



# Pharmacy First Service

Summary slides from contractor  
information evenings

16<sup>th</sup>, 17<sup>th</sup> and 24<sup>th</sup> January 2024



# Agenda for the evening

1. Chair's introduction to the evening
2. Pharmacy First Service Overview
3. Tips to stretch your workforce and Making Every Contact Count (MECC)
4. Patient journey through the UTI conditions pathway
5. Key dates & Resources
6. Q&A - All
7. Close

# Pharmacy First Service Overview

Strategic context for the service  
Summary of the service requirements  
The clinical pathways and PGDs  
Learning and development requirements  
Preparing to provide the service  
Q&A



# The Pharmacy First service

- Community Pharmacy England submitted proposals for a Pharmacy First service to DHSC and NHSE in March 2022
- This was followed up with a comms and lobbying campaign
- On 9th May 2023, DHSC and NHSE published the Delivery plan for recovering access to primary care
- This included a commitment to commission a Pharmacy First service, allowing the treatment of seven conditions
- The **start date** is **31st January 2024** (subject to IT support being available)



- Pharmacy First will be a new Advanced service that will include **seven new clinical pathways** and will **replace** the Community Pharmacist Consultation Service (CPCS)
- The service will consist of **three elements**:

### Clinical pathway consultations

- New element

### Urgent supply of repeat meds and appliances

- Previously part of CPCS

### Referrals for minor illness consultations

- Previously part of CPCS

# What are the seven conditions?

**Sinusitis**

12 years and  
over

**Sore throat**

5 years and  
over

**Acute otitis  
media**

1 to 17 years

**Infected  
insect bite**

1 year and over

**Impetigo**

1 year and over

**Shingles**

18 years and  
over

**Uncomplicated  
UTI**

Women 16 to 64  
years

# The Pharmacy First service

Pharmacies opting-in must provide **all three elements** of the new service

Patients can **present to the pharmacy** for clinical pathways consultations (**only**)

Clinical pathways consultations can be provided **remotely**, except for the acute otitis media pathway (otoscope required)

Remote consultations **must be via high-quality video link**

DSPs can **only** provide clinical pathways consultations **remotely** (due to the link to Essential services)

They cannot provide the acute otitis media pathway (otoscope required)

There are no changes to the former CPCS elements of the service, e.g. referrals are still required and telephone consultations are still possible, where clinically appropriate

