQS.



Minor Ailment Service commissioning toolkit

Introduction

This paper provides an update on work to update our Minor Ailments Service (MAS) commissioning toolkit. The updated toolkit will support LPCs to propose the development of new locally commissioned MAS or to support the harmonisation of existing MAS to improve minor illness support in low income, high health inequality areas and asylum seeker communities.

Such services will also complement the Pharmacy First service.

Background

The original MAS commissioning toolkit was published in April 2018. Since then, the Community Pharmacist Consultation Service has been commissioned as an Advanced service followed by its replacement with the Pharmacy First Service.

In the same period of time, NHS England has declined opportunities to commission a national MAS. In a drive to reduce prescribing costs, NHS England's March 2028 guidance to Clinical Commissioning Groups (**Conditions for which over the counter items should not routinely be prescribed in primary care**) resulted in the eventual decommissioning of several MAS services across parts of the country.

However, as a response to the impacts of the cost-of-living crisis and a greater focus by Integrated Care Boards (ICB) on developing plans to tackle and narrow health inequalities, there may be some local opportunities to harmonise existing services across an ICB or to commission a new MAS to better assist local populations with minor illness and self-care. These local opportunities may also provide another avenue to reduce demand on general practice and urgent care services. Over the last year, several LPCs have seen such services commissioned in their areas, including some with a focus on meeting the needs of low-income people.

Community Pharmacy England policy is that such a service should be commissioned as part of the Pharmacy First service and we are continuing to advocate for that.

Activity update

The Services Team have updated the various elements of the existing MAS commissioning toolkit to ensure the references, context and data that it provides to assist LPCs with presenting a local case are up to date and relevant.

A small group of LPC officers have volunteered to assist with reviewing and testing the various elements of the toolkit to ensure that any relevant local context and challenges have been considered as part of the update.

The final toolkit will consist of:

- A Community Pharmacy England Briefing: Building a business case for a Minor Ailment Service;
- Commissioning a community pharmacy Minor Ailment Service (business case);
- Appendix 1&2 – Business case figures;
- Minor Ailment Service – Embedded business case;
- Minor Ailment Service – Service costing estimate;
- Minor Ailment Service – Draft service specification;
- Minor Ailment Service – Implementation plan;
- Minor Ailment Service – Patient Group Directions: Links to useful resources;
- Minor Ailment Service – GP practice briefing document;
- Minor Ailment Service – Template letter for GP practices (without PGDs); and
- Minor Ailment Service – Template letter for GP practices (with PGDs).

Subcommittee action

While this paper is to provide the subcommittee with an update on the work, should any Committee member wish to be part of the toolkit review group providing feedback on the content of the toolkit, please email the Services Team service.team@cpe.org.uk.

