

BNSSG Primary Care Commissioning Committee (PCCC)

Date: 24th September 2019

Time: 9.00am – 11:00am

Location: Vassall Centre, Gill Avenue, Bristol, BS16 2QQ

Agenda number: 9

Report title: The new Community Pharmacy Contract for 2019/20 to 2023/24

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Report Sponsor: Dr Martin Jones

1. Purpose

This paper aims to highlight the changes to the Community Pharmacy Contractual Framework to the Primary Care Commissioning Committee (PCCC) and to encourage the use of community pharmacy services.

2. Recommendations

The Primary Care Commissioning Committee is asked to note the changes to the new community pharmacy contractual framework and asked to:

- Encourage good links with community pharmacy to help promote a local integrated healthcare system with high quality care for patients; this will include involving community pharmacy in Primary Care Network (PCN) developments. Community Pharmacy also features in the CCG primary care strategy.
- Encourage greater utilisation of community pharmacy services, as this has the potential to reduce the workload on other parts of the healthcare system such as urgent care. This will include increased involvement in the Community Pharmacist Consultation Service.
- Actively plan for and encourage the use of these funded services in patient pathways.
- Work with the Local Pharmaceutical Committee (LPC) to collect data and record outcomes from the community pharmacy services locally.
- When further information on this contract is known and its potential local impact, an update will be provided to PCCC.

3. Executive Summary

A 5 year contractual framework has been agreed for community pharmacies and was published in July 2019. This contract will take effect in October 2019 and aims to expand and transform the role of community pharmacies embedding them as the first port of call for minor illness and health advice, and as an integral part of the NHS. The new contractual framework commits to spend £2.592 billion each year for the next five years.

The contract aims to support the urgent care agenda through a new Community Pharmacist Consultation Service which allows direct referrals to pharmacy for minor ailments from NHS 111. The BNSSG area is already involved in a pilot which allows referrals from GP practices to community pharmacies for these minor ailment indications.

All pharmacies also have a requirement to be accredited as Level 1 healthy living pharmacies by April 2020 allowing pharmacy staff to deliver interventions on key issues such as smoking cessation and weight management as well as to offer self-care advice. This role will support the national prevention agenda as well as patients with long care conditions. Hepatitis C testing for people using needle and syringe programmes is also being introduced.

A number of national pilots are included in the contractual framework but limited information is available on these pilots to date and it is uncertain where and when nationally these pilots will take place. These include detecting undiagnosed cardiovascular disease, stop smoking referrals from secondary care and point of care testing to support antimicrobial resistance.

There is a greater emphasis on medicines optimisation and safety which is crucial to reduce avoidable harms. Medicine Use Reviews (MURs) are due to be phased out and replaced by enhanced Structured Medication Reviews (SMRS) by clinical pharmacists working in PCNs as it is thought these reviews will be more clinically effective. The New Medicines Service (NMS) which supports people with long term conditions newly prescribed a medicine will continue.

A new Pharmacy Quality Scheme will be introduced which allows pharmacies to earn additional payments for meeting certain quality criteria. Audit activity will now align with the GP contract's Quality and Outcomes Framework to ensure a consistent approach across the healthcare system. Initially, these audits will include lithium safety, advice on pregnancy prevention to women taking valproate and auditing the use of NSAIDs. There are also recommendations in relation to ensure safe prescribing in asthma.

4. Financial resource implications

There will be minimal financial resource implications to the CCG as this contractual framework is funded by NHS England. As mentioned in the main paper, there is a potential risk of increased spend on the primary care prescribing budget through the case finding of undiagnosed cardiovascular patients. However, potential system savings from reductions in cardiovascular events could offset these costs, but this would not necessarily be in year. This will be closely monitored and best practice prescribing guidance highlighted to prescribers.

5. Legal implications

It is expected that there will be no legal implications to the CCG. Community pharmacies are subject to national regulations such as The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations and these have not changed following the publication of the new contract.

