
ADVANCED SERVICES (PHARMACY AND APPLIANCE CONTRACTORS)(ENGLAND)

NEW MEDICINE SERVICE, STOMA CUSTOMISATION, APPLIANCE USE REVIEW, COMMUNITY PHARMACY SEASONAL INFLUENZA VACCINATION SERVICE, NHS PHARMACY FIRST SERVICE, NHS COMMUNITY PHARMACY HYPERTENSION CASE-FINDING SERVICE, COMMUNITY PHARMACY SMOKING CESSATION SERVICE, NHS PHARMACY CONTRACEPTION SERVICE AND LATERAL FLOW DEVICE (LFD) TESTS SUPPLY SERVICE

Advanced Services (Pharmacy and Appliance Contractors)(England)

1. The New Medicine Service (NMS), Stoma Customisation, Appliance Use Review, Community Pharmacy Seasonal Influenza Vaccination Service, NHS Community Pharmacy Hypertension Case-Finding Service, Community Pharmacy Smoking Cessation Service, NHS Pharmacy Contraception Service, NHS Pharmacy First Service and Lateral Flow Device (LFD) Tests Supply Service form part of the Advanced Services within the community pharmacy contractual framework. Stoma Customisation and Appliance Use Reviews are applicable to appliance contractors as well as pharmacy contractors. The relevant directions are now set out in the Pharmaceutical Services (Advanced and Enhanced Services)(England) Directions 2013, referred to in this Part as 'the principal Directions'.

New Medicine Service
Monthly Fees

2. A monthly payment will be paid for each completed intervention consultation and each completed follow-up consultation. The fee per consultation will be £14.
3. The number of NMS consultations interventions is subject to an overall cap of 1% of monthly prescriptions, which can be found in Table 1. Please note, the numbers in the previous version of Table 1 have been doubled to allow both types of consultations to be claimed using the current MYS functionality as an interim measure.
4. 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.

Table 1

Volume of prescription items per month	Combined maximum number of Intervention and follow-up consultations per month for which £14 payment will be received
0-1500	20
1501-2500	40
2501-3500	60
3501-4500	80
4501-5500	100
5501-6500	120
6501-7500	140
7501-8500	160
8501-9500	180
9501-10500	200
+1000	(+20)

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Stoma Customisation

5. In England, from 1 April 2010 a fee of £4.32 is payable for every Part IXC prescription item that can be customised¹. The fee does not have to be claimed and will be paid automatically to those pharmacy and appliance contractors who in England have informed the NHSBSA of their intention to provide stoma appliance customisation services as an advanced service by the end of the month before they start providing the service.
6. Contractors are however required to meet certain preconditions, set out below in direction 9 of the principal Directions, before NHS England is able to enter into arrangements with them to provide the service - and their ongoing entitlement to provide the service is subject to compliance with the conditions that NHS England is required to impose on them by virtue of direction 10 of the principal Directions.

¹Products that qualify for the stoma customisation fee have been annotated in the Drug Tariff.

Appliance Use Review

7. In England, from 1 April 2010 a fee is payable to all pharmacy and appliance contractors meeting the requirements for this service for each Appliance Use Review they have carried out. The requirements they have to meet are also set out below in directions 11 to 13 of the principal Directions. As with the stoma customisation, there are both preconditions that the contractor has to meet before NHS England is able to enter into arrangements with them (set out in direction 11 of the principal Directions), and ongoing entitlement to provide the service is subject to compliance with the conditions that NHS England is required to impose on them (see directions 12 and 13 of the principal Directions)
8. A fee of £28 is payable for an Appliance Use Review conducted at premises or by telephone or video link managed by the pharmacy or appliance contractor. A fee of £54 is payable for a review conducted at the user's home. If, within a 24 hour period, reviews are conducted for several users living at the same location, the appliance or pharmacy contractor may claim £54 for the first review and £28 for each subsequent review.
9. In England, the total number of Appliance Use Reviews that an appliance or pharmacy contractor may claim fees for will be limited to one for every 35 Part IXA (qualifying items), Part IXB and Part IXC prescription items dispensed for the period commencing on 1 April and ending on 31 March in any one year (see direction 13 of the principal Directions).
10. In England contractors will be paid monthly, via the Pricing Authority on receipt of the appropriate claim form in the relevant month.

