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**ADVANCED SERVICES (PHARMACY AND APPLIANCE CONTRACTORS)(ENGLAND)**


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24. The first line vaccine for this service is the live attenuated influenza vaccine (LAIV). This vaccine is centrally supplied, therefore no claim for reimbursement of vaccine costs apply to those LAIV vaccines administered to patients. The second line vaccine for this service is the cell-cultured inactivated influenza vaccine (IIVc). The pharmacy contractor will be reimbursed for the cost of the IIVc vaccine administered, in accordance with Part II, Clause 8C (Basic Price) of the Drug Tariff and an allowance at the applicable VAT rate will also be paid. The IIVc vaccine should only be administered where the patient was unsuitable for LAIV. No other vaccine is authorised to be administered for this service.
25. The fees will be payable only to contractors meeting the requirements of the service. The complete service requirements are set out in directions 7BA and 7BB of the principal Directions and the NHS service specification.
26. 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. To align with the payment timetable highlighted in Table 3 in Part I of the Drug Tariff, where one or more bank holidays occur within the first five days of the following month, claims for payment should be submitted by the 6th of that month. 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, unless the submission of a claim was delayed by IT issues outside the contractor's control (such as issues with the NHS approved API system used by the contractor or with the MYS portal). Such claims will be accepted outside the usual grace period within twelve months of the date by which the claim should have been submitted. This is subject to the NHSBSA receiving evidence of the IT issue, and only if investigation finds that the evidence demonstrates that the IT issue was outside the control of the contractor, and it delayed the claim submission.
27. Payments to contractors will be made monthly as part of their normal payment schedule. When submitting a monthly claim via MYS, contractors can only make a single claim for each calendar month.

**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 for each Urgent Medicine consultation and £17.00 for each Minor Illness consultation 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 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. NHS Minor Illness and Urgent Medicine Supply consultations and the associated claims must be conducted in accordance with the service specification. Where claims are submitted and the data
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**ADVANCED SERVICES (PHARMACY AND APPLIANCE CONTRACTORS)(ENGLAND)**


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provided indicates the activity was not in accordance with the appropriate service specification, the payments may be withheld by the NHSBSA whilst the claims are reviewed. Payments will be authorised where the contractor provides sufficient evidence to demonstrate that the consultation and any supply (in the case of an Urgent Medicine Supply) was in accordance with the appropriate service specification.

35. 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. 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.
36. 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. To align with the payment timetable highlighted in Table 3 in Part I of the Drug Tariff, where one or more bank holidays occur within the first five days of the following month, claims for payment should be submitted by the 6th of that month. Later submissions will be accepted but only if made within three months of the date by which the claim should have been submitted. From 1 June 2025 later submissions will be accepted *but only if made by the final day of the month following the month in which the chargeable activity was conducted*. Later claims will not be paid, unless the submission of a claim was delayed by IT issues outside the contractor's control (such as issues with the NHS approved API system used by the contractor or with the MYS portal). Such claims will be accepted outside the usual grace period within twelve months of the date by which the claim should have been submitted. This is subject to the NHSBSA receiving evidence of the IT issue, and only if investigation finds that the evidence demonstrates that the IT issue was outside the control of the contractor, and it delayed the claim submission.
37. 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.
38. 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\*. To align with the payment timetable highlighted in Table 3 in Part I of the Drug Tariff, where one or more bank holidays occur within the first five days of the following month, claims for payment should be submitted by the 6th of that month.

\*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**

39. **The Clinical Pathway consultations** element of the NHS Pharmacy First Service will launch on 31 January 2024. A fee of £17.00 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 on NHS England's website. 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 45. Pharmacy contractors who fail to reach the minimum number of

**ADVANCED SERVICES (PHARMACY AND APPLIANCE CONTRACTORS)(ENGLAND)**

consultations\* in a month will only be paid the service fee of £17.00 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.

41. From 1 June 2025, a monthly fixed payment of £500 will be paid to contractors delivering between 20-29 consultations each month and all contractors must have signed up to deliver the contraception service and must be registered (this includes during the contractor's notice period) and able to deliver the Hypertension Case-Finding Service to receive either the £500 or the £1,000 monthly fixed payment. To be eligible for payment, contractors must be registered to deliver the Pharmacy First Service, Pharmacy Contraception Service and Hypertension Case-Finding Service on the last day of the month. Contractors who give notice that they will no longer provide one of the three services partway through the month and are delivering the service on the last day of the month, will receive that month's fixed payment if they deliver the required number of clinical pathway consultations. Distance Selling Pharmacies will be exempt from the requirement to be registered to deliver the Hypertension Case-Finding Service only.

