



## Community Pharmacy Birmingham & Solihull

Welcome to the new website for Community Pharmacy Birmingham & Solihull (BSol LPC) where we will be supporting community pharmacies across Birmingham and Solihull with resources, training and guidance.

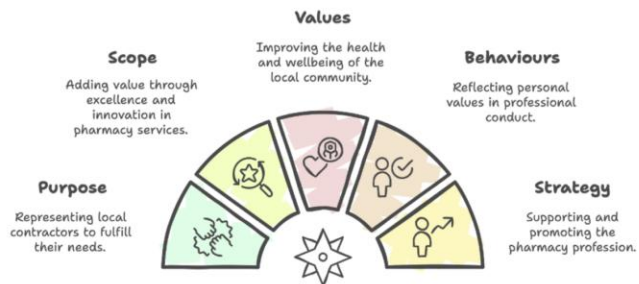
[Read More](#)



# The Community Pharmacy Contractual Framework (CPCF) UPDATE Meeting



## Empowering Pharmacy Excellence and Community Wellbeing



## Empowering Pharmacy Excellence and Community Wellbeing

Our purpose is to represent, support and promote pharmacy within the Black Country, by demonstrating the value that the profession brings, through innovation and excellence in service delivery. Our vision is to integrate pharmacy in local health provision, being the partner of choice in the improvement of wellbeing in the community



# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

- **Pre-start Question**

- What would you, as a contractor, want support with from the LPC?
- Write a ***one-word answer*** in the meeting chat

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

- **Welcome**
- **Introductions**
  - LPC execs
  - LPCs' staff
  - ICB Colleagues
- **Meeting Protocols**
  - Please stay on mute during the presentation
  - The slide deck will be posted on the websites by the end of the week
  - The links in the presentation will enable you to access further information
  - Questions to be posted in the chat or asked in the final session (21.00 – 21.30)
  - “Your Questions Answered” will be included with the slide deck and posted on the websites

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

- To understand the link between quality and reputation and activity
- To provide a summary of the changes to the CPCF AND PCARP services largely in October
- To share links for further information
- To highlight hints, tips and good practices which will increase activity, improve quality and improve patient care
- AND support the NHS – particularly as winter pressures BITE

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

- Outline agenda
  - Understanding **WHY** Quality is Important – Shalina Anwar & Sukhy Somal (Community Pharmacy Clinical Leads, B Sol ICB & BC ICB)
  - What is the **NOW** and **FUTURE** - Sukhy Somal (Head of Community Pharmacy Clinical Services, BC ICB)
  - Linking and bundling to PCARP funding (Pharmacy First, Contraception & BP checks)
  - Sexual health services commissioned by the local authorities & **safeguarding**
  - Understanding CPCF's **October changes**
  - Regulation changes: hour changes, DSPs, Hub & Spoke
  - Provide some new info on PQS and DBS checks
  - Key date reminders: workforce survey

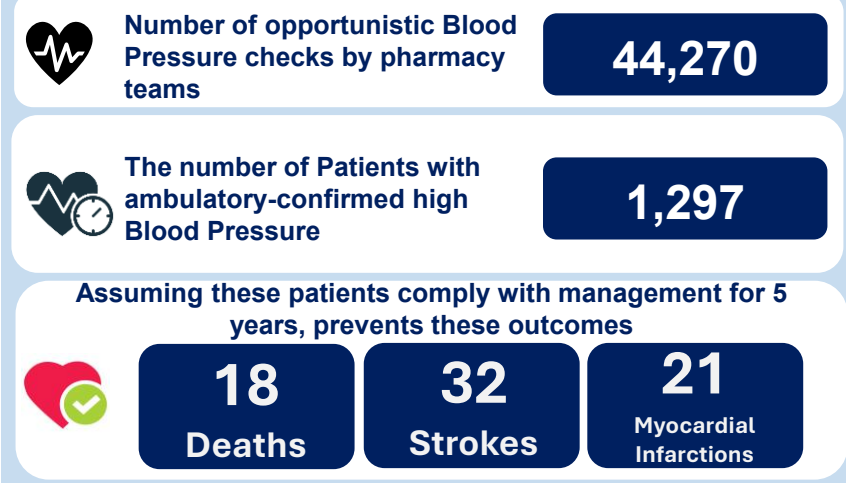
# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

## Quality

- Some insights from the ICBs (Shalina & Sukhy)
  - *“Delivering great care to patients and recognised by our primary care colleagues WILL enhance the reputation of the community pharmacy services AND encourage them to make (or start) more referrals”*

Community pharmacy is a key pillar of Primary Care, working alongside GP practices, optometry, and dentistry. Together, they care for more patients each working day than any other part of the healthcare system.

**SICKNESS TO PREVENTION – Blood Pressure Check Service**



**There are 567 NHS Community Pharmacies in the Birmingham and Solihull and The Black Country situated in the heart of communities**



**ACCESS - Pharmacy First**

**89,569**

Pharmacy First consultations were delivered by NHS Community Pharmacy Teams, diverting demand from GP Practices, urgent care settings and NHS 111. Helping to improve access for patients and save GP and other clinician time.

By avoiding 10-minute appointments elsewhere, NHS Community Pharmacies have saved **14,928** hours of clinical time

**That equates to 30 additional full-time clinicians!**

**SICKNESS TO PREVENTION – Independent Prescribing Pathfinder Programme**

The NHS 10 Year Plan commits to expanding independent prescribing in community pharmacy to better support people with long-term conditions and improve access to clinical care in primary care settings.

The Community Pharmacy Independent Prescribing Pathfinder Programme is creating a framework to fully integrate community pharmacists into clinical care, across areas like acute illness, contraception, long-term conditions, opioid deprescribing and menopause management.

**Number of IP Sites live: 9**  
**Number of Consultations: 555**

**HOSPITAL TO COMMUNITY Discharge Medicines Service**



- Community Pharmacy Teams support Winter Preparedness through Pharmacy First, Discharge Medicines Service and Vaccinations
- Community Pharmacy Teams are ready to be fully involved in Neighbourhood Teams
- Improved digital connectivity between community pharmacies and GP practices via systems like GP Connect

**ACCESS – Pharmacy Contraception Service**

The NHS 10 Year Plan sets out that Pharmacists will play a key role in improving women’s access to healthcare, with **free emergency contraception available in pharmacies by the end of the year** and HPV vaccinations offered from 2026 to support the goal of eliminating cervical cancer.

**9,582**

Pharmacy led contraception consultations for initiation or ongoing supply of oral contraception have enhanced access and helped prevent unintended pregnancies

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

Shalina Anwar – ICS Community Pharmacy Clinical Lead

## Why is quality important?

- To support the delivery of great patient centred care

## How could quality be improved?

- Adherence to service specs and clinical pathways
- Manage NHS 111 escalations appropriately. See [PharmFirst Actions Poster](#) for further details
- Update Profile Manager if you can't deliver services and email [Bcicb.wmdosleads@nhs.net](mailto:Bcicb.wmdosleads@nhs.net) if you can't offer Pharmacy First. See [DoS Poster](#) for further details
- Communication is key with patients and other healthcare professionals
- Collaboration with primary care colleagues is critical to success
- Share self-care and safety netting advice and raise public awareness of your services
- GP Connect Update Record should not be used to communicate urgent actions or referrals or to communicate safeguarding concerns
- Good, accurate record keeping- Consultation summaries will be available through NHS App
- GP Connect Access Record will require users to update their individual profile to access. Patient consent is required

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

- **Highlight Summary and Top Tips Guides**
  - [Overall Top Tips for Quality Service Delivery](#)
- **Pharmacy First**
  - [Highlight Summary Guide Pharmacy First](#)
  - [Top Tips Guidance Pharmacy First](#)
- **BP Check Service**
  - [Highlight Summary Guide BP Check Service](#)
  - [Top Tips Guidance BP Check Service](#)
- **Pharmacy Contraception Service**
  - [Highlight Summary Guide Pharmacy Contraception Service](#)
  - [Top Tips Guidance Pharmacy Contraception Service](#)

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

## Pharmacy First Service: Top Tips for Service Delivery



Here's a concise list of 10 key tips that covers the essential aspects of ensuring a smooth and effective Pharmacy First Service

1	<b>Prioritise knowledge &amp; training</b> – Use CPPE's self-assessment framework to identify competency gaps and adhere strictly to service specifications, clinical protocols, and PGDs.	6	<b>Record keeping &amp; follow-ups</b> – Maintain clear, detailed patient notes, complete consultation records on the same day, and notify general practice promptly about service provision or required action.
2	<b>Efficient referral handling</b> - Regularly check referral platforms, alert pharmacists promptly, and ensure continuity when locum or relief pharmacists are present. Consider patient appointments to manage workload and use the pharmacy team to support.	7	<b>Strengthen collaboration with GP practices</b> – Identify a Pharmacy First link person, foster positive relationships through regular communication, and promote awareness using national and local promotional materials.
3	<b>Understand service pathways</b> – Only conduct clinical pathway consultations when a gateway point is met and utilise the minor illness service for referred patients who don't qualify under a specific clinical pathway.	8	<b>Support patient care</b> – Provide clear explanations for treatment decisions, share self-care resources like TARGET leaflets, and ensure onward referrals are directly managed rather than requiring patient follow-ups. <a href="#">TARGET Resources for Community Pharmacy</a>
4	<b>Urgent medicine supply guidelines</b> – A 111 referral is a request for consultation, not an instruction to supply. Supply limits apply for controlled drugs, with phenobarbital as an exception for epilepsy.	9	<b>Prepare for service bundling</b> – Get ready for phased requirements, including registration for contraception and BP check services from June 2025, with additional conditions from October 2025 and March 2026.
5	<b>Patient requires onward referral</b> - If the patient requires onward referral for any strand of Pharmacy First, the pharmacist should organise this and patients must not be asked to again call NHS111 or other healthcare settings – <a href="#">NHS111 Pharmacy First Actions Poster</a>	10	<b>Handle electronic notification issues effectively</b> – If system failures occur, ensure paperwork is sent or emailed to general practices promptly, maintaining continuity of care.

