

Community Pharmacy Barnet

Stay up to date with the latest announcements from your LPC

IMPORTANT DATES/DEADLINES

Date: As soon as reasonably practicable after the end of 2024/25

ToS: Pharmacy owners must send a copy of their [annual complaints report](#) to the local NHS contract management team as soon as reasonably practicable after the end of the year to which the report relates.

This is a mandatory requirement for all pharmacy owners.

Action: Send the annual complaints report to the local NHS contract management team.

Date: 1st April 2025

HCFS: The fee for a clinic check consultation was reduced from £15 to £10. The fee for an ambulatory blood pressure monitoring (ABPM) consultation increased from £45 to £50.85.

LFD service: News story [published](#) highlighting that the LFD service will continue to be commissioned as an Advanced service through 2025/26.

NHS England has also confirmed the fee for provision of the service will increase to £4.10 + VAT from 1st April 2025, following a request from Community Pharmacy England for an increase in the fee.

NMS: The payment structure for NMS was simplified, moving to a split fee with £14 paid for completion of the initial intervention consultation and a second fee of £14 for completion of the follow-up consultation.

Changes will be made to Service Directions to 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. There is no provision for the subcontracting of the NMS service and, accordingly, no controls are in place for such subcontracting.

PCS: The fee for both initiation and continuation PCS consultations increased from £18 to £25.

Pharmacy First: New Pharmacy First caps introduced.

Action: Read the information on the [NHSBSA website](#) about the new Pharmacy First caps.

Pharmacy First: The fee for Pharmacy First minor illness and clinical pathways consultations increased from £15 to £17.

PQS: PQS 2025/26 officially started.

PQS: Start date for the following criteria included in the Medicines Optimisation Domain for the 2025/26 PQS:

- Use of a spacer in patients aged 5-15 years; and
- Patients using three or more bronchodilators in six months.

Date: Between 1st April and 30th June 2025

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 April and ends on 30th June 2025.

This is a mandatory requirement for all pharmacy owners.

Actions:

- Register for [NHS Profile Manager](#) with your personal NHSmail address if you haven't already.
- 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).

Date: 30th June 2025

ToS: Deadline to complete the [Data Security and Protection Toolkit](#).

This is a mandatory requirement for all pharmacy owners.

Action: If not completed, do so by the end of the day.

Date: 1st May 2025

PQS: Aspiration payment window opens at 9am.

Action: If you wish to claim for a PQS Aspiration payment ensure you claim for this on the MYS portal between 9am on 1st May 2025 and 11.59pm on 16th May 2025.

Date: 16th May 2025

PQS: Aspiration payment window closes at 11.59pm.

Action: If you wish to claim for a PQS Aspiration payment ensure you have claimed for this on the MYS portal by the end of the day.

Pharmacy Quality Scheme 2025/26



Gateway criterion

Pharmacy owners must have signed up to deliver the Pharmacy First Service and the Pharmacy Contraception service by the end of 31st August 2025 and remain registered for both services until the end of the scheme, 31st March 2026.

Domain 1 - Medicines optimisation

There are five quality criteria in Domain 1 – Medicines optimisation. All of the quality criteria need to be met to be eligible to claim payment for the domain. The quality criteria are:

- Palliative and End of Life Care Action Plan
- Consulting with people with mental health problems – CPPE learning
- Respiratory: Use of a spacer in patients aged 5-15 years
- Respiratory: Referrals for patients using 3 or more short-acting bronchodilator inhalers in 6 months
- Emergency Contraception – CPPE learning & e-assessment

Domain 2 - Patient safety

There are three quality criteria in Domain 2 – Patient safety. All of the quality criteria need to be met to be eligible to claim payment for the domain. The quality criteria are:

- Antimicrobial Stewardship – Pharmacy First consultations – Clinical Audit
- Sepsis – CPPE learning & e-assessment
- Regularising Enhanced DBS checks for registered pharmacy professionals

<https://cpe.org.uk/quality-and-regulations/pharmacy-quality-scheme/>

Funding for the scheme

For the 2025/26 PQS, £30 million funding is available and pharmacy owners will be able to claim an Aspiration payment if they wish to, later this year; please see below.

