

NHS Pharmacy First Service - from 31 January 2024

i) NHS Referrals for Minor Illness & Urgent Medicines Supply

28. In England the following fee will be paid for the provision of the Pharmacy First Service including activity that was previously covered by the former NHS Community Pharmacist Consultation Advanced Service (CPCS). Regardless of whether a medicine/appliance was supplied, a fee of £15.00 will be paid in respect of each referral received and completed by the pharmacy contractor via NHS 111, IUC CAS or a General Practice – to note General Practices cannot refer for an **Urgent Medicine Supply**. The same fee will also be paid in respect of each referral received and completed by the pharmacy contractor via - 999 services or providers of urgent and emergency care who are authorised by NHS England to provide these (for example, Urgent Treatment or Urgent Care Centres, an Emergency Department or an Accident and Emergency Unit) referral routes into Pharmacy First as part of the Advanced Service.
29. Other referrals via NHS 111, IUC CAS, General Practice, 999 services or providers of urgent and emergency care who are authorised by NHS England to provide this (for example, Urgent Treatment or Urgent Care Centres, an Emergency Department or an Accident and Emergency Unit) and requests by patients for emergency supplies that are not part of the Advanced Service, do not attract this fee.
30. No further fees will be paid for an **NHS Minor Illness** referral or an **Urgent Medicine Supply**.
31. Pharmacy contractors will be reimbursed* the cost of any supplied medicine/appliance following a referral for an **Urgent Medicine Supply** in accordance with Part II, Clause 8 (Basic Price) of the Drug Tariff. An allowance at the applicable VAT rate will also be paid, where applicable.
32. The fee mentioned in paragraph 28 will be payable only to contractors who have registered for the Pharmacy First Service via the NHSBSA Manage Your Service (MYS) portal and who meet the requirements set out in the [Service Specification](#).
33. The service requirements are set out in the principal Directions and the NHS England Service Specification. Whether or not a referral has been completed by the pharmacy contractor, is to be understood by reference to the Service Specification.
34. Claims for payments for **NHS Minor Illness referrals** and **Urgent Medicine Supply** and for reimbursement of costs for items supplied for **Urgent Medicines Supply** referrals should be made monthly via the MYS portal. Any activity delivered on 31 January 2024 should be claimed as part of February 2024 activity according to the claim window set out in Paragraph 35. Contractors must use an IT solution that meets the minimum digital requirements of the service (as specified within the Community Pharmacy Clinical Standards) and that includes an application programming interface (API) to facilitate transfer of data into the MYS portal to support the Pharmacy First Service.
35. Claims for payment should be submitted via the MYS portal provided by the NHSBSA by the 5th day of the month following the month in which the chargeable activity was provided. Later submissions will be accepted but only if made within three months of the date by which the claim should have been submitted. Later claims will not be paid.
36. The NHSBSA will make appropriate payments claimed by the pharmacy contractor as described above, in the same payment month as other payments for NHS Pharmaceutical Services and the payments will be separately itemised on the FP34 Schedule of Payments.
37. Where urgent medicines or appliances are supplied as part of an Urgent Medicine Supply referral and the patient is exempt from payment of NHS prescription charges, the pharmacy contractor must complete an FP10DT EPS dispensing token with the information required in the NHS England Service Specification and ensure completion of the exemption declaration in line with paragraph 2 of Part XVI of the Drug Tariff. These completed FP10DT EPS dispensing tokens should be sent to the NHSBSA as part of the month-end submission (clearly separated within the batch and marked 'PF UMS'), which should be sent not later than the 5th day of the month following that in which the urgent supply was made*.

* Subject to the contractor having submitted a claim via the MYS portal containing all of the required information, the cost of medicines or appliances supplied under this part of the service will be reimbursed using the basic price specified in Drug Tariff Part II Clause 8 (Basic Price). For clarity, no other elements of the Drug Tariff in relation to reimbursement of medicines or appliances apply to this service, including the payments for consumables and containers.

ii) Clinical Pathway consultations

38. From 1 December 2023 pharmacy contractors who sign up to deliver the NHS Pharmacy First Service will qualify for an initial fixed payment of £2,000 as detailed in Paragraph 27. This fee will be recovered from contractors who have not delivered a minimum of 5 Pharmacy First - Clinical Pathway consultations that cross the Gateway point by 23:59 on 31 March 2024 and in accordance with the claim window set out in Paragraph 44. Contractors that sign up after 30 January 2024 will not be eligible for an initial fixed payment.
39. **The Clinical Pathway consultations** element of the NHS Pharmacy First Service will launch on 31 January 2024. A fee of £15.00 will be paid per Clinical Pathway consultation that crosses the Gateway (which is detailed in each Clinical Pathway). The [Service Specification](#), seven Clinical Pathways, Treatment Protocol and associated Patient Group Directions (PGDs) can be found [here](#). All pharmacists must ensure that they have read the final version of all the PGDs and signed to declare they are willing and competent to work to them within their professional code of conduct before conducting any Pharmacy First **Clinical Pathway** consultations.
40. A monthly fixed payment of £1,000 will be paid to pharmacy contractors delivering the NHS Pharmacy First Service who reach the minimum number of consultations required from February 2024. **Table 2** sets out the minimum number of **Clinical Pathway** consultations* required to secure the associated fixed payment. All consultations delivered must be claimed according to the claim window set out in Paragraph 44. Pharmacy contractors who fail to reach the minimum number of consultations* in a month will only be paid the service fee of £15.00 per consultation. If the supply of a product is indicated and the contractor must refer a patient to another pharmacy to complete the consultation, the original pharmacy will not be eligible for a consultation fee. Any activity delivered on 31 January 2024 should be claimed as part of February 2024 activity according to the claim window set out in Paragraph 44. This activity will count towards the minimum number of Clinical Pathway consultations required in February 2024 to secure a fixed payment.

