Minutes of the Service Development Subcommittee meeting held on 24th June 2026 at 1.45pm via Teams

Present: Fin McCaul (Chair), Phil Day (Vice-Chair), Sami Hanna, Beran Patel, Mayank Patel, Prakash Patel, Faisal Tuddy

In attendance: Alastair Buxton, Rosie Taylor, Vicki Roberts, David Onuoha, Jas Heer, Michael Digby, Mike Hewitson, Anil Sharma, Sian Retallick

LPC members in attendance: Sue Taylor and Richard Brown

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 Jay Patel.

Item 3 – Conflicts or declarations of interest

3.1 No new conflicts or declarations of interest were raised.

Item 4 – Minutes of the previous meetings and matters arising

4.1 The minutes of the subcommittee meeting held on 22nd April 2026 were approved.

Item 5 – Review of progress against the 2026/27 Workplan

5.1 The subcommittee was content with the progress made against the workplan for 2026/27. An explanation was provided in response to a question from a member on how CPE works to address poor performance by pharmacy owners.

Item 6 – Update on implementation of CPCF changes

6.1 Alastair Buxton provided a verbal update on discussions at a meeting held the previous week to discuss IP and the first Delivery and Implementation Group (DIG) meeting with DHSC and NHS England, which was held the previous day. The following points were noted:

Clinical conditions for IP

- Last week, NHS England organised a meeting to discuss the IP clinical pathways. Alastair Buxton, Mike Hewitson and David Broome were there to represent CPE, along with a wider group of clinicians including medics, patient safety experts and antimicrobial stewardship leads, who all brought different perspectives to the discussions.
- Although five examples of clinical conditions were listed as options being considered in the CPCF announcement, nine clinical conditions were considered at the meeting.
- NHS England had developed a scoring system for each clinical condition which included affordability, AMR implications, deliverability, number of patients displaced from GP practices, etc.
- Discussions with other stakeholders are planned to assist NHS England to reach a conclusion on the most appropriate options, and further discussions with CPE will also be necessary.
- Alastair highlighted that there is a new community pharmacy IT supplier contractual framework that NHS England is working on with a range of IT suppliers. The framework includes various core services, including prescribing functionality. Therefore, we are hopeful that next year, there may be other NHS-assured prescribing systems available. However, to start with only Cleo will be available as that is the only NHS-assured system.

DIG meeting

- At the DIG meeting the previous day, NHS England had advised that they are in the process of getting two of their IP governance documents published; the guidance for ICBs and the professional assurance framework. The subcommittee had previously considered these documents and had concluded that professionally the requirements were appropriate, but some of the requirements seemed to expect the pharmacy owner to undertake a quasi-regulatory role, which was not felt to be appropriate. The latest version of the professional assurance framework was shared by NHS England yesterday and it will be discussed again at LRS.
- Alastair also flagged another concern that is being followed up next week at a meeting on IT for prescribing. It is likely that pharmacy owners providing IP Pharmacy First and PCS consultations will need to use alternative IT modules to make their clinical records for the consultations, rather than the IT systems they currently use for Pharmacy First and PCS

consultations. That then means that a manual payment claim will have to be made via MYS for IP consultations, rather than consultation data flowing to MYS via an API. NHS England were suggesting they would want a basic dataset on each consultation to be manually entered into MYS. Such an approach would be very inefficient and would move us back to an unacceptable situation where IT is not fully developed before the rollout of a service.

- A confidential discussion was held on the payment claims process for IP Pharmacy First and PCS consultations.
- Alastair also highlighted that we may need to have some additional SDS meetings to further discuss some of these matters over the summer.

6.2 Alastair highlighted that we have made good progress on PQS. Rosie Taylor has worked with DHSC and NHS England on the Drug Tariff wording and most of our resources have been published.

6.3 The Chair acknowledged the good work that the Services Team has been doing and acknowledged that this has been particularly challenging due to the coinciding regional LPC meetings and evening roadshows.

Item 7 – Vaccination services

7.1 The information in the agenda was noted. It was also noted that since the last subcommittee meeting, the Committee has agreed to the recommissioning of the children's flu vaccination service and the Meningococcal B (MenB) vaccination service had been proposed, negotiated and announced. In the subsequent discussions, points made included:

- The MenB service specification was published yesterday. David Onuoha had prepared a webpage including information from the service specification, which was published yesterday along with a news story announcing the availability of the service specification.
- David is currently working on other resources to support pharmacy owners with delivery of the service including posters and checklists.
- Alastair asked for views on whether we should hold a webinar on the service. It was agreed not, but it was highlighted that those who have not previously provided COVID-19 vaccinations, may need more support with RAVS and FDP. Alastair agreed and highlighted that the RAVS team had previously run mini drop-in sessions so he will find out if they are

planning to hold any more of these.

- The Childhood Flu service specification has been finalised but not published yet.

Item 8 – Neighbourhood health

8.1 This was a matter of report.

Item 9 – Support for locally commissioned services

9.1 This was a matter of report.

Item 10 – Any other business

10.1 Mayank Patel asked if it would be possible to submit a bulk registration for the MenB vaccination service. Alastair advised that he would check with NHS England if that was possible.