



Pharmacy Independent Prescribing (PIPS) FAQ

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Independent Prescribing

1. Initial Training

Q: What are the training requirements for pharmacists to deliver The Pharmacy Independent Prescribing Service (PIPS)?

A: Detail on requirements for pharmacist to provide PIPS can be found here <http://www.cpwales.org.uk/getattachment/A-New-Prescription/Clinical-Services/Pharmacists-independent-prescribing-page-on-website.pdf.aspx?lang=en-GB>

Q : How do I apply for IP training?

A: Pharmacist IP training may be completed via any university body which offers the course, but HEIW is only usually able to fund places at certain establishments (see more info below)

Q: Is there funding available for IP training? How do I apply for this?

A: HEIW have committed to provide a minimum of 150 places for community pharmacists to train as Independent prescribers in 2023/24. Each financial year, you will need to apply directly to HEIW, using the link below. HEIW will then review the applications and let successful applicants know they are being provided with course fees funding and where applicable a £3000 training bursary.

[To access the application form, please click here](#)

HEIW will review these applications against the funding available and inform the applicant of the outcome of their application. Those who have successfully secured funding will be supplied with a sponsorship letter from HEIW.

Pharmacists will also need to apply directly to the Higher Education Institute in order to secure a place on the course and should not wait for the outcomes of their funding application, due to a variety of closing dates for applications.

Prior to applying for this funding, you must have a Designated Prescribing Practitioner (DPP) in place, and seek formal approval from your line manager (if an employee) in relation to:

- The clinical area(s) you plan to deliver as a pharmacist prescriber from your work place
- Release from the workplace for all course dates and agreement to support you during the period of learning in practice

HEIW will supply the successful applicants with a sponsorship letter for the university and it is the responsibility of the applicant to apply directly to the university, as soon as possible, to secure a place. Please note that it is the university decision whether to accept your application, depending on their eligibility criteria.

HEIW are currently proposing funding community Pharmacist IP funding (in respect of funding for the course and backfill) until 2025/26, it is likely that after this point that pharmacists who wish to undertake the training will need to self-fund. Pharmacists are therefore strongly encouraged to access the training sooner rather than later.

Q: I am a locum pharmacist – do I need to apply through a contractor?

A : No, locums will be able to apply direct to HEIW.

Q: Can I access HEIW funding if I live in England?

A: If you live in England but work regularly in a specific community pharmacy in Wales you will be eligible to access funding. You will be asked to provide the address of the regular community pharmacy where you work. If you do not work regularly in a specific site in Wales and live in England you will not be eligible for HEIW funding, but may still apply to the universities with self funding and subsequently be able to sign up to deliver the service once qualified.

Q: Where can I study?

HEIW currently commissions prescribing courses at the following universities with Wales:

- Bangor University Prescribing for Pharmacists course <https://www.bangor.ac.uk/courses/postgraduate-taught/prescribing-for-pharmacists>
- Cardiff University Clinically enhanced Pharmacist Independent Prescribing course <https://www.cardiff.ac.uk/study/postgraduate/taught/standalone-modules/pharmacist-independent-prescribing>
- Glyndwr University Non-medical Prescribing course [Non-medical Prescribing for Nurses, Pharmacists and Allied Health Professionals – Wrexham Glyndwr University](#)
- Swansea University Non-medical Prescribing for Pharmacists [Non-Medical Prescribing for Pharmacists, PGCert – Swansea University](#)
- University of South Wales Independent Prescribing [Independent Prescribing | University of South Wales](#)

Requests for prescribing programmes in universities outside of Wales will be considered and funded, if it can be demonstrated that there is no equivalent course or places on prescribing courses available within Wales or the applicant has clearly demonstrated a valid reason for the request.

Q: I already have an independent prescriber annotation- will I be required to retrain or re-accredit to provide the service?