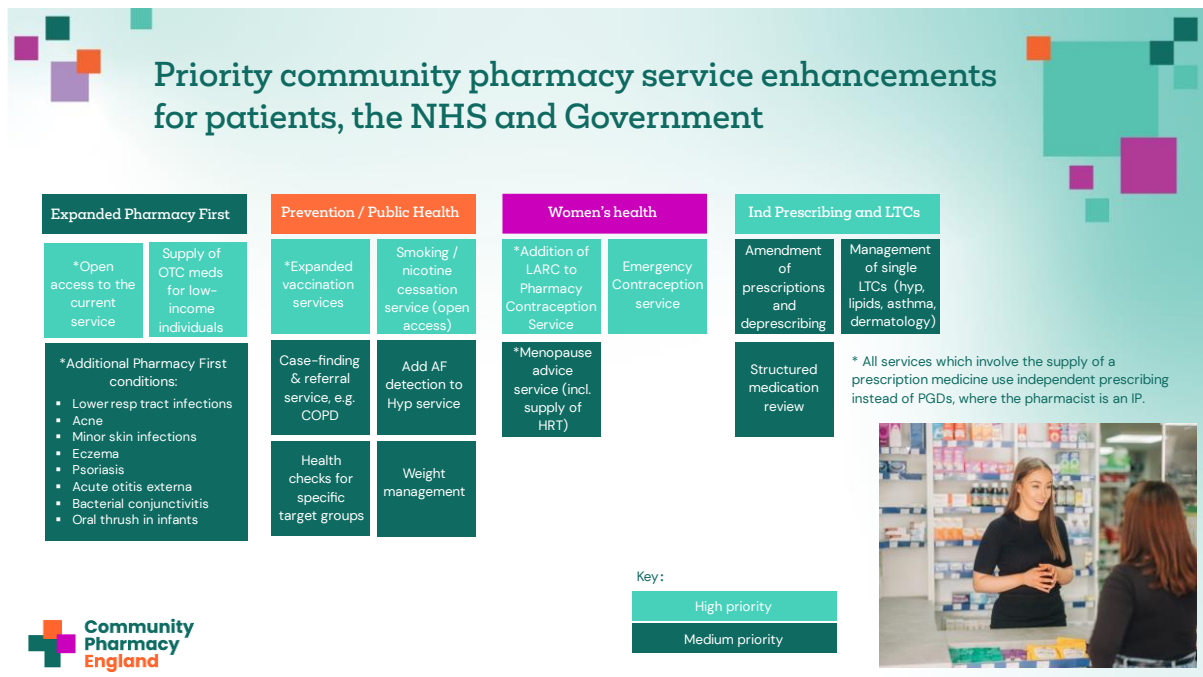
Service development priority list

At the last subcommittee meeting we reviewed a list of priority service developments which could be proposed to DHSC and NHS England.

The feedback provided at the meeting was used to create a final version of the list and this is set out below for information.

It was included in our letters to new Ministers at DHSC, as well as sharing it with the pharmacy policy teams at DHSC and NHS England. The list was also included in our submission to the Darzi review.

All LPCs have been briefed on the topic via the regional meetings in July and the list was also part of our presentation to pharmacy owners at the evening events. The list has now been published on our website, as part of information outlining our strategy.




Priority community pharmacy service enhancements for patients, the NHS and Government

Expanded Pharmacy First	Prevention / Public Health	Women's health	Ind Prescribing and LTCs
<ul style="list-style-type: none"> *Open access to the current service Supply of OTC meds for low-income individuals 	<ul style="list-style-type: none"> *Expanded vaccination services Smoking / nicotine cessation service (open access) 	<ul style="list-style-type: none"> *Addition of LARC to Pharmacy Contraception Service Emergency Contraception service 	<ul style="list-style-type: none"> Amendment of prescriptions and deprescribing Management of single LTCs (hyp, lipids, asthma, dermatology)
<ul style="list-style-type: none"> *Additional Pharmacy First conditions: <ul style="list-style-type: none"> Lower resp tract infections Acne Minor skin infections Eczema Psoriasis Acute otitis externa Bacterial conjunctivitis Oral thrush in infants 	<ul style="list-style-type: none"> Case-finding & referral service, e.g. COPD Add AF detection to Hyp service 	<ul style="list-style-type: none"> *Menopause advice service (incl. supply of HRT) 	<ul style="list-style-type: none"> Structured medication review
	<ul style="list-style-type: none"> Health checks for specific target groups Weight management 		<ul style="list-style-type: none"> * All services which involve the supply of a prescription medicine use independent prescribing instead of PGDs, where the pharmacist is an IP.

Key:

- High priority
- Medium priority



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

June 2024 data shows there were **9,620 pharmacies (91.1%) registered** to provide the Hypertension Case-Finding Service.

Lateral Flow Device (LFD) service

As of 29th June 2024, **8,321 pharmacies have registered** to provide the LFD service, which launched on 6th November 2023. That figure does not take into account any de-registrations.