Points allocation

The domain(s) have a designated maximum number of points dependent on the participating pharmacy owner's total prescription volume in 2024/25*/**/**/**** according to the NHSBSA's payment data as shown in the table below.

Band	Band 1	Band 2
Annual items	0-1,800	1,801 and above
Medicines optimisation	1.50	30
Patient safety	1	20
Total	2.50	50

The total funding for PQS 2025/26 is £30 million. The funding will be divided between qualifying pharmacies based on the number of points they have achieved up to a maximum £115 per point. Each point will have a minimum value of £57.50, based on all pharmacy owners achieving maximum points. Payments will be made to eligible pharmacy owners depending on the band they are placed in, how many domains they have declared they are meeting, and hence points claimed.

For example:

Assuming the number of pharmacy owners in each band and the average number of points achieved by each pharmacy owner is as set out as below in the table, we can calculate how many points in total were delivered and therefore the value of each point:

The total number of points is 250,436 which means £30 million would deliver a value per point of £119.79.

However, each point is capped at a total of £115. So, the pharmacy owner would receive £115 per point they earned. This would mean that around £1.2 million (out of the £30 million) would remain undelivered through the PQS and would be taken into

	Number of pharmacy owners	Average points per pharmacy owner
Band 1	13	2
Band 2	8,347	30

account in the delivery of the overall Community Pharmacy Contractual Framework funding agreement.

Aspiration payment

Pharmacy owners will be able to claim an Aspiration payment. The Aspiration payment is optional for pharmacy owners and not claiming it will not impact on the pharmacy owner's ability to claim payment for PQS 2025/26.

Pharmacy owners will need to make a declaration to the NHSBSA using [MYS](#) and indicate which domains they intend to achieve before the end of the declaration period. The aspiration payment must be claimed between 9am on 1st May 2025 to 11.59pm on 16th May 2025 for pharmacy owners to receive payment on 1st July 2025.

PQS Band for 2025/26	Band 2
Maximum 'Aspiration points' which can be paid	37.5
Points intended to deliver, as per Aspiration payment declaration	50
Aspiration payment (paid at £57.50 per aspiration point)	£2,156.25
Points actually delivered, as per 2025/2026 declaration (made between 9am on 2nd February 2026 and 11.59pm on 27th February 2026)	50
Reconciliation payment (1st April 2026) (based on final value of £80 per point)	£1,843.75
Total 2025/26 PQS payment	£4,000



CPCF settlement: 2024/25 and 2025/26

In March 2025, funding and other arrangements for community pharmacies for 2024/25 and 2025/26 were finalised. The settlement between Community Pharmacy England, the Department of Health and Social Care (DHSC), and NHS England provides community pharmacy with the largest uplift in funding across the whole of the NHS and signals the Government's commitment to stabilising the sector, recognising the key role they will play in future healthcare.

The resources below are **attached** to this newsletter:

- **Briefing 010/25: Funding Settlement for 2024/25 and 2025/26**
- **CPCF Settlement 2024/25 and 2025/26 Infographic**
- **Community Pharmacy Contractual Framework: Indicative Income Calculator**
- **Timeline of changes**

Share your views

Community Pharmacy England wants to hear views from pharmacy owners in Barnet on the new CPCF funding settlement.

The short opinion poll is a key opportunity to share views and share what you think should be the next priorities for Government and Community Pharmacy England.

The results of this poll will feed directly into discussions at the upcoming Committee meeting and contribute to the national negotiator's efforts to push for further improvements and support for the sector.

The ten-minute survey, open until **11.59pm on Wednesday 30th April 2025**, offers local pharmacy owners the chance to feed directly into Community Pharmacy England's work.

[Read more here](#)

Service developments and changes to fees

Pharmacy First

Fees for the Minor Illness and Clinical Pathway consultations part of Pharmacy First are uplifted to £17, whilst the Urgent Medicine Supply fee remains at £15.

From June 2025, a banded approach will be introduced for the Pharmacy First monthly payment: £500 for those delivering 20-29 consultations per month and £1,000 for those that achieve 30 or more.