A: No, there is no distinction between Independent prescribing annotations on the GPhC register. However you will be expected only to practice within your competence and within the scope of the national directed service or local agreements with your LHB, so you may need to do additional training to ensure competence.

Pharmacists can access Advanced and Extended practice funding through HEIW to extend their scope of practice. Funding is available once a year.

The 2023/24 application can be accessed:

[Advanced and extended practice training and funding opportunities - Overview | Rise 360 \(articulate.com\)](#)

Q: What if I want to do an independent prescriber course but I'm not chosen as one of the HEIW places per annum? Who will pay for this?

A: For places not funded by HEIW a pharmacist or their employer may directly fund a place on an IP course. Once the IP annotation is obtained you will be able to sign up to deliver the service and practice within your defined scope of competence in the same way as any HEIW funded IP. No mechanism will be available to claim back training costs or provide funding towards backfill where agreements have been entered into outside of the HEIW training process

Q: I am only 1 year qualified can I become an IP?

A: Following a recent change to GPhC regulations pharmacists are now able to access the course at any stage post registration

Q: Is there any support for pharmacists to find a DPP?

A: It remains the students responsibility to identify and engage a DPP. DPPs can be any prescriber (rather than solely doctors) in a patient facing role to take on the supervisory and mentoring role. An IP needs to have been qualified for 3 years as a prescriber to undertake this role and IP course requirements at HEIs may vary. HEIW are going to be working with current IPs to provide support and upskilling to enable them to take on the DPP role.

Q: Is there more information available on becoming a DPP?

A: A competency framework for DPPs can be found here : [RPS DPP competency framework](#)

Q: Is there funding available for DPPs?

A: All LHBs are allocated funding from the CPCF for IP set up costs, and this funding is topped up by additional funding from HEIW. There is £3000 available to fund DPPs, paid into the contractor for whom the DPP works. An additional question has been added to the application form asking if the DPP requires funding – pharmacists are asked to ensure this is ticked (or the DPP may not receive funding)

It is possible that primary care clusters may also be able to provide some backfill funding to recognise time out of practice for DPPs when training. Please discuss this with your community pharmacy collaborative lead.

Independent Prescribing

2. Service Sign up and Prescription Pads

Q: Will I be able to deliver independent prescriber services without providing CCPS?

A: No, pharmacies providing the independent prescriber service must deliver the CCPS first.

Q: I have an IP qualification, how do I deliver the IP service from my pharmacy?

A: Before agreeing to provide this service, Pharmacist Independent Prescribers will ensure that they:

1. Have completed clinical services accreditation process on NCSA
2. Complete HEIW Antimicrobial Stewardship for prescribers e-learning
3. Have completed annual face to face BLS assessment (within last 13 months)
4. Are listed on the NHS Wales approved list of Pharmacist Independent Prescribers (see below)

All Pharmacist Independent Prescribers including those who are currently providing the service must submit the [Declaration for Initial Entry to the NHS Wales Approved List of Pharmacist Independent Prescribers Form](#) (accessed via NHS email account) to the NHS Wales Shared Services Partnership prior to delivering the service. **This form must be sent from a pharmacist's NHS email account and needs to be completed on a NHS network.**

Pharmacies not previously commissioned by their LHB to provide a prescribing service before April 1st 2022 must complete a [PIPS Premises Listing Form](#) and return it to the address specified on the form.

Once a premises is listed to provide the service, suitably qualified IP pharmacists must obtain a unique "J number" for every pharmacy site that they work in, which will enable them to request prescription pads. To request a J number please use this form: [https://cpwales.org.uk/wp-content/uploads/2022/11/Pharmacy Independent Prescriber Notification Form.pdf](https://cpwales.org.uk/wp-content/uploads/2022/11/Pharmacy_Independent_Prescriber_Notification_Form.pdf)

On receiving your J number, to request your prescriptions please follow the process detailed in the PIPS Sign up guide which can be found here <https://nwssp.nhs.wales/ourservices/primary-care-services/primary-care-services-documents/ccps-documents/pharmacy-ip-services/>

Q: Is there a summary of the requirements for premises/pharmacists to sign up to deliver PIPS?