Pharmacy First Service: Top Tips for service delivery should be read in conjunction with the [service specification](#)

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

Pharmacy First  
Top Tips for Service Delivery

**Knowledge, Training and Development**

- Centre for Pharmacy Postgraduate Education (CPPPE) Pharmacy First Service self-assessment framework is not mandatory but recommended to identify gaps in competency and associated learnings to ensure safe delivery of the service.
- Ensure strict adherence to the [service specification](#), [clinical pathways](#), clinical protocol and PGDs. The PGD provides the legal basis for the provision of the medicine; professional discretion cannot be used to make a supply of a POM outside the provisions of the PGD.
- Be aware that a [clinical pathway](#) consultation can only be accessed when a gateway point in one of the clinical pathways is crossed.
- Support the training of counter support staff to identify eligible walk-in patients for the [clinical pathways](#).

**Pharmacy First Consultation Referrals**

- A referral within the NHS means one healthcare provider asks another healthcare provider to provide a service to a patient and this needs to be sent digitally. Therefore, a referral must be through Local Services, PharmReflex, TPF integrated solution or NHS mail.
- If a referral has been received via NHS Mail, please ensure the referral button is selected so that the data is recorded appropriately.
- If referral is from a GP Practice ensure the GP practice ODS code is added even if it is marked as optional on the template.
- Patients who are electronically referred but do not meet the gateway criteria for the Pharmacy First clinical pathway can instead be seen under the minor illness strand of the service. For example, an adult for earache would not be eligible for the acute otitis media clinical pathway, but the pharmacist could provide the minor illness strand of the service for this patient and make a claim.
- A 111 urgent medicine referral is a request for a consultation regarding the need for an urgent medicine supply, rather than a directive to dispense and supply medication. The maximum supply allowed for Schedule 4 and 5 controlled drugs is up to 5 days. Schedule 2 and 3 drugs cannot be supplied, except for phenobarbital when used for epilepsy.
- There is no requirement to make an entry on the Pharmacy First IT system if the patient has walked in (self-referred) for the Pharmacy First service and does not pass the gateway point. However, pharmacists may choose to make a clinical record of advice provided under the Support for Self-care Essential Service.

**Pharmacy First Consultation**

- Low acuity, minor illnesses** - if it is known that a patient has used the service more than twice within a month, with the same symptoms and there is no indication for urgent referral, consider referring the patient to their general practice as locally agreed.
- Urgent repeat medicine supply** - if the medicine is not in stock at the pharmacy, with the agreement of the patient, identify another pharmacy that provides the service and forward the electronic referral to the other pharmacy via NHS mail or NHS assured Pharmacy First IT system.
  - In this instance, both pharmacies are eligible for the service completion fee. If a patient is not registered with a GP, referrals can be completed by recording the practice as 'unknown' in the GP Practice section of the online form.
- Urgent medication should be verified through SCR, local shared care records, or other reliable mechanisms to confirm that the patient requires the supply.

Pharmacy First Service: Top Tips for service delivery should be read in conjunction with the [service specification](#)

Pharmacy First  
Top Tips for Service Delivery

- Supply under PGD** - An alternative antibiotic can only be provided as a result of a clinical decision as detailed in the PGD. If first-line antibiotics are unavailable at your pharmacy, you should refer the patient to an alternative local pharmacy with stock. If there is a general lack of availability of the product, the patient would need to be referred to their general practice. You would not be able to claim for the consultation.
- Manage patient expectations through clear communication e.g. explanation as to why an antibiotic isn't suitable, process in relation to bounce backs.
- Share self-care and safety setting advice using resources such as TARGET leaflets [V10 Women Under 65 Leaflet for community pharmacies](#), [S11 Leaflet for community pharmacies - British Association of Dermatologists](#) leaflets and evidence of using antibiotics using NICE guidelines
- Patient requires onward referral** - if the patient requires onward referral for any strand of Pharmacy First, the pharmacist should organise this and patients must not be asked to again call NHS111 or other healthcare settings themselves.

**Record Keeping and Follow-Up**

- Ensure consultation records are completed on the same day unless exceptional circumstances apply.
- Maintain clear, detailed, and concise patient notes records to assure practice teams and build confidence in the service.
- Schedule patient follow-ups or refer appropriately when needed.
- Send a notification to the patient's general practice on the day of provision or the next working day.
- If the general practice team needs to take action, send an urgent message via an agreed route instead of a standard post-event notification.
- If system failures occur, ensure a copy of the paperwork is sent or emailed to the general practice.

**Streamline Workflow**

- Ensure referrals are handled promptly by regularly checking the Pharmacy First IT platform and NHS shared mailbox throughout the day. Notify the pharmacist of any referrals, especially when locum or relief pharmacists are present, as they may be unfamiliar with the service workflow.
- Where a pharmacy contractor has received a referral but has not been contacted by the patient within 30 minutes of the referral, the pharmacist should consider whether they should contact the patient using the contact details set out in the referral message. The decision to contact the patient or not is for the pharmacist to make based on their clinical judgement.
- Consider using appointments to help manage workload.
- Patients who are electronically referred and not contactable, the pharmacy are not able to claim for a consultation. Close these referrals on the Pharmacy First IT system, noting the reason for this, rather than rejecting them.

**Promoting the Service and Developing Good Relationships**

- Consider identifying a Pharmacy First link person within the practice, it may be the Practice Manager, prescribing office lead or practice pharmacist.
- Build positive working relationships with local GP practices. The success of the service will be dependent on a good collaborative relationship and regular communication between pharmacy and practice.
- Organise regular meetings to discuss service status, development opportunities and improvements required.

Pharmacy First Service: Top Tips for service delivery should be read in conjunction with the [service specification](#)

Pharmacy First  
Top Tips for Service Delivery

- Promote the service using DHSC's Pharmacy First [campaign materials](#) where you can access posters, digital screen assets and social media files. Share these with your local practices too.
- Monitor bounce backs and use as a training opportunity for the pharmacy or practice. Collaborative working will be required to deal with the bounce back referrals in the interest of patient care and a positive patient experience.
- Share information about other pharmacy services that the practice can utilise and refer into such as the BP Check Service and the Pharmacy Contraception Service. These services can support practice priorities, improve health outcomes and improve access for their patients.

**Get Ready for the Phased Introduction 'Bundling' Requirements**

- From June 2025**, pharmacies will need to be registered to provide the Pharmacy Contraception Service and the Blood Pressure Check Service.
- From October 2025**, in addition they must deliver at least one Ambulatory Blood Pressure Monitoring (ABPM) provision per month, and
- From March 2026**, a specified number of contraception consultations, including emergency contraception consultations, will also need to be provided each month. The specified number will be agreed by Community Pharmacy England, DHSC and NHS England in due course.
- NOTE:** In recognition of forthcoming changes to the rules around provision of Advanced and Enhanced services to patients present on the premises of Distance Selling Premises pharmacies (DSPs), the above requirements related to registration to provide the BP Check service and the provision of at least one ABPM per month will not apply to DSPs.

**Resources**

- [CPE - Myth Busting](#)
- [CPE - Funding and Claiming Payment](#)
- [SPS Podcasts on Pharmacy First - Pharmacy First podcast series](#)

Pharmacy First Service: Top Tips for service delivery should be read in conjunction with the [service specification](#)

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

## What would be the result of improved quality?

- Improved patient safety
- Enhanced reputation of community pharmacy
- Positive patient experience
- Enhanced trust and confidence in community pharmacy
- Raised positive profile of community pharmacy
- An increase in walk-ins and referrals from NHS 111 and GPs
- Increased revenue!
- Inclusion of community pharmacy into existing ICS pathways and future commissioned services to meet local population needs
- Community pharmacy are strategic partners within the INTs and community pharmacy services are an integral part of the Neighbourhood Health Service

*“Delivering great care to patients and recognised by our primary care colleagues WILL enhance the reputation of the community pharmacy services AND encourage them to make (or start) more referrals”*

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

**Sukhy Somal – Head of Community Pharmacy Clinical Services**

## **What is the NOW?**

- Quality
- Patient Safety
- Services:  
DMS, NMS, BPs, ABPMs, PCS, EHC, safety, etc..
- Communication is key (remember to use the communication packs shared earlier in the year on “how to have a conversation with your GP practice” – links will be shared with the slides.
- Survival

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

Sukhy Somal – Head of Community Pharmacy Clinical Services

## What is the **FUTURE?**

- All pharmacists to complete the feedback on the RPS medicines shortages proposals
- Business model reviews, private services, services through INTs
- Independent Prescriber pathfinder
- Integrated Neighbourhood Teams (INTs)
- Vaccination/immunisation programme
- Phlebotomy
- Weight Management
- Estates management review, hub and spoke, (is this an income rate limiting factor?)
- Digital – AI
- Workforce
- Booking platforms
- NHS App messaging, repeat ordering

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

Just a couple of slides to support  
“context” before we get going....

