Y Grŵp Iechyd a Gwasanaethau Cymdeithasol
Health and Social Services Group
Cangen Fferylliaeth a Rhagnodi

Llywodraeth Cymru
Welsh Government

Russell Goodway OBE
Chief Executive
Community Pharmacy Wales
By email to: Russell.Goodway@cpwales.org.uk

Our Ref: EWNP/WInS2202526
26 September 2025

Dear Russell,

Community Pharmacy Winter Incentive Scheme 2025-26

Thank you for your letter dated 16 September 2025 agreeing the Community Pharmacy Winter Incentive Scheme 2025-26. For clarity, the final detail of the scheme is set out in Annex 1 to this letter, this includes the amendments discussed by email and further detail to confirm arrangements for contractors and health boards in relation to reporting and PPV following our discussions at the implementation group meeting earlier this week.

We re-confirm that £1m (rounded) of the agreed 2025-26 Community Pharmacy Contractual Framework (CPCF) quantum will be allocated to the Winter Incentive Scheme for 2025-26. Should there be any underspend against this allocation, this will be redistributed through the clinical services allocation.

We will now progress with implementation of the scheme and we anticipate that resources will be distributed w/c 29 September but will confirm this along with communications as soon as possible, with the scheme implementation date to be 6 October 2025. We are content for CPW to include information relating to the scheme in any planned newsletters in the meantime. We will also engage with the communications team to share digital assets with CPW and health board colleagues as these are finalised. Assets will also be available through the Health and Social Services | Welsh Government Communication Service webpages.

Following our discussion at the Implementation Group in relation to the duplication of conditions within the Clinical Community Pharmacy Service (CCPS) (including CAS and Contraception Services) and the Pharmacist Independent Prescribing Service (PIPS) we recognise there is a need to consider and set out a clear position for the longer term. We would like the CPCF Tripartite Working Group to consider and agree that position later this year which will set out how we transition away from duplication within CCPS and PIPs, and will discuss this at the next planned meeting of the group.

We are grateful to CPW for supporting proposals to engage Community Pharmacy Collaborative Leads (CPCLs) as outlined in Annex 2, and look forward to liaising with Aled and health board colleagues to arrange the meeting planned for October 2025.

Yours sincerely

Emma Williams

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Annex 1 - Winter Incentive Scheme 2025-26

A. Scheme Detail

Community Pharmacy contractors will be required to engage in the following elements:

1. Participation in CAS Patient Reported Experience Measures (PREMS) Feasibility Study

NHS Wales has long recognised patient experience as a quality and safety measure for services provided. To date, a small number of PREMS have been captured for community pharmacy services through questions (such as 'what would you have done if the service was not available today') that form part of the relevant consultation form within the Choose Pharmacy module. These have been used by health boards and the Welsh Government to ensure services meet the evolving needs of all people in Wales and facilitating consistent quality engagement and 'always-on' reporting mechanism.

Through the 2025-26 Winter Incentive Scheme, that formed part of the 2024-25 Stability Payment agreement, pharmacists providing the Clinical Community Pharmacy Service (CCPS) are required to support a feasibility study to evaluate the effectiveness of gathering PREMS for the Common Ailment Service through direct patient engagement. The study will commence on 6 October 2025 and end on 31 March 2026. All patients accessing the Common Ailments Service during this period must be invited to complete a short electronic survey[1] to gather feedback on their experience of accessing the service. This survey can be completed anonymously, is available in both English and Welsh and participation by patients (or their carer) is entirely voluntary. All resources will be provided by the Welsh Government and copies will be shared with CPW (Annex 3).

During this time, existing measures will continue to be captured through Choose Pharmacy but if the PREMS feasibility study is successful and scalable, the Welsh Government commits to reviewing the need to retain PREMS questions within Choose Pharmacy modules. Cardiff University, working in partnership with Digital Health and Care Wales and the Welsh Government, will lead and evaluate the study.