The Services Team has published two resources to support pharmacy owners to promote the service. The first is a template email/letter for care homes that pharmacy owners could consider sending to their local care homes to highlight provision of the LFD service from their pharmacy. A [news story](#) was published to highlight this resource.

The second resource is aimed at people who are 85 years or over who are collecting prescriptions as this group is an easy one to identify as being eligible for the service (due to their age being included on their prescriptions). The Services Team has therefore produced small flyers that pharmacy owners could attach to prescription bags for patients who are 85 years and over to act as a prompt to highlight the service to patients and check whether they have any LFD test kits at home. A [news story](#) was published to highlight this resource.

Pharmacy First service

June 2024 data shows there were **10,195 pharmacies (96.5%) registered** to provide the service.



Minimum threshold

At the last subcommittee and plenary meetings we discussed the challenge of pharmacy owners struggling to meet the monthly minimum thresholds. Following those discussions, a list of potential changes to the service to address the risks of people failing to meet the targets was collated, which is set out in Annex A for information. This was reviewed by the negotiating team and the preferred options were then used in discussions with DHSC and NHS England.

Following those discussions, DHSC put a proposal to Ministers and they decided to adjust the August threshold to 15 in light of the concerns that we had raised. We have continued to work with DHSC and NHS England to review ongoing service data and consider its implications for the planned ramp up in thresholds for September and October. This topic will be discussed further in the plenary meeting in September.

The Office also [sought the views](#) of pharmacy owners on the Pharmacy First thresholds during August; the results of which will be shared and discussed at the September Committee meeting.

NHS England marketing campaign

A joint letter was sent from the CCA, IPA, NPA, RPS and Community Pharmacy England regarding NHS England's Pharmacy First campaign. A meeting was subsequently held to discuss this on 6th August 2024. NHS England seemed keen to work with the pharmacy organisations and were responsive to the feedback received. Further meetings are planned to have further discussions on NHS England's plans for the next Pharmacy First marketing campaign.

Further details on this topic can be found in the September 2024 CPA agenda papers.

Resources and news stories

The Funding Team has created a [nitrofurantoin analysis tool](#), which contains 12 months of dispensing data for Nitrofurantoin. The dashboard is principally for LPCs to use in conversations with local NHS organisations, PCNs and general practices in relation to the Pharmacy First service.

The dashboard contains NHSBSA PCA data from May 2023 to April 2024 for the dispensing in the community of solid dosage forms of Nitrofurantoin. It also contains data from the same

source on the supply of Nitrofurantoin via the Pharmacy First clinical pathways (just for February to April 2024).

The purpose of displaying the data in the dashboard is to help local discussions on the potential number of general practice consultations for UTIs which could instead be provided via Pharmacy First in order to encourage more referrals from general practices to the service. Clearly not all prescribing of Nitrofurantoin in general practice is for uncomplicated UTIs, so not all prescribing occurrences could transfer to Pharmacy First, but the annual data provides a guide on the scale of the potential transfer of consultations.

It was also highlighted to LPCs, that if they wanted to examine the data at a more granular level, e.g. at PCN or general practice level, they could analyse prescribing data on the [OpenPrescribing.net website](#).

Following the publication of the patient animation, the existing Pharmacy First resources were reviewed and a link to the new patient animation has been added to the resources, where appropriate.

The Services Team has published a [news story](#) on making clinical records; this follows discussions with NHS England around their Provider Assurance findings records, which showed a significant number of Pharmacy First service provisions not being made on the day of service provision with some pharmacies taking an average of 20+ days to record the data.

The Services Team has also published a series of articles on myth busting for Pharmacy First to try and address some of the issues that NHS England has pointed out where some pharmacy owners are not following the service requirements, as well as addressing queries the Services Team has also received. Four articles have been published so far:

- [Myth busting series \(#1\)](#)
- [Myth busting series \(#2\)](#)
- [Myth busting series \(#3\)](#)
- [Myth busting series \(#4\)](#)



Pharmacy First Patient survey

Following discussions at the last subcommittee meeting on the proposed Pharmacy First patient survey, the draft of the survey has been further developed and discussed with Healthwatch England.