# Summary

## BIRMINGHAM AND SOLIHULL INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

 QUESTIONNAIRES SENT OUT

116,148

 NUMBER OF COMPLETED SURVEYS

20,438

 RESPONSE RATE

18%



70%

had a good overall experience of their GP practice

Q32 National result: 75%

Base: ICS 20,341; National 699,562



62%

had a good overall experience of contacting their GP practice

Q16 National result: 70%

Base: ICS 19,866; National 686,100

54%

had a good overall experience of NHS services when their GP practice was closed

Q36 National result: 57%

Base: ICS 6,830; National 193,580



87%

had a good overall experience of pharmacy services

Q48 National result: 88%

Base: ICS 18,014; National 631,337



74%

had a good overall experience of NHS dental services

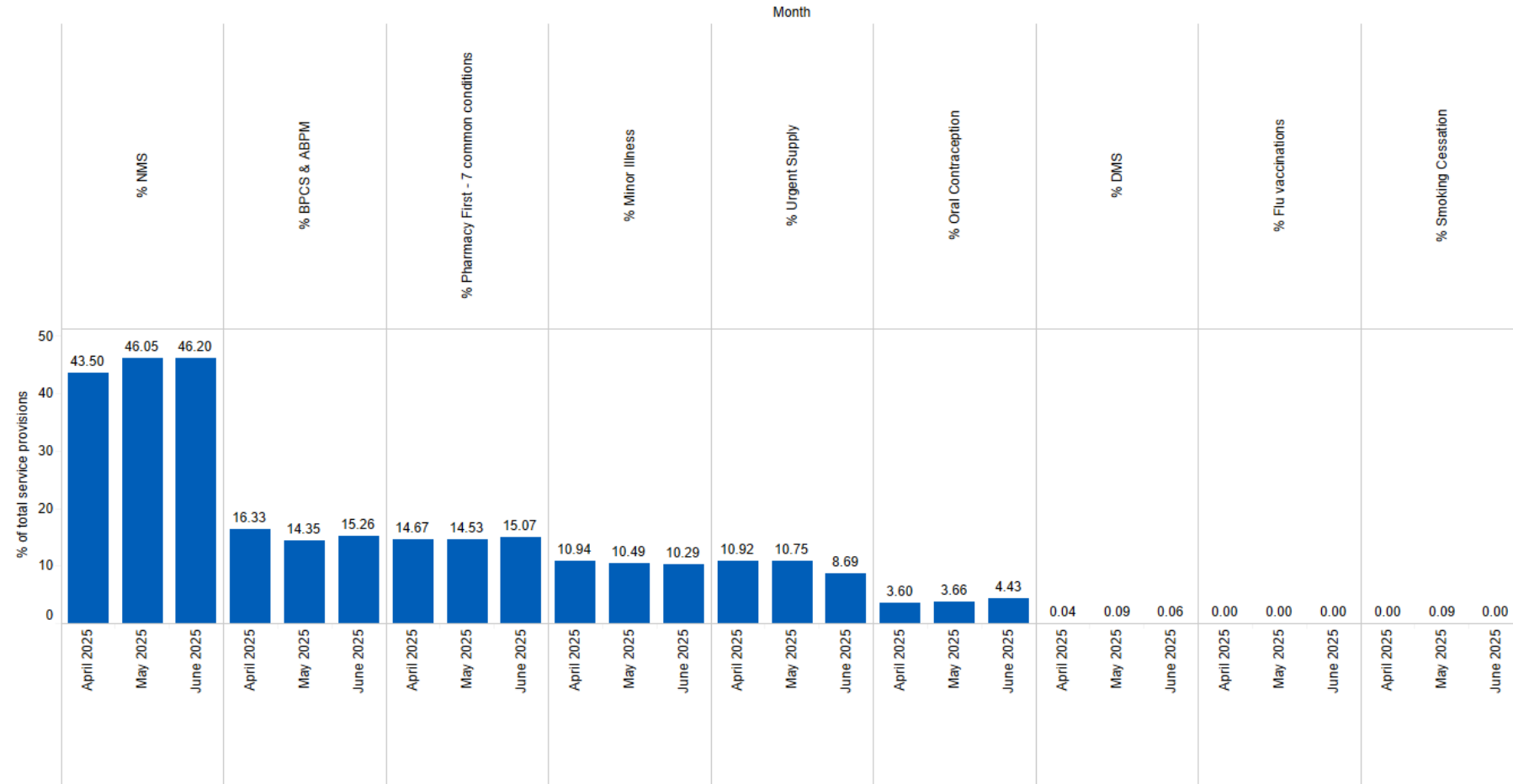
Q52 National result: 71%

Base: ICS 11,451; National 368,026



# Breakdown of the service provision proportions for NMS, BPCS & ABPM, Pharmacy First (7 common conditions, Minor Illness, Urgent Supply), Oral Contraception, DMS, Flu vaccination and Smoking Cessation within **BIRMINGHAM AND SOLIHULL** dispensing pharmacies

Breakdown of the service provision proportions for NMS, BPCS & ABPM, Pharmacy First (7 common conditions, Minor Illness, Urgent Supply), Oral Contraception, DMS, Flu vaccination and Smoking Cessation within **BIRMINGHAM AND SOLIHULL** dispensing pharmacies



# Summary

## BLACK COUNTRY INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

 QUESTIONNAIRES SENT OUT

91,184

 NUMBER OF COMPLETED SURVEYS

19,394

 RESPONSE RATE

21%



71%

had a good overall experience of their GP practice

Q32 National result: 75%

Base: ICS 19,283; National 699,562



64%

had a good overall experience of contacting their GP practice

Q16 National result: 70%

Base: ICS 18,885; National 686,100



57%

had a good overall experience of NHS services when their GP practice was closed

Q36 National result: 57%

Base: ICS 6,153; National 193,580



87%

had a good overall experience of pharmacy services

Q48 National result: 88%

Base: ICS 17,277; National 631,337



77%

had a good overall experience of NHS dental services

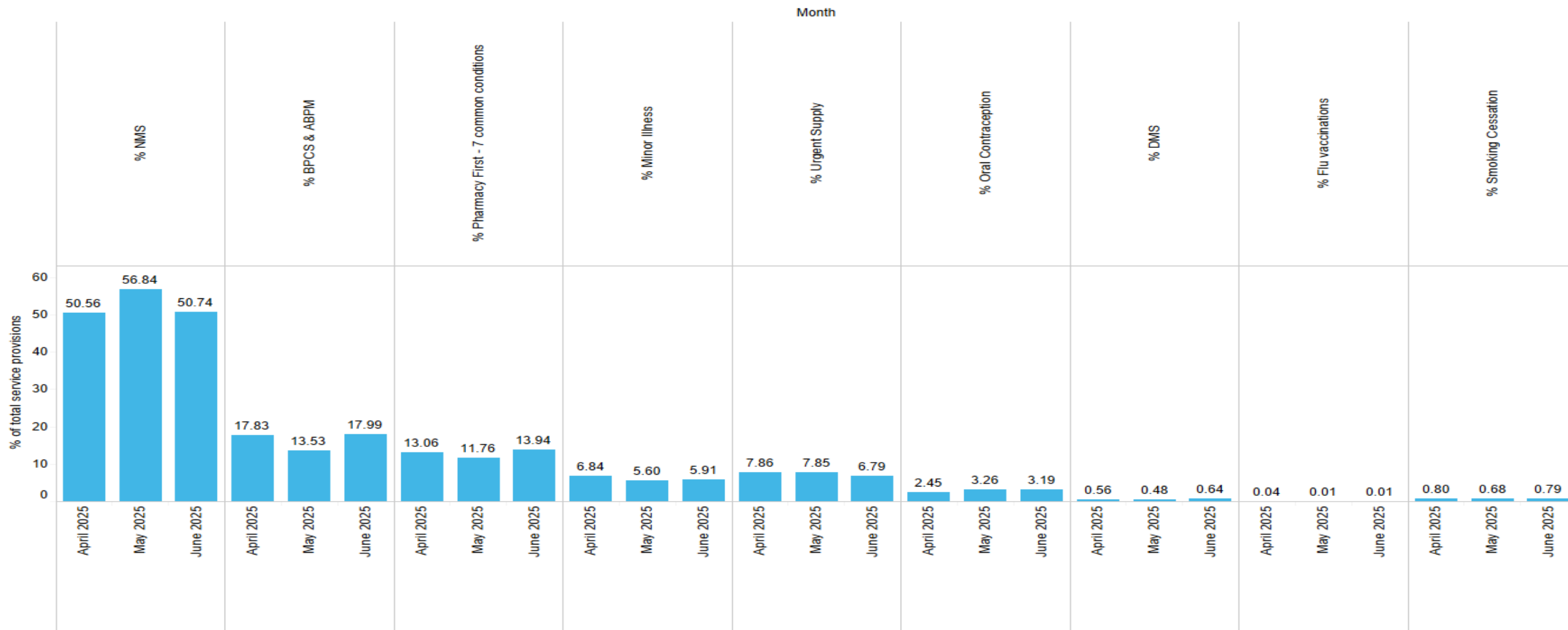
Q52 National result: 71%

Base: ICS 10,963; National 368,026

# Breakdown of the service provision proportions for NMS, BPCS & ABPM, Pharmacy First (7 common conditions, Minor Illness, Urgent Supply), Oral Contraception, DMS, Flu vaccination and Smoking Cessation within **BLACK COUNTRY** dispensing pharmacies