**Table 2**

	Minimum number of consultations required to be delivered during the month to secure the £500 fixed payment	Minimum number of consultations required to be delivered during the month to secure the £1,000 fixed payment	
February 2024	Not applicable until June 2025	1	
March 2024		5	
April 2024		5	
May 2024		10	
June 2024		10	
July 2024		10	
August 2024		15	
September 2024		20	
October 2024		20	
November 2024		20	
December 2024		20	
January 2025		25	
February 2025		25	
From March 2025		30	
From June 2025		20-29	30

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

42. 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.

43. 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 Pathways.

**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:

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**ADVANCED SERVICES (PHARMACY AND APPLIANCE CONTRACTORS)(ENGLAND)**


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- 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 Pharmacy First Clinical Pathway cap allocation, per contractor, can be found on the NHSBSA website at [NHS Pharmacy First Service \(PFS\) | NHSBSA](#)<sup>1</sup>

From April 2025 the methodology to set monthly caps for Pharmacy First 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 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 caps are not met, will be redistributed and factored into calculations for subsequent months.
- Contractors delivering activity below a set threshold will be grouped together with a single monthly 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 each month. The top Band cannot exceed 700 consultations each month.
- From April 2025 until May 2026 each band had an equal number of contractors based on previous delivery. From June 2026 contractors will be split between bands so that each band is delivering an equal number of consultations.
- We will continue to 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.

<sup>1</sup><https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/nhs-pharmacy-first-service-pfs>

#### **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 May and July will be calculated. *In October 2024, May-July 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 initially be set at 120 per contractor. *This ensures contractors are not prevented from securing the monthly fixed payments.*

**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, for Bands 2 and above, contractors will be split equally into bands 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

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**ADVANCED SERVICES (PHARMACY AND APPLIANCE CONTRACTORS)(ENGLAND)**


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an average of  $\geq 15$  per month from the most recent data available from May to July / number of pharmacies in Band x.

*Where this formula results in a cap less than 120, contractors will be placed in Band 1.*

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 so that the difference does not exceed 50 consultations.

**The Cap Methodology from April 2025**

The methodology for April 2025 is illustrated in the example below:

**Step 1:** The average monthly delivery for each contractor between November and January will be calculated.

*In April 2025, November-January will be the most recent data available.*

**Step 2:** Where average monthly delivery is calculated to be  $< 15$  per month, then the monthly cap for Band 1 will be set at a minimum of 30 per contractor.

*This ensures contractors are not prevented from securing the monthly fixed payments.*

**Step 3:** The monthly allocation for those delivering an average of  $\geq 15$  per month will be calculated using this formula: Cap available = Total monthly allowance – cap allocated to Band 1 + redistribution from earlier in the year.

**Step 4:** Where average monthly delivery is calculated to be  $\geq 15$  appts per month, for Bands 2 and above, contractors will be split equally into bands each with a different cap. The top Band cannot exceed 700 consultations per month.

**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  $\geq 15$  per month from the most recent data available from November to January / number of pharmacies in Band x.

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 30 consultations, we will adjust redistributed funding so that the difference does not exceed 30 consultations.

From June 2026 the cap methodology will largely remain the same, with one alteration in step 4. The contractors in Bands 2 and above will be split so that each band has an equal proportion of consultations delivered, prior to this date the bands have been split so that there were equal numbers of contractors.

From 1 June 2025, where there is a change of ownership, data from the previous contractor's delivery of Pharmacy First Clinical Pathway consultations will be used to inform the Band for the new contractor in the months following the change of ownership. Once the new contractor has submitted data for each month from the most recent data available used to calculate a cap, the data from the previous contractor will no longer be used. The Band assigned to an individual contractor as a result of a change of ownership prior to 1 June 2025 will be considered on a case-by-case basis. If contractors have undergone a change of ownership and do not appear on the cap allocation per contractor list, or wish to query the Band which they have been assigned, they can contact [contractorpayments@nhsbsa.nhs.uk](mailto:contractorpayments@nhsbsa.nhs.uk).

44. Claims for payments for the provision of **Clinical Pathway** consultations and reimbursement of products supplied should be made monthly via the MYS portal. 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.
45. Contractors will need to submit the claim within the MYS portal, by the 5th day of the month following the month in which the chargeable activity was provided. To align with the payment timetable highlighted in Table 3 in Part I of the Drug Tariff, where one or more bank holidays occur within the first five days of the following month, claims for payment should be submitted by the 6th of that month. If the contractor fails to submit by this deadline, later submissions will be accepted, but only if made within three months of the date by which the claim should have been submitted. From 1 June 2025, later submissions will be accepted *but only if made by the final day of the month following the month in which the chargeable activity was conducted*. Later claims will not be paid, unless the submission of a claim was delayed by IT issues outside the contractor's control (such as issues with the NHS approved API system used by the contractor or with the MYS portal). Such claims will be accepted outside the usual grace period within twelve months of the date by which the claim should have been submitted. This is subject to the NHSBSA receiving evidence of the IT issue, and only if investigation finds that the evidence demonstrates that the IT issue was outside
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**ADVANCED SERVICES (PHARMACY AND APPLIANCE CONTRACTORS)(ENGLAND)**


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the control of the contractor, and it delayed the claim submission.

46. If a contractor wishes to cease provision of the NHS Pharmacy First service, they must de-register and provide 30 days' notice of their intention to do so. To de-register, the contractor must do so via the MYS portal. Activity must continue to be provided during the notice period and contractors will continue to be paid in the usual way. Please note that following de-registration from the Pharmacy First service the contractor will not be able to re-register for the service for a period of one month from the final day of their 30 days' notice. After the one month period has passed, contractors can re-register for the service via the MYS portal.
47. Prescription charges will apply to any products supplied against PGDs and the Treatment Protocol unless the patient is exempt, in accordance with the arrangements for prescriptions – set out in Part XVI of the Drug Tariff.
48. Where medicines are supplied in accordance with the Clinical Pathway consultation element of the Pharmacy First Service the pharmacy contractor must ensure completion of an FP10DT EPS dispensing token for all patients, including those who are exempt from payment of NHS prescription charges and those that pay prescription charges, with the information required in the NHS England Service Specification. The pharmacy contractor must also ensure that any declaration that a charge has been paid has been signed, and ensure completion of any exemption declaration in line with Regulation 8 and Regulation 9 of the National Health Service (Charges for Drugs and Appliances) Regulations 2015. 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 CP'), which should be sent not later than the 5th day of the month following that in which the supply was made. To align with the payment timetable highlighted in Table 3 in Part I of the Drug Tariff, where one or more bank holidays occur within the first five days of the following month, claims for payment should be submitted by the 6th of that month.
49. Pharmacy First Clinical pathway consultations and the associated claims must be conducted in accordance with the service specification and the subsequent supply of prescription-only-medicines must be in accordance with the relevant PGD. Supplies that are not within the scope of the PGD include those where an excessive quantity of medicine is supplied, a patient is outside the appropriate age range, an Acute Otitis Media consultation is conducted by a Distance Selling Pharmacy (DSP), or a patient is not part of a specified patient cohort (e.g. a woman aged 65 or over for the Uncomplicated Urinary Tract Infection clinical pathway). Where claims are submitted and the data provided indicates the activity was not in accordance with the appropriate PGD or service specification, the payments may be withheld by the NHSBSA whilst the claims are reviewed. Payments will be authorised where the contractor provides sufficient evidence to demonstrate that the supply was in accordance with the appropriate PGD or service specification.

**NHS Community Pharmacy Hypertension Case-Finding Advanced Service**

50. In England, pharmacy contractors who sign up to deliver the NHS Community Pharmacy Hypertension Case-Finding Advanced Service as an Advanced Service will qualify for a single upfront payment of £440 to support initial costs incurred in setting up the service (including the development of Standard Operating Procedures and training of staff delivering the service).
  51. From 1 April 2025, a fee of £10 will be paid for each patient receiving a clinic blood pressure check. A fee of £50.85 will be paid for each appropriate provision of ambulatory blood pressure monitoring (ABPM) to a patient in accordance with the requirements of the service. These are set out in directions 7BG and 7BH of the principal Directions and the NHS England service specification.
  52. The consultation fee paid will be in accordance with the month in which a claim is made, independent of which month the consultation was conducted.
  53. The fees will be payable only to contractors meeting the requirements of the service as set out in directions 7BG and 7BH of the principal Directions and the NHS England service specification including notification of the intention to provide the service to NHS England by completing an electronic registration through the NHSBSA MYS portal.
  54. NHS Community Pharmacy Hypertension Case-Finding Service consultations and the associated claims must be conducted in accordance with the service specification. Consultations that are not within the scope of the service specification include those where a patient meets one of the exclusion criteria (e.g. patients who have their blood pressure regularly monitored by a healthcare professional). Where claims are submitted and the data provided indicates the activity was not in accordance with the service specification, the payments may be withheld by the NHSBSA whilst the claims are reviewed. Payments will be authorised where the contractor provides sufficient evidence to demonstrate that the consultation was in accordance with the service specification.
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