A: A summary guide has been produced and can be found here <http://www.cpwales.org.uk/getattachment/A-New-Prescription/Clinical-Services/Pharmacists-independent-prescribing-page-on-website.pdf.aspx?lang=en-GB>

Q: My pharmacy has signed up to deliver the service but is no longer able to do so – what should I do?

A: In this instance where the service is no longer available (eg pharmacist IP is no longer employed) please contact nwssp-primarycareservices@wales.nhs.uk to request that the pharmacy is de-listed. The 12 month period of availability payment only may be paused but is a one off period for the pharmacy premises to set up the service.

Q: Once registered for the service are there any ongoing requirements?

A: To remain on the NHS Wales approved list of pharmacist independent prescribers the pharmacist must make a declaration on an annual basis, within the month before the anniversary of their initial entry to the list, using the form here:

[Annual declaration to remain on the NHS Wales approved list of Pharmacist Independent Prescribers.docx \(live.com\)](#)

Full detail of governance arrangements which must be met in regards to PIPs can be found here:

<https://nwssp.nhs.wales/ourservices/primary-care-services/primary-care-services-documents/ccps-documents/pharmacy-ip-services/pips-governance-arrangements/>

Pharmacist independent prescribers are expected to maintain competence in areas within which they prescribe via ongoing CPD.

More guidance on security and administration of prescriptions can be found here: <https://nwssp.nhs.wales/ourservices/primary-care-services/primary-care-services-documents/ccps-documents/pharmacy-ip-services/>

Q: Do I need BLS training to provide the IP service?

A: Yes, face to face BLS assessment and associated e-learning is required at least once every 13 months. This may be arranged via HEIW or other private provider but is also a requirement for flu and STTT services.

Q: I've qualified as an IP and completed my listing form for PIPS – can I start to claim for the service immediately?

A: No, you can only claim for the service once the service is actually available to patients including the availability of prescription pads

Q: How do I order my prescription pad and how long will it take to arrive?

A: Prescription ordering processes vary slightly by LHB and the specific process can be found on the Sign Up Guide here: [All Wales Pharmacy Database - NHS Wales Shared Services Partnership](#) . Once ordered, pads should take no longer than two weeks to arrive.

Q: What do I do if my prescription pad hasn't arrived?

If they have not arrived within one week of ordering please chase via your community pharmacy LHB lead to raise with shared services. Please cc your CPW rep into any email queries.

Q : If I am an IP working in two different pharmacies will I need a separate prescription pad for each pharmacy

A : Yes, you will have a unique prescribing number ("J number") for each pharmacy in which you provide the service. To be commissioned the pharmacy will have the prescribing service available for a minimum of 2 days a week and 80 hours per month.

To obtain a J number pharmacists are required to fill out the following form: http://www.cpwales.org.uk/getattachment/A-New-Prescription/Clinical-Services/Pharmacy_Independent_Prescriber_Notification_Form.pdf.aspx?lang=en-GB

Q: Are prescription pads available for locums?

A: Yes. In an exceptional circumstance such as an emergency booking where the engaged Pharmacist Independent Prescriber does not have a J number linked to the pharmacy premises, the PIP service may be provided using a "locum" pad. Locum pads will only be provided to pharmacy premises listed for provision of PIPs on the AWPDP where there is already a pharmacist independent prescriber with a J number for that premises.

Locum pads are linked to premises and will not be issued to individuals, The Locum pad must be ordered by and provided to the pharmacy premises by the superintendent or their representative this will enable the provision of a prescribing pad with a locum J number that is associated to that pharmacy as a PIP listed premises.

