

Minutes of the Service Development Subcommittee meeting held on 16th September 2026 at Hosier Lane

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, Adrian Price, Rachel Jones, Janet Morrison, David Broome, Tricia Kennerley, Sian Retallick

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 24th June 2026 were approved. There were no matters arising not covered on the agenda.

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. Fin McCaul thanked the Services Team for the recent work on the Pharmacy Quality Scheme and also David Broome and Mike Hewitson for their work on the Pharmacy First prescribing pathway group. Concerns were raised about the DMS MYS claim process, although it was acknowledged that the claim process has already been simplified.

Item 6 – Prescribing within the CPCF

6.1 Alastair Buxton provided a summary of the papers and sought comments, in particular on the interim IT arrangements; new clinical pathways; the Prescription Management guidance; the DT wording; and the NHSBSA sign-up form.

Interim IT arrangements

- 6.2 Alastair said that he had fed back to NHS England about the serious shortcomings of the interim IT arrangements. CPE's view on the interim IT arrangements had been added to the [Prescribing within the CPCF webpage](#).
- 6.3 A question was asked about which system suppliers are working with NHS England under the Digital Services for Integrated Care (DSIC) framework. Alastair advised this is currently confidential and we are waiting for that to be shared in due course. Alastair will let the subcommittee know when NHS England shares which system suppliers are involved in the process.
- 6.4 It was noted that NHS England is holding a webinar on 1st October (6.30–7.30pm) for pharmacy owners on the IT systems they will need to have in place to provide prescribing within the CPCF. A sign-up link is available on the [Prescribing within the CPCF webpage](#).
- 6.5 A discussion was had on issuing more comms on CPE's views on the service. Alastair said that when NHS England publishes the next set of documentation relating to the service, this will give us a 'hook' to give CPE's view on the different documents, IT and reiterate our view on the funding for the service.
- 6.6 A suggestion was made around publishing a cost calculator for the service, which looked at the different elements of providing the service, not just the consultation. Alastair advised this had been considered.
- 6.7 The duplication of entering data into the consultation record and MYS was highlighted as a concern from a time perspective and that there was no additional funding to cover the work required for this. There were also potential patient safety risks created by the need to use multiple IT systems within the provision of a consultation.
- 6.8 The contractual requirements with the prescribing system were also mentioned as something that pharmacy owners need to consider; at some stage other suppliers will enter the market so pharmacy owners need to be aware of this and consider the implications of signing up for a potentially long-term contract.
- 6.9 Alastair highlighted the end of month payment claim declaration and how extensive the wording was that was included in this. We had argued that simplified wording should be used, but DHSC were adamant that a 'belt and braces' approach was needed.
- 6.10 Alastair highlighted that if pharmacists sign up as a prescriber, then they must make all supplies through Pharmacy First and PCS as a prescriber (they cannot provide some

pathways through PGD supply and prescribe for others).

- 6.11 The manual interim MYS payment claim will significantly increase workload.

Prescribing pathways

- 6.12 NHS England and DHSC are still working on the guidance and guardrails to support the provision of the five prescribing pathways.
- 6.13 NHS England had shared details of the five prescribing pathways with ICBs and at the same time, we shared the list with the LPCs via CLOT and the Gaggles group; however, a formal announcement had been delayed. That was eventually made last Thursday, with the Prime Minister visiting a pharmacy.
- 6.14 David Broome said there are lots of pitfalls with the prescribing pathways that need to be worked through.
- 6.15 In response to a question, Alastair advised that initially IPs could choose to only provide the new prescribing pathways they felt competent to provide; however, they would be expected to develop competence in all of them over time.
- 6.16 A comment was made about noise from the GP press and had we engaged with it. Alastair said that he had briefed the new team at GPC England last month and will provide them with an update next week. However, at this stage, until more information is available on the prescribing pathways, it is not appropriate to start debating the virtue of the pathways.
- 6.17 Concern was raised about migraine being included as a prescribing pathway and differentiating between headaches. Alastair provided information on the work that the National Clinical Director for Neurology at NHS England has done with the Getting it Right First Time (GIRFT) programme team to develop a headache pathway which is aligned with NICE guidance. The pathway includes a relatively simple pharmacy sub-pathway that can be used with any patients presenting with headache to differentiate symptoms that need urgent referral, versus those that can be safely treated in the pharmacy. He thought this would mitigate this risk and be a helpful resource in general, not just for IPs and the migraine prescribing pathway.

Prescription Management guidance

- 6.18 Comments were sought on the draft 'Prescription Management' guidance. There were no comments on the content of the guidance, but SDS members can provide feedback by close

of play tomorrow if they wish to do so by emailing Alastair. However, comments were made on there being no remuneration for prescription management (which the Services Team will reiterate in the comms when the guidance is published) and the risk associated with it.