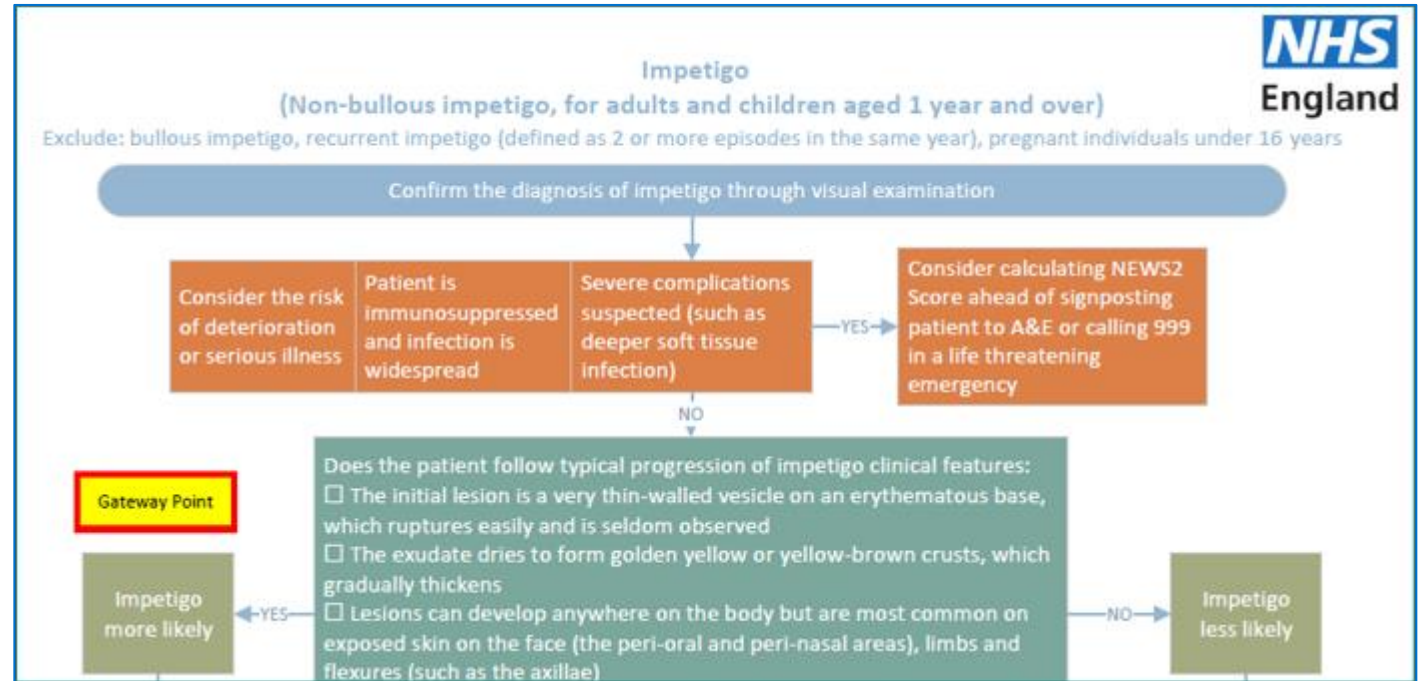


# Summary of the service requirements

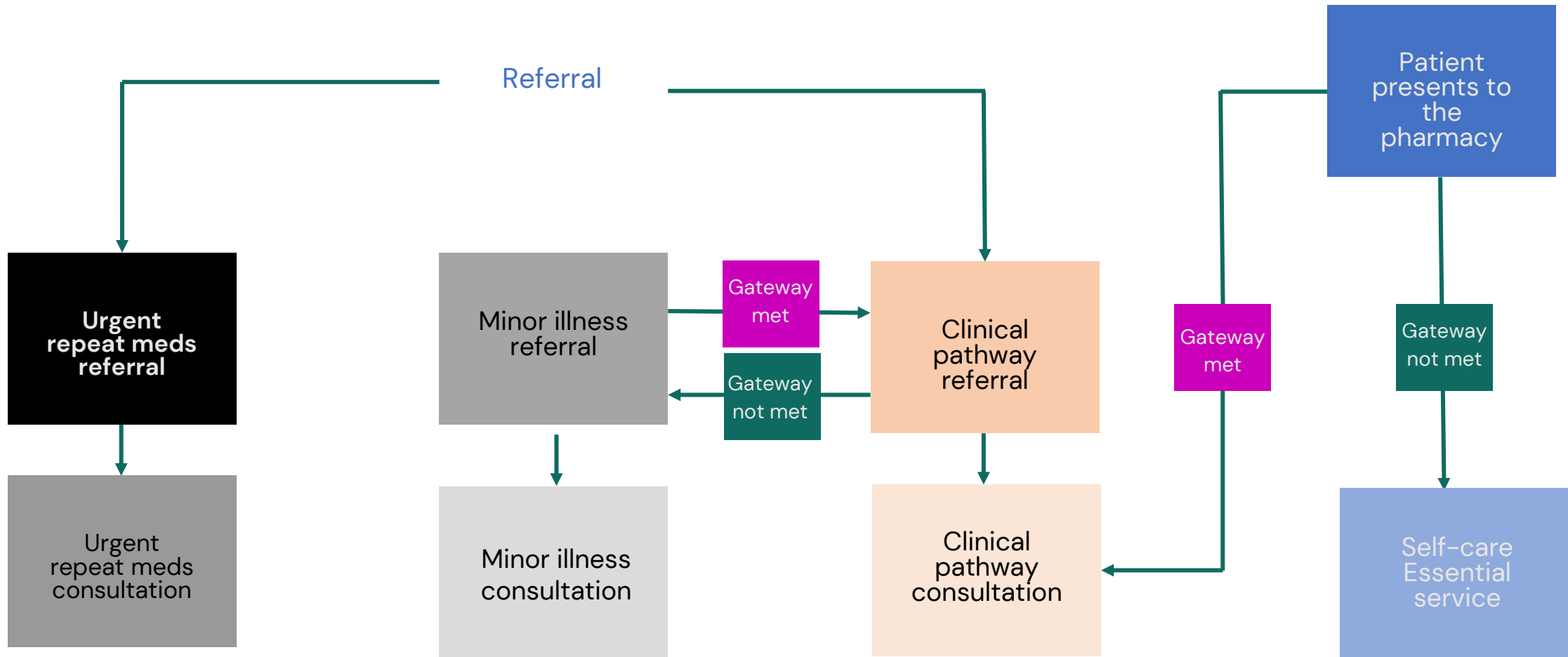


# Clinical pathways consultations

- Service spec and seven clinical pathways developed
- 23 associated PGDs and one clinical protocol (P med)
- The clinical pathways contain one or more Gateway points
- For a patient to be eligible to receive a clinical pathways consultation, a Gateway point must be passed



# High-level service overview



A more detailed service pathway diagram can be found in Annex A of the service spec

# The service requirements

- Complying with Terms of Service requirements for Essential services and clinical governance
- Have a consultation room meeting the ToS requirements, with access to IT equipment for record keeping
- Equipment – otoscope – see buying advice in Annex C
- Standard operating procedure, including the process for escalation
- Competency and training requirements
- Have an NHS-assured clinical IT system (Provider Pays)
- Sign-up to provide the service on MYS
- Where supplies of an NHS medicine are made, the normal prescription charge rules apply



# Funding

- Funding for the clinical pathways consultations comes from the additional **£645m** provided to support the recovery plan
- Initial fixed payment of **£2,000**
  - Must sign-up to provide the service on MYS **by 11.59pm on 30th January 2024**
  - The payment will be **reclaimed** if **5** clinical pathways consultations are not provided **by the end of March 2024**
- £15 fee per completed consultation (also applies to CPCS consultations from 1st Jan 2024)