6. Risk implications

The main paper highlights a few risks that might be relevant to the CCG. This includes the unknowns around which areas will be involved in the national pharmacy pilots and the uncertainty around how the hepatitis C initiative will be implemented as well as the potential impact on the local healthcare system. There is also a risk that the changes to the community pharmacy contract will mean less funding via traditional prescription volume based payments with more remuneration being associated with an increased clinical service role, which may potentially result in further community pharmacy closures but we have no way to predict this and it will be monitored by NHS England.

7. Implications for health inequalities

It is expected that there will be minimal implications for health equalities as community pharmacies are accessible to all. The Community Pharmacist Consultation Service involves a community pharmacist selling an appropriate over the counter medication; rather the patient accessing a GP appointment, this has the potential to affect those from lower socio-economic backgrounds as if the medication had been prescribed they may have been able to access this medication for free, patients can still access traditional prescribing services should this be a concern.

8. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

It is expected that there will be no implications for equalities as community pharmacies are accessed and used by all. All patients will be able to have their medications dispensed and access pharmacy services, regardless of ethnicity, disability or age and this has not changed with the new contract. Community pharmacies are subject to following the Equality Act which requires them to make a reasonable adjustment to aid patients to take their medication; this could include easy open containers and large print labels.

9. Implications for Public Involvement

No public consultation required, the Community Pharmacy Contractual Framework is a national framework and so any public involvement will have been at a national level.

Agenda item: 9

Report title: The new Community Pharmacy Contract for 2019/20 to 2023/24

1. Background

An updated Community Pharmacy Contractual Framework (CPCF) was published on 22nd July 2019 jointly by the Department of Health and Social Care (DHSC), NHS England and the Pharmaceutical Services Negotiating Committee (PSNC). This Contractual Framework is responsible for setting out the terms for providing NHS pharmaceutical services in England. This also includes funding paid to pharmacy contractors to provide several core health services. This contract will take effect from October 2019 and aims to expand and transform the role of community pharmacies to embed them as the first port of call for minor illness and health advice. The 5 year contract aims to provide stability and reassurance to community pharmacy and is in line with the GP contract length.

2. Funding for Community pharmacies

The headline figure, or 'contract sum', will remain unchanged at £2.592 billion for 2019/20, and for subsequent years until the end of 2023/24. This funding is distributed to pharmacies through a combination of fees and retained margin.

A summary of the funding can be seen in table 1 below.

Table 1: Outline of CPCF funding to 2023/24

£ millions	2018/19 (Baseline)	2019/20	2020/21	2021/22	2022/23	2023/24
Establishment Payments ¹	164	123	0	0	0	0
Medicines Use Reviews (MURS)	94	59	24	0	0	0
<i>Single Activity Fees (SAF)</i> ²	<i>1,315</i>	<i>1,315</i>	<i>1,315</i>	<i>1,315</i>	<i>1,315</i>	<i>1,315</i>
Target Retained Medicine Margin	800	800	800	800	800	800
Other activity related payments ³	97	97	97	97	97	97
Pharmacy Quality Scheme (PQS)	75	75	75	75	75	75
Pharmacy Access Scheme (PhAS) ⁴	24	24	24	24	24	24
New Medicines Service (NMS) ⁵	23	23	23	23	23	23
NHS Community Pharmacist Consultation Service	-	4	9	13	16	19
Hepatitis C ⁶	-	2	2	0	0	0
<i>Unallocated funding for future clinical services to include transition payment in 2019/20 and 2020/21⁷</i>	-	69	223	245	242	239
Total Funding Profile ⁸	2,592	2,592	2,592	2,592	2,592	2,592

Establishment Payments, a tiered payment made to pharmacies dependent on the number of items dispensed will be phased out by 2020/21 this has the potential to impact some pharmacies. However, the Pharmacy Access Scheme (PhAS) remains with funding of £24m a year to protect the viability of pharmacies.