The survey will be tested with several Committee member volunteers. A URL and QR code will be provided to the patient to complete the survey if they wish following a Pharmacy First minor illness or seven clinical conditions consultation.

Once we have a finalised, tested survey, we will launch the survey to pharmacy owners asking them to offer the survey link/QR code (with associated comms materials) to patients following a consultation.

We would envisage the survey being available on an ongoing basis to allow capture of patient feedback. A dashboard will be created to summarise the data, including any completions of the questionnaire which contain the person's postcode, which will allow us to view the local data from either an LPC or Healthwatch geographical area. Once data starts to become available, we will consider joint comms outputs with Healthwatch England.

Data

NHS England has confirmed that ICBs can now share Pharmacy First data with LPCs (previously only some LPCs were able to access this data).

The Funding Team has carried out an analysis on the latest Pharmacy First consultation data that has now been published by NHSBSA; a paper on this is included in the FunCon agenda.

Following the general election and the purdah period ending, the NHSBSA also published a [news story with the headline stats for Pharmacy First](#).

Other work on Pharmacy First

Work has been ongoing to reach more of the charity sector to spread the message about Pharmacy First (as well as about the delayed start date for the 2024/25 Flu Vaccination Service).

Rosie Taylor and Zoe Long gave a presentation to the member organisations of National Voices in early July and information was also sent out in the newsletter to members the following day.

Alastair Buxton and Zoe Long met with Age UK to brief them on both topics. This resulted in Age UK including information about Pharmacy First on [their website](#) as well as highlighting that they will be pulling together a social media plan for August to get the message out about the change to flu vaccination timings.

Previously we had stated that our intention was to hold another Pharmacy First webinar in September. The Services Team has given this some consideration and have decided instead to record some 'fireside chats' with pharmacists on topics such as engaging with GPs, skill mix, promotion of the service, as well as the series of myth busting articles mentioned above.

IT issues

GP Connect Update Record

EMIS started rolling out the GP Connect Update Record feature to all community pharmacy teams using PharmOutcomes from 28th June 2024. Initially, this covered Hypertension Case-finding Service and Pharmacy Contraception Service consultations. This followed Cegecim's Pharmacy Services system launching this feature in April, and Positive Solutions' HXConsult system in May. At this time, live testing was continuing with Sonar.

However, at the start of July 2024, GPC England started urging GPs to switch off the GP Connect Update Record functionality. Alastair Buxton met with GPC England in early July, who had made it very clear that this action was not due to concerns over Pharmacy First, but it was about the political position with Government and NHS England and getting a bargaining chip for negotiations.

Live patient safety issue

As discussed at the June SDS meeting, work has continued on the EMIS post-event message patient safety issue. A further meeting was held on this with NHS England and DHSC on 17th July.

Draft clinical and practical guidance has since been produced by NHS England on how to prioritise and work through unsent post-event messages. This is being tested in the midlands and following the provision of feedback, a final draft of the guidance will be shared with us for review. Once the approach is agreed, communications on the issue will be issued to all pharmacies.



Miscellaneous matters of report

Introduction

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

NHS England clinical services evaluation

The first meeting of NHS England's Clinical services advisory board was held on 8th August 2024.

The qualitative arm of the evaluation is being undertaken by RAND Europe.

NHS England IP pathfinder programme

NHS England has finally agreed terms with the IT system supplier for the pathfinder programme and on 29th August 2024 they issued a letter to ICBs to confirm this:

<https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/independent-prescribing/>

NHS England has said deployment may take up to three months across all the pharmacies depending on the digital testing with PMR suppliers and technical infrastructure of sites.

