

## A Summary of the Community Pharmacy Contractual Framework for 2019/20 to 2023/24: Supporting delivery for the NHS Long Term Plan

1. The Department of Health and Social Care (DHSC), NHS England and NHS Improvement (NHSE&I), and the Pharmaceutical Services Negotiating Committee (PSNC) have agreed a new [Community Pharmacy Contractual Framework](#). They have published a joint document which describes a vision for how community pharmacy will support delivery of the NHS Long Term Plan. The deal:
  - Commits almost £13 billion to community pharmacy through its contractual framework, with a commitment to spend £2.592 billion over five years from 2019-2024. This significant investment recognises the contribution that community pharmacy has committed to making towards the delivery of the NHS Long Term Plan.
  - Is in line with the GP contract, providing 5-year stability and reassurance to community pharmacy. This should allow businesses to make long term business decisions.
  - Builds upon the reforms started with the introduction of the Quality Payments Scheme to move pharmacies towards a much more clinically focused service.
  - Confirms community pharmacy's future as an integral part of the NHS, delivering clinical services as a full partner in local primary care networks (PCNs).
  - Describes new services which will immediately be offered through community pharmacy as well as a programme to develop evidence-based additions to those services. Foremost amongst the new services is the new national NHS Community Pharmacist Consultation Service, connecting patients who have a minor illness with a community pharmacy which should rightly be their first port of call.
  - Underlines the critical role of community pharmacy as an agent of improved public health and prevention, embedded in the local community.



- Recognises that an expanded service role is dependent on action to release pharmacist capacity from existing work. The deal rationalises existing services and commits all parties to action which will maximise the opportunities of automation and developments in information technology and skill mix, to deliver efficiencies in dispensing and services that release pharmacist time.
- Continues to prioritise quality in community pharmacy and to promote medicines safety and optimisation.
- Underlines the necessity of protecting access to local community pharmacies through a Pharmacy Access Scheme.
- Commits to working on a range of reforms to reimbursement arrangements for dispensed prescriptions, to deliver smoother cash flow, and fairer distribution of medicines margin and better value for money for the NHS.

### **NHS Community Pharmacist Consultation Service**

2. The [NHS Long Term Plan](#) and the five-year framework for the [GP contract](#) have set out an ambition to develop the role of community pharmacy in managing demand for urgent and primary medical services, including through new 'pharmacy connection schemes'. This deal delivers a new NHS Community Pharmacist Consultation Service (CPCS) which will take referrals to community pharmacies from NHS 111 initially, with a rise in scale with referrals from other parts of the NHS to follow. The NHS CPCS will relieve pressure on the wider NHS by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient and effective service to meet their needs. This will continue to be supported by the NHS Help Us Help You Pharmacy Advice campaign.
3. Two strands of the new NHS CPCS service will be rolled out nationally in October 2019, with referrals to community pharmacies being made from NHS 111 for minor illness and urgent medicines supply. This new NHS CPCS will replace the current NHS Urgent Medicines Supply Advanced Service (NUMSAS) as well as local pilots of the NHS 111 Digital Minor Illness Referral Service (DMIRS). Community pharmacy contractors signing up promptly to provide the NHS CPCS will be supported financially in 2019/20 to help them to transform their business model.

### **Pharmacy Quality Scheme**

4. The deal recognises the success of the Quality Payments Scheme which continues for the next five years at its current value of £75 million under a new name, the Pharmacy Quality Scheme (PQS).

5. The scheme has been designed to reward community pharmacies for delivering quality criteria in all three quality dimensions, clinical effectiveness, patient safety and patient experience. Participation in the scheme is voluntary.
6. The 2019/20 PQS commenced on 1 October 2019 and will end on 28 February 2020. Activity that community pharmacies will be required to do as part of PQS includes:
  - Audit activity complementing the QOF QI indicator on prescribing safety for:
    - People prescribed lithium (methotrexate, amiodarone or phenobarbital, if they do not have any patients being prescribed lithium)
    - Women and girls of child bearing age prescribed valproate
    - People aged 65+ being prescribed Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) without co-prescribed gastro-protection.
  - From 1 October 2019 to 31 January 2020, activity which may support practices to review hard-to-reach patients with diabetes. Community pharmacies will check all patients with diabetes aged 12 years and over who present, to find out whether in the last 12 months they have had:
    - retinopathy screening
    - a foot check at their GP practice, which may have been part of a wider diabetes review.Patients who have not had one or both of the above will be referred as agreed with local practices.
  - For asthma patients, for whom more than 6 short-acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6-month period, referral to an appropriate health care professional for an asthma review; and all children aged 5-15 prescribed an inhaled corticosteroid for asthma to have a spacer device where appropriate in line with NICE TA38 and a personalised asthma action plan. Refer to an appropriate healthcare professional where this is not the case.
  - Demonstrating that pharmacies in a PCN area have agreed a collaborative approach to engaging with their PCN, including agreement on a single channel of communication, e.g. by appointing a lead representative for all community pharmacies in the PCN, to engage in discussions with the PCN.
7. Pharmacies have been asked to liaise with their local GP practices, as appropriate, if they choose to participate in the above activities as part of the PQS.