3. Changes to the contract

Community Pharmacist Consultation Service (to support the urgent care system)

The NHS Long Term Plan and 5 year framework for the GP contract includes developing the role of community pharmacy in managing the demand for urgent and primary care services. Therefore, as part of a new focus on clinical services, and in addition to the established dispensing and supply role, a new NHS Community Pharmacist Consultation Service (CPCS) will be introduced nationally as an advanced service in October 2019. The CPCS will initially send referrals for minor ailments to community pharmacies from NHS 111 following an assessment by a call advisor. The patient is transferred for a booked consultation with a community pharmacist instead of being booked for an urgent GP appointment or signposted to their own GP, depending on the time of day. CPCS will replace the current NHS Urgent Medicine Supply Advanced Service (NUMSAS) and local pilots of the Digital Minor Illness Referral Service (DMIRS). The new service will operate with a simple harmonised fee of £14 per consultation. To incentivise rapid roll-out of the CPCS a supplement of £900 will be available to pharmacies signing up to provide the service by 1st December 2019, or £600 for those signing up by 15th January 2020.

The CPCS will be further developed over the next 5 years. Currently formal referral to community pharmacies from GP practices (the next planned stage in the development of the wider CPCS) is being piloted in sites across England and could be introduced nationally as early as April 2020. The potential volume of referrals is not certain at this stage, but the GP Forward View suggested that nationally around 20 million appointments in general practice alone do not require a GP. The Bristol, North Somerset and South Gloucestershire area is a pilot site for GP referrals to the CPCS.

The CPCS will be in addition to the current emergency supply service which is already locally commissioned.

Clinical Services (to support the prevention and long term conditions agenda)

Prevention is key to the NHS plan and this is supported by the new contract by all pharmacies being required to be accredited Level 1 Healthy Living Pharmacies by April 2020. 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.

The contract highlights that the mandated annual health campaigns that community pharmacies take part in will be aligned to equivalent campaigns in general practice as part of effective integration across PCNs.

Other areas of prevention include funding the introduction of Hepatitis C testing in community pharmacies for people using needle and syringe programmes to support the national Hepatitis C elimination programme.

The national contract framework also includes plans to commence:

- A pilot of a case finding model for detecting undiagnosed cardiovascular disease (CVD) in community pharmacy and referral to treatment within PCNs, complementing the CVD service specification in the new GP PCN contract.
- A pilot of stop smoking referrals from secondary care

- A pilot of point of care testing in community pharmacy, to support efforts to tackle antimicrobial resistance.

It is not yet known which areas nationally will be included in these pilots, and it is unlikely that locally we will be involved in all three pilots. Criteria for involvement in these pilots is not yet known and further national information is awaited.

To further promote the prevention strategy, the pharmacy contract is incentivising pharmacies to ensure that sales by the pharmacy of Sugar Sweetened Beverages (SSB) account for no more than 10% by volume in litres of all beverages sold. The pharmacy must have either achieved this by the review point or declare that they will be meeting this by 31 March 2020.

Medicines optimisation and safety

The new pharmacy contract includes a greater emphasis on medicines optimisation and safety with a view to reduce avoidable harms related to medications over the next five years.

- Medication Reviews

There is good evidence that enhanced Structured Medication Reviews (SMRs) are more clinically effective for patients than the current Medicines Use Review (MUR) service within the CPCF. MURs will therefore be phased out by the end of 2020/21 and will be replaced for patients by enhanced SMRs carried out by clinical pharmacists working within PCNs.

The current New Medicines Service (NMS) which provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence will continue.

In year two of the contract, it is proposed that palliative care service pilots will be introduced to improve access to palliative care medications. Further information on this pilot is awaited.

- Pharmacy Quality Scheme

A new Pharmacy Quality Scheme will be introduced (previously the Quality Payments Scheme) under which pharmacies can earn additional payments for meeting quality criteria.

The scheme sets the community pharmacy:

- Development targets. For example previously this has included promoting better care for people with dementia by promoting the drive for all pharmacy staff working in patient-facing roles take part in the Alzheimer's Society's Dementia Friends scheme.
- Criteria around level 2 safeguarding training for children and vulnerable adults, updated opening hours information on the NHS website and offering the NHS community pharmacy seasonal influenza vaccination and/or New Medicine Service.
- Recommends a number of specific training modules are completed including CPPE Risk Management training and assessment, the CPPE sepsis online training and assessment and the CPPE Reducing look-alike, sound a-like errors (LASA) e-learning and assessment.