Breakdown of the service provision proportions for NMS, BPCS & ABPM, Pharmacy First (7 common conditions, Minor Illness, Urgent Supply), Oral Contraception, DMS, Flu vaccination and Smoking Cessation within **BLACK COUNTRY** dispensing pharmacies



# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

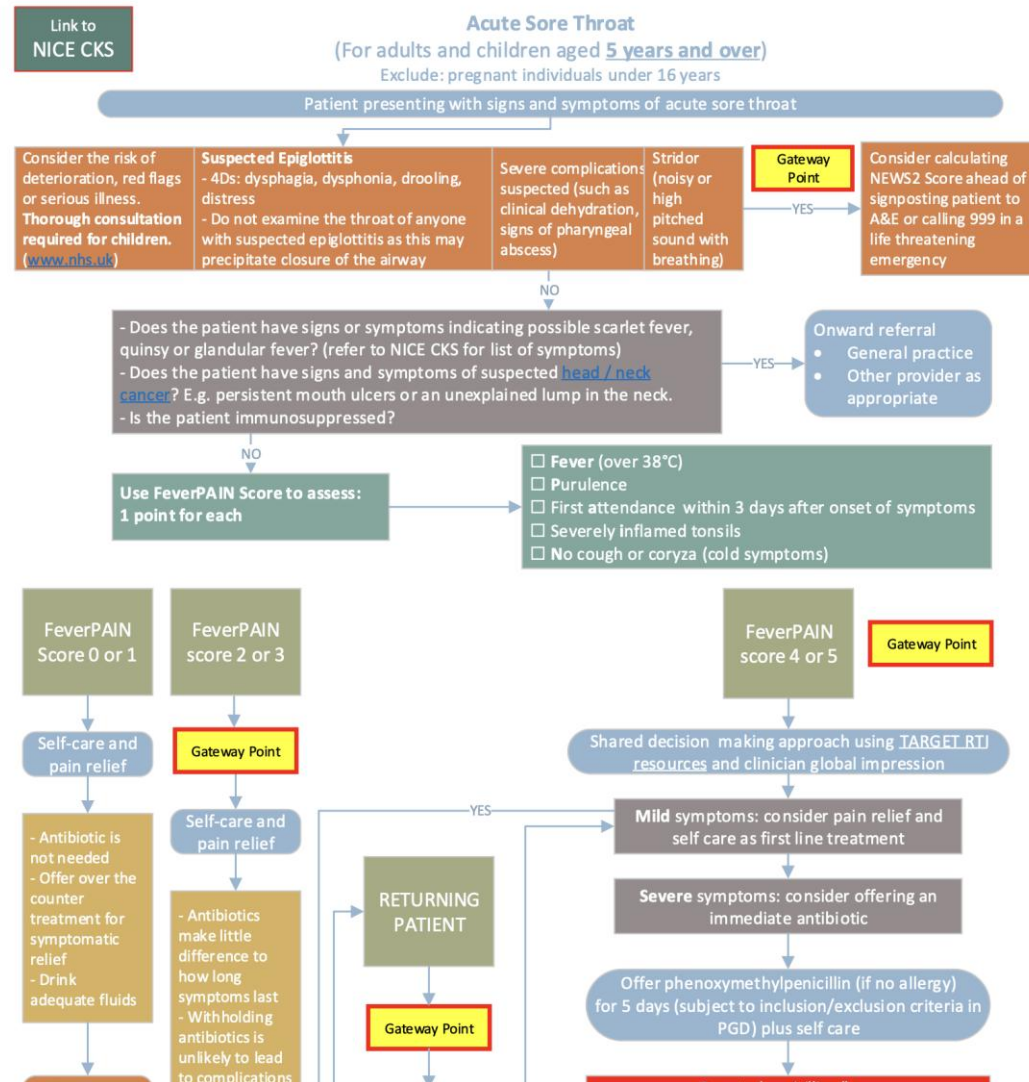
- PCARP Services (Primary Care Access Recovery Plan)  
(Funding outside the Global Sum)
  - Pharmacy First
    - Changes
    - DSPs
    - Bundling & Caps
  - Hypertension Screening Service
  - Contraception

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

- PCARP Services (Primary Care Access Recovery Plan)
- Pharmacy First
  - Links: <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-services/pharmacy-first/> and
  - <https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-first-service/>
- Changes to Clinical Pathways for October 1<sup>st</sup>. 2025
  - All 7 Pathways have an additional “Gateway Point” enabling a “claim” if during the consultation a RED FLAG, DETERIORATION OR SERIOUS ILLNESS is identified, meaning escalation to another provider (NEW gateway point passed)

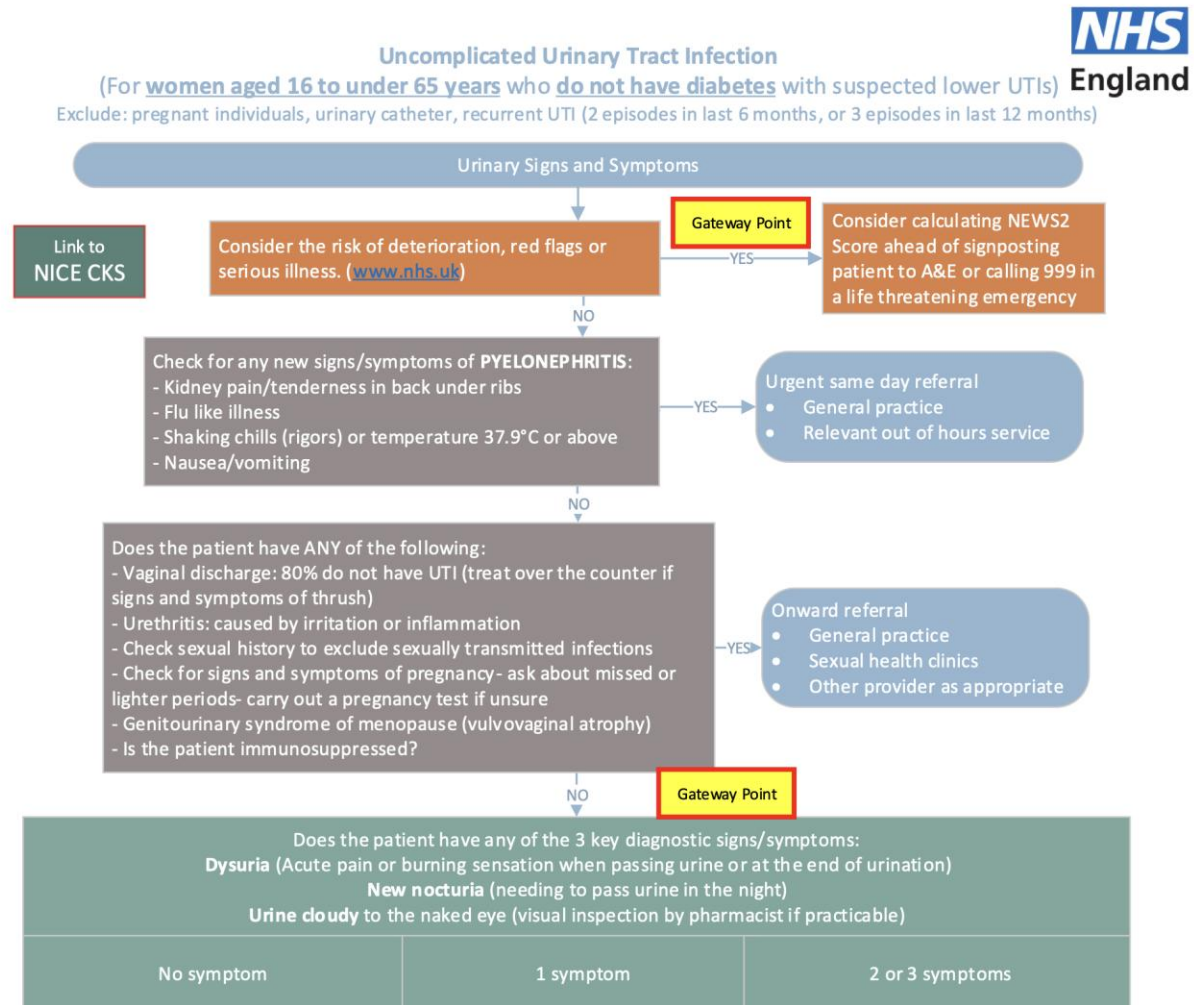
# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

- PCARP Services (Primary Care Access Recovery Plan)
  - Pharmacy First Gateway point – Sore Throat



# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

- PCARP Services (Primary Care Access Recovery Plan)
  - Pharmacy First Gateway point – UTI



# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

- PCARP Services (Primary Care Access Recovery Plan)
  - Pharmacy First
  - There are NEW Gateway Points in all 7 Clinical pathways
- Changes to PGDs for October 1<sup>st</sup>. 2025 reflecting small changes/tweaks to original recommendations/guidance. Pharmacists providing the service **MUST** sign the latest versions of the PGDs and supply any meds in accordance with them
- Links: <https://www.england.nhs.uk/publication/community-pharmacy-advanced-service-specification-nhs-pharmacy-first-service/>

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

- PCARP Services (Primary Care Access Recovery Plan)
  - Pharmacy First – DSPs v Bricks & Mortar Pharmacies

	Must have a consultation room in order to provide Pharmacy First	Pharmacy First Urgent Supply & Minor Illness (former CPCS) provided <u>at</u> the pharmacy premises	Pharmacy First Urgent Supply & Minor Illness (former CPCS) provided <u>remotely from</u> the pharmacy premises	Pharmacy First Clinical pathways consultations provided <u>at</u> the pharmacy premises	Pharmacy First Clinical pathways consultations provided <u>remotely from</u> the pharmacy premises
Distance Selling Pharmacies	Yes	Not allowed	Allowed, by telephone or audio link or a live video link	Not allowed	Allowed, but only by live video link and only 6 of the 7 clinical pathways (not acute otitis media)
'Bricks and mortar' pharmacies	Yes	Allowed	Allowed, by telephone or audio link or a live video link	Allowed (all 7 clinical pathways, including acute otitis media)	Allowed, but only by live video link and only 6 of the 7 clinical pathways (not acute otitis media, but patients could come to the pharmacy for a consultation)

Note: In all cases, Pharmacy First (both the Urgent Supply & Minor Illness (former CPCS) and the clinical pathway consultations) must be provided by a pharmacist who is at the pharmacy premises.