Contractor Actions required

a. All patients accessing the Common Ailment Service between 6 October 2025 and 31 March 2026 must be provided with brief information (resources supplied) about the study during their consultation and encouraged to provide feedback on their experience. Pharmacists must document that information has been provided by annotating the 'Additional Information' text box within the CAS patient consultation record with the code '*PREMS*'

[1] As this is a feasibility study paper copies will not be disseminated, should the study be successful and scalable provision of feedback through alternative methods will form part of implementation.

b. Pharmacists and pharmacy staff must display the A5 survey posters provided within the consultation room and may also display in other areas of the pharmacy (e.g. the pharmacy waiting area, pharmacy counter).
c. Pharmacists must provide patients (or their carers) with the QR code to access the electronic survey[1], either by referring to the code on the A5 poster or by providing a QR code credit card leaflet (resource supplied) to the patient. This can be delegated to pharmacy team members so long as they are able to provide the patient with the relevant information.

All members of the pharmacy team should be aware of the study. Pharmacy teams are not expected to complete the survey with patients but must actively promote the survey and encourage patients/carers to provide their feedback on the service.

To note, the study only applies to the Common Ailments Service, patients accessing other pharmacy services should not be included in the activities set out above.

2. Participation in Help Us Help You – CAS Winter campaign

One theme of the 2025 Welsh Government Help Us Help You winter campaign will focus on the Common Ailment Service. Television, radio and social media advertisements will form part of this campaign.

Contractor Action required

To support this campaign, all pharmacy contractors will be required to display the Welsh Government CAS Winter poster (A1 sized[2]), that will be printed and distributed to contractors. Posters will be distributed w/c 29 September and must be displayed during the period 6 October 2025 to 31 March 2026.

Digital copies of the assets will be made available.

3. CAS – Management of UTI and Sore Throat

Following changes to the CAS service in 2025, all pharmacies are required to offer management of sore throat and urinary tract infections as part of the standard CAS offer.

Contractor Action required

All contractors to ensure that the revised pathway for managing sore throat and urinary tract infections is fully implemented and that patients are able to consistently

[1] As this is a feasibility study paper copies will not be disseminated, should the study be successful and scalable provision of feedback through alternative methods will form part of implementation.
[2] Where a contractor has corporate branding guidelines for window displays, the contractor may print an alternative size poster based on the digital assets provided and display this instead of the A1 poster provided. The size must as a minimum be equivalent in area to that of an A1 poster.

access CAS for the management of these conditions where this is the most appropriate service to meet the patient's needs.

B. Payments and Claims

Payments

Contractors completing all required activities will receive a payment of £1,800 paid in monthly instalments of £300 during the period 6 October 2025 to 31 March 2026.

The NECAF declaration module will open on 1st of month and will close on the last working day of month following claim period (e.g. October claim can be submitted between 1 and 30 November). Final submission date for all claims relating to 2025-26 must be submitted by 5 May 2026.

All payments will be subject to post payment verification (PPV).

Any underspend in the winter incentive scheme allocation will be re-distributed to the clinical services allocation at year end.

Claims process

Contractors will be required to make a single NECAF declaration each month confirming that they have completed the necessary activities to claim payment.

1. All patients accessing the Common Ailment Service between 6 October 2025 and 31 March 2026 have been given brief information about the Common Ailments Service Patient Reported Experience Measures Feasibility Study during their consultation and encouraged to provide feedback on their experience.
2. The CAS Winter Poster is displayed as required.
3. The pharmacy is routinely able to offer the management of sore throat and UTI within CAS.

NHS Wales Shared Services Partnership (NWSSP) will develop a NECAF declaration which will be available from 1 November 2025 for claims relating to October 2025. Claims should be submitted monthly in arrears, with all claims relevant to the period 6 October 2025 to 31 March 2026 submitted by 5 May 2026.

Record keeping and PPV

In relation to record keeping and to support post-payment verification the following should be undertaken:

1. Participation in CAS Patient Reported Experience Measures Feasibility Study

Pharmacy Action: Pharmacists must document that information has been provided by annotating the 'Additional Information' text box within the CAS patient consultation record with the code '*PREMS*'.

Reporting: A Choose Pharmacy report will be generated each month to confirm that the required activity has been undertaken by each contractor. It is expected that the survey is discussed with every patient and all records should be appropriately annotated.

Monitoring and PPV: In recognition that on occasion an individual may forget to annotate a record, some discretion will be applied, where a contractor does not have a minimum of 85% of records appropriately annotated, the health board should discuss the scheme requirements with the contractor in the first instance and reserves the right to verify claims through the PPV process where necessary.

2. Participation in Help Us Help You – CAS Winter campaign

Pharmacy Action: Pharmacy contractors should ensure that the poster[2] has been displayed during the period 6 October 2025 to 31 March 2026.