- Safety

The contract also includes activity complementary to the GP contract's Quality and Outcomes Framework (QOF) quality improvement (QI) module on prescribing safety: lithium safety audit and an

audit of advice on pregnancy prevention for women taking valproate to ensure high quality, safe prescribing is undertaken. It also highlights a repeat of an audit of the use of NSAIDs, to ensure appropriate changes are embedded into practice.

There are also specific recommendations with regards to asthma with the pharmacy being required to evidence that asthma patients for whom more than 6 short-acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6 month period, have since the last review point been referred to an appropriate health care professional for an asthma review; and can evidence that they have ensured that all children aged 5-15years prescribed an inhaled corticosteroid for asthma have a spacer device where appropriate in line with NICE TA38 and have a personalised asthma action plan. Referring to an appropriate healthcare professional where this is not the case.

Other changes

To help ensure integration with the local PCNs and the wider healthcare system, the contract has made the requirements around NHS mail rollout, access to the NHS Summary Care Record (SCR) and improved community pharmacy profiles for the NHS 111 Directory of Services (DoS) to facilitate referral, an essential terms of service for community pharmacy contractors.

4. Local implications

The NHS Long Term Plan described the development of local Primary Care Networks (PCNs) and the importance of wider relationships with their partners to deliver integrated care, and so it is key that local relationships are built with community pharmacy to ensure they are able to become key partners in local PCNs allowing an effective local healthcare system with high quality clinical services is developed. This goal is also noted in the local BNSSG primary care strategy which mentions recognising and strengthening integrated working in primary care including general practice, dentistry, and optometry and community pharmacy.

Locally the BNSSG area is one of four national pilot sites involved in the CPCS pilot which includes formal referral to pharmacies from GP practices in addition to NHS 111. This service initially started in Whitchurch, Bristol with Armada Surgery and neighbouring pharmacies (Asda and Lloyds) joining the pilot on 1st July. The local pilot has also rolled out to Concord Surgery, Birchwood Medical Practice and the Merrywood practice in Bristol. During September Horizon Health Centre in North Somerset and Knowle Health Centre in Bristol will be involved. The aim is to initiate one practice in each PCN by the end of September and to role this service out to other practices within the Primary Care Networks by November 2019. There has been positive feedback from live practices to date, with the common presenting complaints being noted as bites and stings, skin rashes, sore throats and coughs.

Patients referred to pharmacies via the CPCS may choose to purchase over the counter (OTC) medications. Pharmacies are only able to allow the purchase of an OTC medicine within its licensed indications for sale. We are therefore currently exploring the possibility of locally commissioning community pharmacies to be able to provide certain medicines to patients via Patient Group Direction.

5. Key Points/Issues of Concern

A number of pilots have been included in the new contract, however it is currently unknown which pilots will be allocated to which areas, however, it is hoped we will be able to influence these discussions.

The contract highlights that pilots will be introduced in relation to case finding undiagnosed cardiovascular disease. This has the potential for positive system health benefits, however, there is the risk that this may result in increased prescribing of cardiovascular medication which has not been budgeted for in the current financial year's primary care prescribing budget. However, potential system

savings from reductions in cardiovascular events could offset these costs, but this would not necessarily be in year. We await additional information about this pilot and whether our local area will be participating.

There is uncertainty around how the hepatitis C initiative will be implemented and there is potential for newly identified patients to place additional pressures on the healthcare system. It will therefore be important that pharmacies work closely with the local authorities to ensure agreed workflows are in place.

6. Risk and Mitigations

The changes to the community pharmacy contract will mean less funding via traditional prescription volume based payments with more remuneration being associated with an increased clinical service role, which may potentially result in further community pharmacy closures. Establishment payments will be phased out; however, the Pharmacy Access Scheme remains in place to support those pharmacies eligible for the scheme. The new contract does not change the regulations relating to core contractual or supplementary hours. Core hours cannot be amended without NHS England's consent. Pharmacies may amend their supplementary hours additional to the core contractual hours, however are required to notify NHS England giving at least three months' notice. NHS England can also commission an out of hours enhanced service for example to ensure provision over bank holidays if required. It is therefore important that community pharmacy viability continues to be monitored and the CCG continues to have a strong working relationship with the NHS England Community Pharmacy Contracting Team.

As mentioned in the issues of concern section, there is a potential risk of increased spend on the primary care prescribing budget through the case finding of undiagnosed cardiovascular patients. However, this will be closely monitored and best practice prescribing guidance highlighted to prescribers.

As the medicines safety audits are in line with the QOF quality improvement audits, it is important that work isn't duplicated and that the pharmacy work complements that undertaken by the GP practices. It is therefore essential that close working relationships are formed.

7. Financial resource implications

There will be minimal financial resource implications to the CCG as this contractual framework is funded by NHS England. As mentioned in the main paper, there is a potential risk of increased spend on the primary care prescribing budget through the case finding of undiagnosed cardiovascular patients. However, potential system savings from reductions in cardiovascular events could offset these costs, but this would not necessarily be in year. This will be closely monitored and best practice prescribing guidance highlighted to prescribers.

8. Legal implications

It is expected that there will be no legal implications to the CCG. Community pharmacies are subject to national regulations such as The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations and these have not changed following the publication of the new contract.

9. Risk implications

An earlier section highlights a few risks that might be relevant to the CCG. This includes the unknowns around which areas will be involved in the national pharmacy pilots and the uncertainty around how the

hepatitis C initiative will be implemented and the potential impact on the local healthcare system. There is also a risk that the changes to the community pharmacy contract will mean less funding via traditional prescription volume based payments with more remuneration being associated with an increased clinical service role, which may potentially result in further community pharmacy closures but we have no way to predict this and it will be monitored by NHS England.

10. Implications for health inequalities

It is expected that there will be minimal implications for health equalities as community pharmacies are accessible to all. The community pharmacist consultation service involves a community pharmacist selling an appropriate over the counter medication; rather the patient accessing a GP appointment, this has the potential to affect those from lower socio-economic backgrounds as if the medication had been prescribed they may have been able to access this medication for free, patients can still access traditional prescribing services should this be a concern.

11. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

It is expected that there will be no implications for equalities as community pharmacies are accessed and used by all. All patients will be able to have their medications dispensed and access pharmacy services, regardless of ethnicity, disability or age and this has not changed with the new contract. Community pharmacies are subject to following the Equality Act which requires them to make a reasonable adjustment to aid patients to take their medication; this could include easy open containers and large print labels.

12. Consultation and Communication including Public Involvement

No public consultation required, the Community Pharmacy Contractual Framework is a national framework and so any public involvement will have been at a national level.

13. Recommendations

In summary, a new five year contract has been agreed for community pharmacy which sets out a clear vision for the expansion of clinical service delivery. The contract highlights the importance of an integrated healthcare system with community pharmacies working with local PCNs.

It is therefore recommended that PCCC:

- Encourage good links with community pharmacy to help promote a local integrated healthcare system with high quality care for patients; this will include involving community pharmacy in PCN developments. Community Pharmacies also feature in the CCG Primary Care Strategy.
- Encourage greater utilisation of community pharmacies, as this has the potential to reduce the workload on other parts of the healthcare system such as urgent care. This will include increased involvement in the Community Pharmacist Consultation Service.
- Actively plan for and encourage the use of these funded services in patient pathways.
- Work with the Local Pharmaceutical Committee (LPC) to collect data and record outcomes from the community pharmacy services locally.
- When further information on this contract is known and its potential local impact, an update will be provided to PCCC.

1. Report Author: Lisa Rees, Debbie Campbell

2. Report Sponsor: Dr Martin Jones

Appendices

3. Glossary of terms and abbreviations

Community Pharmacy Contractual Framework (CPCF)	The Community Pharmacy Contractual Framework comes into force from 1 October 2019 and covers how community pharmacy will be financially reimbursed through a combination of fees and retained margin as well as set out how they will help to deliver the ambitions set out in the NHS Long Term Plan.
Pharmaceutical Services Negotiating Committee (PSNC)	The Pharmaceutical Services Negotiating Committee promotes and supports the interests of all NHS community pharmacies in England. The PSNC is recognised by the Secretary of State for Health and Social Care as the body that represents NHS pharmacy contractors. They also work closely with Local Pharmaceutical Committees (LPCs) to support their role as the local NHS representative organisations.
Local Pharmaceutical Committee (LPC)	The Avon LPC represents 232 pharmacy contractors across BANES, Bristol, North Somerset and South Gloucestershire. They work to represent pharmacies to Commissioners, NHS England, Local and National Organisation and the public.
Community Pharmacist Consultation Service (CPCS)	<p>The NHS Community Pharmacist Consultation Service (CPCS) will launch on 29th October 2019 as an Advanced Service. The service will connect patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy.</p> <p>The CPCS will take referrals to community pharmacy from NHS 111 initially. The CPCS aims to 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.</p>
Healthy Living Pharmacies	The Healthy Living Pharmacy (HLP) framework is a tiered commissioning framework aimed at achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. There are three levels of service delivery within the HLP framework. Level 1: Promotion is the required level for community pharmacies as part of the CPCF and this requires the pharmacy to promoting health, wellbeing and self-care.

Primary Care Networks (PCNs)	Primary Care Networks are groups of GP Practices that are responsible for delivering joined-up health and social care services through multi-professional teams to patients in the community working with a range of local providers.
Structured Medication Reviews (SMRs)	A structured medication review aims to optimise the use of medicines for some people (such as those who have long-term conditions or who take multiple medicines), identifying medicines that could be stopped or need a dosage change, or new medicines that are needed. Structured medication review can potentially lead to a reduction in adverse events.
Medicines Use Review (MUR)	A Medicines Use Review is a structured review that is undertaken by a pharmacist to help patients to manage their medicines more effectively. The MUR involves the pharmacist reviewing the patient's use of their medication, ensuring they understand how their medicines should be used and why they have been prescribed, identifying any problems and then, where necessary, providing feedback to the prescriber. It is not a full clinical review.
New Medicines Service (NMS)	The New Medicine Service (NMS) is an Advanced Service included in the Community Pharmacy Contractual Framework. The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence.
Pharmacy Quality Scheme	The Pharmacy Quality Scheme (PQS) is the new name for the Quality Payments Scheme, which forms part of the Community Pharmacy Contractual Framework (CPCF). This scheme allows pharmacies to earn payment for meeting certain quality criteria which can include developmental targets and training.
Quality and Outcomes Framework (QOF)	The Quality and Outcomes Framework is a national UK framework for measuring, achieving and rewarding both the meeting of clinical and management quality targets of primary care provision, and the improving of services for patients, as part of the General Medical Services contract.
Non-steroidal anti-inflammatory drugs (NSAIDs)	Non-steroidal anti-inflammatory drugs are medicines that are widely used to relieve pain, reduce inflammation, and reduce a high temperature. They include ibuprofen and naproxen.

4. References

1. PSNC Briefing 028/19: Information on the community pharmacy contract settlement and funding for 2019/2020 to 2023/24
PSNC Briefing 028/19: Information on the community pharmacy contract settlement and funding for 2019/2020 to 2023/24 accessed via:
<https://psnc.org.uk/funding-and-statistics/psnc-briefings-funding-and-statistics/psnc-briefing-028->

19-information-on-the-community-pharmacy-contract-settlement-and-funding-for-2019-2020-to-2023-24/

2. Department of Health and Social Care (DHSC), NHS England and the Pharmaceutical Services Negotiating Committee (PSNC). The Community Pharmacy Contractual Framework for 2019/20 to 2023/24: supporting delivery for the NHS Long Term Plan, 22nd July 2019, accessed via:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/819601/cpcf-2019-to-2024.pdf