



The New Community Pharmacy Contractual Framework

How a collaborative approach will benefit patients, GPs and PCTs

Saving GP's time

It is estimated that 80% of all repeat prescriptions could be handled by community pharmacy, equating to 2.7 million hours of GP and practice time

Saving Money

Community pharmacy based prescription intervention schemes have been shown to save around £2000 per practice per year, even in their early stages

Contributing to QOF

Through collaborative working, community pharmacy has helped general practices achieve QOF points in asthma, diabetes and hypertension

Reduced Workload for GPs

Commissioning Enhanced Services under the community pharmacy contractual framework, such as minor ailments, can further reduce the workload burden on GPs and on cost of medicines supplied

Better patient experience

The changes should make it more convenient for patients to access and receive the treatment they require

Wider Availability of Services

The community pharmacy contractual framework provides for these benefits to be realised across the board through essential pharmaceutical services

Taking a collaborative approach can benefit patients, GPs and PCTs. The following outlines in more detail how: Numbers in brackets refer to further sources of information listed in the appendix.

- ⇒ **Supporting optimal prescribing** - reducing the wastage of medicines and ensuring patients still need their medicines before they are dispensed. Patients will have a better knowledge of what their medicines are for and how to take them for best effect through repeat dispensing, medicines use review and prescription interventions

- ⇒ **Repeat dispensing** means that patients will be able to get their repeat medicines from their local pharmacy without having to see their GP first or having to order or collect a prescription from their surgery. This service is ideal for patients whom the GP judges to be stable and on medication that is unlikely to be altered. It is estimated that 80% of all repeat prescriptions could be handled by community pharmacists using repeat dispensing, saving up to 2.7 million hours of GP and practice time (1). The benefits of the

- ⇒ service are: reduced workload for GPs and practice staff (2,3); reduced medication costs (2,3,4,5,6); drug problems identified by the community pharmacist (4,6) and increased medication compliance (5). Evidence suggests that patients prefer this system to traditional dispensing (5, 7, 8, 9) and GPs also support its introduction (9, 10) with the only drawback being the initial workload when setting up the service (9)

- ⇒ **Local prescription intervention schemes**, where the pharmacist recommends changes from a locally agreed list, have been shown to make cost savings even from their early stages (around £2000 per practice per year) (11,12). Feedback from GPs has been positive with over 80% of pharmacists' recommendations accepted (13). Prescription Interventions can be implemented on a local basis as an Enhanced service

- ⇒ **Community pharmacy can take on responsibility for medication review as part of long-term condition management**, through pharmacists undertaking reviews (at different levels), including as supplementary or independent prescribers, and monitoring patients using point of care testing equipment. Medication review by pharmacists has been evaluated at several levels of intervention and the main benefits demonstrated have been drug related problem identification (14,15), decreased hospital or care home admission (15,16,), improved compliance (17) and decreased costs (14,15,18,19,20,21) both in terms of drugs and further care. Additionally pharmacist-led medication review does not increase GP workload (22,23,24) and the interventions made by pharmacists are greater in number and more sustainable than those made by GPs (23,24,25,26). The benefits of pharmacist led medication review have also been demonstrated in specific patient groups such as care home residents (19, 27), and people with hypertension (20,28), type 2 diabetes (29) and chronic pain (30). Satisfaction with various models of pharmacist led medication review has been expressed by patients (16,31,32), pharmacists (33), nurses (33) and GPs (33, 34)

- ⇒ **Community pharmacy based monitoring, advice and education can enhance patient care** and help practices to reach QOF targets in asthma (35,36,37) and diabetes (38,39,40) and in hypertension and hyperlipidaemia (37,40)"

- ⇒ PCTs can **commission minor ailment schemes** through community pharmacies, reducing demand on GPs and other primary care staff. Community pharmacy Minor Ailment Schemes are effective in reducing GP consultations for minor illness (41,42,43). Up to 38% of consultations for minor ailments could be transferred to pharmacies (42,43) and the schemes are popular with both GPs and patients (44), for example in one area up to 4000 GP consultations are saved each month (45). The average cost of medicines supplied in community pharmacy minor ailment schemes is less than that prescribed by GPs for the same ailments (45). The schemes can be commissioned locally as an Enhanced Service



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Pharmacists can provide **advice on medicines to patients and other health professionals** and advice on safe systems for handling medicines. This advice will potentially lead to less medication errors, better compliance and improved patient safety

Appendix & further information

For information on the latest support available, visit the primary care contracting website www.primarycarecontracting.nhs.uk

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