



# Service Development Subcommittee Agenda

**Date:** 5th February 2025

**Start time:** 2.25pm

**Location:** 14 Hosier Lane, London, EC1A 9LQ

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

1. Welcome from Chair
2. Apologies for absence: Clare Kerr
3. Conflicts or declarations of interest
4. Minutes of the September meeting and matters arising ([Appendix SDS 01/02/2025](#))
5. Review of progress against the 2024/25 Workplan (Action) ([Appendix SDS 02/02/2025](#))
6. 2025/26 Draft Workplan (Action) ([Appendix SDS 03/02/2025](#))
7. SDS skills gap analysis (Action) ([Confidential Appendix SDS 04/02/2025](#))
8. CPCF developments (Action)
9. New Medicine Service – Ongoing maintenance and governance of the NMS drugs list (Action) ([Appendix SDS 05/02/2025](#))
10. Vaccination services update (Report) ([Appendix SDS 06/02/2025](#))
11. Implementation update: Pharmacy First and the other clinical services (Report) ([Appendix SDS 07/02/2025](#))
12. Miscellaneous matters of report (Report) ([Appendix SDS 08/02/2025](#))
13. Any other business



## Minutes of the Service Development Subcommittee meeting held at Hosier Lane on 11th September 2024 commencing at 12.45pm

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

**In attendance:** Alastair Buxton, Janet Morrison, Rosie Taylor, David Onuoha, Adrian Price, Anil Sharma, Ian Strachan, Shiné Brownsell, Sue Killen, Daniel Fladvad, Melinda Mabbutt, Prakash Patel, Tricia Kennerley, Sian Retallick, Mike Dent.

### Item 1 – Welcome from Chair

1.1 The Chair opened the meeting and welcomed attendees.

### Item 2 – Apologies for absence

2.1 None.

### Item 3 – Conflicts or declarations of interest

3.1 Olivier Picard advised that he has been invited to a Cegedim networking event in France.

### Item 4 – Minutes of the June meeting and matters arising

4.1 The minutes of the subcommittee meetings held on 26th June 2024 were approved.

### Item 5 – Review of progress against the 2024/25 Workplan

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

### Item 6 – Roles and responsibilities of Service Development Subcommittee additional members

6.1 Comments were requested on the paper in the agenda and additionally views on how many additional members should be sought and whether there should be a fully open call for interest or whether it should be restricted to members and staff of LPCs.



6.2 The following points were noted:

- There were varying views on whether additional members should be recruited on an ad hoc basis or whether a more permanent membership should be offered; it was agreed there were pros and cons for both options.
- There was agreement that the role should not just be limited to an LPC member of staff or committee member and that potentially there may be benefit of being able to recruit someone from out of the sector, depending on the skills that were needed.
- It was agreed that a full gap analysis should be carried out by SDS members to help identify what gaps are missing from the subcommittee to allow further discussions on the role to continue.

**ACTION: Clare will email all SDS members to ask them to provide their thoughts on where the potential skills and knowledge gaps are for the subcommittee.**

### Item 7 – Review of the Pharmacy First clinical pathways

- 7.1 Feedback on the clinical pathways and the positioning of the Gateway points was sought to feed into the NHS England review of the pathways. Fin advised that he and David will be attending a Working Group that will conduct a clinical stock-take of the clinical pathways next Tuesday.
- 7.2 Alastair Buxton advised that NHS England had requested an additional member to join the group from the multiple part of the sector; Rob Severn from Nottinghamshire LPC and Rowlands Pharmacy will therefore be joining the Working Group.

### Item 8 – Vaccination update

- 8.1 The risk of the delayed start to the flu vaccination service having an adverse impact on patient uptake of vaccine was a matter that the Services Team was continuing to push NHS England, DHSC and UKHSA on, with a meeting to discuss this and their contingency plans should vaccination rates be lower than normal being arranged. Alastair Buxton asked subcommittee members what their experience was so far of the number of bookings for flu vaccination appointments, compared to at this time in previous years.



- 8.2 Feedback was that there is still demand for bookings but numbers may be lower than last year and that patients want to be vaccinated on 3rd October and if appointments are not available on that day, they will try another pharmacy. Therefore, it appears there is still some confusion amongst patients around the clinical benefit of being vaccinated later in the season.