Self-Care Strategy Group: Letter to new health secretary

The Self-Care Strategy Group (of which Community Pharmacy England is a member) wrote to Wes Streeting, shortly after he was appointed as Secretary of State, with calls to fully realise the benefits of self-care and work collaboratively to build an NHS fit for the future. The letter is available to read on the [PAGB website](#).

Self-Care Census Report 2024

PAGB published [The Self-Care Census 2024](#) on 24th July 2024, which shines a light on the trends in self-treatable conditions, consumers' attitudes towards self-care and how they access health services.

The report shares real-world data from their census of 4,000 adults in the UK, putting this into context in the current state of primary care services and aiming to highlight the challenges and opportunities for self-care and the next steps that can be taken in policy and practice to promote self-care.

Some interesting pharmacy stats from the report are outlined below:

- 32% of adults have been directed to consult with a pharmacist by a GP or NHS 111 about a self-treatable condition (up 8 percentage points since last year);
- Almost 3 in 4 adults (74%) would like more medicines available from a pharmacy without prescription;
- 76% of adults said they see their pharmacist as a trusted health information source;
- 73% of people agreed pharmacists should be able to update medical records to include their advice and/or treatment recommendations (up from 65% in 2023);
- 35% of adults said they would like to be able to speak to their pharmacist on the phone or via video call; and
- There has been a decline in the number of people seeking their advice and treatment as a first step for a self-treatable condition, with just 52% of adults choosing this option (declining in recent years, from 69% in 2022 to 60% in 2023 and 52% this year).

Prevention: at the heart of tackling cardiovascular disease

The CVD risk coalition working group (of which Community Pharmacy England is a member) have published [A shared vision for improving cardiovascular disease outcomes in England](#).

Reform - The power of prevention: boosting vaccine uptake for better outcomes

The think-tank, Reform, has published [The power of prevention: boosting vaccine uptake for better outcomes](#) which makes recommendations regarding community pharmacy and vaccination services, including a proposal that all adult vaccinations should in the future be commissioned as Advanced services.

Prison capacity changes

The Lord Chancellor has taken action to avert a prison capacity crisis by introducing a process

for lowering Standard Determinate Sentences from 50% to 40% (SDS40). This will commence in September 2024 with a second tranche in October 2024.

This process may have implications for drug and alcohol treatment and recovery systems, community pharmacies and wider public services and that will support the reintegration of the people released through this process.

Local councils and drug and alcohol treatment service providers have discussed this with many LPCs over the last few weeks. The topic has also been discussed with the LPCs and will continue to be a topic for discussion at CLOT meetings.

On 2nd September 2024, NHS England issued a letter to ICB, containing information for community pharmacies and general practices in relation to the early release scheme:

[NHS England letter](#)

From a pharmacy perspective, the NHS England letter flags the potential for the Pharmacy First service and Pharmacy Contraception Service to be used to support people released from prison, e.g. people accessing an urgent supply of a repeat medicine following a referral to the Pharmacy First service from NHS 111.

It also confirms that people being released from prison will normally be given 28 days of medicines at discharge.

Special arrangements will apply for opioid substitution therapy prescribing with prison medical services providing a prescription (FP10/FP10MDA) for up to 14 days or a short-term interim supply of medicine as per local arrangements.

As we highlighted on the website last month, [the electronic prescription service \(EPS\) is starting to be rolled out into the prison healthcare system](#), so over the next year, pharmacy teams may start to see electronic prescriptions issued by healthcare services in prisons.

The letter also noted that HM prison-issued FP10 or FP10MDA prescriptions which are issued to people who have been released from prison are exempt from NHS prescription charges.

[GP patient survey](#)

The [GP patient survey 2024](#) was published on 11th July 2024. New for this year was the inclusion of questions on patient experience of using NHS pharmacy services. Nearly 700,000



questionnaires were completed and returned during the collection period of 2nd January and 25th March 2024.

The following infographics show the results focussed on NHS pharmacy services:



