



Pharmacy First: 2023/24 to 2024/25

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Dear community pharmacy contractors,

We write to provide you with initial information on the agreement we have reached to launch a Pharmacy First service in England and to expand the existing blood pressure and contraception services as set out in the [Delivery plan for recovering access to primary care](#) (Delivery Plan) published earlier this year.

The Delivery Plan recognises the increasing role community pharmacy has in delivering clinical services. You continue to make significant and exceptional contributions to primary care and the Delivery Plan looks to build on this success, while recognising the immense pressures on community pharmacies at present.

Through the Delivery Plan, the Government has indicated its intention to continue to invest in the journey started in 2019: to embed community pharmacy into the NHS, become the first port of call for minor illness, and play an increased role in health promotion and in optimising the use of medicines.

This new phase will see the expansion of funding for blood pressure checks to help identify the 5.5 million people with undiagnosed blood pressure at risk of heart attack and stroke; more funding to support the introduction of initiation of contraception in community pharmacies, supporting women to have easier access; and the introduction of Pharmacy First which will help pharmacies support their communities in staying well and their local systems to meet the needs of their populations.

Pharmacy First

We have agreed that Pharmacy First will launch on 31 January 2024 subject to the appropriate digital systems being in place to support these services.

Pharmacy First will be a new advanced service that will include 7 new clinical pathways and will replace the Community Pharmacist Consultation Service (CPCS). This means the full service will consist of three elements:

- Pharmacy First (clinical pathways) – new element
- Pharmacy First (urgent repeat medicine supply) – previously commissioned as the CPCS
- Pharmacy First (NHS referrals for minor illness) – previously commissioned as the CPCS

The clinical pathways element of Pharmacy First will enable pharmacists to offer advice to patients and supply NHS medicines (including some prescription-only medicines under Patient Group Directions), where clinically appropriate, to treat 7 common health conditions:

- sinusitis
- sore throat
- earache
- infected insect bite



- impetigo
- shingles
- uncomplicated urinary tract infections in women

The existing referral routes for the CPCS will apply to the new clinical pathways element, but patients will also be able to self-refer to a pharmacy for the clinical pathways (subject to the patient passing a clinically established gateway point in the relevant clinical pathway).

Pharmacy First can be delivered remotely where it is safe to do so, and with suitable safeguards to ensure face-to-face clinical assessment can be provided in person or by good quality video consultation where needed. Distance Selling Pharmacies (DSPs) will be able to provide the service for 6 of the 7 conditions excepting the earache pathway. DSPs will not be able to provide Pharmacy First (clinical pathways) on their pharmacy premises due to the links with the support for self-care essential service and the restrictions regarding the provision of essential services as set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

We will jointly further consider terms of service and their application to DSPs more broadly in Autumn 2023.

Expansion of existing services

We will expand the Pharmacy Contraception Service to include initiation of oral contraception from 1 December 2023. Both ongoing supply and initiation of supply will be combined into one service. The Blood Pressure Check Service will also re-launch on the 1 December 2023. In both services, it will be possible to use the wider non-registered pharmacy team members where staff have the appropriate training, are competent to deliver the service, and where this is legally possible.

All pharmacy contractors offering the services should ensure their pharmacy profile on [Profile Manager](#) is up to date to indicate that they provide the services. This will ensure that all pharmacies that offer the service are listed when patients search the NHS website and when healthcare professionals and NHS 111 telephony services search NHS Service Finder or the Directory of Services.

The NHS website postcode search tool will include the Pharmacy Contraception Service from the 1 December 2023 to enable members of the public to find local pharmacies who deliver the service.

Digital systems

As announced in the Delivery Plan, the Government and NHS are investing to significantly connect and improve the digital infrastructure between general practice and community pharmacy to streamline referrals, increase access to more parts of the GP patient record, and improve how GP records are updated following the provision of pharmacy services. We are working with all pharmacy IT system suppliers currently assured for the CPCS, Blood Pressure Check Service and Pharmacy Contraception Service to update their clinical systems to support the launch of Pharmacy First (clinical pathways), and from the launch, contractors will:

- have access to more parts of the GP record (medications, observations and investigations);
- use the new Pharmacy First consultation record to capture the consultation which will then send automatic structured updates to the GP record and to the NHSBSA to support payments and reporting on the service.



We are working with NHS Pathways to develop the clinical triage system to send electronic referrals from NHS 111 and Urgent and Emergency Care settings to community pharmacy that may otherwise go to a GP practice for the 7 common conditions highlighted above, and with existing IT suppliers to streamline referrals from GPs moving away from NHSmail. These will create additional step changes to further integrate community pharmacy and paves the way in the future for commissioning a wider range of clinical services at neighbourhood, place, Integrated Care Board and National level.

Funding

Whilst the CPCS and the 7 new clinical pathways will be combined into a single service to ensure communications with pharmacies and patients are clear, the clinical pathways element and expansions of blood pressure and contraception services will be funded from the additional investment announced in the Delivery Plan.

Existing services and dispensing activity, including those elements previously commissioned as the CPCS, will continue to be funded by the existing Community Pharmacy Contractual Framework (CPCF) funding.

Given the importance of establishing Pharmacy First on a sustainable footing, we have agreed that the historic over-delivery of fees in Years 3 and 4 of the CPCF of £76 million will not be recovered in Year 5, as would otherwise have been the case. Additionally, there will be no recovery of any over-delivery in Year 5 CPCF fees of up to £36 million. However, if the forecasted over-delivery is more than £36 million, this will be recovered by adjusting CPCF fees in the usual way. This means that large fee reductions to balance the five-year deal that would have impacted significantly on contractors’ income and cash flow are now avoided.

We will work together to agree and implement stronger mechanisms to prevent any future over-delivery on fees.

The fee structure for Pharmacy First will be as follows:

- An initial fixed payment of £2,000 that can be claimed from December 2023 up until service launch. This fee will be recovered from contractors who have not delivered 5 clinical pathways consultations passing the gateway point within the relevant pathway by 31 March 2024.
- A £15 item of service fee for each Pharmacy First consultation. This includes any clinical pathways consultation, defined as where a patient passes a clinically established gateway point in the pathway, and consultations which would previously have been delivered under the CPCS advanced service (i.e. consultations delivered from 1 January 2024 will attract the £15 fee).
- A monthly fixed payment of £1,000 from February 2024 for pharmacy contractors delivering Pharmacy First who reach a minimum number of monthly clinical pathway consultations.

The minimum clinical pathway consultation numbers are:

Month	Minimum number of consultations passing the gateway point
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

Only consultations under the new clinical pathways element of Pharmacy First will count towards eligibility for the initial and ongoing fixed payments identified above. Pharmacy contractors who do not reach the minimum number of consultations in a month will only be paid the item of service fee of £15 per clinical pathway consultation.

Where a medicine is supplied under Pharmacy First (clinical pathways) the reimbursement arrangements set out in the Drug Tariff will apply.

The fees for the Blood Pressure Check Service and the Pharmacy Contraception Service will not change. However, £75 million per year additional funding has been made available to support the expansion of both these services. This means many more consultations under these services are affordable and will not put pressure on the wider contractual sum.

By 31 March 2025 at the latest, all contractors delivering Pharmacy First will also have to deliver the Contraception Service and Blood Pressure Check Service to qualify for the monthly fixed payment (as well as meeting the relevant consultation threshold).

Cost control mechanism for Pharmacy First (clinical pathways)

The additional funding made available for Pharmacy First (clinical pathways) is sufficient for up to 12 million consultations per year. From 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 actual delivery of Pharmacy First (clinical pathways) designed to deliver 3 million consultations per quarter with any unused activity rolling forward to subsequent quarters of that financial year. The mechanism to set these caps will be agreed jointly and will be reviewed once we have data from actual service delivery.

Next Steps

We will publish more details closer to the launch of the Pharmacy First service, including details of the registration and set-up fee process, clinical pathways, PGDs, and the service specification.



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We will also be closely monitoring the Pharmacy First service post-launch, particularly in relation to antimicrobial supply to guard against the risk of increasing antimicrobial resistance, and the National Institute for Health and Care Research will commission an evaluation.

We recognise the importance of local collaboration to support and embed the Pharmacy First Service and the wider expansion of services. We are working together to consider how this can best be supported. We will share further details shortly.

We will continue to collaborate on supporting contractors in implementing the arrangements set out in this letter.

Yours sincerely,

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