### Item 9 - Policy on pharmacy technician use of PGDs

- 9.1 The subcommittee agreed with the proposed policy set out in the agenda paper.
- 9.2 The proposed policy, as detailed below, was agreed by the Subcommittee:

That all services involving the use of PGDs should be able to be provided by pharmacy technicians where the individual pharmacy 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.

**It was recommended that the above policy be adopted by the Committee.**

- 9.3 A question was raised about why the Flu Vaccination Service still requires clinical supervision by a pharmacist if a pharmacy technician is now able to provide a PGD service. Alastair Buxton highlighted that since this was a pharmaceutical service, there was still the need for the clinical supervision of a pharmacist.

### Item 10 - Pharmacy Contraception Service: review of implementation

- 10.1 The implementation of the service and additional support needs were discussed with the LPCs during the regional meetings in July. Some LPCs suggested the need for face-to-face training for pharmacists, particularly for those that had undertaken the training and signed up to provide the service, but who had not yet provided any consultations. This training could focus on practical aspects of provision of the service and enhancing pharmacists' confidence in provision of the service. This feedback was discussed with CPPE and they had subsequently reverted with a plan to develop a short workshop to address the training gap, which will be trialled across the country in early 2025. The CPPE regional managers will work with the LPC network to arrange venues for the training and to identify local expert speakers for the events.



10.2 There was agreement that face-to-face training should help those pharmacists who are lacking confidence in providing the service and that it was believed there would be more demand for this type of training than the 10 proposed events. The service fee was again highlighted as a barrier for delivery of the service.

**ACTION: If Subcommittee members have additional suggestions for resources for PCS, they are asked to email the suggestions to [services.team@cpe.org.uk](mailto:services.team@cpe.org.uk).**

### Item 11 - Discharge Medicines Service: review of implementation

11.1 The content in the agenda on discussions on prioritisation of service promotion undertaken with all LPCs at the July regional meetings was highlighted. Feedback was sought on the questions posed in the agenda.

**ACTION: Subcommittee members are asked to provide feedback on the implementation of the service and any lessons learned or resources required to the Services Team.**

**Subcommittee members are also asked to, subject to the caveat on funding, consider if there are any changes that could be made to the service to improve its operation and increase provision to patients. Responses to be sent to [services.team@cpe.org.uk](mailto:services.team@cpe.org.uk).**

### Item 12 - Update on the Pharmacy Quality Scheme

12.1 Due to time constraints, the subcommittee was asked for their reflections on the findings of the PQS evaluation and also the recommendations made by the authors to be emailed to the Services Team.

**ACTION: Subcommittee members are asked to provide reflections on the findings on the PQS evaluation and also the recommendations via email to [services.team@cpe.org.uk](mailto:services.team@cpe.org.uk).**

### Item 13 – Minor Ailment Service toolkit

13.1 Volunteers to review the toolkit were sought.

**ACTION: Subcommittee members who are interested in reviewing the MAS toolkit are asked to email David Onuoha ([David.Onuoha@cpe.org.uk](mailto:David.Onuoha@cpe.org.uk)) by Sunday 15th September to express their interest in this.**



#### Item 14 - Service development priority list

14.1 This was a matter of report.

#### Item 15 – Implementation update: Pharmacy First and the other clinical services

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.



Appendix SDS 02/02/2025

## 2024/25 Workplan for the Services Team – final update on progress

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
<b>Objective 1: Deliver an improved Contractual Framework to address the current funding crisis and secure a stable future.</b>			
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. In late January 2025, negotiations are just re-commencing and these will be discussed at the February committee meeting.
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.  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 July 2024 regional events and





No.	Workplan element	Timeframe	Progress update
			<p>they were included in our submissions to the Darzi review and HM Treasury pre-budget consultation.</p> <p>PA Consulting have evaluated the highest priority services within the Spending Review project and the results are now being used in discussions with DHSC and NHS England.</p>
<p><b>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.</b></p>			
2.1	<p>Monitor the impact of the PCRCP investment:</p> <ul style="list-style-type: none"> <li>- Establish process and timing of joint management group with particular reference to registration,</li> </ul>	Throughout the year	<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,</p>



No.	Workplan element	Timeframe	Progress update
	performance data, targets and caps and IT progress (with Pharmacy Funding team).		<p>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>
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 2024 SDS agenda papers.
2.3	Supporting LPCs to enable them to provide local support for pharmacy	Ongoing	See above update to 2.1 and updates in the 2024 SDS agenda papers.