1. A request for a "locum J number" must be by the contractor's superintendent pharmacist or designated officer previously named and notified to NWSSP via email

2. This PIP "locum J number" request should be emailed (using NHS email wherever possible) via the prescribing management mailbox (prescribing.management@wales.nhs.uk) with the email header "Request for a locum J number" for each pharmacy premises requiring it and only where there is already a PIP assigned to the premises.

3. Once a "locum J number" has been issued to the premises the contractor can place an order for a prescription pad following the usual local health board

process as detailed in the PIPS Sign up guide which can be found here: [All Wales Pharmacy Database - NHS Wales Shared Services Partnership](#)

4. The use of these locum pads by an individual prescriber should be time limited suggested maximum of 1 month per PIP per premises. - It is the responsibility of the contractor to monitor this.
5. The PIP must apply for their personal J number for that premises as soon as possible and under normal circumstances when frequent and ongoing sessional engagements are arranged at the pharmacy suggested within the first month of the PIP continues to work locum shifts at the pharmacy.
6. Each prescription written using the "locum J number" pad must include a GPhC number and name of PIP on every prescription written
7. Please avoid writing any information within the prescriber details box on the form in case this interferes with the NWSSP scanning process.
8. It is the responsibility of the contractor to hold the "locum" pad securely at the premises
9. The contractor is responsible for the internal processes and signoff of J number request process.
10. The contractor is responsible for ensuring that their pharmacy premises and locum pharmacist are listed for PIPS.
11. The contractor may wish to keep a record of who has used the locum scripts by using the script reference numbers and assigning GPhC number against each used.
12. Shared services and the contractor are responsible for ensuring that the pharmacy and pharmacist are listed for PIPS when issuing a J number.

Q: Do prescription pads have to be locked away in the CD cupboard or can it be any locked cupboard? Are there any particular standards required to be met?

A: Prescription pads will need to be stored securely within each pharmacy premises. Prescribers are responsible for their prescription pads and all reasonable precautions to prevent loss and inappropriate use should be taken. Blank prescription forms should not be pre-signed before use. Prescriptions are controlled stationery and should be securely stored.

More info on the security and administration of prescription forms can be found here: <https://nwssp.nhs.wales/ourservices/primary-care-services/primary-care-services-documents/ccps-documents/pharmacy-ip-services/>

Q: Do I need an SOP for the IP service?

A: Yes, It stipulates this in the legislation from WG (The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022):

- (6) The fifth condition is that the NHS pharmacist has in place, at the pharmacy at, or from, which services which form part of the relevant clinical service are to be provided, a standard operating procedure for the delivery of the service— (a) which has been notified to all pharmacy staff, (b) which explains the clinical service, its eligibility criteria and the roles

that pharmacy staff may be required to perform as part of its delivery, and (c) about which pharmacy staff have received appropriate training, if there is any role that they may be required to perform as part of the service.

The link to the directions can be found here: [SI/SR Template \(gov.wales\)](#)

Independent Prescribing

3. Delivering the Service

Q: For what presentations am I able to prescribe under the NHS Wales Pharmacy Independent Prescribing Service?

A: The service specification allows for prescribing within the following areas, subject to declaration of competence in each area by the prescribing pharmacist:

- Ear: Otitis Externa / superficial infections of the external auditory canal / Impacted or excessive cerumen / Otitis Media
- Urinary tract: Lower urinary tract infection / Upper urinary tract infection (pyelonephritis)
- Contraception :Emergency contraception /UKMEC 1 / UKMEC 2
- Upper respiratory tract: Sinusitis /Allergic rhinitis / Sore throat/ tonsillitis /Oral thrush / Cough
- Skin: Fungal and candida infections (excluding fungal nail infections) /Acne & rosacea (topical treatments only) /Inflammatory skin disorders and psoriasis (topical treatments only) / Dry Skin / Herpes Zoster / Skin infections (e.g. Impetigo, cellulitis) & paronychia / Skin reactions (urticaria, hives, bites/stings, etc)
- Other: Viral infection /Pyrexia / Bacterial conjunctivitis / Gout exacerbation / Constipation/ Other conditions covered by the All Wales Common Ailments Formulary where CAS supply is inappropriate

Q: Whilst I understand that as an IP I will be able to provide either an extended minor illness service and/ or a contraception service, will I be able to provide another specialty within my scope of competence.

