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Subject: Important Update!: Community Pharmacy Prescribing – Payments & Prescription Management

Importance: High

FAO: All LLR Contractors and Pharmacy Teams

We have received further information regarding the implementation of NHS community pharmacy prescribing, including the proposed payment arrangements and new guidance on how pharmacist independent prescribers may manage prescription-related problems. Further documents remain in development, including revised Pharmacy First and contraception service specifications, an overarching prescribing specification, clinical pathways and supporting guidance.

There is quite a lot of detail, so I have summarised the key points below.

Prescribing Pharmacy Payments

Under the new Drug Tariff Part VIF arrangements, an eligible contractor becoming a prescribing pharmacy will receive a one-off £500 Set-Up Payment per ODS code. To qualify, the pharmacy must complete the required onboarding, receive ICB approval and a go-live date, and be approved to provide prescribing consultations through at least one of the relevant Advanced Services – Pharmacy First Clinical Pathways or the Pharmacy Contraception Service.

There will also be a £525 Monthly Infrastructure Payment for eligible prescribing pharmacies. Requirements include ICB approval, an approved IT system capable of issuing prescriptions via EPS and an appropriate clinical record system.

Importantly, contractors receiving the monthly payment should have a pharmacist prescriber available to provide NHS prescribing consultations for a minimum of 24 hours per week during opening hours, for at least 45 weeks of the financial year. Evidence of prescriber availability must be retained for three years for potential Post-Payment Verification.

Prescriber onboarding

Pharmacies will need to notify the ICB of each pharmacist prescriber delivering the service through the NHSBSA Prescribing Consultation Claims (PCC) Declaration Form. This applies to locums and pharmacists working across multiple pharmacies too. A prescriber cannot undertake eligible prescribing consultations until they have been notified to and approved by the relevant ICB.

Contractors will also be responsible for keeping this information up to date and notifying the ICB of relevant changes within five working days.

Minimum prescribing activity

A prescribing pharmacy must demonstrate clinical prescribing activity within three months of onboarding. This means at least one completed NHS prescribing consultation under Pharmacy First Clinical Pathways or the Pharmacy Contraception Service, recorded and submitted through MYS. Importantly, the consultation does not have to result in a prescription.

If this is not achieved, future monthly infrastructure payments will be withheld. If there is no qualifying activity within six months of onboarding, payments made under Part VIF become recoverable.

Prescription Management – an important development

Separate draft guidance introduces Prescription Management, which could significantly change how prescribing pharmacists deal with problems identified when dispensing NHS prescriptions. Rather than automatically referring certain issues back to the original prescriber, an appropriately trained community pharmacist prescriber may, where clinically appropriate, undertake their own assessment and prescribe to resolve the issue. This is intended to reduce delays for patients and unnecessary workload across both general practice and community pharmacy.

Potential situations include:

- medicines unavailable because of national or local shortages;
- prescription errors;
- omitted medicines;
- medicines that are no longer required;
- synchronising prescription quantities; and
- agreed ICB/PCN medicines optimisation initiatives.

For example, the guidance specifically illustrates a scenario where ramipril 5mg capsules are unavailable but tablets are available, allowing an appropriate prescribing intervention where usual processes cannot resolve the problem. Therapeutic alternatives may also be possible where appropriate agreements exist or following discussion with the original prescriber.

This is particularly relevant given the increasing concerns contractors are raising with us regarding medicine availability and shortages.

There are, however, important safeguards. Existing dispensing flexibilities and SSPs should be considered first; prescribing must remain within the pharmacist's competence; the patient must be informed and consent; interventions must be documented; and the originating prescriber must be informed through agreed communication routes.

Prescription Management must not be used to generate financial benefit for the pharmacy, including switching products because of pharmacy-level rebate arrangements.

What happens next?

There is still implementation detail to work through locally, particularly around ICB onboarding, governance, communication with general practice, IT/EPS arrangements and local prescribing processes.

The guidance recognises that successful implementation will depend on community pharmacy, general practice, PCNs and ICBs establishing locally agreed processes for managing and communicating these interventions.

Community Pharmacy LLR will be working closely with the ICB as these arrangements develop locally and will keep contractors updated on what you need to do, when onboarding opens and the steps required to participate.

Please take some time to familiarise yourself with the attached documents, particularly if you already employ or work with pharmacist independent prescribers.

Kind Regards
Rajshri Owen MRPharmS
Chief Officer