No.	Workplan element	Timeframe	Progress update
	owners and their teams (with LPC support and Comms teams).		
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 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>



No.	Workplan element	Timeframe	Progress update
Objective 3: <b>Promote the role of community pharmacy as a vital part of an integrated primary care system and as hubs for community health.</b>			
3.6	Promote horizon scanning, innovation and new thinking about the future of community pharmacy (including international comparison) via membership of the World Pharmacy Council.	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>
Objective 4: <b>Build the investment case for further expansion of current services that can be developed into major service interventions.</b>			
4.1	Evaluate the pipeline of potential clinical services, their scope, impact,	Q1/2	See update above at 1.5.



No.	Workplan element	Timeframe	Progress update
	value and funding models (with independent consulting advice) (with Pharmacy Funding team).		
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.
4.3	Support LPCs in the development of locally commissioned services and their evaluation for scaling across	Ongoing	A minor ailments (low income groups) commissioning toolkit was published in late 2024 and work continues on a vaccination toolkit.



No.	Workplan element	Timeframe	Progress update
	<p>regions and as part of a pipeline for national services.</p> <ul style="list-style-type: none"> <li>- Support LPCs to develop and share learning from local commissioning of community pharmacy services, including through maintaining the services database and case studies</li> <li>- Development of commissioning toolkits for use by LPCs</li> </ul>		<p>Greater capacity to undertake this work will be available from later in March, when our new Service Development Manager (Vicki James) joins the services team.</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	<p>Monitor, with others, delivery of IT/Digital integration as above (Objective 2.4).</p>	Ongoing	See update above on 2.4.



No.	Workplan element	Timeframe	Progress update
<p><b>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.</b></p>			
5.5	<p>Annual service negotiations (flu vac, health campaigns, clinical audit) and monitoring service delivery including Flu and COVID-19 vacs.</p>	Ongoing	<p>Updates on negotiations related to vaccinations have been provided in SDS agenda papers and discussed at meetings.</p> <p>No discussions have been had with NHS England on health campaigns and clinical audits due to the delays in the 2024/25 negotiations.</p>
5.6	<p>Monitor the development of NHSE service pilots and the roll-out of CPCF services.</p>	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>



No.	Workplan element	Timeframe	Progress update
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 <a href="https://cpe.org.uk/digital-and-technology/community-pharmacy-it-group-cpitg/">https://cpe.org.uk/digital-and-technology/community-pharmacy-it-group-cpitg/</a></p>





Appendix SDS 03/02/2025

## Draft Workplan for the Services Team 2025/26

This draft workplan forms part of the wider plan and priorities for Community Pharmacy England in 2025/26, set out in the Community pharmacy sector and CPE strategies agreed at the February 2024 meeting and the 2025/26 CPE draft workplan which will be considered at the February 2025 meeting of the Committee.

The workplan 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 will be provided at subsequent meetings of the subcommittee.

### Subcommittee action

Review and approve the draft workplan.



No.	Workplan element	Timeframe	Progress update
<b>Objective 1: Deliver an improved Contractual Framework to address the current funding crisis and secure a stable future.</b>			
1.1	Conclude and implement 2024/25 and 2025/26 negotiations and evaluate the economic implications for the future of the sector, making best use of the outputs of the Independent Economic Review.	Apr – July 2025	
1.3	Engage with development of the NHS 10-Year Plan and input into the Government’s Spending Review.	Feb – May 2025	



No.	Workplan element	Timeframe	Progress update
1.4	Agree a Community Pharmacy Plan with DHSC and NHS England, with priorities for enhancement of existing services and commissioning of new clinical services (including a Community Pharmacist Prescribing Service).	Summer 2025	
1.8	Undertake the 2026/27 negotiations, seeking to achieve improved sustainability of the sector.	Oct 2025 – Jan 2026	
<p><b>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.</b></p>			



No.	Workplan element	Timeframe	Progress update
2.1	Monitor the clinical services with DHSC and NHS England, and support pharmacy owners with the ongoing implementation of the clinical services, providing further support and troubleshooting emerging issues.	Ongoing	
2.2	Work with the LPCs to enable them to provide local support for pharmacy owners and their teams with the implementation of the clinical services.	Ongoing	