Table 2

	Minimum number of consultations* required to be delivered during the month to secure the fixed payment
February 2024	1
March 2024	5
April 2024	5
May 2024	10
June 2024	10
July 2024	10
August 2024	20
September 2024	20
From October 2024	30

* Consultations must cross the Gateway point detailed in the Clinical Pathway and must not be referred to another pharmacy to be eligible.

41. The medicines that may be supplied as part of the **Clinical Pathway** consultations element of this service are listed and detailed in each PGD or Treatment Protocol. Only those medicines listed in the PGDs or Treatment Protocol will be eligible for payment. The following Parts of the Drug Tariff will apply: Part II Clauses 8, 10 and 13, Part IV and Part V (including where no discount deduction is applicable as set out in Part II). The reimbursement price will be based on the Part VIII generic price of a medicine linked to the Actual Medicinal Product Pack (AMPP)* code and the quantity submitted by contractors as part of the claiming process for the products supplied under the service. If the AMPP code submitted is associated with a Virtual Medicinal Product (VMP) of a Virtual Medicinal Product Pack (VMPP) listed in Part VIII or is a different pack size, the unit price of the listed pack size in Part VIII will be paid. If the AMPP code submitted is associated with a VMP of two or more VMPPs listed in Part VIII but is different to the pack sizes listed, the unit price of the listed pack size nearest to the quantity supplied will be paid. An allowance at the applicable VAT rate will be paid for products supplied under the Treatment Protocol.

*Please refer to the Editorial Policy document on the [dm+d](#) website for the definitions of AMPP, VMP and VMPP.

42. From 1 April 2024, an initial cap of 3,000 consultations per month per contractor will be put in place. From 1 October 2024, new caps will be introduced based on the actual delivery of the Pharmacy First Clinical Pathway.

Pharmacy First Clinical Pathway - Caps

From October 2024 the methodology used to set the quarterly caps for Pharmacy Clinical Pathways delivery will follow these core principles:

- Average monthly delivery will be calculated using 3 months of the most recent data available.
- Total service delivery should not exceed a set figure per quarter which will be used to calculate the different caps according to delivery. This is to ensure spend is evenly distributed throughout the year for the service to ensure fair and consistent access for all contractors. Any underspend, where quarterly caps are not met, will be redistributed and factored into calculations for subsequent quarters.
- Contractors delivering activity below a set threshold will be grouped together with a single quarterly cap termed Band 1. This will not be set at a level that would prevent contractors from qualifying for the monthly fixed payments.
- The remaining contractors will be split into a set number of bands according to delivery. Each band will have a different cap and this will apply to all contractors assigned that band in a given quarter.
- We will review the process regularly to ensure the methodology is robust, supports contractors to deliver the service and provides value for money to the NHS. We will consult on any changes to the methodology prior to implementation.

The Q3 & Q4 2024/25 Cap Methodology

A Worked Example of the Calculation for Q3 Oct-Dec 2024

The methodology for Q3 and Q4 of 2024/25 is illustrated in the example below:

Step 1: The average monthly delivery for each contractor between June and August will be calculated.

In October 2024, June-August will be the most recent data available.

Step 2: Where average monthly delivery is calculated to be <15 per month, then the quarterly cap for Band 1 will be set at 120 per contractor.

This ensures contractors are not prevented from securing the monthly fixed payments (30 per month).

Step 3: The quarterly cap for those delivering an average of ≥ 15 per month will be calculated using this formula: Cap available = 3m – cap allocated to Band 1 + redistribution from first half of the year.

The redistributed activity will be half of 3 million per quarter less actual activity delivered, estimated from the most recent data available. The other half of this will be allocated to 2024/25 Q4 - Jan-Mar.

Step 4: Where average monthly delivery is calculated to be ≥ 15 appts per month, contractors will be split into 10 bands at equal intervals each with a different quarterly cap.

Step 5: The activity per contractor per band will be calculated using this formula: Cap for pharmacies in Band x = Cap available * Band proportion of total delivery by pharmacies delivering an average of ≥ 15 per month from June to August / number of pharmacies in Band x

Where this formula results in a cap less than 120, contractors will be placed in Band 1 and given a quarterly cap of 120.

NOTE: This will be designed to prevent a significant jump between Bands 1 and 2. If this methodology results in a difference between Band 1 and Band 2 that exceeds 50 consultations, we will adjust redistributed funding for Band 2 so that the difference does not exceed 50 consultations.