There will now be a phased introduction of 'bundling' requirements. To receive the monthly Pharmacy First payment, subject to also achieving the relevant volume of clinical pathway consultations:

- From June 2025, pharmacies will need to be registered to provide the Hypertension Case-Finding Service (HCFS) and Pharmacy Contraception 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 (to be agreed by Community Pharmacy England, DHSC and NHS England in due course) will also need to be provided each month.
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Note, due to other changes, the above requirements related to registration to provide the HCFS and the provision of at least one ABPM per month will not apply to Distance Selling Pharmacies (see further information in the Regulatory changes section below).

DHSC has also pledged to review delivery and capping of Pharmacy First and other services.

[**Pharmacy First service webpage**](#)

[**Pharmacy First Clinical Pathways caps published for April 2025**](#)

Pharmacy Contraception Service

The consultation fee for both initiation and repeat supplies of contraception increase to £25.

Suitably trained and competent Pharmacy Technicians will also be able to provide the service, supporting greater use of skill mix by pharmacy owners, where that fits within their business plans.

From October 2025, subject to the introduction of IT updates, the service will be expanded to include Emergency Hormonal Contraception (EHC), with a fee of £20 per consultation, plus the cost of any EHC provided to the patient.

There are extensive training requirements, Pharmacy Teams might want to use the time between now and October to ensure they meet the training criteria.

[Pharmacy Contraception Service \(PCS\) webpage](#)



Hypertension Case-Finding Service

The service specification will be updated to clarify patient eligibility requirements, e.g. where people request frequent measurement of their blood pressure (which is outside the scope of the service) and groups of patients that general practices can appropriately refer to the service for clinic checks.

Following changes to the VAT regulations, the service specification was changed to allow suitably trained pharmacy staff to provide the service. Accordingly, from April 2025 the fee for the clinic blood pressure check is adjusted to £10.00 per consultation.

To support the aim to provide more ABPM consultations, the fee for ABPM provision increases to £50.85 from April 2025.

NHS England will also consider whether alternative approaches to ABPM can be taken to support the potential diagnosis of hypertension, where the patient does not wish to have ABPM.

[Hypertension Case-Finding Service webpage](#)

New Medicine Service (NMS)

The payment structure for NMS is simplified to a £14 fee for each Intervention or Follow up consultation provided to the patient, i.e. a total fee of £28 will be paid if the pharmacy has done both the Intervention and Follow up consultations. Associated changes will be made to the Manage Your Service (MYS) claiming module.

From 1st October 2025, the service will also be expanded to include depression within the conditions and associated medicines covered by the service. There will be no mandatory training, but a related training programme on consulting with people with mental health problems is included in the [Pharmacy Quality Scheme \(PQS\)](#).

Changes will be made to Service Directions to 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. There is no provision for the subcontracting of the NMS service and, accordingly, no controls are in place for such subcontracting.

[New Medicines Service \(NMS\) webpage](#)
[Contract changes: NMS fees](#)

Smoking Cessation Service

Skill mix changes will be introduced to the Smoking Cessation Service, to allow suitably trained and competent staff to provide the service, alongside pharmacists and pharmacy technicians.

PGDs will also be introduced to enable provision of Varenicline and Cytisinicline (Cytisine) under the service by both suitably trained and competent pharmacists and pharmacy technicians.

Both changes will require developments to IT systems and the date from which the changes will apply will be announced in due course.

[Smoking Cessation Service \(SCS\) webpage](#)

Contract changes: clinical services to be included in advance payments

For some time, Community Pharmacy England have been pressing DHSC to agree to include the payments for clinical services in the advance payments pharmacy owners receive from the NHSBSA.

DHSC have now agreed to this and the NHSBSA have been working on their systems to allow advance payments for clinical services.

This will take time to undertake for all services, but starting with consultations for the Hypertension Case-Finding Service and the Pharmacy Contraception Service (PCS) provided in April 2025, the advance consultation fees for those services will be paid to pharmacy owners on the same day as the current advance payment.

Any reimbursement for items supplied in the PCS will also be factored into the calculation for the main advance payment itself.