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

- PCARP Services (Primary Care Access Recovery Plan)
  - Pharmacy First
    - Bundling & Caps

From 1<sup>st</sup> June 2025 Threshold Payments will require contractors to be SIGNED UP to deliver BOTH Hypertension Case finding AND Pharmacy Contraception Services (PCS)

Those contractors NOT signed up can still deliver Pharmacy First BUT will NOT receive any Threshold payments (if activity levels met)

20 and 30 Clinical Pathway “trigger points” introduced generating £500 & £1000 payments per month, if eligible

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

- PCARP Services (Primary Care Access Recovery Plan)
  - Pharmacy First
    - Bundling & Caps

The planned link from October to make an ABPM measurement an additional bundling requirements has been DELAYED

The planned link from March 2026 to link contraceptive activity to Threshold Payments has NOT changed

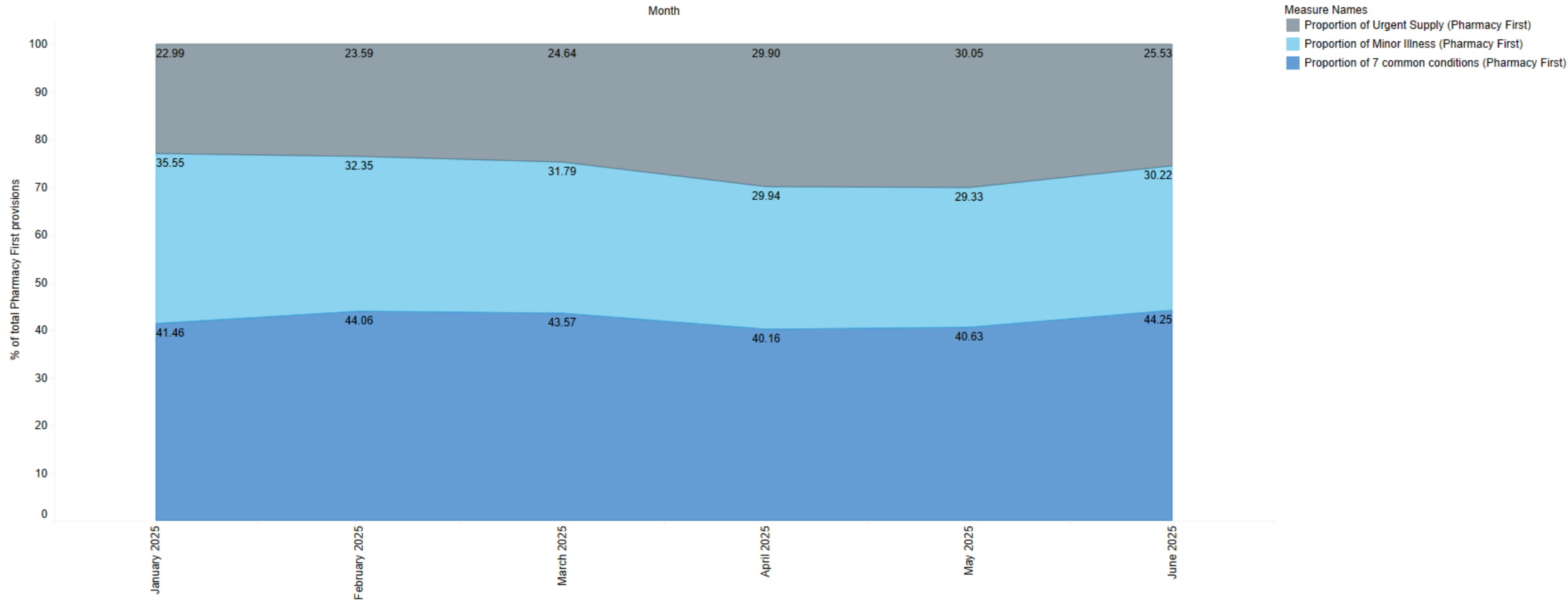
Caps are designed to ensure a small number of contractors delivering high activity don't jeopardise the service for other contractors

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

- PCARP Services (Primary Care Access Recovery Plan)
  - Pharmacy First Hints and Tips
- Understand and comply with the Service Spec and bundling
  - Contractors at risk because of non-compliance with bundling have been contacted
  - No contractors are being flagged as “Capped” in the first month.....
- Make sure the NEW Gateway points are understood and additional claims made (where appropriate)
- Referrals from local surgeries seem to be received by contractors who have worked on relationships and credibility and who work collaboratively to iron out wrinkles
- Some low item pharmacies seem to have greater success at converting walk in patients into clinical pathway consultations
- Tracking progress each week and working harder in week 4 of the month to achieve 20 or 30 consultations can be lucrative (LPC alerting those contractors)
- Reminding surgeries that the CPCS Minor Illness referrals can still be sent across

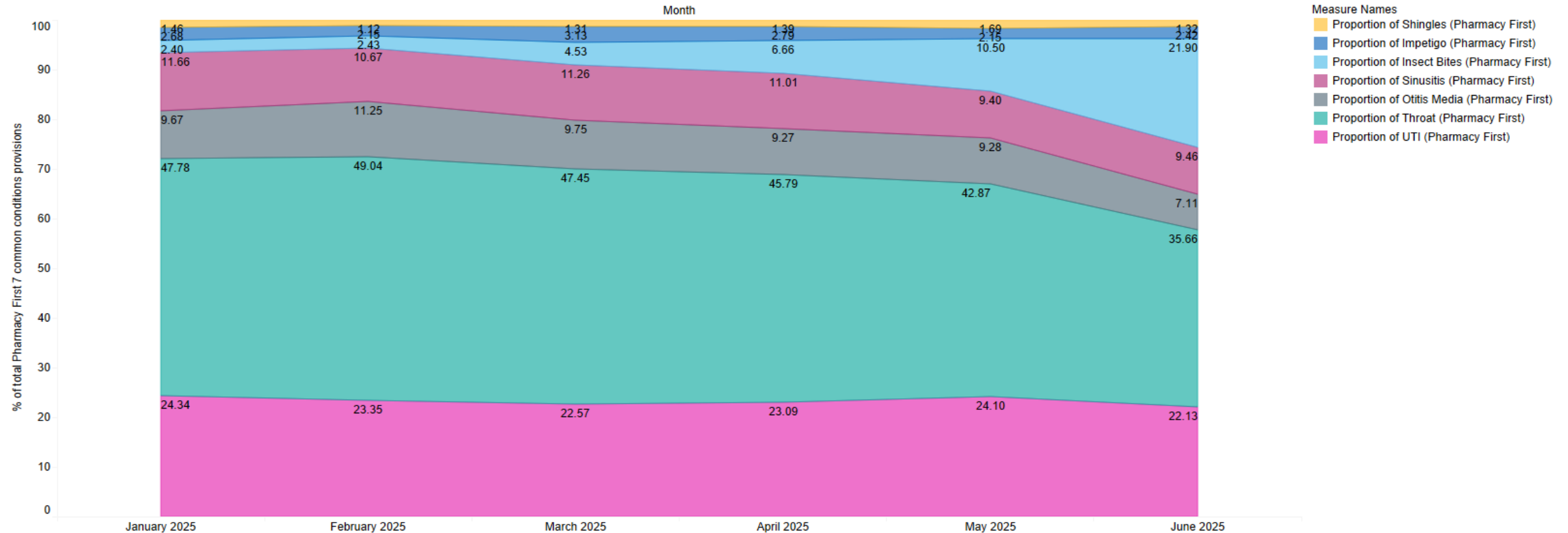
# Breakdown of the service provision proportions for Pharmacy First (7 common conditions, Minor Illness, Urgent Supply) within BIRMINGHAM AND SOLIHULL dispensing pharmacies

