Dear all,

Please see below: Updates on the NHS New Medicine Service. This is an NHSE cascade. Please can you cascade this to the following:

- ICB:
 - o Chief Executive Officers for information
 - Chief Pharmacist for action: please send to all community pharmacies
 - o Pharmacy Contract Teams for action: please send to all community pharmacies
 - o AOs and Clinical Leads for information
 - o Primary Care Leads for information
- For onward cascade by ICBs to:
 - o General Practices for information
 - Community Pharmacies for action: please send to all pharmacy staff, including locums.

CC:

- Regional Directors of Primary Care and Public Health for information
- Heads of Primary Care Commissioning for information
- Regional Chief Pharmacists for information
- Regional PCN leads for information
- London Community Pharmacy Contract Team for action: please send to all community pharmacies.

//START//

Dear colleagues,

Please note: There is no attachment , the information is contained in the text below. Updates on the NHS New Medicine Service

PLEASE NOTE – Pharmacy contractors are requested to ensure that the content of this cascade is shared with all pharmacy staff, including locum staff, delivering the service on their behalf.

Expansion of the NHS New Medicine Service to include depression

NHS England confirm that the expansion of the <u>NHS New Medicine Service</u> to include depression as a further eligible condition for which patients can receive support, is live from **Wednesday 29 October 2025.**

NMS Eligible Drug List.

Pharmacy contractors should ensure all pharmacists wishing to continue delivering the service from Wednesday 29 October 2025, have read the updated service specification, are competent to deliver the service and have demonstrated their competence in line with 4.1 of the updated

Training

service specification.

The pharmacy contractor must be satisfied that all pharmacy staff to be involved in the provision of the service are competent to do so. Consultations undertaken as part of this service must only be carried out by pharmacists who have the necessary knowledge and skills to do so, with them assessing and declaring their competence by completing the NMS self-assessment form (accessible/downloadable from the Community Pharmacy England website) and providing a completed copy of the form to the pharmacy contractor, for retention by them.

Recommended training resources for depression

To support effective delivery of the service for depression, the Centre for Pharmacy Postgraduate Education (CPPE) online training module 'consulting with people with mental health problems' has been included as a requirement in the 2025/26 Pharmacy Quality Scheme.

Pharmacists should review the range of further learning and reference resources to support identified learning needs for depression and antidepressants, which include:

• CPPE: New Medicine Service web page with new section on depression

- NICE Clinical Knowledge Summary: <u>Depression</u>
- NICE Guidance: NG222 Depression in adults: treatment and management
- NICE Guidance: NG215 Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults
- Royal College of Psychiatrists: Antidepressants
- Royal College of Psychiatrists: <u>Depression</u>
- Zero Suicide Alliance (ZSA) <u>Suicide Awareness Training</u>

The importance of person-centred care, provision of healthy living advice and signposting in discussions about antidepressants

With the inclusion of depression, pharmacy contractors and staff providing the service are reminded that the service is intended to support patients in a person-centred manner. This service complements and informs the shared decision-making process about taking a new medicine.

Pharmacists are reminded that the service should be used to identify instances, where continuing with pharmacological therapy is not tolerated, desired, and/or clinically appropriate and refer patients back to the prescriber. This includes cases where in their professional judgement, a change to the prescribed therapy may be required, including discontinuation.

Pharmacy staff should also, where appropriate, offer opportunistic advice to patients receiving the service, on healthy living/public health topics in line with the promotion of healthy lifestyles essential service and signpost them as appropriate to any further support and/or resources available locally or nationally, e.g. patient support groups or social prescribing link workers.

Additional changes to the service

Pharmacy contractors and staff providing the service should make note that the wording in the updated service specification regarding the timing of the Intervention and follow-up consultations has been amended.

The Intervention consultation is to be undertaken between a minimum of 7 days and up to a maximum of 14 days after patient engagement, and the follow-up consultation is to be undertaken between a minimum of 14 days and up to a maximum of 21 days after the Intervention consultation.

The Intervention and follow-up consultations can only be delivered outside of the timeframes stated above in exceptional circumstances, e.g. the patient has informed the pharmacy staff that they will be away on holiday, and if in the professional opinion of the pharmacist they believe the patient would benefit from the continued provision of the service. The exceptional circumstances for delivery outside of the stated timeframes must be recorded in the pharmacy's clinical record for the service. The updated service specification now also includes clarification that pharmacy contractors are not permitted to use sub-contracting arrangements at a location other than the pharmacy premises. Community Pharmacy England have prepared an <u>FAQ on sub-contracting for this service</u>' which pharmacy contractors may wish to refer to.

Updates to the NMS Eligible Drug List

The <u>NMS Eligible Drug List</u> has been updated to incorporate changes following a full review of the list of drugs for all conditions eligible for the service. This review was undertaken to ensure that the list remains up to date and allows contractors to provide the service safely and effectively.

The review has removed discontinued medication, specialist only initiated medication and medication with very low levels of prescribing while adding newer medications that have been approved for each condition since the last review of the list and should not impact the opportunity for contractors to offer the service

Following the inclusion of depression as a further eligible condition for people aged 18 years and over, the following antidepressants are eligible for the service when prescribed for depression:

- Citalopram
- Escitalopram
- Fluoxetine
- Paroxetine
- Sertraline
- Duloxetine
- Mirtazapine

Consultations and record keeping

Pharmacy contractors and staff providing the service are reminded of their responsibility to ensure that accurate and contemporaneous clinical records are maintained for effective ongoing service delivery in line with <u>Annex A: Record keeping requirements of the updated service specification</u>. All relevant records must be managed in line with the <u>Records Management Code of Practice for Health and Social Care</u>.

Pharmacy contractors who opt to use an IT system, some of which automatically collect data via an application programming interface (API) for this service (see <u>Annex B: NHSBSA API dataset for monitoring and evaluation of the updated service specification</u>), to maintain appropriate clinical records for the service should note that these IT systems have not been assured by NHS England to deliver this service. Pharmacy contractors are responsible for ensuring that any IT system used is safe and appropriate to support the delivery of the service.

Pharmacy staff should familiarise themselves with any changes to their IT systems and complete appropriate training before using them to provide this service. Please refer to user guides and training materials provided by your IT system supplier.

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