

Commentary on the New NHS Community Pharmacy Contractual Framework

An overwhelming majority of pharmacies in England & Wales voted in favour of the funding arrangements and service framework of the new NHS Pharmacy Contract (nPC) in November 2004. Turn out was 74% and 92.5% voted “yes” on a one pharmacy, one vote basis. The PSNC continues to work with the DH and the NHS Confederation on outstanding details but implementation is scheduled for April 1st 2005.

The vision inspiring the new contract is said to be to improve community pharmacy’s place as an integral part of the “NHS family” in providing primary care, to help support patients to care for themselves, to better respond to “diverse needs of patients and communities,” to help tackle inequalities in and to be a “source of innovation” for the delivery of services including the aspirations of the National Service Framework.

The method of achievement of these aims is familiar from GMS2. Three tiers of services are set out; **NATIONAL ESSENTIAL and ADVANCED** services plus **LOCALLY ENHANCED** services commissioned by PCTs. As with GMS2, periodic review of services is envisaged with the potential for the revision of service requirements and standards of provision. Thus an enhanced service might later become an essential one.

ESSENTIAL SERVICES include **dispensing, repeat dispensing** and the **disposal** of unused drugs. They also include **health promotion, “sign posting”** (the provision of information on where patients seeking advice not available from pharmacies can obtain help), **support for self-care**, including taking referrals from NHSD and giving advice to carers. **Support for people with disabilities** is also an essential service. This includes meeting the requirements of the DDA 1995 and providing two levels of support for “eligible” patients. Eligibility will be decided on the basis of a score derived from the answers to questions on a nationally produced assessment form. Level one will demand the appropriate labelling of drugs for those with impaired vision, removing and repackaging tablets from blister packs and keeping appropriate records. Level two will involve supplying “multi-compartment compliance aids.” Each level will attract a fee.

- GPs in Taunton Dean have *already* been informed that the nPC calls for 28 days’ supply, is now separately funded and so there is no need to issue seven- day prescriptions.
- It is likely that GPs will be asked to comment in cases where patients previously in receipt of these services are found not to satisfy the criteria set out in the assessment form.

Clinical Governance and Public Involvement requirements, including a practice leaflet and the undertaking of regular questionnaires, the number canvassed depending on volume of work undertaken, are also essential services.

ADVANCED SERVICES require accreditation of the pharmacist, as at present for post-coital contraception, and specific requirements for premises notably the provision of a suitable, private consultation area. **Medicines use review** and **prescription intervention service** are advanced services over and above the basic interventions related to safety that are part of essential services.

- Any advice resulting from a (normally) face-to-face consultation with the pharmacist would be recorded and reported to the patient’s GP using a nationally agreed template.

LOCALLY ENHANCED SERVICES will be negotiated between individual contractors and PCOs. **LES** specifications were not available for this assessment but will include services such as **minor ailment** and **smoking cessation** services, **anticoagulant monitoring** and services for **drug misusers** in the community.

- The existence of local, formally commissioned **minor ailment, smoking cessation and anticoagulant monitoring** services could clearly impact favourably on GP workload although advising patients to “See your GP,” would doubtless be the default advice in any specification!

The funding nPC contractors will be according to a formula based on workload (number of items dispensed) to produce a Global Sum. A new adjustment in the Drug Tariff reimbursement for generics will provide £300m to be used to fund nPC but not the LESSs. Pharmacy IT will play a vital role in nPC and the **Electronic Transmission of Prescriptions (ETP)** is designed to allow the efficiency in essential services like **repeat dispensing**. A condition of nPC will be the use of NPfIT compliant systems connected to N3, the new integrated network for the NHS.

- Implementation of many of the services under nPC will therefore depend on the development of NPfIT including the outcome of discussions on “role based access control” to patients’ unified medical records.

Finally it is disturbing that funding for PCTs to commission LESSs under nPC is, according to the DH Framework document, only at the stage of “being modelled.” Furthermore, as stated above, although the document states clearly that the £300m released from further reductions in generic reimbursements is *not* intended for LESSs, the next section goes on to state that “PCTs will be charged by the PPA for their contribution to the cost of... [nPC]...which will be met from money released from [their] drugs bill through lower generics prices.”

- We are promised more information but the scope for double counting and consequent cost pressures on PCTs seems to this commentator to be a considerable risk that could impact upon general practice.

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