No.	Workplan element	Timeframe	Progress update
2.3	Support, with others, the ongoing work to implement IT/Digital integration for community pharmacy across the NHS.	Ongoing	
2.4	Work to support NHS England to promote services as appropriate, and to ensure that patient representative groups and wider policy makers understand and support the services.	Ongoing	
<b>Objective 4: Build the investment case for further expansion of current services that can be developed into major service interventions.</b>			
4.1	Monitor development of the IP pathfinder sites to garner learning to support the deployment of IP within	Ongoing	



No.	Workplan element	Timeframe	Progress update
	community pharmacy commissioned services.		
4.2	Support LPCs in the development of locally commissioned services and their evaluation, to provide evidence to support scaling of services across regions and as part of a pipeline for national commissioning.	Ongoing	
<p><b>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.</b></p>			
5.5	Undertake annual service negotiations (flu vac, health campaigns, clinical	Ongoing	



No.	Workplan element	Timeframe	Progress update
	audit) and monitor service delivery, including Flu and COVID-19 vacs.		



## Appendix SDS 05/02/2025

# New Medicine Service: Ongoing maintenance and governance of the NMS drugs list

## Introduction

As per the service specification and Directions, the New Medicine Service (NMS) can only be provided to people prescribed an eligible medicine for the first time, that appears on the drugs list published on the [NHS Business Services Authority website](#).

The drugs list was last updated in September 2021 alongside the expansion of the service to allow pharmacy owners to offer patients support when they are newly prescribed medicines to manage 13 additional conditions. Updates to the drugs list are required to reflect changes to eligible medicines, for example, if medicines have been discontinued or if there are new medicines that can be included in the service. The Services Team has been chasing NHS England for a considerable length of time about establishing a process for this, as well as flagging additional drugs that could be added to the NMS drugs list. A meeting was finally arranged in November 2024 to discuss these issues.

## Ongoing maintenance and governance of the NMS drugs list

The Services Team met with NHS England on 27th November 2024 to discuss the ongoing maintenance and governance of the NMS drugs list.

## Subcommittee action

- Provide feedback on the suggested maintenance and governance process for the NMS drugs list and highlight any other practical points that should be considered.



## 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 respiratory syncytial virus (RSV) and pertussis vaccination programme.

### Developments since the September 2024 subcommittee meeting

#### COVID-19 vaccination programme

The national protocol and Patient Group Direction were published on 18th September 2024; links to both documents were added to our COVID-19 vaccination hub page.

In October, we were advised by NHS England that there were approximately 4,780 community pharmacy COVID-19 vaccination sites.

We published a [news story](#) about pharmacy staff booking their autumn COVID-19 vaccination booster.

NHS England opened their procurement process in October for pharmacies not already contracted to provide COVID-19 vaccinations that wished to provide the service from April 2025 and this closed on 19th November 2024; the Services Team provided comments to NHS England on the updated service specification. A [news story](#) was published to highlight this new procurement phase to pharmacy owners, as well as a reminder news story prior to the expression of interest process closing.

JCVI published [their advice](#) on future COVID-19 vaccination programmes in 2025 and spring 2026 in November, with NHS England then writing to community pharmacies and others to confirm the patient cohorts for the spring 2025 COVID-19 vaccination programme; a [news story](#) was published to highlight this.



## Flu vaccination programme

### Promotion of the service

The DHSC marketing campaign started on 7th October 2024. The campaign had the same creative as last year with 'Get Winter Strong' messaging and also included messaging around RSV and whooping cough for pregnant women.

The Services Team updated and added to our set of resources to help pharmacy teams promote the service including:

- Posters for display (both ready to use and editable versions);
- Suggested social media graphics and messages;
- Letters to eligible patients and local care providers;
- Flyers for attaching to prescription bags;
- Template local press releases;
- Radio scripts; and
- Materials to support hosting an MP pharmacy flu jab visit.

LPCs were also encouraged, where they had capacity, to highlight the Flu Vaccination Service and COVID-19 Vaccination Service in the local press and to write to MPs to encourage attendance at a local pharmacy for their NHS flu vaccination (if eligible). This would then, with their permission allow for a local press story or for this to be highlighted on social media.

### Central procurement questionnaire

The Services Team met with colleagues from the NHS England Vaccination Team who advised that they were planning on publishing a questionnaire to gather views on centralisation of adult flu vaccine procurement and supply. The questionnaire was shared ahead of publication, and candid feedback was provided by the Services Team, particularly on some of the questions which were seeking commercially sensitive information from pharmacy owners (and general practices).