# Funding

- A **monthly** fixed payment of **£1,000** where the pharmacy meets a **minimum number** of clinical pathways consultations:
  - From April 2024, an initial cap of 3,000 consultations per month per pharmacy will be put in place
  - From October 2024, new caps will be introduced based on actual provision of clinical pathway consultations, designed to deliver 3 million consultations per quarter
- Clearly demonstrates an expectation of an average of 100 per pharmacy a month – anything less and there is a real risk the Treasury will pull the plug

Month	Minimum number of clinical pathways consultations
February 2024	1
March 2024	5
April 2024	5
May 2024	10
June 2024	10
July 2024	10
August 2024	20
September 2024	20
October 2024 onwards	30



# The clinical pathways and PGDs

# Clinical pathway consultations

- The clinical pathways element will enable the management of common infections by community pharmacies through offering **self-care, safety netting advice**, and only if appropriate, supplying a **restricted set of medicines** to complete episodes of care for seven common conditions
- NHSE commissioned SPS to develop patient group directions (PGDs) and a protocol for the Pharmacy First service.
- The final PGDs and protocol, published on the NHS England website, have received national approval from the National Medical Director, Chief Pharmaceutical Officer and National Clinical Director for IPC & AMR



**Specialist  
Pharmacy  
Service**

# Development of clinical pathways





# Monitoring and surveillance

- NHSE will closely monitor the Pharmacy First service post-launch to allow for robust oversight and monitor for any potential impact on antimicrobial resistance so that any needed mitigations can be quickly actioned
- NHSE is working with NHSBSA to enable pharmacy reimbursement and functionality for PGD supply to be recorded via ePACT2 data, or in a parallel dashboard
- NIHR will commission an evaluation of Pharmacy First services considering implications for antimicrobial resistance.

# PGDs

- Pharmacists need to read all 23 PGDs and protocol
- Draft PGDs and protocol published on 1st December 2023 to help pharmacists and pharmacy owners start to prepare
- Pharmacists **must read and sign the final versions of the PGDs and protocol**, rather than the draft versions
- Draft versions are not signed by NHSE – do not provide authorisation to supply medicines at NHS expense for the Pharmacy First service



# Learning and development requirements

# Learning and development

- CPPE webpage detailing training resources
  - [www.cppe.ac.uk/services/pharmacy-first/](http://www.cppe.ac.uk/services/pharmacy-first/)
- Pharmacy First self-assessment framework – developed by CPPE and NHSE
- Personal development action plan

**NHS Pharmacy First service**

The NHS Pharmacy First service launches as a new advanced service of the community pharmacy contract on Wednesday 31st January 2024.

Pharmacy First replaces the Community Pharmacist Consultation Service (CPCS) and includes seven new clinical pathways. The full Pharmacy First service consists of three elements:

- Clinical pathways – a new element of the service
- Urgent repeat medicine supply – previously within CPCS
- NHS referrals for minor illness – previously within CPCS

More details of this advanced service are available from [NHS England](#) and [Community Pharmacy England](#).

Providing the service requires community pharmacies to hold consultations that give advice and NHS-funded treatment (via Patient Group Directions), where appropriate for seven common conditions (following clinical pathways), which are:

- Sinusitis
- Sore throat
- Acute otitis media
- Infected insect bite
- Impetigo
- Shingles
- Uncomplicated urinary tract infections in women

CPPE has a range of learning resources to prepare and support pharmacy professionals to provide the NHS Pharmacy First service. These resources include a [self-assessment framework](#) developed in partnership with NHS England, which supports you to reflect on your knowledge, skills and behaviours that are essential to provide all three elements of the NHS Pharmacy First service. Through the self-assessment, you can identify any gaps and make an action plan to develop as required.

You can download a copy of the Pharmacy First self-assessment framework using the button below.

[Self-assessment framework](#)

- ▼ NHS Pharmacy First Service – service specification
- ▼ Competency requirements
- ▼ Evidence of competence
- ▼ Learning resources to support your development
- ▼ Useful CPPE resources to support the delivery of Pharmacy First

[FAQs \(Coming soon\)](#)

# Learning and development

- NHSE funded training by Cliniskills
  - Clinical examination skills includes e-learning and face-to-face training
  - F2f fully booked but waiting list function
  - [www.cliniskills.com/community-pharmacists/](http://www.cliniskills.com/community-pharmacists/)
- CPE Pharmacy First webinars:
  - **Getting to know the service** recorded version available
  - **Getting ready for launch** – 15th Jan - recorded version available soon
- LPC events – discussion about what is contractor need?
- Have pharmacists completed their personal development action plan?