A: For IP services outside extended acute minor illness or contraception, prescribers may only provide NHS prescriptions for additional conditions following the expressed agreement of the health board, where there is an agreed local need. The national service does not allow for management of chronic conditions and prescribers should keep this in mind in line with national guidelines should patients present on multiple occasions with the same condition.

Q: How do independent prescribers gain access to GP records?

A : Via the Independent prescriber module on choose pharmacy. The Choose pharmacy user guide provides comprehensive instructions on how to use the IP module and can be accessed here: <https://cpwales.org.uk/user-guides/>

Q: How do I get the surgery to send me patients for Independent prescriber services?

A: Within the first six months of delivering the PIP service it is suggested that the following activities are carried out to promote the service, and failure

to do so (and declare such activity via NECAF) will result in cessation of the “availability only ” payment model after month 6 – as described in section 5 of this FAQ. It is suggested that regular dialogue is established with local GP practice and other healthcare professionals around the provision of and promotion of the IP service.

- A representative from the pharmacy has had at least one meeting with the GP practices covering the local area, individually or in a group such as a GP Collaborative meeting, (or made reasonable attempts to arrange such meetings) and that the following has been discussed / agreed:
 - Times and dates that the service is available in the pharmacy.
 - Scope of the service available from the pharmacy.
 - Referral pathways between the pharmacy and the GP practice(s).
- The service has been promoted to users of the pharmacy over the previous 6 months (this may include posters, social media posts, direct communications, etc., and would normally involve use of national templates for the service).
- The pharmacist(s) providing the service in the pharmacy has/have taken steps to develop their scope of practice to enable a reasonably broad range of conditions relevant to the scope of the service.
- A representative from the pharmacy has engaged with representatives of the Local Health Board to discuss service implementation and delivery and mechanisms to promote the service to local services and potential service users.
- A representative from the pharmacy has engaged with the Pharmacy Collaborative (where a Community Pharmacy Collaborative Lead is in place) to raise awareness that the service is available from their pharmacy and details of how the service is being delivered/how to facilitate access for patients presenting at other pharmacies in the collaborative.
- Any works required for the consultation area to be compliant with the requirements set out in the service specification have been completed or are being progressed in line with the agreed timelines set out in the PIPS Specification Variation Agreement Form.

Q: How do I record consultations?

A: Choose Pharmacy has an IP module, which contains a template to enter all of the information gathered during a consultation, and allows access to the patients WGPR (Welsh GP record) for test results, medical history, allergy, investigations and procedures and a host of other information an IP may need to make an informed decision about a patients condition and management. The Choose pharmacy user Guide which gives more detail on completing consultations on Choose Pharmacy can be found [here](#) . Some IP pharmacists have chosen to use GP linked systems for some of their patients such as Vision 360 or Adastra. Unlike other modules, the Choose Pharmacy IP module is not used for payment, payment must be claimed via NECAF.

Q: How do you claim for the service?

A: There is a claim screen on NECAF where pharmacies need to declare their available hours and number of consultations every month. A screenshot of the process can be found here <https://cpwales.org.uk/clinical-services-2/independent-prescribing-1/>

Q: What are the test patient details?

A: The following details can be used to create and complete a mock IP consultation to gain familiarity with the IP module:

Pharmacy location: 987654a.

Patient details: Name - Test Again2;

DoB - 01/01/1972;

Postcode - SA5 4RS;

Gender: Male

Q: How do GP surgeries receive IP notes?