Community Pharmacy Seasonal Influenza Vaccination Advanced Service

11. From 1 September 2024 a fee of £9.58 will be paid for each adult flu vaccination administered to a patient who is part of an eligible patient cohort that has been announced and authorised by NHS England to receive the vaccine. The eligible patient cohort are those patients included in the annual flu letter and listed in Annex A of the NHS service specification. NHS England have announced that, from 1 September 2024, pregnant women are an eligible patient cohort that are authorised to receive the adult flu vaccination and that from 3 October all other eligible patient cohorts are authorised to receive the adult flu vaccination.
 12. Pharmacy contractors will be reimbursed the cost of the vaccine in accordance with Part II, Clause 8C (Basic Price) of the Drug Tariff. An allowance at the applicable VAT rate will also be paid.
 13. The fees will be payable only to contractors meeting the requirements of the service. The complete service requirements are set out in directions 7A and 7B of the principal Directions and the NHS service specification.
 14. 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. Later submissions will be accepted but only if made within three months of the date by which the claim should have been submitted. Any claims submitted after the three months period has passed will not be paid.
 15. 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.
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NHS Pharmacy First Service - from 31 January 2024**i) NHS Referrals for Minor Illness & Urgent Medicines Supply**

16. 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.
 17. 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.
 18. No further fees will be paid for an **NHS Minor Illness** referral or an **Urgent Medicine Supply**.
 19. 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.
 20. The fee mentioned in paragraph 16 will be payable only to contractors who have registered for the Pharmacy First Service via the NHSBSA Manage Your Service (MYS) portal and who meet the requirements set out in the [Service Specification](#).
 21. 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.
 22. 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. 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 23. 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.
 23. 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. Later submissions will be accepted but only if made within three months of the date by which the claim should have been submitted. From 1st 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.
 24. 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.
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25. 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*.

*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

26. **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.

27. 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 £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.

28. 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 and able to deliver the Hypertension Case-Finding service to receive either the £500 or the £1,000 monthly fixed payment, 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

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* 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. From 1 April 2025, new caps will be introduced which will be calculated monthly.

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.

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.
 - 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.
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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.

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 >=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 >=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 >=15 per month from the most recent data available from November to January / number of pharmacies in Band x.

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. From 1st 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
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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.

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. 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 four months from the final day of their 30 days' notice. After the four month period has passed, contractors can re-register for the service via the MYS portal.
 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.
 36. 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.
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NHS Community Pharmacy Hypertension Case-Finding Advanced Service

37. 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).
38. 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.
39. 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.
40. 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 Manage Your Service (MYS) platform.
41. From 1 September 2023 data to support claims should be submitted via an IT system with an NHS approved API link to the Manage Your Service (MYS) platform, which is provided by the NHSBSA. The API data will be summarised in MYS. Contractors must use MYS to confirm the API data and submit the claim by the 5th of the month following the month in which the chargeable activity was delivered. If the contractor fails to submit by this deadline, later submissions will be accepted, but only if made via MYS 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. If a contractor cannot confirm the API data in MYS as accurate, they should follow the instructions in MYS and contact their IT system supplier in the first instance.
42. 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.
43. If a contractor wishes to cease provision of the NHS Hypertension Case-Finding 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 Hypertension Case-Finding service the contractor will not be able to re-register for the service for a period of four months from the final day of their 30 days' notice. After the four month period has passed, contractors can re-register for the service via the MYS portal.

NHS Community Pharmacy Smoking Cessation Advanced Service

44. In England, from 1 November 2022 pharmacy contractors who sign up to deliver the NHS Community Pharmacy Smoking Cessation Advanced Service will qualify for a single payment of £1000* 30 days after registration on MYS to provide the service, which must include a declaration by the pharmacy contractor of readiness to provide the service. The NHSBSA will make the payment to the pharmacy contractor, in the subsequent payment cycle for other payments for NHS Pharmaceutical Services subject to the payment conditions below (see *).
 45. If a contractor wishes to cease provision of this service, they must de-register and provide 30 days' notice. To de-register, the contractor must do so via MYS. Please note that following de-registration from the Smoking Cessation service the contractor will not be able to re-register for the service for a period of four months from the final day of their 30 days' notice. After the four month period has passed, contractors can re-register for the service via the MYS portal.
 46. Any service activity contractors provide during their notice period will continue to be paid in the usual way.
 47. From 10 March 2022, for each patient referred who has a first consultation, a fee of £30 will be paid. Subsequently a fee for each interim consultation with a patient of £10 will be paid. On completion of the last consultation (which may be at any point from and including the four-week review up until the 12-week review) a fee of £40 for each patient will be paid.
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48. No consultation fees can be claimed where the pharmacist or pharmacy technician cannot make any contact with the referred patient, or where the patient declines the referral on first contact.
49. The service requirements for this service are set out in directions 7BI and 7BJ of the principal Directions and the NHS England service specification.
50. The medicines that may be supplied as part of this service are listed below, and only those medicines listed will be eligible for payment.

