

Drug Tariff Part VIC - Advanced Services (Pharmacy and Appliance Contractors (England))

i) Clinical Pathway consultations

27. **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 on the [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**.
28. 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 32. 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 32. 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	15
September 2024	20
From October 2024	20

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

29. 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.

30. 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:

- 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 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 an average of >=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.

31. 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.
32. 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. 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. Later claims will not be paid.
33. 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.
34. 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.
35. 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.