

# Minutes of the Service Development Subcommittee meeting held at 14 Hosier Lane on 24th September 2025, commencing at 1pm

**Present:** Fin McCaul (Chair), Phil Day, Sami Hanna, Clare Kerr, Jay Patel, Faisal Tuddy

**In attendance:** Sukhi Basra, David Broome, Peter Cattee, Marc Donovan, Lindsey Fairbrother, Jenny Harries, Jas Heer, Mike Hewitson, Tricia Kennerley, Ifti Khan, Niamh McMillan, Adrian Price, Sian Retallick, Anil Sharma, Ian Strachan, Stephen Thomas, Gary Warner, Has Modi, Mayank Patel, Alastair Buxton, David Onuoha, Rosie Taylor, Vicki Roberts, Gordon Hockey, Janet Morrison, Mike Dent, Katrina Worthington, Zoe Long, Melinda Mabbutt, James Wood, Daniel Fladvad, James Davies

## Item 1 – Welcome from Chair

- 1.1 The Chair opened the meeting and welcomed attendees.

## Item 2 – Apologies for absence

- 2.1 Apologies for absence were received from Beran Patel and Prakash Patel.

## Item 3 – Conflicts or declarations of interest

- 3.1 No new conflicts or declarations of interest were raised.

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

- 4.1 The minutes of the subcommittee meetings held on 25th June 2025 were approved.

## Item 5 – Review of progress against the 2025/26 Workplan

- 5.1 The subcommittee was content with the progress made against the workplan for 2025/26.

## Item 6 – Progress with CPCF 2025/26 service changes and PQS implementation

- 6.1 The subcommittee noted the progress with the CPCF 2024/25 and 2025/26 service changes and the Pharmacy Quality Scheme (PQS).
- 6.2 Alastair Buxton highlighted several updates since publication of the SDS papers:
- Work continues within the team and with NHS England/DHSC colleagues on

implementation of CPCF 2025/26 service changes.

- At the last Committee meeting, we announced the proposal of the Childhood Flu Vaccination Service. Since then, work has been completed on reviewing the service specification and Patient Group Direction (PGD), as well as producing resources to support pharmacy owners. Now we are seeing pharmacy owners preparing to provide the service from 1st October 2025; this service will be a key pilot for us this year.
- NHS England has confirmed that the new Pharmacy First clinical pathways, protocol and PGDs will come into effect on 1st October 2025 as they have received confirmation from IT suppliers that they can make the required changes to their systems by this date. Final versions of the updated documents have now been published on the NHS England website. NHS England will announce this in their Primary Care Bulletin tomorrow and we will publish comms echoing the announcement following the Bulletin being issued.
- Later in the month (29th October 2025) the expansion of the New Medicine Service to include depression as an eligible therapeutic area and the changes to the Pharmacy Contraception Service are due to come into effect. A discussion was held around the proposed start date (Confidential item).
- Discussions continue on the Hypertension Case-Finding Service specification (Confidential item).
- A discussion was had on ABPM and the following points were noted:
  - A discussion was held on the concerns surrounding the addition of ABPM to bundling (Confidential item).
  - The question was asked if there is anything else the Services Team can do to encourage pharmacy owners to provide this element of the service. Alastair advised that we could look to repeat our previous comms on this topic and Janet pointed out that the fee for this element of the service was also increased as part of the CPCF 2025/26 settlement to try to encourage participation.
  - Alastair noted that NHS England had agreed to speak to their behavioural insights team to see if there was any advice they could provide on trying to get more people to accept the offer of ABPM; we will follow up to see how this is progressing. Alastair also pointed out that CPPE has been commissioned to

provide face-to-face training, which is particularly focused on the soft skills needed for the service, not on the practical elements of measuring blood pressure; David Onuoha had been involved in the design of the workshop.

- A discussion was had on the reasons why pharmacy owners may not be providing the service and David shared insights from the work that he had previously undertaken to gather feedback from pharmacy owners on this. The point that insurance for ABPM meters is available if pharmacy owners are concerned that a meter may not be returned was also highlighted.
- NHS England is now making further changes to the Pharmacy First service specification. They have proposed adding wording around the Urgent supply of medicines and appliances strand of the service, highlighting the requirements of the Human Medicines Regulations and Misuse of Drugs Act when making emergency supplies, particularly the supply of Schedule 4 and 5 Controlled Drugs.

- 6.3 A discussion was had on the functionality of the clinical IT systems and whether the IT system suppliers should provide safeguards against inappropriate supplies or whether this is the clinician's responsibility. Alastair advised that pharmacy owners, as customers of the IT system suppliers, should speak to their IT provider about this and the functionality that they would like to be provided.
- 6.4 A question was asked about the timeline for the mandatory requirement to use an NHS-assured IT system for NMS. Alastair advised that no timeline has yet been agreed, but development of NMS functionality in IT systems is likely to be part of the new IT framework NHS England is putting in place. NHS England is aware of the need to give pharmacy owners adequate notice ahead of any change that requires use of an assured IT system.
- 6.5 No further actions were suggested to implement the agreed service changes and no additional resources or communications that could be issued to assist pharmacy owners and their teams were suggested.

## **Item 7 – Vaccination services**

### **General update on the commissioning of vaccination services**

- 7.1 Most of the information in the paper was for report; however, Alastair provided some further information on the challenges that have been seen regionally with the introduction of

regional authorisation of PGDs for the Adult Flu Vaccination Service. NHS England has acknowledged the issues and apologised for the lack of consultation on the changes to the PGD sign off process. They have advised that they want to work with us next year to improve the PGD sign off process.

- 7.2 A discussion was had on the points covered in the paper and how the seasonal vaccination programmes are going so this can be fed back to NHS England next week.

### Item 8 – Health campaigns

- 8.1 A discussion was had on our approach to health campaigns (Confidential item).

### Item 9 – Independent prescribing: update on the NHS England Pathfinder programme and future commissioning

- 9.1 Alastair advised that the Services Team is keen to gather feedback from the IP sites now almost all sites had been able to commence prescribing. Feedback was provided by LPCs at the regional meetings in July, but at that stage a lot of the sites were only just starting to get going with prescribing. A request was made to all the Committee members who have IP sites to provide feedback to Alastair. Wider feedback from other pharmacy owners is also being sought.
- 9.2 A meeting to further discuss IP will be arranged shortly.

**Action: If Committee members have any feedback from their pharmacies which are IP sites, please email this to Alastair and also indicate whether they would like to participate in the additional meeting on IP.**

### Item 10 – Crime and Policing Bill 2025: potential impacts on sexual health services

- 10.1 Alastair provided a brief overview of the paper.
- 10.2 It was agreed that we should undertake lobbying and support the RCPsych letter, subject to appropriate amendments being made to widen its scope (as detailed in the agenda paper) to cover pharmacists and pharmacy technicians.



### Item 11 – Update on work to support locally commissioned services

11.1 Due to time constraints, this was not discussed.

### Item 12 – RAND Europe’s evaluation of clinical services

12.1 Due to time constraints, this was not discussed.

### Item 13 – Miscellaneous matters of report

13.1 This was a matter of report.

### Item 14 – Any other business

14.1 There was no other business.