8. The deal also agrees prospectively some of the features of the 2020/21 PQS. These include the completion of suicide prevention training by pharmacy staff and audits focused on inhaler technique and anticoagulation. Further details on these points will be published in due course.
9. Further information on the PQS can be found in the [Pharmacy Quality Scheme Guidance 2019/20](#).

## **Prevention**

10. The NHS Long Term Plan is clear about wanting to put prevention at the heart of the NHS. Through the Healthy Living Pharmacy (HLP) Framework, the majority of community pharmacies are already proactively delivering a wide range of interventions to support people's health and wellbeing. Reflecting the priority attached to public health and prevention work, by April 2020, being a Level 1 HLP will become an essential requirement for community pharmacy contractors. This will require all community pharmacies to have trained health champions in place to deliver interventions on key issues such as smoking and weight management as well as providing wellbeing and self-care advice, and signposting people to other relevant services.
11. DHSC, NHSE&I and the PSNC will agree and extend the reach of the mandated annual health campaigns that community pharmacies take part in, as far as possible aligning them to the use of the equivalent campaigns in general practice as part of effective integration across PCNs. They will discuss with Public Health England how they might make better use of digital assets to deliver and use evaluation to measure the impact and efficacy of these campaigns.
12. In 2019/20, the introduction of Hepatitis C testing in community pharmacies for people who inject drugs, for example those using needle and syringe programmes, will be funded to support the national Hepatitis C elimination programme. This will be a time-limited service.

## **Pharmacy Integration Fund**

13. The Pharmacy Integration Fund and PCN Testbed programme will be used to test a range of additional prevention and detection services, which if found to be effective and best delivered by community pharmacy, could (with appropriate training) be mainstreamed within the CPCF over the course of the settlement period. These could include:
  - A model for detecting undiagnosed cardiovascular disease (CVD) in community pharmacy and referral to treatment within PCNs, complementing the CVD service specification in the new Network Contract.

- The introduction of stop smoking support for those beginning a programme of smoking cessation in secondary care and referred for completion in community pharmacy.
- Where supported by robust research, evaluation and training, using opportunities in the patient pathway to make further use of point of care testing around minor illness which could support efforts to tackle antimicrobial resistance.
- Implementation of any recommendations from the ongoing review of vaccination and immunisation.
- The routine monitoring of patients, for example, those taking oral contraception, being supplied under an electronic repeat dispensing arrangement.
- Activity complementing the content of forthcoming PCN service requirements, for example, on early cancer diagnosis and in tackling health inequalities.

### **Medicines Safety**

14. Over the period covered by the deal, the role of community pharmacy will be further developed to support medicines safety. A medicines reconciliation service will be introduced to ensure that changes in medicines made in secondary care are implemented appropriately when the patient is discharged back into the community. Over the settlement period, DHSC, NHSE&I and the PSNC will also look to expand the New Medicine Service to include further indications and conditions where it is shown that this will add demonstrable value.

### **Medicines Use Reviews**

15. Medicines Use Reviews (MURs) will be phased out by the end of 2020/21 and the funding for this service recycled into the CPCF to fund other service developments. Contractors will be able to provide up to 250 MURs during 2019/20 and 100 in 2020/21; in the second half of 2019/20, at least 70% of MURs will be targeted to patients taking high risk medicines and those recently discharged from hospital. The MUR service will be replaced for patients by enhanced structured medication reviews carried out by clinical pharmacists working within PCNs as part of the new GP contract arrangements as they arrive from 2019/20.

## **Future Reform**

16. A new and expanded role for community pharmacy will require the sector to adopt new and different ways of working. In particular, we need dispensing to become more efficient to free pharmacists up to provide new services, working at the top of their clinical licence in a way that is both more rewarding professionally but also adds maximum benefit for patients.

17. To help achieve this, we have agreed that with the support of PSNC, the Government will:

- Pursue legislative change to allow all pharmacies to benefit from more efficient hub and spoke dispensing, enabling increased use of automation and all the benefits that that brings.
- Explore and implement greater use of original pack dispensing to support efficient automation.
- Propose legislative changes that will allow for better use of the skill mix in pharmacies and enable the clinical integration of pharmacists.