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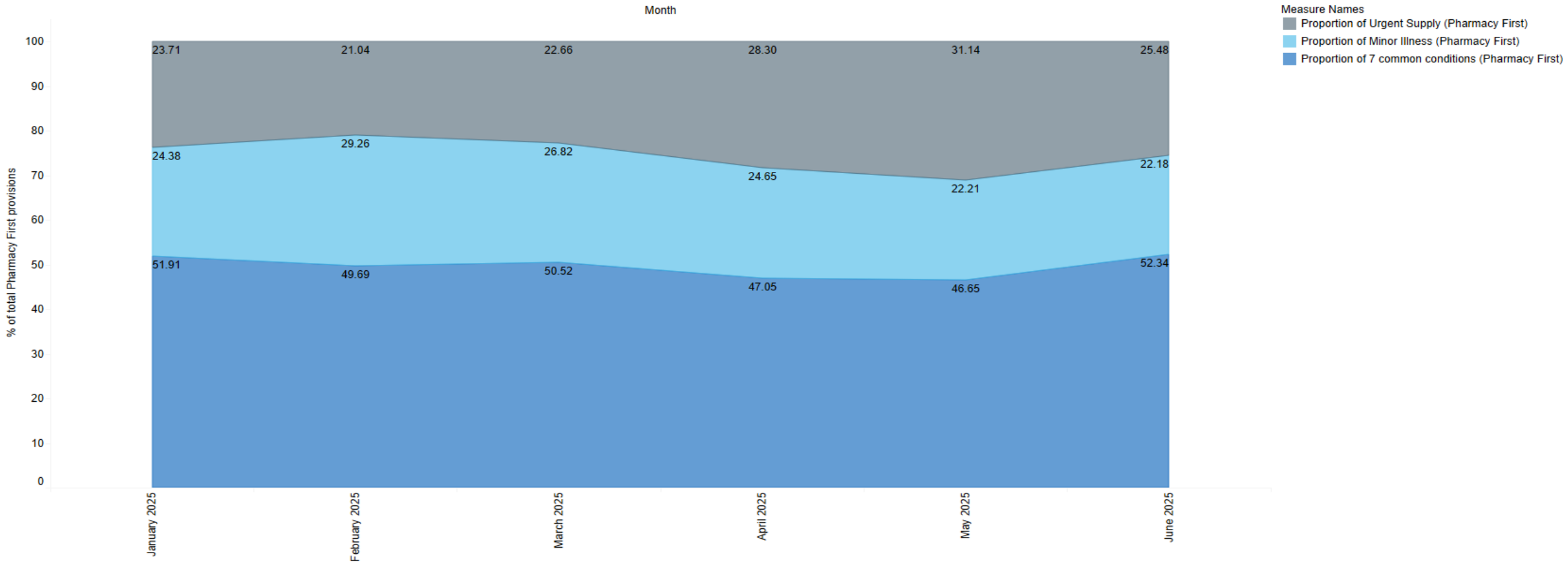
# Breakdown of the service provision proportions for Pharmacy First 7 common conditions within BIRMINGHAM AND SOLIHULL dispensing pharmacies

Breakdown of the service provision proportions for the Pharmacy First 7 common conditions within BIRMINGHAM AND SOLIHULL dispensing pharmacies



# Breakdown of the service provision proportions for Pharmacy First (7 common conditions, Minor Illness, Urgent Supply) within BLACK COUNTRY dispensing pharmacies

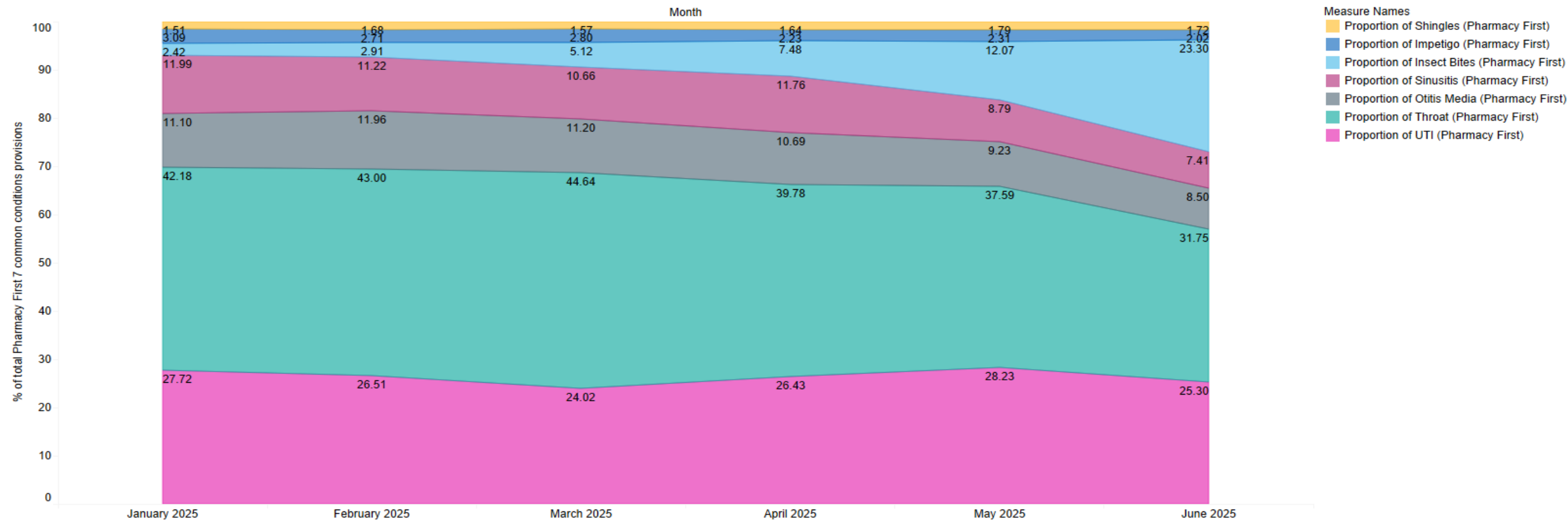
Breakdown of the service provision proportions for Pharmacy First (7 common conditions, Minor Illness, Urgent Supply) within BLACK COUNTRY dispensing pharmacies



# Breakdown of the service provision proportions for Pharmacy First 7 common conditions within BLACK COUNTRY dispensing pharmacies



Breakdown of the service provision proportions for the Pharmacy First 7 common conditions within BLACK COUNTRY dispensing pharmacies



# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

- PCARP Services (Primary Care Access Recovery Plan)
- Hypertension Screening Service
  - ABPMs are NOT linked to Threshold Payments BUT signing up to the service IS
  - Payments adjusted so lower tariff for Bp measurements and higher tariffs for ABPMs

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

- PCARP Services (Primary Care Access Recovery Plan)
- Hypertension Screening Service
  - Hints & Tips
    - Train pharmacy team members to take the measurements
    - Link Bp checks to walk in customers (>40) where symptoms could indicate a high BP e.g. headaches
    - Relationships with local surgery can increase referrals as Q4 is GPs' "QOF" season
    - Agreeing how best to receive referrals and how that works best for GPs & for patients e.g. Ardens, AccuRx. GP Update records
    - Support CVD campaigns: Know Your Numbers e.g. Display posters in the pharmacy's HLZ
    - Quality measurement and accurate reporting leads to credibility

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

- PCARP Services (Primary Care Access Recovery Plan)
- Contraception (PCS)
  - 29<sup>th</sup> October PCS extends to provision of EMERGENCY CONTRACEPTION
  - Signing up to PCS is a GATEWAY criterion for PQS
  - Signing up to PCS is linked to PF Threshold Payments
  - Link to NEW service spec: <https://www.nhsbsa.nhs.uk/nhs-pharmacy-contraception-service-june-2025>
  - Pharmacists AND Pharmacy Technicians can deliver this service (once competent)
  - SOP required to ensure process for escalation of clinical & non-clinical issues is clear

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

- PCARP Services (Primary Care Access Recovery Plan)
- **Contraception**
  - Some tweaks to both service spec and PGDs
  - GP records to be checked and service reported to back to GP
  - Safeguarding contacts will need to be maintained with both Solihull MBC and Birmingham City Council and will be posted on our website
  - Solihull contractors will receive 3 months notice of contract ending (likely in November 2024) because PGD expires in Feb 25 and will not be updated
  - Umbrella contracting arrangements with Birmingham contractors still awaited

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

- PCARP Services (Primary Care Access Recovery Plan)
- **Contraception**
  - Hints & Tips
    - Credibility and reputation with local surgeries for good quality interventions and care with other (new) services
    - Know your business locally (age demographic) and build relationship with the RIGHT stakeholders at the surgery
    - Timely interventions with patients/clients (before the Rx is written)
    - Promoting (new EHC) service to the right stakeholders/organisations
    - Support campaigns and understand seasonality/trend for demand

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

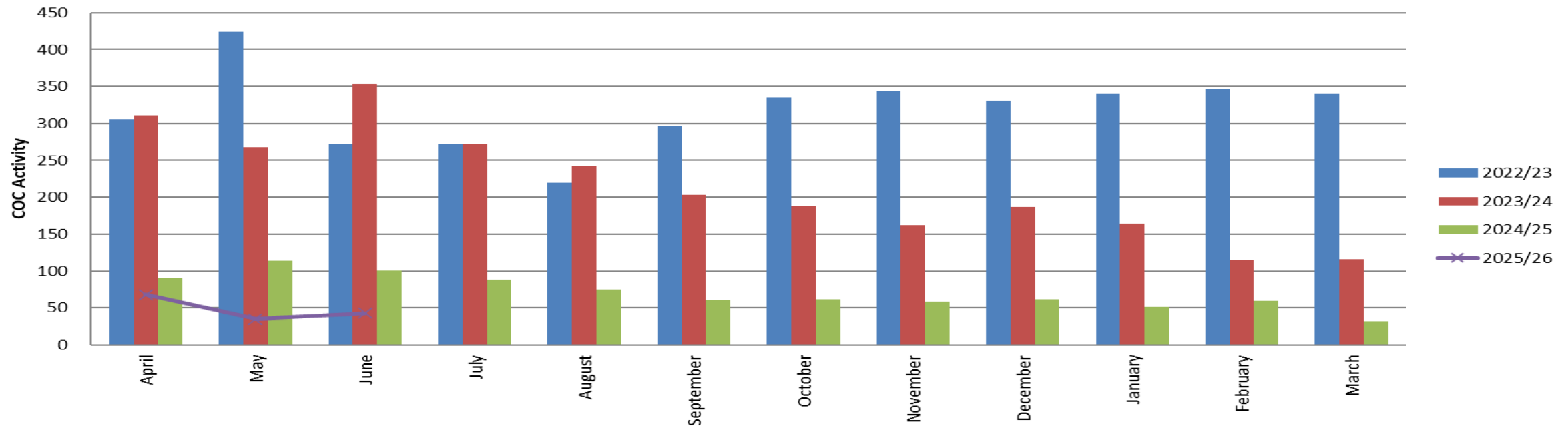
- PCARP Services (Primary Care Access Recovery Plan)
- **Contraception**
  - Hints & Tips
    - Consideration v Umbrella services (for Birmingham commissioned providers)
      - Contract expired April 2024
      - Complex “bidding” process
      - Fees
      - Extended Umbrella services
      - Recirculation of BCC’s “budget” with UHB (Umbrella)