The questionnaire was published and a [website news story](#) was published to raise awareness of this and provide our perspective on some of the questions which NHS England were posing.



## Flu vaccinations administered prior to 3rd October 2024

NHS England has informed us that a small number of flu vaccinations were administered in general practices and community pharmacies, to adults outside of the announced and authorised cohorts prior to 3rd October. Vaccinations were administered to adults who were not pregnant or (in the case of general practice) not administered in exceptional clinical circumstances.

NHS England advised that they intend to recover the item of service (IoS) fee for any vaccinations administered outside of the announced and authorised cohorts prior to 3rd October. Reimbursement for the supplied vaccines will still be made in the usual way this year; however, they may seek to withhold/recover this reimbursement in future years if the situation reoccurs.

They will provide the NHSBSA with a report of all the flu vaccinations by provider which appear to have been provided outside of the service specification. The NHSBSA will then follow the usual process of investigating the claims with pharmacy owners and should these be identified as overclaims, seeking provider agreement before recovering the IoS fee.

Through this, they hope to reinforce the message that vaccines should only be administered to cohorts recommended by JCVI, in line with the service specifications, and ensure equitable treatment between providers. A [news story](#) was published to highlight this on the website.

## Other work

Following the Committee raising concerns on the Gaggle group about pharmacy staff not being entitled to an NHS flu vaccine, and Alastair explaining NHS England's policy on this, we raised this again with the NHS England Vaccination Team, as well as advising that the NHS website is displaying incorrect advice on eligibility for frontline staff. NHS England noted the comments but advised that their policy remains. Changes have since been made to the NHS website to correct the advice on eligibility for frontline staff.

On multiple occasions since the last Committee meeting we have raised with NHS England the matter of [JCVI publishing their advice on trivalent flu vaccines for 2025/26](#) and the



importance of NHS England giving pharmacy owners advice on vaccine selection before they place their flu vaccine orders for 2025/26. NHS England advised that the flu letter was already in draft and they were looking to have it published before Christmas due to the advised changes in the recommended vaccines. However, this did not happen and at the time of writing, we are still waiting for this to be published.

### **Subcommittee action**

No action required.

## 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

Following concerns raised by the Services Team about issues in West Yorkshire regarding long-term provision of the Hypertension Case-Finding Service off pharmacy premises, NHS England agreed to review the guidance issued to its regions in 2022 on off-site provision of the service. The Services Team provided feedback on the guidance and are currently waiting for NHS England to publish the updated guidance which is now for use by ICBs.

### Pharmacy Contraception Service

The Services Team is finalising additional resources to support pharmacy owners and their teams on delivering the service; these will be published shortly.

### Pharmacy First service

#### Minimum threshold

It was announced on 30th September 2024, that following ongoing discussions between Community Pharmacy England, the Department of Health and Social Care and NHS England, that Ministers had agreed to reduce the October threshold of 30 clinical pathway consultations to 20 consultations; a [news story](#) was published to highlight this positive change.

On 14th October, Ali Sparke announced at the Pharmacy Show further changes, which followed our ongoing discussions with DHSC and NHS England for further changes to the thresholds for the rest of the year. A [news story](#) was published to highlight this.

Despite these reductions, the minimum threshold has continued to be challenging for many pharmacy owners to meet for multiple reasons, for example, a reduction in referrals and an increase in signposting from GP practices caused in part, by the BMA's safe working in general practice in England guidance. We have continued to raise our concerns about the monthly thresholds with DHSC and NHS England, and the thresholds in 2025/26 will be discussed in the now re-started negotiations.

### **Data**

DHSC has advised that they are working with NHSBSA on creating a microsite to display the Pharmacy First data. The NHSBSA also now has a dedicated page on their website for [Pharmacy First data](#).

### **NHS England marketing campaign**

As highlighted in the September agenda papers, NHS England held an initial meeting with CCA, IPA, NPA, RPS and Community Pharmacy England on 6th August 2024 to discuss the planned Pharmacy First campaign which was due to launch later in the year. A second meeting was expected in August but this was cancelled and despite following up on this, NHS England failed to respond and arrange another meeting.

