Dear Sarah

RE: NHS Community Pharmacy Palliative Care Drugs Stockist Scheme 01 November 2026 to 31 March 2031

We write on behalf of Community Pharmacy Derbyshire, Community Pharmacy Lincolnshire and Community Pharmacy Nottinghamshire which together make up the Local Pharmaceutical Committees representing all of the community pharmacies across the cluster.

Whilst we are encouraged that the ICB wish to take a longer term, structured and uniform approach to the palliative drugs supply across the cluster, we were disappointed to hear from contractors that in spite of our involvement in the task and finish group for this project, both an SLA and 43 question expression of interest were sent out on Friday which we had not been consulted on and we had not been copied into.

The principal concern expressed by contractors and shared by ourselves is that the SLA does not clearly define the service model being commissioned.

At the task and finish groups we as LPCs were clear this is a supply only service, in normal working hours, allowing equitable access across the cluster, in line with the national formulary. Which is all the budget allows for. A palliative care drug stockist scheme does not require additional training (other than reading the service specification), CPD or audits for quality, as quality standards for both supply of drugs and skills of registered pharmacy staff are regulated and monitored by the GPhC.

We do not believe we have been appropriately consulted in line with the National Health Service Act[1] around this service and have emailed local pharmacy contractors directly to highlight this, noting we are now working with you to ensure the SLA and the EOI requirements are appropriate.

- We have summarised feedback regarding the 43 EOI questions, and on specific sections of the SLA in the '2026 October Summary EOI & SLA palliative care feedback' document attached.

- There are key issues with the formulary. There are additional drugs listed that are not part of the national formulary and that are not routine palliative care drugs. The inclusion of the additional drugs means that the retainer fee is insufficient to cover the drugs required to be part of the supply service. Please see separate attachment 'Review of Proposed DLN Palliative Care Formulary V1 2026-10-14'

[1] It is a requirement of the National Health Service Act the Local Pharmaceutical Committees are consulted when local services are being commissioned to meet local health needs:

> **Part 4, Regulation 14** of **The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions**:
>
> **Consultation on Enhanced Services**
> *"Before making arrangements for the provision of an Enhanced Service under these Directions, or determining the remuneration or fees payable in respect of such services,* ***the Board [NHS England / ICBs] must consult the Local Pharmaceutical Committee*** *for the area in which the services are to be provided."*
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> Note: When an Integrated Care Board (ICB) or NHS England commissions a local clinical option from community pharmacies, it is legally categorised under the regulations as an **Enhanced Service** (which becomes a "Locally Commissioned Service" once integrated via the NHS Standard Contract locally)

- Specific feedback from our committees and contractors shown in the attached '2026 October EOI and SLA pall care raw feedback' document highlights key issues in more detail, illustrating the unclear definition of the service model in the SLA and problems with the funding proposed.

Additionally, we are concerned that we have not had a formal response regarding analysis of need completed by the ICBs following our comments on the maps provided some months ago. All three LPCs commented to support the needs analysis across the cluster. We look forward to receiving a response answering our queries in relation to this across the cluster shortly.

We would ask that the East Midlands Team issue an urgent email to contractors noting that the specification for the Palliative Care Drugs Stockist scheme 2026-2031 attached to the email sent on Friday 8th October is under review in consultation with Local Pharmaceutical Committees in line with NHS Regulations and that the EOI will be reissued with an amended specification in due course. The email should also note that any contractor who has already expressed an interest will not be bound to the SLA attached to the original email.

As some contractors may already have expressed an interest in provision of the service, it should be noted this is an expression of interest only and they are not bound to the SLA circulated on Friday 8th October. We would kindly ask that future EOIs received post consultation with LPCs and these early responses are all considered when allocating palliative drugs stockists in line with patient needs across the cluster for 2026-2031.