



Community pharmacy

briefing

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Community pharmacy: essential and advanced services

The NHS Confederation and the NHS Modernisation Agency's National Primary and Care Trust

Development Programme (NatPaCT), in association with the Department of Health (DH) and the

Pharmaceutical Services Negotiating Committee (PSNC), have developed a series of briefings to assist primary care organisations (PCOs) and community pharmacies in England and Wales to prepare for the new community pharmacy arrangements. There are aspects which are still under negotiation and further information will be available to PCOs when negotiations are complete.

Key points

- The new community pharmacy contractual framework enables community pharmacies to provide three levels of service: essential, advanced and enhanced (see *Briefing* No. 2).
- Essential services will be provided by all community pharmacies.
- Advanced services will be provided by accredited community pharmacists and pharmacies.
- Both essential and advanced services will be nationally specified.
- PCOs should take account of both essential and advanced services in their strategic planning.
- These services will be funded nationally and will be introduced through regulation.
- The minimum weekly hours of service will be increased from 30 hours to 40 hours. Pharmacies will also need to notify PCOs of the actual hours during which services are available.
- Subject to the contractor ballot, the new contractual framework should go live on 1 April 2005.

This *Briefing* focuses on essential and advanced services and what PCOs can do to support their implementation. It is the first in a set that also contains *Enhanced services* (No. 2) and *Control of entry regulations* (No. 3). The series will be completed with the publication of *Funding* (No. 4) and *IM&T* (No. 5).

'The new community pharmacy contractual framework is intended to improve access to pharmacy services'

The new community pharmacy contractual framework is intended to improve access to pharmacy services and to raise the quality of those services as described in *A vision for pharmacy in the new NHS* (Department of Health, 2003). One of the means of achieving these aims is through the introduction of three levels of services to be provided by community pharmacies: essential, advanced and enhanced services.

Summary of services

Essential services are those services that must normally be provided by all community pharmacy contractors under the new arrangements. These are nationally agreed services and are not generally open to local negotiation.

Essential services include:

- dispensing
- repeat dispensing
- support for people with disabilities
- disposal of unwanted medication
- promotion of healthy lifestyles (public health)
- support for self-care
- signposting of patients to other healthcare professionals.

In addition, all pharmacies are required to put in place clinical governance systems and support continuing professional development.

National specifications for each of the essential services have been jointly agreed with the PSNC, the DH and the NHS Confederation and are now available on the DH website www.dh.gov.uk/PolicyAndGuidance/MedicinesPharmacyAndIndustry/fs/en

Advanced services are nationally specified and require pharmacists and/or pharmacy premises to be accredited to provide these services. The first advanced service to be introduced will be medicines use reviews and prescription interventions (see page 4).

It is expected that, over time, services will move between categories; for example, medicines

Developing services and accreditation

Subject to the contractor ballot, the contractual framework should go live from April 2005, although PCOs will not begin monitoring compliance until October 2005. All pharmacies will be expected to comply fully with the essential services as soon as possible. There will be a gradual transition to providing advanced services, giving pharmacies time to implement the necessary changes and to obtain accreditation.

use reviews could become an essential service and some enhanced services could move into the advanced category. The transition between categories will be determined by the DH, the PSNC and the NHS Confederation through a formal negotiating process.

Essential services

Dispensing

This involves the supply of medicines and appliances ordered on NHS prescriptions and ensuring they can be used safely and effectively by patients and carers. It also includes:

- providing advice to the patient about the medicines or appliances being dispensed
- providing advice about possible interactions with other medicines
- recording medicines dispensed and key advice provided
- assessing and providing compliance aids needed by those patients who fall within the protection of the Disability Discrimination Act 1995 and who have a need for assistance with medicine-taking.

Repeat dispensing

In addition to the requirements for dispensing, community pharmacies will manage the repeat dispensing process in partnership with the patient and the prescriber.

This involves:

- establishing the patient's need for a repeat supply of a particular medicine or appliance
- communicating all significant issues to the prescriber with suggestions on medication changes as appropriate, with the full involvement of the patient
- referring the patient back to the prescriber if, for example, the patient's medical condition has changed, and alerting the prescriber

'The electronic transmission of prescriptions will become mandatory in the future'

- educating patients about re-ordering of repeat medication to reduce hoarding of medicines and subsequent waste
- advising patients and GPs when a medication review is due.