Preparing to provide the  
service

# Preparing to provide the service

1. Download and read the **service specification** and **clinical pathways**
2. If you then want to provide the service from the start date, **sign up on MYS** – preferably by 31st December 2023
3. Place an **order for an otoscope**
4. Download and start
  1. reading the **PGDs** and
  2. **clinical protocol**

UTI	Shingles	Impetigo	Insect bite	Sore throat	Sinusitis	Acute otitis media
Nitrofurantoin	Aciclovir Valaciclovir	Hydrogen Peroxide Cream Fusidic acid cream Flucloxacillin Clarithromycin Erythromycin	Flucloxacillin Clarithromycin Erythromycin	Pen V Clarithromycin Erythromycin	Mometasone nasal spray Fluticasone nasal spray Pen V Clarithromycin Erythromycin Doxycycline	Phenazone & Lidocaine ear drops Amoxicillin Clarithromycin Erythromycin

# Preparing to provide the service

5. Start **considering which IT system** you want to use and look into costs and contracting
6. Provide an **initial briefing** on the service for your **staff**
7. Create a **training plan with pharmacists** who will provide the service (using the CPPE self-assessment), including ensuring they know how to use an otoscope
8. Sign up to the LPC newsletters and follow on social media for details of any local training sessions
9. Start to develop an **SOP** or update your CPCS SOP





# Resources to help you get ready

- Checklists of things to do to prepare for the service for pharmacy owners and pharmacists
- The CPCS toolkit is being updated to cover the new service
- CPPE Pharmacy First webpage and self-assessment framework
- Cliniskills training modules and locally organised training options
- Summary briefing for pharmacy team members

Community Pharmacy England  
December 2023

### Pharmacy owner checklist: getting going with the Pharmacy First service

This checklist details the actions pharmacy owners can start to undertake to prepare to provide the Pharmacy First service, while waiting for further information and resources to be published. Further information on the service and resources can be found at [cpe.org.uk/pharmacyfirst](https://cpe.org.uk/pharmacyfirst).

Activity	By whom?	By when?	Completed
Read the service specification, clinical pathways, draft Patient Group Directions and protocols as well as the FAQs on the Community Pharmacy England website			

Community Pharmacy England  
December 2023

### Briefing: 040/23: Initial briefing for pharmacy teams - the Pharmacy First service

This briefing provides initial information for pharmacy teams on the Pharmacy First service which will be commissioned from **31st January 2024** (subject to the required IT systems being in place). Further information for pharmacy teams will be published nearer the launch date of the service.

**Brief overview of the service**

- This is a free NHS service.
- There are **three parts** to the service:
  1. Minor illness consultations with a pharmacist;
  2. Supply of urgent medicines (and appliances); and
  3. Clinical pathway consultations.

**Parts 1 and 2: Minor illness consultations and Supply of urgent medicines (and appliances)**

- The **first two parts** of the service are those from the **Community Pharmacist Consultation Service (CPCS)**; this service is currently provided by most pharmacies across the country.
- These two parts of the service are and will continue to be (when the Pharmacy First service starts) provided by a pharmacist following a referral from NHS 111, general practices and other authorised healthcare providers. General practices can only refer for Minor illness consultations; they cannot refer patients for Supply of urgent medicines (and appliances).
- Under CPCS, patients cannot walk-in and access these parts of the service (self-ref); there needs to be a referral from an authorised healthcare provider. This will continue to be the case when they transfer into the Pharmacy First service.
- From the end of 30th January 2024, CPCS will cease to exist, but patients can still access the service when they are appropriately referred, under the Pharmacy First service instead.
- These two parts of the service can be delivered face-to-face in the consultation room or remotely (either by telephone or video consultation).

**Part 3: Clinical pathway consultations**

- The third part of the Pharmacy First service (the new part) is called **clinical pathway consultations**. This involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions: Sinusitis; Sore throat; Acute otitis media (earache); Infected insect bite; Impetigo; Shingles; and Uncomplicated urinary tract infections in women.

Community Pharmacy England [cpe.org.uk](https://cpe.org.uk)

The NHS Pharmacy First self-assessment framework

**Background to the Pharmacy First service**

The NHS Long Term Plan highlights the need to boost out of hospital care and reduce pressure on urgent and emergency care. It also commits to making greater use of community pharmacists' skills and opportunities to engage patients. In May 2023, NHS England and the Department of Health and Social Care (DHSC) published the [Delivery plan for increasing access to primary care](#) and committed to expanding the role of community pharmacy by supporting the management of seven common conditions.

In addition to providing urgent medicines supply and managing referrals for people presenting with minor illness, the Pharmacy First service will enable community pharmacy teams to complete episodes of care for seven common conditions following specific clinical pathways. This will enable the management of common infections by community pharmacies through offering self-care, safety-netting advice, and, only if appropriate, supplying certain OTC and prescription only medicines via Clinical Protocol and Patient Group Directions (PGDs). Patients may access this service either by referral or when they are identified as suitable by the pharmacist providing self-care as an essential service. This addition enhances the previous NHS Community Pharmacist Consultation Service (CPCS), making further appropriate use of the community pharmacy teams skills and opportunities to engage and support patients.