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

- PCARP Services (Primary Care Access Recovery Plan)

Contraception Umbrella COC ( Similar for POP)

Umbrella Pharmacy Workstream  
Combined Oral Contraceptive (COC) Activity  
April 2022 - June 2025

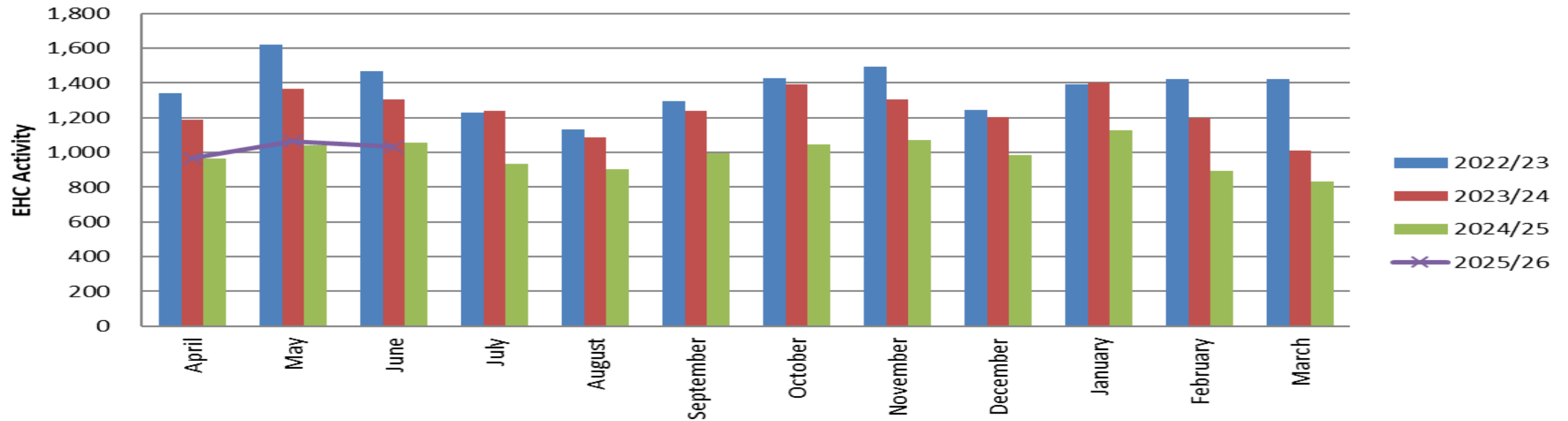


# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

- PCARP Services (Primary Care Access Recovery Plan)

Contraception EHC <25yrs (similar for >25yrs)

Umbrella Pharmacy Workstream  
EHC Activity - Under 25 YOA (inc. Under 16)  
April 2022 - June 2025



# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

- CPCF Changes
  - Hub and Spoke Terms of Service (From 1<sup>st</sup> October 2025)
  - Take reasonable steps to ensure that the owner of the hub pharmacy is a fit and proper person to carry out the core dispensing functions on their behalf and do this before entering into the hub and spoke arrangements
  - Give notice to their ICB of the hub and spoke arrangements (using the NHS England-approved written notification form) not less than 28 days before the hub and spoke arrangements are intended to commence
  - Ensure the core dispensing functions are to be sub-contracted under written hub and spoke arrangements (with the hub pharmacy owner)
  - <https://cpe.org.uk/our-news/new-hub-and-spoke-dispensing-nhs-terms-of-service/>
  - From 29<sup>th</sup> October NMS Depression – new therapeutic area introduced

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

- CPCF Changes

- Other Regulatory changes

- the removal of the requirement to produce a practice leaflet for all pharmacies
    - the removal of the requirement to obtain references for all staff involved in the provision of NHS services
    - NMS subcontracting will no longer be permitted
      - Changes made to the New Medicine Service (NMS) Service Directions will clarify that NMS may not be provided via a remote consultation with the patient by a pharmacist working off the pharmacy premises who is not employed by the pharmacy owner

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

- PQS
  - Pharmacy owners must have signed up to deliver the Pharmacy First Service and the Pharmacy Contraception Service (PCS) by the end of 31st August 2025 and remain registered for both services until the end of the scheme, 31st March 2026.
  - Clinical Audit details now available
  - Link: <https://www.england.nhs.uk/publication/pharmacy-quality-scheme-2025-26-antimicrobial-stewardship-clinical-audit-sore-throat-consultations/>

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

- PQS
  - DBS
    - “on the date of submission.....”
    - DBS Webinar slides from 15<sup>th</sup> October will be posted on CPBSol LPC website
    - Key contact: Laura Gaskell
    - National Outreach Adviser
    - [laura.gaskell@dbs.gov.uk](mailto:laura.gaskell@dbs.gov.uk)
    - links:
      - [Eligibility for healthcare roles - GOV.UK](#)
      - [DBS Update Service: employer guide - GOV.UK](#)
      - [The DBS Regional Outreach service - GOV.UK](#)

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

- Some final outcomes and then
- Specific mentions/reminders
  - Workforce survey – submissions until 21<sup>st</sup> November PLEASE!!!
  - Mandatory National Campaigns (x2) – BOTH Pharmacy First
    - 20<sup>th</sup> October – 9<sup>th</sup> November 2025
    - 2<sup>nd</sup> – 22<sup>nd</sup> February 2026
    - Some Pharmacy First Posters will be supplied in alternative non-English languages
    - During November to postcodes identified at the June 8<sup>th</sup> WBA event
- Other key dates EXPLICIT in the following slides

# Dispensing/service activity in latest 12 months for active dispensing pharmacies: Birmingham and Solihull



Dispensing/service activity in last 12 months for active dispensing pharmacies within **BIRMINGHAM AND SOLIHULL**

	Grand Total	Month/Year											
		July 2024	August 2024	September 2024	October 2024	November 2024	December 2024	January 2025	February 2025	March 2025	April 2025	May 2025	June 2025
Number of Items Dispensed	25,678,223	2,192,165	2,062,295	2,035,126	2,229,687	2,102,705	2,153,756	2,242,851	2,001,319	2,146,326	2,123,435	2,225,736	2,162,822
NMS	168,465	11,084	10,367	10,879	12,091	11,971	11,588	12,261	12,162	13,031	19,587	21,538	21,906
Blood Pressure Checks	78,392	6,206	5,784	6,379	9,461	6,589	4,992	5,898	7,323	6,234	6,781	6,123	6,622
ABPM	6,685	455	442	428	541	560	491	571	760	662	572	587	616
Oral Contraception (Continuation & Initiation)	15517	914	911	1015	1028	1143	1201	1141	1286	1450	1619	1710	2099
DMS	264	4	8	9	5	20	20	25	22	62	20	41	28
Pharmacy First (7 common conditions)	75,327	4,850	4,843	5,239	5,913	6,184	6,993	6,704	7,254	6,801	6,604	6,797	7,145
Pharmacy First - UTI	18,835	1,259	1,236	1,576	1,752	1,710	1,697	1,632	1,694	1,535	1,525	1,638	1,581
Pharmacy First - Sore Throat	31,271	1,702	1,281	1,764	2,335	2,481	3,235	3,203	3,557	3,227	3,024	2,914	2,548
Pharmacy First - Otitis Media	7,593	376	397	513	637	880	912	648	816	663	612	631	508
Pharmacy First - Sinusitis	7,221	280	280	356	539	653	749	782	774	766	727	639	676
Pharmacy First - Insect Bites	7,352	1,031	1,429	802	371	203	152	161	176	308	440	714	1,565
Pharmacy First - Impetigo	1,982	127	142	150	180	180	151	180	156	213	184	146	173
Pharmacy First - Shingles	1,073	75	78	78	99	77	97	98	81	89	92	115	94
Pharmacy First - Minor Illness	60,786	5,202	3,938	4,158	4,942	5,696	6,102	5,748	5,327	4,962	4,924	4,907	4,880
Pharmacy First - Urgent Supply	48,336	3,554	3,951	3,704	3,709	3,913	3,988	3,718	3,884	3,847	4,918	5,027	4,123
Flu Vaccination	68,357	0	0	7	51,589	11,432	3,963	1,212	128	24	0	1	1
Smoking Cessation	164	15	21	13	16	0	20	20	10	6	1	42	0