Generic Name	Pack size
Nicotine 1.5mg lozenges sugar free	60
Nicotine 1.5mg lozenges sugar free	100
Nicotine 10mg/16hours transdermal patches	7
Nicotine 14mg/24hours transdermal patches	7
Nicotine 14mg/24hours transdermal patches	14
Nicotine 15mg inhalation cartridges with device	36
Nicotine 15mg/16hours transdermal patches	7
Nicotine 1mg/dose oromucosal spray sugar free	13.2
Nicotine 1mg/dose oromucosal spray sugar free	26.4
Nicotine 21mg/24hours transdermal patches	7
Nicotine 21mg/24hours transdermal patches	14
Nicotine 25mg/16hours transdermal patches	7
Nicotine 2mg lozenges sugar free	72
Nicotine 2mg lozenges sugar free	80
Nicotine 2mg medicated chewing gum sugar free	96
Nicotine 2mg medicated chewing gum sugar free	105
Nicotine 2mg medicated chewing gum sugar free	210
Nicotine 2mg sublingual tablets sugar free	100
Nicotine 4mg lozenges sugar free	72
Nicotine 4mg lozenges sugar free	80
Nicotine 4mg lozenges sugar free	100
Nicotine 4mg medicated chewing gum sugar free	96
Nicotine 500micrograms/dose nasal spray	10
Nicotine 7mg/24hours transdermal patches	7
Nicotine bitartrate 1mg lozenges sugar free	96
Nicotine bitartrate 1mg lozenges sugar free	144
Nicotine bitartrate 1mg lozenges sugar free	204
Nicotine bitartrate 2mg lozenges sugar free	96
Nicotine bitartrate 2mg lozenges sugar free	144
Nicotine bitartrate 2mg lozenges sugar free	204

51. An expanded version of this list containing additional information is available on the NHSBSA website (<https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/nhs-smoking-cessation-service-referral-secondary-care-community-pharmacy>).
52. The cost of those medicines, if supplied as part of the service, will be reimbursed using the basic price specified in the Drug Tariff Part II Clause 8 – Basic Price. No other elements of the Drug Tariff in relation to reimbursement of medicines apply to this service. An allowance at the applicable VAT rate will be paid to cover the VAT incurred when purchasing the supplied medicine.
53. Claims for payments for this service and for reimbursement of costs for items supplied should be made monthly. Contractors registered for the service have two routes available for claiming, and either:
- If the functionality is available, via an assured pharmacy IT system, contractors must use the Manage Your Service platform provided by NHSBSA; or
 - Contractors must download, complete and return the form provided by the NHSBSA on their website (<https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/nhs-smoking-cessation-service-referral-secondary-care-community-pharmacy>). Contractors should ensure that they complete the relevant sections, including the Declaration mentioned in paragraph 43 and return the completed form to the NHSBSA at mys@nhsbsa.nhs.uk.

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54. Claims for payment should be submitted to the NHSBSA by the 5th 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, 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.

55. 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.

*If a contractor wishes to de-register or ceases trading within 30 days of registering, they will not be eligible for a set-up fee payment. If a contractor wishes to de-register or cease trading more than 30 days after registering, they will be eligible for a set-up fee payment.

NHS Pharmacy Contraception Service – Ongoing Supply and Initiation of Oral Contraception

56. In England, from 24 April 2023 pharmacy contractors who sign up to deliver the NHS Pharmacy Contraception Service Advanced Service will qualify for the first instalment of the setup, which is a single payment of £400.

57. A total of £900 will be paid in the following instalments: £400 paid 30 days after signing up to deliver the service on the NHSBSA Manage Your Service (MYS) portal, £250 paid after claiming the first 5 consultations and £250 paid after claiming a further 5 consultations (a total of 10 consultations claimed). The NHSBSA will make the payment to the pharmacy contractor, in the subsequent payment cycle for other payments for NHS Pharmaceutical Services subject to the payment conditions.