**Purpose**

Let you (the pharmacy professional) to reflect on your knowledge, skills and behaviours of service, to identify any gaps and to support you in taking action to develop your

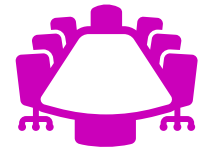
- Provide high-quality, person-centred care to people accessing this service, and build on existing Council's Standards for pharmacy professionals and Standards for completed self-assessment frameworks, in agreement with their staff, to help them
- Professionals are also expected to meet: safety and confidentiality and data protection requirements, in line with the CPCE clinical standards for England

Co-produced by CPPE and NHS England

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# Promoting the service

- NHS England is developing a marketing campaign for the service
- Briefing to Local Medical Committees and general practices about the service
  - A briefing for LMCs and general practice teams is available at [cpe.org.uk/pharmacyfirst](http://cpe.org.uk/pharmacyfirst)
  - NHSE developing practice toolkit
  - **Pharmacy teams to talk to local practices**
- Further resources are being developed by Community Pharmacy England to help you and LPCs to promote the service to patients, the public and local stakeholder organisations



# Questions

[cpe.org.uk/pharmacyfirst](http://cpe.org.uk/pharmacyfirst)





# Pharmacy First

## “Making Every Contact Count”



# Making Every Contact Count or Maximising Income

- Patient Journey
- Pharmacy Staff Involvement
- Closing the consultation & safety netting

## Referrals

- GPCPCS
- NHS 111

## Acute Presentations

- Patient Self-Refers
- Patient Recruited in the Pharmacy

## Follow Up & Safety Netting

- Onward Referral
- Pharmacy Follow Up

# Patient Journey

- External Referral
- Self-Referral
- Pharmacy Recruitment
  - In Pharmacy Recruitment
    - OTC Purchase converted to a PF Consultation
    - Till Markers & Messages
    - Margin OTC vs Consultation
    - Advertising in the pharmacy
    - “up selling”
  - Patient Clerking – pre-loaded into Pharmoutcomes & by whom?
  - “Partial Save” of Consultation
  - Staff Roles & Responsibilities in the patient journey – work as a team
  - System Access

# Patient Journey

- Sinusitis (Over 12yrs)
- Sore throat (Over 5yrs & FeverPain Score >3)
- Earache (Over 1yr but Under 18yrs)
- Infected insect bite (Over 1yr & Adult)
- Impetigo (Over 1yr & Adult)
- Shingles (Over 18yrs)
- Urinary tract infections in women (uncomplicated between 16 & 65 yrs)