# Dispensing/service activity / 100 000 in latest 12 months for active dispensing pharmacies: Black Country



Dispensing/service activity / 100 000 population in last 12 months for active dispensing pharmacies within **BLACK COUNTRY**

	Grand Total	Month/Year											
		July 2024	August 2024	September 2024	October 2024	November 2024	December 2024	January 2025	February 2025	March 2025	April 2025	May 2025	June 2025
Items dispensed / 100 000 population	2,182,354	187,485	177,076	174,197	185,628	175,602	184,316	192,648	170,879	178,896	185,136	189,261	181,228
NMS activity / 100 000 population	15,813	1,006	955	987	1,037	1,019	1,059	1,067	1,110	1,175	1,933	2,522	1,943
BPCS activity / 100 000 population	6,672	466	458	464	991	493	489	465	505	549	628	538	625
ABPM activity / 100 000 population	572	39	35	38	48	44	35	42	52	59	53	63	64
Oral Contraception activity / 100 000 population	863	39	39	43	53	50	57	69	68	83	94	145	122
DMS activity / 100 000 population	325	25	23	33	37	30	27	31	25	26	21	21	25
Pharmacy First - 7 common conditions activity / 100 000 population	5,795	421	376	358	459	471	552	538	511	553	499	522	534
Pharmacy First - UTI activity / 100 000 population	1,628	121	121	121	150	140	143	149	136	133	132	147	135
Pharmacy First - Throat activity / 100 000 population	2,160	129	80	111	174	177	231	227	220	247	199	196	169
Pharmacy First - Otitis Media activity / 100 000 population	604	37	30	29	46	63	69	60	61	62	53	48	45
Pharmacy First - Sinusitis activity / 100 000 population	560	27	18	28	39	52	71	65	57	59	59	46	40
Pharmacy First - Insect Bites activity / 100 000 population	596	91	111	52	28	19	15	13	15	28	37	63	124
Pharmacy First - Impetigo activity / 100 000 population	148	8	9	11	13	13	14	17	14	15	11	12	11
Pharmacy First - Shingles activity / 100 000 population	98	8	8	7	8	7	8	8	9	9	8	9	9
Pharmacy First - Minor Illness activity / 100 000 population	3,121	236	180	169	296	278	378	253	301	294	262	248	226
Flu vaccination activity / 100 000 population	6,638	0	0	1	5,165	1,050	314	94	7	5	1	0	0
Smoking Cessation activity / 100 000 population	373	29	30	26	32	20	20	54	36	35	31	30	30

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

## Important dates- **October**

- **Advanced, National Enhanced and Enhanced services:** Distance selling premises (DSP) pharmacies will only be able to deliver Directed services (Advanced, National Enhanced, and Enhanced services) remotely from the distance selling premises, similar to their delivery of Essential services OR, if the service specification permits, face-to-face with the patient, off-site.
- However, the administration of COVID-19 and Flu vaccinations on the distance selling premises, as part of an Advanced, National Enhanced, or Enhanced service, continues to be permitted until 31st March 2026.

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

October 1<sup>st</sup>.

- **COVID-19:** Vaccination of [all eligible groups](#) can start under the autumn/winter 2025/26 COVID-19 Vaccination Service.
- **Action:** If not already done so, consider what promotional materials you can use or display to promote uptake of the service; links to promotional resources are available on our [COVID-19 Vaccination Service page](#).
- **Flu (Adult):** Vaccination of [all eligible groups](#) can start under the 2025/26 Adult Flu Vaccination Service (pregnant women could be vaccinated from 1st September 2025).
- **Action:** If not already done so, consider what promotional materials you can use or display to promote uptake of the service; links to promotional resources are available on our [Adult Flu Vaccination Service page](#).

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

October 1st.

- **Flu (Childhood):** Vaccination of children can start under the 2025/26 Flu Vaccination Service for children aged 2-3 years.
- **Action:** If not already done so, consider what promotional materials you can use or display to promote uptake of the service; links to promotional resources are available on our [Childhood Flu Vaccination Service page](#).

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

October 1<sup>st</sup>.

- **Pharmacy First:** Updated Pharmacy First caps come into force for October 2025.
- **Action:** If not already done so, check the [NHSBSA website](#) to see what your Pharmacy First cap is for this month.
- **Pharmacy First:** **Date** for commencement of use of the new clinical pathways and PGDs for the service. NHS England will confirm the commencement date nearer the time, via their [Primary Care Bulletin](#), subject to receiving confirmation that the necessary changes to the clinical IT systems will be made on schedule.
- IT system suppliers are planning to amend their existing systems to incorporate the updates to the service on the night of 30th September 2025, so that from 1st October 2025, the updated service can be provided in accordance with the updated service documentation.
- The updated documentation will be published on the NHS England website on 1st October 2025.
- **Action:** Ensure you have read the DRAFT versions of the clinical pathways and PGDs by this date.

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

October 1<sup>st</sup>.

**ToS:** Hub and spoke dispensing [Terms of Service](#) come into force.

- **ToS:** The following additional Terms of Service changes come into force:
- Removal of requirement for practice leaflets;
- Removal of requirement for references; and
- A name change to NHS.net Connect.
- Other changes that also come into force include:
- Information in supplementary statements clarified;
- ‘At or from’; and
- Central procurement of the human papillomavirus vaccine.
- **Action:** Read our [news story](#) to understand what these changes mean to your pharmacy.

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

October 3<sup>rd</sup>.

- **COVID-19:** News story [published](#) highlighting three posters that pharmacy teams can use to help explain about COVID-19 vaccine eligibility this year. This follows the reported major concerns from pharmacy owners related to large numbers of patients booking COVID-19 vaccinations via the National Booking System who are not eligible for the vaccine this winter.
- **Action:** Read the news story and decide if you want to display the posters at your pharmacy.

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

October 29<sup>th</sup>.

- **NMS:** Provisional date for the service to expand to include depression as an eligible therapeutic area. NHS England will confirm the commencement date nearer the time, via their Primary Care Bulletin, subject to receiving confirmation that the necessary changes to the clinical IT systems will be made on schedule.
- The draft updated NMS Eligible Drug List and service specification are available to download from the NHSBSA website to provide advance notice of the changes to pharmacy owners.
- **Action:** Ensure you have read the updated DRAFT service specification and reviewed the DRAFT updated NMS Eligible Drug List by this date.

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

October 29<sup>th</sup>.

- **PCS:** Provisional date for the service to expand to include the **provision of oral emergency contraception (EC)**. In addition, the service will be updated to allow **pharmacy technicians to provide the service** from this day. NHS England will confirm the commencement date nearer the time, via their Primary Care Bulletin, subject to receiving confirmation that the necessary changes to the clinical IT systems will be made on schedule.
- The updated service specification, amended oral contraception PGDs and new PGDs for levonorgestrel and ulipristal were published on the NHSBSA website in June to provide advance notice to pharmacy owners and their teams of the changes.
- **Action:** Ensure you have read the updated DRAFT service specification, amended oral contraception PGDs and new PGDs for levonorgestrel and ulipristal by this date.

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

## By the end of October

**ToS:** Pharmacy owners are required to verify and, where necessary, update the information contained in their [NHS website](#) profile **and** their [DoS](#) profile at least once each quarter of the financial year. The new quarter starts on 1st October and ends on 31st December 2025.

**This is a mandatory requirement for all pharmacy owners.**

### Actions:

- Register for [NHS Profile Manager](#) with your personal NHS mail address if you haven't already; and
- Once registered, update your NHS Profile Manager pharmacy profile; for each profile check that the pharmacy's opening times, contact information and services information are up to date or verify this information if it is correct (even if no changes have been made during the financial quarter, pharmacy owners must still verify this information using NHS Profile Manager as this creates a record which will act as evidence to NHS England that these actions have been undertaken).

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

November 1<sup>st</sup>.

- **Pharmacy First:** Updated Pharmacy First caps come into force for November 2025.
- **Action:** If not already done so, check the [NHSBSA website](#) to see what your Pharmacy First cap is for this month.

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

By November 21<sup>st</sup>.

- **ToS:** Deadline to complete the [2025 Workforce survey](#).
- **This is a mandatory requirement for all pharmacy owners.**
- **Action:** If you have not completed the 2025 Workforce survey, complete this by the end of the day.

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

## November

**Flu:** NHS England anticipate that most flu vaccinations should be completed by the end November 2025 to provide the best possible protection going into winter.

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

December 1<sup>st</sup>.

- **Pharmacy First:** Updated Pharmacy First caps come into force for December 2025.
- **Action:** If not already done so, check the [NHSBSA website](#) to see what your Pharmacy First cap is for this month.

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

December 19<sup>th</sup>.

**COVID-19:** NHS England anticipate that most COVID-19 vaccinations should be completed by this date.

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

By December 31<sup>st</sup>.

- **ToS:** Deadline for meeting the requirement to ensure pharmacy owners have verified and, where necessary, updated the information contained in their [NHS website](#) profile **and** their [DoS](#) profile for the 1st October to 31st December 2025 quarter of the financial year.
- **This is a mandatory requirement for all pharmacy owners.**
- **Action:** If you have not updated your NHS website profile and your DoS profile using [NHS Profile Manager](#), complete this by the end of the day.

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

Questions?

# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting

Thank You

Slide Deck



# The Community Pharmacy Contractual Framework (CPCF) **UPDATE** Meeting