PCOs should work with their GP practices and pharmacies to facilitate the move towards repeat dispensing services being provided across their

area. The electronic transmission of prescriptions will become mandatory in the future but repeat dispensing will initially be paper-based.

Medication waste disposal

This involves the collection and safe disposal of unwanted medicines returned to pharmacies by the public or by residential homes.* However, medicines cannot be accepted from nursing homes, which must make their own arrangements for the disposal of waste medicines. PCOs will have to have in place suitable arrangements for the collection and disposal of waste medicines from pharmacies.

Going live with repeat dispensing

Coventry Teaching PCT was in the first wave of the Pathfinder Repeat Dispensing Scheme. Within the PCT, 16 practices and 78 pharmacists signed up to the arrangements, which went live in September 2003.

Under the scheme, GPs can issue a repeatable prescription, which is valid for up to 12 months. The repeatable prescription needs to be computer-generated, and signed by the prescriber. The GP also needs to print as many batch issues as the number of times the prescription is to be repeated. These batch issues do not need to be signed by the prescriber.

The patient has to use the same pharmacy for the lifetime of the prescription. The pharmacy retains the repeatable prescription and, at the request of the patient, the batch issues. Alternatively, the patient can keep the batch issues and present one at the pharmacy each time a further supply of the medicine is needed.

So far, over 4,000 items have been dispensed under the scheme. The pharmacists are mandated by the scheme to ask patients if they are taking or using their medication appropriately and if they really need a repeat supply. Although data are not yet available, Coventry PCT estimates that one to two items out of every hundred are not dispensed. The PCT estimates that at least £100 per month per pharmacy is saved in non-dispensed items.

Promoting healthy lifestyles (public health)

This ties in closely with the Government's public health agenda and covers both the provision of opportunistic lifestyle advice given on an individual patient level and the pro-active participation in national and local public health campaigns. PCOs will expect the pharmacy to participate in up to six campaigns a year.

PCOs will be expected to determine the topics of the campaigns which may reflect national or local priorities and to provide appropriate support, such as patient literature.

Pharmacists and their staff will also give opportunistic advice on healthy lifestyle interventions to those

* care homes that were previously registered as residential homes, not care homes previously registered as nursing homes.

presenting prescriptions for long-term conditions such as diabetes.

Support for self-care

Pharmacists will provide advice to people with minor ailments and common conditions. They will also accept referrals from NHS Direct. This will include the sale of medicines where appropriate.

Signposting patients to other healthcare professionals

Pharmacists and their staff should provide information on other healthcare professionals and providers when people require further support, advice or treatment that cannot be provided by the pharmacy. PCOs will have a role in providing information on local referral points, which should include both NHS and voluntary sector services and support groups.

Clinical governance

The clinical governance requirements for community pharmacies include:

- having an identifiable clinical governance lead
- having a complaints procedure
- carrying out clinical audits, including an annual PCO-determined multi-disciplinary audit
- having suitable standard operating procedures in place
- reporting patient safety incidents to the NPSA and analysing critical incidents to inform individual and organisational learning

- assessing patient satisfaction
- ensuring staff are appropriately trained and participate in continuing professional development.

PCOs will be expected to support and encourage the development of clinical governance within community pharmacy services in order to facilitate the continual improvement of the quality of the services provided.

Advanced services

To ensure a consistently high quality of service, pharmacists providing advanced services will need to pass a competency assessment. Competency assessments will be carried out by higher education institutions assessing against a nationally agreed competency framework. Routes to accreditation would typically be for a pharmacist to undertake a course and assessment or, in the case of more experienced pharmacists, to go straight for an assessment if they feel they already have the necessary skills.

More information about routes to accreditation and the competency framework will be available shortly.