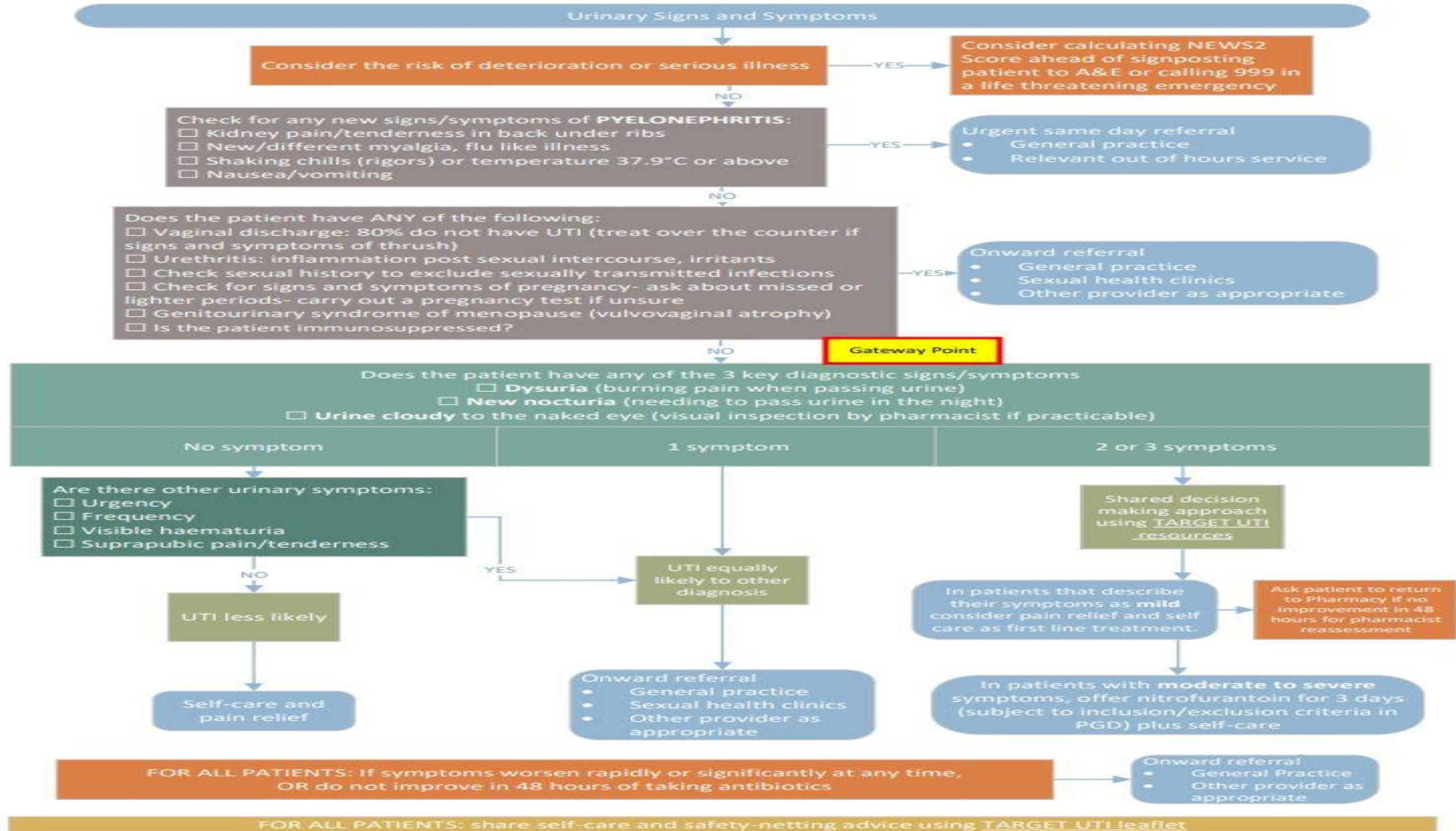
# Uncomplicated UTI – 45yr Old Female

- NEWS2 Observations
- Is the patient confused
- Temperature
- Pulse
- O2 Sats
- Opportunity to provide the BP service.
- Respiration Rate
- Test Urine with Multistix GP (Leucocytes, Nitrites, Blood - explain the results, would give you at least 2 symptoms)
- What's the Score – Any Concerns?
- Check PMR / SCR for any relevant medication
- Safety Netting and Onward Referral (if referring on send the NEWS2 Obs and Dipstick Results)
- Have you passed the “gateway” for a claim?



**Uncomplicated Urinary Tract Infection**  
(For women aged 16 to 64 years with suspected lower UTIs)

Exclude: pregnant individuals, urinary catheter, recurrent UTI (2 episodes in last 6 months, or 3 episodes in last 12 months)



# Uncomplicated UTI – 45yr Old Female

- Potential Income
- GPCPCS or Pharmacy First?
- Is it appropriate to defer treatment?
- Can you treat them separately?
- Is there an opportunity to provide the BP service?
- Possible Oral Contraception Supply?
- Minimum Income - £30 (£15 PF and £15 BP plus POM supply)
- Safety Netting and Onward Referral – NEWS2 Obs
- Repeat consultations as service is personal and efficient
- Follow up with AccuRx Text

# Sore Throat

- NEWS2 Observations
- Is the patient confused
- Temperature
- Pulse
- O2 Sats
- BP
- Respiration Rate
- FeverPain Score (Onset, Pustules, Severity, Fever)
- What's the Score – Any Concerns?
- Check PMR / SCR for any relevant medication
- Safety Netting and Onward Referral (if referring on send the NEWS2 Obs and FeverPain Score)
- Have you passed the “gateway” for a claim?

## Acute Sore Throat (For adults and children aged 5 years and over)

Exclude: pregnant individuals under 16 years

Patient presenting with signs and symptoms of acute sore throat

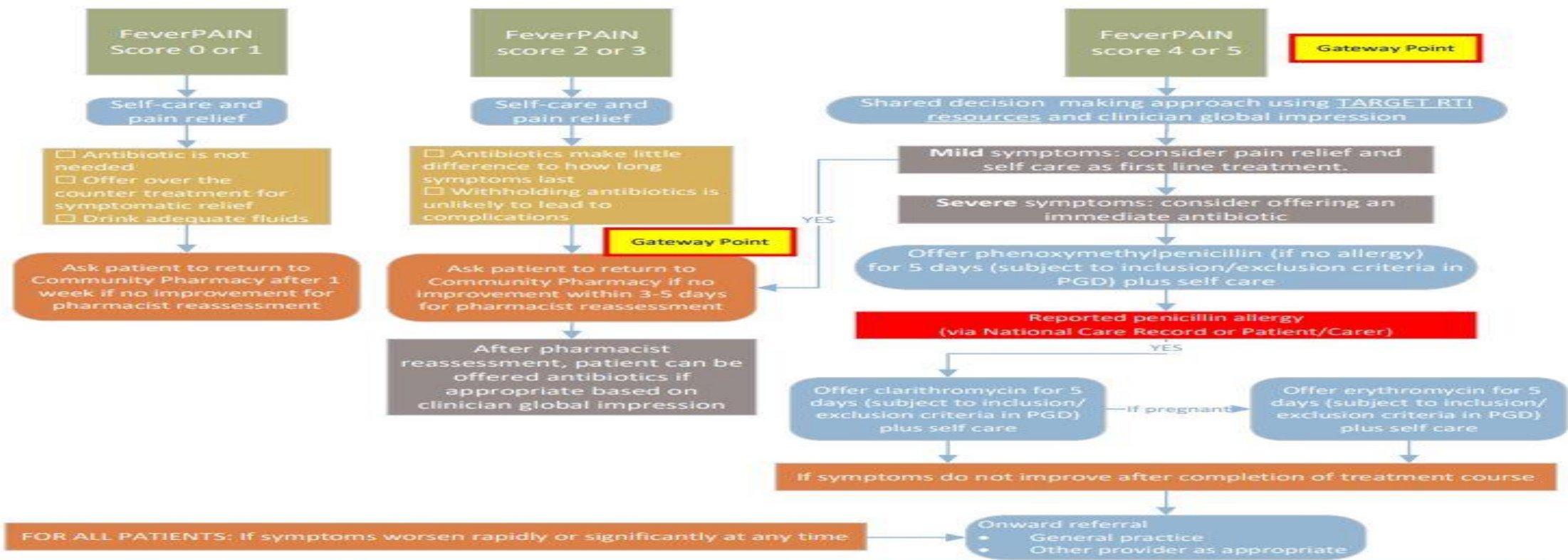
Consider the risk of deterioration or serious illness	<b>Suspected Epiglottitis</b> <input type="checkbox"/> 4Ds: dysphagia, dysphonia, drooling, distress <input type="checkbox"/> Do not examine the throat of anyone with suspected epiglottitis as this may precipitate closure of the airway	Severe complications suspected (such as clinical dehydration, signs of pharyngeal abscess)	Stridor (noisy or high pitched sound with breathing)	Consider calculating NEWS2 Score ahead of signposting patient to A&E or calling 999 in a life threatening emergency
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Does the patient have signs or symptoms indicating possible scarlet fever, quinsy or glandular fever? (refer to NICE CKS for list of symptoms)  
 Does the patient have signs and symptoms of suspected cancer?  
 Is the patient immunosuppressed?