58. A fee of £25 will be paid per consultation.

59. From 1 December 2023 in addition to providing an ongoing supply of existing oral contraception, the service will expand to also include the initiation of oral contraception from a participating contractor. The service requirements for this service are set out in the current version of the [NHS Pharmacy Contraception Service Specification](#).

60. The medicines that may be supplied as part of this service are listed in the [Patient Group Directions \(PGDs\) for Combined Oral Contraceptives \(COC\)](#) and for [Progesterone Only Pills \(POP\)](#) and only those medicines listed will be eligible for payment.

61. The cost of those medicines, if supplied as part of the service, will be reimbursed using the basic price specified in the Drug Tariff Part II Clause 8 – Basic Price. The total cost of those medicines supplied as part of this service will be subject to the brands deduction rate as set out in Part V. The allowance for containers and consumables will not apply to products supplied as part of this advanced service. No other elements of the Drug Tariff in relation to reimbursement of medicines apply to this service.

62. Claims for payment should be submitted by the 5th 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, 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.

63. If a contractor wishes to cease provision of this 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 MYS. Please note that following de-registration from the Contraception service the contractor will not be able to re-register for the service for a period of four months from the final day of their 30 days' notice. After the four month period has passed, contractors can re-register for the service via the MYS portal.

ADVANCED SERVICES (PHARMACY AND APPLIANCE CONTRACTORS)(ENGLAND)

64. Any service activity contractors provide during their notice period prior to de-registering will continue to be paid in the usual way. If a pharmacy contractor de-registers from the service or ceases trading within 30 days of registration, they will not qualify for the £400 set up fee. In this event, if the £400 fee has already been paid to the contractor, this money will be recovered from the contractor. Any pharmacy contractors that de-register from the service will not be eligible for a further set up fee of £400, if they re-register at a later date and the original £400 set up fee paid to them has not been reclaimed.
65. Contractors must use an IT solution that meets the minimum digital requirements of the service (as specified within the Community Pharmacy Clinical Standard) and that includes an application programming interface (API) to facilitate transfer of data into the MYS portal to support the Pharmacy Contraception Service.

Lateral Flow Device (LFD) Tests Supply Service (for patients potentially eligible for COVID-19 treatments)

66. From 6 November 2023, a fee of £4.00+VAT will be paid for each completed transaction of the supply of one box of five Covid-19 Lateral Flow Devices from the pharmacy on confirmation that the patient is part of the eligible cohort. From 1 April 2025 a fee of £4.10+VAT will be paid.
67. The full list of eligibility criteria is determined by NICE and can be found in the NICE guidelines '[Supporting information on risk factors for progression to severe COVID-19](#)' and is duly referenced in the [Service Specification](#). Contractors should make sure they are referring to the latest version of the eligibility criteria.
68. The fees will be payable only to contractors meeting the requirements of the service including notification of the intention to provide the service by completing an electronic registration through the NHSBSA Manage Your Service (MYS) portal. These requirements are set out in directions 7BM and 7BN of the principal Directions and in the service specification.
69. The payment for these tests, where supplied as part of the service, will be £4.62 for 5 LFD tests. An allowance at the applicable VAT rate will also be paid. The Secretary of State determines the payment of the LFD tests to be the average of the list price for one box of 5 LFD tests by the following three suppliers: AAH Pharmaceuticals Ltd, Alliance Healthcare (Distribution) Ltd and Phoenix Healthcare Distribution Ltd on or before the 8th of the month before.
- In circumstances, where contractors are unable to source one box of 5 LFD tests at or below the Drug Tariff payment price listed in this Part, Community Pharmacy England may request a review of the payment price. The review requires contractors to report any issues with the supply, ordering and pricing of the tests to Community Pharmacy England. To support the handling of the review, contractors may be required to submit evidence of any difficulties experienced including issues with pricing or supply. Any claims and supporting evidence will then be referred by Community Pharmacy England to the Department of Health and Social Care for review. Following this process, the Department of Health and Social Care will publish any details of any revised payment price and the month(s) in which it will apply.
70. Claims for payment should be submitted by the 5th 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.
71. If a contractor wishes to cease provision of this service, they must de-register and provide 30 days' notice of their intention to do so. To de-register, the contractor must do so by notifying the Commissioner via MYS.
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