This issue was raised on several occasions at the Pharmacy First Delivery and Implementation Group where the NHS England Comms representatives failed to attend for several meetings in a row. Finally, a meeting was arranged with Community Pharmacy England on 30th October and a meeting was also scheduled with the other pharmacy bodies (CCA, IPA, NPA and RPS) plus Community Pharmacy England and Healthwatch on 31st October 2024. At both meetings, the final copy was shared and attendees were advised that the campaign would start on 11th November. Therefore, no opportunity was given to provide feedback or work collaboratively on the campaign.

The campaign ran for six weeks; minor revisions were made to the original campaign materials used earlier in 2024, including additional information on the age criteria for the clinical pathways.

A [news story](#) was published to highlight the campaign; a statement was also included from Janet highlighting that while we welcomed the campaign, NHS England must continue to effectively advertise the service on a regular basis as well as increase referral rates from general practices and NHS 111.

### **Pharmacy First caps**

As discussed at the September meeting of FunCon, a new approach for monthly caps was agreed as less bad than the originally announced approach and this feedback was provided to DHSC. A list of pharmacy owners, their assigned Band and monthly cap was added to the NHS Business Services Authority's website on 30th September 2024; a [news story](#) was published highlighting this.

The Funding Team had further discussions on this with DHSC for the second quarter (for January, February and March 2025) using data from August, September and October 2024; further information on this topic is included in the FunCon papers. A [news story](#) was published to highlight the new caps for the next quarter.

### **Resources and news stories**

Specialist Pharmacy Service launched a podcast to discuss some of the issues surrounding the Pharmacy First service and to debunk certain clinical myths around the Clinical pathways strand of the service; a [news story](#) was published to highlight the availability of the series, as well as a reminder news story later in December.

Resources to support pharmacy owners, their teams and LPCs to target schools and nurseries have been published which include:

- **Pharmacy First checklist – promoting the service to schools and nurseries**

This [checklist](#) provides suggested actions that pharmacy owners, their teams and LPCs

can choose to undertake to help promote the Pharmacy First service to their local schools and nurseries.

- **Template email/letter to schools and nurseries**

A template email/letter introducing the Pharmacy First service for:

- [Primary schools](#);
- [Secondary schools](#); and
- [Nurseries](#).

- **News story**

A [template news story](#) that could be used by schools or nurseries on their website or in their newsletter.

- **Brief news story on the service**

A [shorter template news story](#) that could be used by schools or nurseries in their newsletter.

- **Template email/letter from headteacher/nursery manager**

A template news story that headteachers/nursery managers could send out to parents/carers about the Pharmacy First service for:

- [Primary schools](#);
- [Secondary schools](#); and
- [Nurseries](#).

A [news story](#) was published highlight the resources.

A letter has also been sent to the following five school/nursery leadership bodies highlighting how the service works and encouraging them to share information with their members, for onward cascade to parents/carers and staff members:

- Professional Association for Childcare and Early Years
- National Day Nurseries Association
- Grammar School Heads Association
- Association of School and College Leaders



- NAHT

The Association of School and College Leaders replied to advise that they would be including it in their comms to members.

A similar letter has been sent to the following business representative bodies:

- British Chambers of Commerce;
- British Retail Consortium;
- Confederation of British Industry;
- Federation of Small Businesses;
- Institute of Directors; and
- Make UK.

The British Chambers of Commerce replied to say they have highlighted Pharmacy First in their weekly email to over 1,000 staff in local Chambers of Commerce. The information in their email is often then cascaded by the local Chambers to their individual business members.

### **Myth busting series**

We have continued with the Pharmacy First myth busting series in part to address the concerns raised in the NHS England operational note (see below):

[Myth busting series \(#5\)](#)

[Myth busting series \(#6\)](#)

[Myth busting series \(#7\)](#)

[Myth busting series \(#8\)](#)

[Myth busting series \(#9\)](#)

[Myth busting series \(#10\)](#)



## Pharmacy First Patient survey

The link to the survey along with a Pharmacy First notice advertising the survey was shared with Committee member volunteers in September to test the survey with a few patients to validate whether the questions make sense to the general public.

This was tested and then the amended survey, news story and promotional aids were shared with Healthwatch England. The survey went live on 21st November; a [news story](#) was published to highlight the availability of the service, as well as the resources available (poster and small flyers) to promote the survey to patients. Reminder news stories have since been published.

The Funding Team has created a dashboard to share the national data and to allow LPCs to view their local patient survey data (if patients have included their postcode while completing the survey). Once sufficient data has been collected via the survey, this will be uploaded to the dashboard.