A: When provided via choose pharmacy, you have the choice to send notification electronically to the GP, or to print a copy and send manually. Where sent electronically E-summaries are transferred to GP practices via WCCG and require downloading and read-coding into the patient's notes and an entry made containing information on any treatment issued. When referring patients to other professionals it is good practice to provide a patient with the printed referral letter and ask them to present when making and attending the follow on appointment.

Independent Prescribing

4. Scope of Practice

Q: What areas can I practice in?

A: For the national PIPS service, pharmacist prescribers may only prescribe within one of the areas listed in Appendix 1 of the [service specification](#). Where clinical conditions or circumstances in addition to the above are within the scope of a pharmacist provider of this service, they may be added to the service scope for that pharmacist, with prior agreement of the relevant Local Health Board

Q: How do I extend my scope of practice?

A : The PIPS specification covers a wide range of conditions, and pharmacists are expected to ensure they are professionally competent with the diagnosis and management of the conditions that they prescribe for. There is no mandatory training and no “black and white” ruling as to what determines competence – pharmacists will need to identify their own deficiencies and ways of achieving competence.

The RPS [Prescribing Competency Framework \(rpharms.com\)](#) will be useful in assessing competencies for new areas of prescribing.

To improve competence a range of methods may be suitable including:

- Formal learning (eg training courses)
- Time in practice (with another practitioner)
- Visits to secondary care (eg sexual health clinics for contraception)
- Peer to peer discussion

Pharmacists should keep CPD records of learning, and it may be useful to maintain a portfolio of reflective accounts/case studies- in a similar way as would be required when training as an IP- to demonstrate ongoing learning and practice.

More information can be found in the RPS documents on [Expanding Prescribing Scope of Practice](#)

Q: Is there support for ongoing training and CPD for prescribers?

A: A quarterly fee of £263.90 is available to support professional development and governance requirements for IPs. This is where the pharmacist declares that they have undertaken such activity and a record of the declared activity is kept for health board inspection. This will allow for backfill of an IPs time to undertake any work they deem necessary to maintain their levels of competence or expand scope of practice. The option to claim the backfill payment will be available on the IP claim screen on NECAF on the month following the associated quarter (e.g during July for Q1, October for Q2, January for Q3, April for Q4)

Pharmacists can access Advanced and Extended practice funding through HEIW to extend their scope of practice. Funding is available once a year. The 2023/24 application can be accessed:

[Advanced and extended practice training and funding opportunities - Overview | Rise 360 \(articulate.com\)](#)

HEIW may also have a number of other funding opportunities available for expanding scope of practice – please contact HEIW.Pharmacy@wales.nhs.uk for more information

Some health boards also commission the Experiential Learning and Clinical Links service, which provides additional funding for time out of practice to with another professional to develop scope or gain confidence in their areas of practice. Details of this can be found on our IP page here: <https://cpwales.org.uk/clinical-services-2/independent-prescribing-1/>

Independent Prescribing

5. Fee Structure and Claiming

Q: What is the fee structure for the IP service?

A: The IP service provides an initial 12-month period from set up at a pharmacy site of payments based primarily on availability of IP services, with some additional fees over delivery thresholds. This allows time for the service to become established in a pharmacy. After a service has been commissioned for more than 12 months payments are dependent on meeting delivery thresholds. The structures are detailed in the tables below.

A: From April 2023:

Within the first 12 months of delivery of service from a pharmacy premises

	Upper Consultation Threshold per month	Monthly Fee up to Threshold	Additional fees above upper limit
Band 1 - Minimum 80 hrs/month over no fewer than 2 days per/week	75	£1903.25	£25 per Consultation
Band 2 - Minimum 110 hrs/month over no fewer than 3 days per/week	100	£2446.88	£25 per Consultation
Band 3 - Minimum 150 hrs/month over no fewer than 4 days per/week	145	£3261.80	£25 per Consultation

**** NEW REQUIREMENT FROM OCTOBER 2023****

With regards the above availability payment model, there will be a requirement from October 2023 that by month 6 of providing PIPS, pharmacies will be required to complete a declaration that they have undertaken a list of actions to promote the awareness of the service locally to GP practices and others including the pharmacy collaborative. More details are listed below.