To note: where contractors choose to display additional resources, these should be developed in accordance with the Welsh Government branding guidelines and in accordance with local health board arrangements for NHS materials as set out in the Clinical Community Pharmacy Service Specification.

Monitoring and PPV: This may be confirmed through usual health board contractual monitoring visits. Where a contractor displays a poster other than the A1 poster provided, this must meet the minimum requirement.

Where the appropriate poster is not displayed, the health board should discuss the scheme requirements with the contractor in the first instance and reserves the right to verify claims through the PPV process where necessary.

[2] Where a contractor has corporate branding guidelines for window displays, the contractor may print an alternative size poster based on the digital assets provided and display this instead of the A1 poster provided. The size must as a minimum be equivalent in area to that of an A1 poster.

3. CAS – Management of UTI and Sore Throat

Pharmacy Action: No additional record required.

Reporting: Monthly Choose Pharmacy CAS reports will provide the necessary information.

Monitoring and PPV: Recognising that in order to be able to provide CAS from 6 October 2025, all pharmacists must be accredited to provide both the management of sore throat and urinary tract infection, the following would demonstrate availability of the CAS (including management of sore throat and UTI).

a. That the CAS service has been routinely available through the incentive period through CAS consultation data (i.e. data shows the CAS is available consistently throughout the incentive period) or

b. An increase in the combined number of CAS UTI and Sore Throat consultations by 10% per month (compared with same month 2024-25), or

c. Where the service was not provided/the number of consultations was less than 10 consultations during the comparator month (2024-25) an increase in the combined number of CAS UTI and Sore Throat to a minimum of 10 consultations per month.

In considering 'routinely available' – it is recognised that there may be exceptional circumstances where services are not available on a given day (for example unplanned absence). The health board should use discretion when reviewing CAS data to determine availability of CAS and where necessary discuss availability[3] and the scheme requirements with the contractor in the first instance. The health board reserves the right to verify claims through the PPV process where necessary.

Where a pharmacy is commissioned to provide both CCPS and PIPS, patients should be managed through the most appropriate service to meet their needs with pharmacists expected to provide an equitable offer to patients in managing conditions such as uncomplicated sore throats and UTIs following current clinical guidance, regardless of whether treated under CCPS or PIPS. Where a contractor can only provide a limited scope of PIPS as a result of the current scope of practice of employed or engaged pharmacists (for example management of UTI), the health board should engage the contractor to discuss how the scope of practice can be extended. In the short term where this is the only condition that can be managed, it is acceptable for the contractors PIPS provision not to be adversely affected by the changes to the CAS service, however there is an expectation that in time the PIPS

[3] Availability is defined as '*the requirement for an accredited service provider (as defined by the service specification) to be present on that the commissioned pharmacy premise and have access to the necessary equipment to provide the service (as defined by the service specification)'.*

service delivered provides access to the range of conditions and clinical circumstances set out in Appendix 1 of the current PIPS Specification.

Where recovery of payment is considered appropriate following PPV processes, the following monthly recovery has been agreed:

Element 1 – CAS PREMS Feasibility study - £125.00
Element 2 – Display of Winter Poster - £ 50.00
Element 3 – CAS; availability of UTI/sore throat management- £125.00

Annex 2 – Collaborative Working Arrangements

Additionally, as requirements of the 2025-26 Collaborative working arrangements that are set out in the Part VIIB Drug Tariff;

4. Contractors should hold one collaborative working visit with a local GP practice to explain the changes to the CAS from 6 October 2025 and discuss local referral pathways and consultation availability information (through the service availability tool) for the CAS.

Community Pharmacy Collaborative Leads (CPCLs) will be required to attend an engagement event in October 2025. This event will be arranged by the Welsh Government, CPW and health board representatives and will provide CPCLs with information relating to the Winter Campaign requirements. CPCLs will be required to cascade this information to the local collaboratives.

Annex 3 – PREMS Study Resources

Patient Experience Survey (including Participant Information Sheet)

CAS Patient Experience Survey Ve

PREMS Study A5 Poster (including QR code link to the survey)

Patient_experience_poster_english_welsh_v

PREMS Study Credit Card Leaflet

PREMS Card-size V2_for_printing.pdf

PREMS Study Pharmacy cover letter

CAS_Cover_Letter_Pharmacists (unsigned c