## Other work on Pharmacy First

The Funding Team has created a Pharmacy First dashboard for LPCs to use (not to be used or referenced externally) which contains data on Pharmacy First clinical pathway consultations. This is available to view in the [LPC members section](#) of the website (log-in is required to access this).

The Services Team worked with Healthwatch England to arrange an LPC representative to attend their regional meetings to talk about Pharmacy First, the Hypertension Case-Finding Service and the Pharmacy Contraception Service. The feedback from the LPCs is that the presentations have been very well received and many have been asked to return to present again in the future.

Following ongoing discussions with NHS England and DHSC, on 14th November Distance Selling Pharmacies (DSPs) were able to receive referrals from NHS 111 online for the Urgent medicines/appliances strand of the service (DSPs could already receive referrals from NHS 111 telephony service). NHS England is now working on enabling DSPs to receive referrals for the Minor illness strand of the service.



### Subcommittee action

No action required.



## Appendix SDS 08/02/2025

# Miscellaneous matters of report

## Introduction

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

## Conditions and categories working group

Rosie Taylor has been attending the Reclassification Alliance's conditions and categories working group with representatives from CCA, NPA, RPS, as well as PAGB, Incisive Health, the Department of Health and Social Care and the Medicines and Healthcare products Regulatory Agency. The group has been identifying opportunities to expand the availability of OTCs through the reclassification of medicines from prescription-only to over-the-counter status. The work concluded with the development of an agreed list of therapeutic areas with immediate reclassification opportunities.

Due to the General Election, this work was delayed and the list was not published. The Group has therefore written to Karin Smyth, the Minister of State for Health (Secondary Care) to ask for this list to be published in full as soon as possible. In doing so, companies will be encouraged to apply for reclassification.

## Minor Ailment Services commissioning toolkit

In the September SDS papers an update was provided on work to update our Minor Ailment Service 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.

In November 2024, the updated toolkit was [published](#) (please note, this has been published in the LPC members area of the website and therefore can only be accessed by logging into the website) and LPCs were notified of the availability of this.

### Our Future Health research programme

The Services Team has been approached by Our Future Health with a request to join their Primary Care Working Group to broaden its membership by bringing on board expertise from community pharmacy. Alastair Buxton has agreed to join the group.

Our Future Health ([ourfuturehealth.org.uk](http://ourfuturehealth.org.uk)) will be the UK's largest ever health research programme, designed to enable the discovery and testing of more effective approaches to prevention, earlier detection and treatment of diseases. It will collect and link multiple sources of health and health-relevant information, including genetic data, across a cohort of up to 5 million people that is as representative of the UK population as possible.

### Pharmacy Quality Scheme (PQS)

#### PQS evaluation

At the September SDS meeting, it was highlighted that the PQS evaluation was due to be published in due course. The evaluation has still not been published and we have not received any further updates on publication from NHS England.

#### Oral anticoagulant evaluation

An [evaluation](#) of oral anticoagulant safety indicators by community pharmacies in England has been published in the pharmacy MDPI journal.

As part of the Pharmacy Quality Scheme (PQS) in 2021/22 and 2023/24 community pharmacy teams participated in two audits to understand the impact pharmacy teams have on improving anticoagulant safety.

Approximately 11,000 community pharmacy teams audited just under a quarter of a million patients and made almost 150,000 interventions for patients taking oral anticoagulants. The

results found community pharmacy teams are well placed in educating and counselling patients on the safe use of anticoagulants and ensuring that all patients are correctly monitored.

A [news story](#) was published to highlight this and our PQS outcomes page was also updated.

### **Ask for ANI**

The Ask for ANI emergency codeword scheme that was launched during the pandemic concluded on 4th November 2024.

Both the Ask for ANI and Safe Spaces programme featured in the 2022/23 Pharmacy Quality Scheme (PQS) with staff being asked to complete reading and training around the two schemes. Many pharmacy owners also decided to register their pharmacies as a Safe Space and to participate in Ask for ANI.

Ahead of the conclusion of the Ask for ANI scheme, Hestia, the charity behind Safe Spaces, wrote to all pharmacies that were signed up to both schemes to confirm if they would like to continue to offer their consultation room as a Safe Space as this scheme will be continuing (it is just Ask for ANI that has now finished).

A [news story](#) was published to highlight this to pharmacy owners.

### **Subcommittee action**

No action required.