For services that have been in existence for > 12 months

		Minimum	Threshold	Upper limit
Band 1	Consultations	15	35	75
Minimum 80 hrs/month over no fewer than 2 days per/week	Payments	Below min. £25/ consultation Once Reach min. £1195.99/ month	1903.25/ month once reach threshold	Above upper limit £1903.25+ £25/ Consultation
Band 2	Consultations	25	50	100
Minimum 110 hrs/month over no fewer than 3 days per/week	Payments	Below min. £25/ consultation Once reach min. £1522.18/ month	£2446.88/ month once reach threshold	Above upper limit £2446.88+ £25/ consultation
Band 3	Consultations	40	80	145
Minimum 150 hrs/month over no fewer than 4 days per/week	Payments	Below min. £25/ consultation Once reach min. £2174.54/ month	£3261.80/ month once reach threshold	Above upper limit £3261.80 + £25/ consultation

Q: Why do pharmacies providing PIPs have to make a declaration at month 6, and when will this requirement start?

As contractors will be aware for the first 12 month provision of PIPS payment is made on an “availability” only model and the minimum and threshold values are not introduced until after the initial year of listing the pharmacy to provide.

As discussed in March, as part of the Community Pharmacy Contractual Framework there will be a requirement that by the 6-month point of providing PIPS any pharmacy will be required to complete a declaration that they have undertaken a list of actions to promote the awareness of the service locally to GP practices and others including the pharmacy collaborative.

The declaration will become a requirement from October 2023, with all contractors who have provided PIPS for >6 months **and** <12 months being required to submit the declaration by 31 October 2023.

Any contractor who does not submit the declaration by 31 October (who meets the criteria of having been listed for 6 months or more but less than 12 months) will no longer be paid on the “availability” model but will move onto the “availability and activity” model and as such will be paid based on the consultations provided.

From November onwards – all contractors providing PIPS should then ensure that they complete the declaration prior to reaching 6 months of listing.

Q: What list of actions must the pharmacy undertake to promote the awareness of the service?

- A representative from the pharmacy has had at least one meeting with the GP practices covering the local area, individually or in a group such as a GP Collaborative meeting, (or made reasonable attempts to arrange such meetings) and that the following has been discussed / agreed:
 - Times and dates that the service is available in the pharmacy.
 - Scope of the service available from the pharmacy.
 - Referral pathways between the pharmacy and the GP practice(s).
- The service has been promoted to users of the pharmacy over the previous 6 months (this may include posters, social media posts, direct communications, etc., and would normally involve use of national templates for the service).
- The pharmacist(s) providing the service in the pharmacy has/have taken steps to develop their scope of practice to enable a reasonably broad range of conditions relevant to the scope of the service.
- A representative from the pharmacy has engaged with representatives of the Local Health Board to discuss service implementation and delivery and mechanisms to promote the service to local services and potential service users.
- A representative from the pharmacy has engaged with the Pharmacy

Collaborative (where a Community Pharmacy Collaborative Lead is in place) to raise awareness that the service is available from their pharmacy and details of how the service is being delivered/how to facilitate access for patients presenting at other pharmacies in the collaborative.

- Any works required for the consultation area to be compliant with the requirements set out in the service specification have been completed or are being progressed in line with the agreed timelines set out in the PIPS Specification Variation Agreement Form.

Q: How do you claim for the service?

A: There is a claim screen on NECAF where pharmacies need to declare their available hours and number of consultations every month. A screenshot of the process can be found here [IP-Service-Screenshots.pdf.aspx \(cpwales.org.uk\)](http://cpwales.org.uk/IP-Service-Screenshots.pdf.aspx)

Q: The bandings for IP services specify a minimum number of days and hours for service availability– are these a guide or an absolute minimum?

