Winter Incentive Scheme 2025-26

£1m (rounded) of the agreed 2025-26 Community Pharmacy Contractual Framework (CPCF) quantum will be allocated to the Winter Incentive Scheme for 2025-26 which will run between 6 October 25 and 31 March 2026. Community Pharmacy contractors will be required to engage in the following three key elements:

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

NHS Wales uses PREMS to assess the quality and safety of services. Historically, PREMS have been collected via Choose Pharmacy consultation forms. This feasibility study evaluates direct patient feedback for the Common Ailment Service (CAS).

Contractor Actions Required*:*

- Provide all CAS patients with information about the study during consultations. Annotate consultation record in Choose Pharmacy with code 'PREMS'.
- Display A5 survey posters in the consultation room and other visible areas.
- Offer access to the electronic survey via:
    - A5 posters with QR codes.
    - QR code credit card leaflets (resources provided).
    - Note: Applies only to CAS patients.

2. Participation in "Help Us Help You – CAS Winter Campaign"

This is a campaign to promote CAS via TV, radio, and social media.

Contractor Action Required:

- Display the A1-sized Winter campaign poster from 6 October 2025 to 31 March 2026.
    - Posters distributed week commencing 29 September 2025.
    - Digital assets available.
    - If using custom-size posters, they must meet the minimum area equivalent of A1.

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
- CAS must be available for managing these conditions consistently (where this is the most appropriate service to meet the patient's needs).

Payments and Claims

Total Payment:

- £1,800 per contractor
- Paid in monthly instalments of £300 from 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).

Claims Process

Monthly NECAF declarations must confirm that:

1. All CAS patients were given study information and encouraged to complete the PREMS survey.
2. The CAS Winter Poster is visibly displayed.
3. The pharmacy is routinely offering the management of sore throat and UTI under CAS.

All information relating to the Winter Incentive Scheme will be available through the CPW website here.

Record Keeping and Post-Payment Verification (PPV)

1. CAS PREMS 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: Where in a calendar month a contractor has submitted a claim for payment and has a 'PREMS' documentation rate of less than **30%** of CAS records annotated the relevant payment for that month (set out below) will be recovered by the health board.

Where in a calendar month a contractor has submitted a claim for payment and has documented 'PREMS' in more than **30%** but less than **50%** of CAS records, health boards will contact the contractor to remind them of the scheme requirements and would expect to see an improvement in documentation rates in subsequent months where claims for payment are made.

2. CAS Winter Campaign Poster Display

Pharmacy Action: Pharmacy contractors should ensure that the poster* 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.

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.

Additional Notes on Service Delivery.
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** 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.

Recovery of Payment (If Applicable)
If PPV identifies non-compliance, recovery will be as follows:

Element	Amount Recovered Per Month
CAS PREMS Feasibility Study	£125
Display Winter Poster	£50
CAS UTI/Sore Throat Availability	£125

***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.**

****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)'.**