Medicines-use review

This involves the pharmacist:

- carrying out a medicines-use review with patients who are on regular long-term medication (in line with the requirements of the NSF for older people)

'Pharmacists providing advanced services will need to pass a competency assessment'

- discussing patients' medication with them, developing their understanding of the medicine and its use, explaining possible side effects and how it should be used for maximum benefit
- attempting to find a solution with patients for any medication problems they experience
- providing a report to each patient's GP, including any recommendations for action

The first advanced service requires both the pharmacist and the pharmacy premises to be accredited. Premises accreditation will depend on the pharmacy having an area suitable for private consultation. The consultation area should ensure that:

- the pharmacist and patient can sit down together
- they can talk without being overheard
- the area is signed as a private consultation area.

The pharmacy contractor will self-certify that its premises meet these requirements. This will be subject to verification by the PCO through its monitoring arrangements.

'There will be a new payment system to fund the essential and advanced levels of the new framework'

- carrying out such reviews on a regular basis (for example, every 12 months) with patients who have been using the pharmacy for the dispensing of their prescriptions for the previous three months.

PCOs may identify specific patient groups that they wish to target for this service.

The prescriptions intervention service is similar to the medicines use review, but will be carried out in response to a particular problem arising with a patient's medication regimen. This problem is likely to be highlighted during the dispensing of a regular prescription. Pharmacists will feedback suggestions and comments to the prescriber with the patient's agreements.

Contractual arrangements

Essential and advanced services are nationally specified and no changes to primary legislation are needed to implement them. The framework will be set out in regulations and, unlike the changes for the new GMS contract, PCOs do not need to sign contracts with each pharmacy.

PCOs will be able to influence some aspects of service provision,

such as the promotion of healthy lifestyles (public health), and they will have a role in monitoring the new arrangements. PCOs have more flexibility in service provision with the enhanced services; these are explored in more detail in *Briefing No. 2*.

To maximise the potential of these services and to identify gaps in provision, PCOs will need to undertake a pharmaceutical needs assessment. This will also inform the services PCOs prescribe for applications under three of the four exemptions within the reformed control of entry arrangements (see

Briefing No. 3 in this series). A toolkit to assist with the undertaking of a pharmaceutical needs assessment has been developed by NatPaCT and is available on its website www.natpact.nhs.uk/pharmacy

Funding

The funding arrangements for the new community pharmacy framework are explained in *Briefing No. 4* in this series. In summary, there will be a new payment system to fund the essential and advanced levels – the national elements – of the new framework.

What PCOs should be doing now

- appointing an implementation lead with direct input into the project plan of the primary care contracting team
- appointing a community pharmacist to the professional executive committee (PEC) to ensure input at a strategic level
- engaging with local pharmaceutical committees (LPCs), pharmacy development groups and community pharmacists at an early stage
- assessing the capability and capacity of the PCO to implement the changes
- conducting a pharmaceutical needs assessment using the NatPaCT toolkit and considering how the pharmaceutical services can help to improve the health for the local population
- planning how the development of pharmaceutical services will support delivery of national targets and address local needs
- considering incorporation of new pharmacy commissioning opportunities and pharmacy premises requirements into strategic service development plans (SSDPs) and local delivery plans (LDPs)
- highlighting the implications of the new community pharmacy arrangements to primary care practitioners and other health providers, including local hospitals.

'The principles behind the new funding arrangements are that the system should be fair and transparent'

Under the existing system, pharmacies are remunerated out of the 'global sum' for providing the services within the current contractual framework and they are reimbursed for the cost of the medicines they dispense. It is recognised that the global sum does not cover all the costs of the existing services and that pharmacies currently cover the remaining costs through the retained margin made on the procurement of generic medicines.

This is addressed in the new arrangements, with the new contractual framework implemented alongside revision of the arrangements for reimbursing for generic medicines.

The principles behind the new funding arrangements are that the system should be fair and transparent, meet the costs of providing the service and provide a fair return for contractors.

Further reading

Department of Health:

www.dh.gov.uk/PolicyAndGuidance/MedicinesPharmacyAndIndustry/fs/en

NHS Confederation:

www.nhsconfed.org/ourpriorities/primary_care_contracting.asp

Pharmaceutical Services Negotiating Committee:

www.psnc.org.uk/contract

The Modernisation Agency (NatPaCT)

www.natpact.nhs.uk/pharmacy

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