YES → **Onward referral**  
 • General practice  
 • Other provider as appropriate

**Use FeverPAIN Score to assess: 1 point for each**

- Fever (over 38°C)
- Purulence
- First Attendance within 3 days after onset of symptoms
- Severely Inflamed tonsils
- No cough or coryza (cold symptoms)

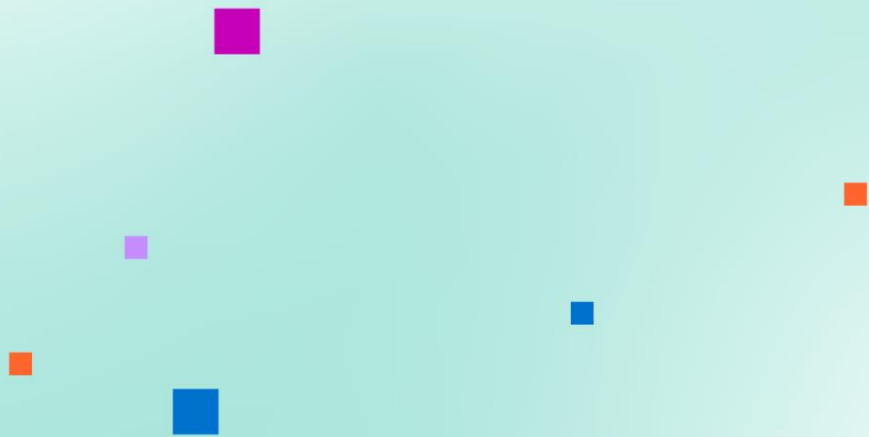
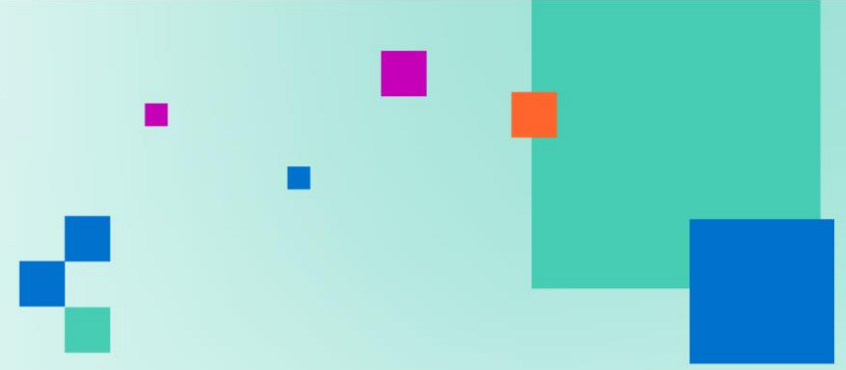


FOR ALL PATIENTS: share self-care and safety-netting advice using TARGET Respiratory Tract Infection leaflets

# Sore Throat

- Potential Income
- GPCPCS or Pharmacy First?
- Is it appropriate to defer treatment this could generate a further claim under Pharmacy First?
- Can you treat them separately?
- Is there a BP Clinic Check opportunity?
- Possible Oral Contraception Supply?
- Minimum Income - £30 (£15 PF and £15 BP plus OTC sale or POM supply)
- Safety Netting and Onward Referral – NEWS2 Obs & FeverPain
- Repeat consultations as service is personal and efficient
- Follow up with AccuRx Text

The key is providing an  
excellent patient  
experience





# The Pharmacy First patient journey



# The patient journey

Before patient visit	During the visit	Post visit
<ul style="list-style-type: none"><li>• Plan, prepare, practice, review</li><li>• Leading the process and involve the team</li><li>• Marketing basics in place</li><li>• Dialogue with surgeries</li><li>• Information kept in a known location together</li><li>• Be clear on access points for each service</li></ul>	<ul style="list-style-type: none"><li>• Take a holistic approach to the patient care</li><li>• Complete pharmacy IT system with the patient</li><li>• Details added to PMR in consultation to minimise waiting time for POM supply</li><li>• Seamless referral back to the surgery if necessary.</li></ul>	<ul style="list-style-type: none"><li>• File records safely for inspection</li><li>• Process in place for accurate claiming</li><li>• Send the REQUIRED details to the patient's surgery</li><li>• Month end check on accurate claims</li><li>• Keeping the training alive</li><li>• Share successes</li></ul>