The specified minimum bandings are an absolute minimum and are as follows:

Band 1 – minimum 80 hours per month (over minimum 2 days per week)

Band 2 – minimum 110 hours per month (over minimum 3 days per week)

Band 3 – minimum 150 hours per month (over minimum 4 days per week)

Q: My pharmacy is able to provide the service on 2 days of the week every week but due to opening hours this equates to less than 80 hours per month – will I still be able to provide the service?

A: No, the hourly requirements must be met in addition to the daily requirements. For example a pharmacy that opens 8 hours per day, offering an IP service every Monday and Tuesday may need to find an extra 16 hours (ie 2 days) provision in some months to meet requirements.

Q : For the Independent prescriber service at the limits is the monthly fee paid listed in addition to a per consultation fee?

A : No, pharmacies will receive the banded payment up to the upper limit of the consultation and then a per consultation fee for each consultation above the upper limit.

Q : Are the bandings for the Independent prescriber service decided by pharmacies or by the LHB?

A : Pharmacies will declare their availability which will then allocate them to the appropriate band.

Q: As the bandings are based on availability – how is IP holiday accounted for?

A: In circumstances, despite the best endeavours of the pharmacy, where the usual availability banding level cannot be reached in a particular month, due to absence, the pharmacy will be eligible to declare their usual banded level provided that the declared banding level has been achieved on 11 out of 13 normal working weeks prior to and/or following the absence. However, pharmacies beyond the first 12 months of the service may find it more challenging to meet threshold levels for payment where an IP has holidays, and may wish to consider this when declaring their banding for any particular month where the number of hours provision is less than usual.

Q: How do we account for Bank Holidays and IP availability?

A: When claiming for hours of IP availability and bandings at the end of the month, any bank holidays that occur during normal working days should be considered as hours worked. Therefore if you usually work Mon – Fri 8 hrs a day, but were closed on Monday due to bank Holiday, you should still consider that as 40hrs of IP availability. If a bank holiday falls on a week you are away on holiday, then this can be considered as a working day of IP availability. If a bank holiday falls on a day not usually worked then that day cannot be included

Q: Why are new services initially paid based only on availability ?

A: The “grace period” at the start of a new service is intended to allow a new IP pharmacy to introduce the service at a steady pace, to allow for changes in working practice, meetings with other healthcare professionals and for IP pharmacists to gain confidence delivering the new service before the funding reverts to a model requiring activity thresholds to be met (as per table above).

Q: Does the grace period apply to the pharmacy or the individual IP pharmacist?

A: It applies to the pharmacy premises only, and only lasts for a maximum of 12 months. This 12 month period may be paused if a service becomes unavailable and subsequently restarted at a later date but cannot be reset.

Q: Under current structure for an IP service being available for 150 hours per week, doing up to 145 consultations per month will earn the contractor £3261 per month – £39k per year. Is this enough to pay for an IP pharmacist?

A: The benefit of an IP pharmacist on site must be seen to extend beyond the IP service itself. Offering more than the stated number of consultations will earn an additional per consultation fee. The IP will also be able to provide other clinical services (e.g. CAS, flu, EHC, EMS) from which a contractor may gain income.

Q: Who monitors my availability and what records do I need to keep?

A: Any claims relating to availability of the IP service, and numbers of consultations, may be subject to PPV by the Local Health Board. It would be up to the contractor to maintain suitable written or electronic records of any hours worked by independent prescribing pharmacists at their pharmacy – including where these pharmacists may not be the responsible pharmacist at the time.

Q: Where can I find more detail on the IP service?

A: Listing forms and Service specifications can be found at [Clinical Services - Community Pharmacy Wales \(cpwales.org.uk\)](http://cpwales.org.uk)

CPW have put together a range of resources which can be found on our IP page <https://cpwales.org.uk/clinical-services-2/independent-prescribing-1/>