NCL Self Care Medicines Scheme

Thank you to all the pharmacies that have signed up to the **NCL Self Care Medicines Scheme** and are providing much needed free-of-charge over-the-counter medicines to populations in need.

NCL ICB has highlighted low sign-up to the Scheme in Barnet, Enfield and Haringey boroughs, particularly Barnet borough and also very low activity for the Scheme even when pharmacies have signed up. Please display [posters](#) and [leaflets](#) in your pharmacy, highlight to patients where appropriate and please let us know if there is anything further we can do to promote uptake of the Scheme.

Funding has been agreed for one more year to 31 March 2026. NCL ICB, like all sectors of the NHS, is under extreme financial pressure. If the ICB considers that there is poor sign-up and poor usage of the Scheme, the service may be decommissioned resulting in loss to our most vulnerable in society and to those pharmacies that provide the service.

If you have not yet signed up/started delivering the NCL Self-Care Medicines Scheme, here are three compelling reasons to do so today:

1. Supporting Vulnerable Patients & Reducing Health Inequalities

The scheme provides **free medicines** to patients on low incomes who struggle to afford basic treatments for minor health conditions at a time of extreme cost of living crisis. This ensures that socially vulnerable individuals receive timely care, preventing their conditions from worsening and reducing unnecessary GP visits. Given that [31% of children in the UK live in relative poverty after housing costs](#), this initiative is crucial in addressing health disparities in NCL.

2. Reducing Shoplifting & Crime Related to Medicine Theft

Economic hardship has led to an increase in [theft](#) of essential medicines, including **paracetamol and Calpol**, particularly in areas with high poverty rates. Shoplifting of medicines is often driven by desperation, as families struggle to afford basic healthcare. By participating in the scheme, pharmacies can help mitigate this issue by ensuring that those in need have access to essential treatments without resorting to theft.

3. Strengthening Community Pharmacy Role & NHS Cost Savings

The scheme aligns with **NHS England's guidance** on over-the-counter medicines, promoting self-care as the first-line treatment. By enabling pharmacies to provide free medicines to eligible patients, it **reduces pressure on GP and Urgent and Emergency Care services**, improves patient outcomes, and supports the NHS in delivering cost-effective healthcare. Pharmacies that join the scheme enhance their role as **trusted healthcare providers**, fostering stronger relationships with their communities.

You can read more about it [here](#) and inform the ICB expressing your interest to join [here](#).

TRAINING

The MPG have held several successful training sessions covering, Pharmacy First, Hypertension Case-Finding and Contraception. All post event materials can be found on our website:

Middlesex Pharmaceutical Group – Middlesex Group Of Local Pharmaceutical Committees | Representing Nine Middlesex Borough Areas (middlesexlpcs.org.uk)



CPPE training links:

[Blood pressure assessment in community pharmacy: essential skills : CPPE](#)

[NHS Pharmacy Contraception Service: delivering effective consultations to initiate contraception : CPPE](#)

Free Service Promotion Resources

Don't miss ordering the healthcare resources you need, Some good free resources here that are delivered foc.

<https://campaignresources.dhsc.gov.uk/search/>

[Medisa](#)

Virtual Outcome

The MPG LPCs have agreed not to renew the annual subscription with Virtual Outcomes.

Your LPC has moved offices

Please note the MPG offices are now located at:

The Middlesex Pharmaceutical Group of LPCs
Premier House
Ground Floor, 309 Ballards Lane,
Finchley,
N12 8LY
Tel: 020 8492 0592



[Drug Tariff Watch – April 2025](#)

<https://cpe.org.uk/our-news/april-2025-drug-tariff-updates/>

Serious Shortage Protocols

The SSP is available to view on the NHS Business Service Authority (BSA)'s [dedicated SSP web page](#).

We here at the LPC office support all MPG contractors and pharmacy teams. We would love to hear any feedback you may have about your LPC and if there is anything you would like raised at our next Committee meeting.

Let us know on group@middlesexpharmacy.org

Join the Barnet LPC WhatsApp Alert Group

Please see the below link to join our LPC WhatsApp alert group (if not joined already) or scan the QR Code on your smartphone

<https://chat.whatsapp.com/lqn3gA1KepVBCmbftWAZAi>