# Who benefits?

Patient	Pharmacy team	Surgery team
<ul style="list-style-type: none"><li>• <b>Ease of access and building a long term relationship for repeat visits</b></li><li>• <b>Receive consultation with a healthcare professional quicker</b></li><li>• <b>Reduction in bounce backs</b></li><li>• <b>Education of pharmacy offer</b></li></ul>	<ul style="list-style-type: none"><li>• <b>Job variation and increased job satisfaction and confidence</b></li><li>• <b>Developing relationships with patients and surgeries</b></li><li>• <b>Significant financial incentive in current climate</b></li><li>• <b>Opportunity to have conversations about services</b></li><li>• <b>Developing reputation as part of Primary Care team for delivery</b></li></ul>	<ul style="list-style-type: none"><li>• <b>Reduced stress levels</b></li><li>• <b>Increased confidence for referrals</b></li><li>• <b>Improved knowledge of the pharmacy offer</b></li><li>• <b>Focus on higher acuity patients</b></li><li>• <b>Reducing blame culture</b></li></ul>

# Key Dates & Resources



# Key Dates

Action	Deadline
Current CPCS finishes	30/1/24
Pharmacy First commences plus de-registration of CPCS if contractors not signed up to Pharmacy First	31/1/24
Last date to sign up for Pharmacy First and receive £2000 payment	31/1/24
Deadline to deliver at least 5 qualifying PF pathway consultations	31/3/24
Current extended care services decommissioned	31/3/24
Deadline to opt in to the upgraded contraceptive service offering tier 1 and tier 2 or pharmacies will be de-registered	29/2/24
Bp and OC services will become part of the PF service	31/3/25

# Key Dates - IT

Action	Deadline
<p>To ensure you are “live” on Directory of Services (DoS) to receive referrals by 31<sup>st</sup> January 2024.</p> <ul style="list-style-type: none"><li>• Sign up to Pharmacy First</li><li>• Sign up to a supplier; or</li><li>• Switch providers</li></ul>	<p>19 January 2024</p>
<p>The DoS team WILL NOT action any supplier switches between 22 and 24 January</p>	<p>22 January – 24 January 2024</p>
<p>Pharmacies receive referrals from 111 online and 111 telephony Patients are signposted from NHS Service Finder and Find a Service on NHS.UK</p>	<p>31 January 2024</p>

# Resources

- [Pharmacy First Advanced Services Specification](#)
- [Suite of PGD's](#)
- [Nottinghamshire LPC – Representing pharmacy contractors in Nottinghamshire \(communitypharmacy.org.uk\)](#)
- [Derbyshire LPC – Supporting Derbyshire's Pharmacies \(cpderbyshire.org.uk\)](#)
- [Pharmacy First service - Community Pharmacy England \(cpe.org.uk\)](#)
- [NHS Pharmacy First service : CPPE](#)
- [Community Pharmacists | CliniSkills](#)
- [Midlands Community Pharmacy Integration - FutureNHS Collaboration Platform \(LOG IN REQUIRED\)](#)
- [January 2024 Committee Opinion Poll - Independents and Non-CCA Multiple Survey \(surveymonkey.com\)](#)  
(DEADLINE 21<sup>ST</sup> JAN)

# LPC Support

- Weekly Pharmacy First Contractor Drop in sessions via Microsoft Teams – every Monday 2-3pm. These are Notts/Derbyshire/Lincs wide calls. Please contact Alison Ellis for the link.
- Further information evening events late Spring/early Summer as needed. A poll will be sent out to ascertain if they are.
- Resources on websites
- Visits to pharmacies by the LPC Operations Team to those pharmacies not signing up or not delivering the required levels of activity to avoid clawback.

If you think that there are any others ways to support then please let us know!!

# Keeping in touch - Derbyshire

- Nick Hunter, Chief Officer [nickhunter@derbyshirelpc.co.uk](mailto:nickhunter@derbyshirelpc.co.uk)
- Amanda Alamanos, Engagement Lead [amanda@derbyshirelpc.co.uk](mailto:amanda@derbyshirelpc.co.uk)
- Chris Kerry, Service Implementation & Support Manager [chriskerry@derbyshirelpc.co.uk](mailto:chriskerry@derbyshirelpc.co.uk)
- Alison Ellis, Secretary – [AlisonEllis@cpnotts.org](mailto:AlisonEllis@cpnotts.org)
- Shazia Patel, Community Pharmacy Clinical Lead, NHS Derby & Derbyshire ICB [shazia.patel@nhs.net](mailto:shazia.patel@nhs.net)

# Keeping in touch - Nottinghamshire

- Nick Hunter, Chief Officer – [Nickhunter@cpnotts.org](mailto:Nickhunter@cpnotts.org)
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- Alison Ellis, Secretary – [AlisonEllis@cpnotts.org](mailto:AlisonEllis@cpnotts.org)
- Rebecca Dickenson, Community Pharmacy Clinical Lead, NHS Nottingham & Nottinghamshire ICB  
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