- 6.19 A comment was made about including in the guidance about not using any prescribing consultations as an opportunity to switch a patient's EPS nomination; Alastair said he thought this could be included in the 'prescribing specification' document.

Pressures on LPCs

- 6.20 Several comments were made about the pressures LPCs were facing with the service and that some LPCs are unsure of the approach to take with supporting the commissioning of prescribing. Alastair said that he would reiterate our position at the next CLOT meeting. He also reminded the subcommittee that this was discussed with all the LPCs at the CPE regional meetings in June/July.

Remunerating IPs

- 6.21 The point was made about the challenges of remunerating IPs as if they are taking on more risk and work, they will want this to be recognised in their salary. With the uncertainty of the timelines, it is difficult to plan for this. Alastair agreed with the issue and highlighted that in NHS trusts, IPs do get paid more than non-IP pharmacists. We made that point in negotiations as part of our argument for higher consultation fees for prescribing consultations, but DHSC and NHS England were not willing to recognise that in their final proposal for the item of service fees related to the two clinical services.

Drug Tariff wording

- 6.22 Comments on the Drug Tariff changes were asked to be emailed to Alastair by close of play tomorrow.

NHSBSA sign up form

- 6.23 Alastair received the draft sign-up form for the service on MYS on Friday hence why this was added to iBabs after the other papers were published. It was confirmed there was no deadline for signing up to provide prescribing.



Item 7 – Contract reform discussion topic: Implementing the Vision for Community Pharmacy

- 7.1 Alastair provided an overview of our assessment of the progress made on implementing the Vision's service development priorities and asked for thoughts on options to include in a revised list of Priority Service Enhancements.
- 7.2 The subcommittee was pleased with the progress made on implementation of the service developments set out in the Vision /our Priority Service Enhancements.
- 7.3 It was mentioned that frailty and preventing hospitalisation are priorities for the NHS. Community pharmacy prescribers could be commissioned to support that priority area in several ways, including by providing Structure Medication Reviews. It could also be that pharmacies are commissioned to provide other services, such as hypertension and cardiovascular disease prevention, which frees up senior clinicians in GP practices to manage frailty.
- 7.4 A discussion was had on access to blood testing in pharmacies. Alastair highlighted that different areas use different approaches for patient access to phlebotomy and testing which would need to be further explored by the ICBs in the Prescribing Development Programme (building on the work undertaken in the IP Pathfinder Programme). Point of care testing was also discussed as an option in some cases.
- 7.5 A suggestion was made of not needing a referral for DMS; if you are aware of a patient who has been recently discharged, you should be able to provide the service without a referral.
- 7.6 A discussion was had on whether the sector has capacity to provide more services, is there the funding and does consideration need to be given to allow more services to be provided remotely. Alastair agreed those were important factors that we need to consider when new services were being considered for commissioning, but that was arguably less relevant when we were seeking to identify a new list of potential services to promote as options and exemplars of what the sector could potentially provide in the future in our influencing work. He also noted that most clinical services are commissioned as Advanced services, so they are optional for pharmacy owners to provide. Janet highlighted that it is a balancing act.
- 7.7 Alastair said that for the November meeting, the services team would aim to create a new priority service developments list for the next five years, considering NHS priorities and the opportunities that prescribing brings.



Item 8 – Vaccination services

- 8.1 The information in the agenda was noted. Alastair said that around 250,000 vaccines had been administered under the MenB Vaccination Service so far. A confidential discussion was held on the number of pharmacy owners signed up to provide the service.
- 8.2 Alastair asked whether all the learnings from the early problems with the MenB Vaccination Service had been captured in the paper. The point was made that the walk-in element and provision of vaccinations is still being underestimated. David said he had laboured the point to the Vaccination Team but could feed back again about this.
- 8.3 A confidential discussion was held on vaccination services. .

Item 9 – Contract reform discussion topic: The future approach to quality within the CPCF and short-term PQS developments

- 9.1 Due to time constraints, this item will be discussed at a future SDS meeting.

Item 10 – Locally commissioned service

- 10.1 Vicki Roberts provided a summary of the paper. The subcommittee was asked their views on our future approach to assessing nationally commissioned services due to the plan to develop a standardised evaluation framework for locally commissioned services with a group of LPC representatives.
- 10.2 It was agreed that our approach to assessment of national services could be reviewed once a local framework had been developed with volunteer LPCs.

Item 11 – Implementation of CPCF changes

- 11.1 This was a matter of report.

Item 12 – Neighbourhood health

- 12.1 This was a matter of report.

Item 13 – Any other business

- 13.1 None.