

# **Community Pharmacy Contractual Framework 2019/20 to 2023/24**

## **Overview**

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# Community Pharmacy Contractual Framework 2019/20 to 2023/24



**New five-year Community Pharmacy Contractual Framework (CPCF) published to support the delivery of the NHS Long-Term Plan**

# The Roadmap

- A Clinical Future
  - Urgent care
  - Prevention
  - Medicines optimisation and safety
- Quality
- Access
- Guaranteeing Investment
- Enabling transformation and new technology

# Key elements

<b>A five-year settlement</b>	Commits almost £13 billion to community pharmacy through its contractual framework, with a commitment to spend £2.592 billion in each of the next five financial years
<b>that delivers clinical services</b>	A 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. Continues to promote medicines safety and optimisation and the critical role of community pharmacy as an agent of improved public health and prevention.
<b>that continues to prioritise quality</b>	Recognising the success of the Quality Payments Scheme, this continues for the next five years at its current value of £75 million under a new name, the Pharmacy Quality Scheme including important new requirements
<b>that retains access</b>	Underlines the necessity of protecting access to local community pharmacies through a Pharmacy Access Scheme.
<b>which includes a programme of enabling reforms</b>	The deal 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.
<b>and which promotes engagement with Primary Care Networks (PCNs)</b>	With support through the Pharmacy Quality Scheme, the interim transition payment, and the development of services complementary to the PCN service specifications.

# A Clinical Future

## Urgent Care

- The NHS Community Pharmacist Consultation Service (CPCS)
- From October 2019, referrals to community pharmacies being made from NHS 111 for minor illness and urgent medicines supply
- 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).

## Prevention

- By April 2020 being a Level 1 Healthy Living Pharmacy will become an essential requirement for community pharmacy contractors
- Trained health champions 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
- introduction of Hepatitis C testing in community pharmacies

## Medicines Optimisation

- Phasing out of medicines use reviews - to be replaced by enhanced structured medication reviews by clinical pharmacists in PCNs, funded through the GP contract.
- introduce a medicines reconciliation service to ensure that changes in medicines made in secondary care are implemented appropriately when the patient is discharged back into the community

# That grows and develops over the contract term

## Urgent Care

- The NHS Community Pharmacist Consultation Service (CPCS) expanded to include referrals from general practice, subject to successful evaluation
- Pilots from urgent treatment centres, from 111online and from A&E.

## Prevention

### New pilot areas:

- detecting undiagnosed CVD and referral to treatment within PCNs
- stop smoking support referred for smoking cessation from secondary care
- investigating patient pathway use of point of care testing around minor illness (where supported by robust research, evaluation and training) which could support efforts to tackle antimicrobial resistance
- monitoring of patients, for example, those taking oral contraception, being supplied under an electronic repeat dispensing arrangement
- supporting early cancer diagnosis

## Medicines Optimisation

- Expand the New Medicine Service.
- Test a new service to improve access to palliative care medicines
- Further support to medicines safety in line with the World Health Organisation's ambition to see a 50% reduction in the level of severe, avoidable harm related to medications.

## Funding - key changes

- ! Funding agreed at **£2.592 billion per year** until end of 2023/24 – the distribution of funds to be negotiated on annual basis
  - Level of funding for dispensing is expected to be reduced over the course of the five years as technology and transformation enabled
- ! Establishment payments gradually phased out over second half of 2019/2020
- ! Released funding will be recycled to fund further clinical service provision
- ! Monthly **transitional payments** linked to prescription volume to support preparation for a more service based role – funding now published in the October Drug Tariff – **October 2019 - March 2021**
- ! Pharmacy Access Scheme (PhAS) remains at £24 million a year – will continue up until **31 March 2020** and then be reviewed
- ! Funding set aside in 2019/2020 for Serious Shortage Protocols (SSPs)
  - Payment of £5.35 per item supplied in accordance with an SSP

## Terms of Service and the Pharmacy Quality Scheme – key changes

- ! Level 1 Healthy Living Pharmacy (HLP) accreditation will become a contractual requirement (Essential Service) by April 2020 (reflects priority attached to public health and prevention)
- ! NHSmail, Summary Care Record access, NHS.UK pharmacy profile updating and Directory of Services will become Terms of Service requirements by April 2020
- ! All pharmacies must be able to process Electronic Prescription from April 2020
- ! Focus on Patient Safety and Quality Improvement through the PQS
- ! Engagement with Primary Care Networks (PQS)



# Services - key changes

National roll-out of Community Pharmacy Consultation Service (CPCS) as an Advanced Service from **29 October 2019** to replace NHS Urgent medicine Supply Advanced Service (NUMSAS) and Digital Minor Illness Referral Service (DMIRS) pilots

Medicines Use Reviews (MUR) to be decommissioned by **April 2021** and replaced by **Structured Medication Reviews (SMRs)**. **100 MURs only to be provided during 2020-21**

- From 1 October 2019, patients with respiratory disease and patients at risk of/ diagnosed with cardiovascular disease who are regularly being prescribed at least four medicines are no longer target patient groups for MURs.
- For the second half of 2019-20 70% of MURs must be for taking high risk meds or post-discharge

# Clinical Services: Prevention

**Hepatitis C** antibody testing expected to be introduced in 2019/20

- open to people who inject drugs
- probably commissioned as an Advanced service
- time limited service
- POCT will be used
- service spec and other details being worked on –
- expert input from local services leaders –
- further information to follow



# Clinical Services (from 2020/21)

## Medicines Optimisation

### **Medicines reconciliation service**

- To ensure changes in medication made in secondary care are implemented when patients are discharge from hospital

### **New Medicine Service**

- Potential expansion of service to include more conditions and indications

# Clinical Services: Pilots

PHIF and PCN Testbed programme to test services:

- Detection of undiagnosed CVD
- POCT around minor illness to support efforts to tackle AMR
- Stop smoking referrals from secondary care
- Routine monitoring of patients on repeat medication
- Palliative care medicines
- Vaccination and immunisation
- Support for PCN service specifications e.g. on early diagnosis and in tackling health inequalities



# Clinical Services: in summary

- A new national service – the CPCS – from October 2019 and potentially expanded to include referrals from general practice, 111 online and from A&E
- Position pharmacies as Healthy Living centres: with a key role in prevention and treating minor conditions
- Places community pharmacy at the heart of the NHS
- Opportunities to prove our capabilities through the CPCS initially, and
- To make case for further investment in that service as it expands

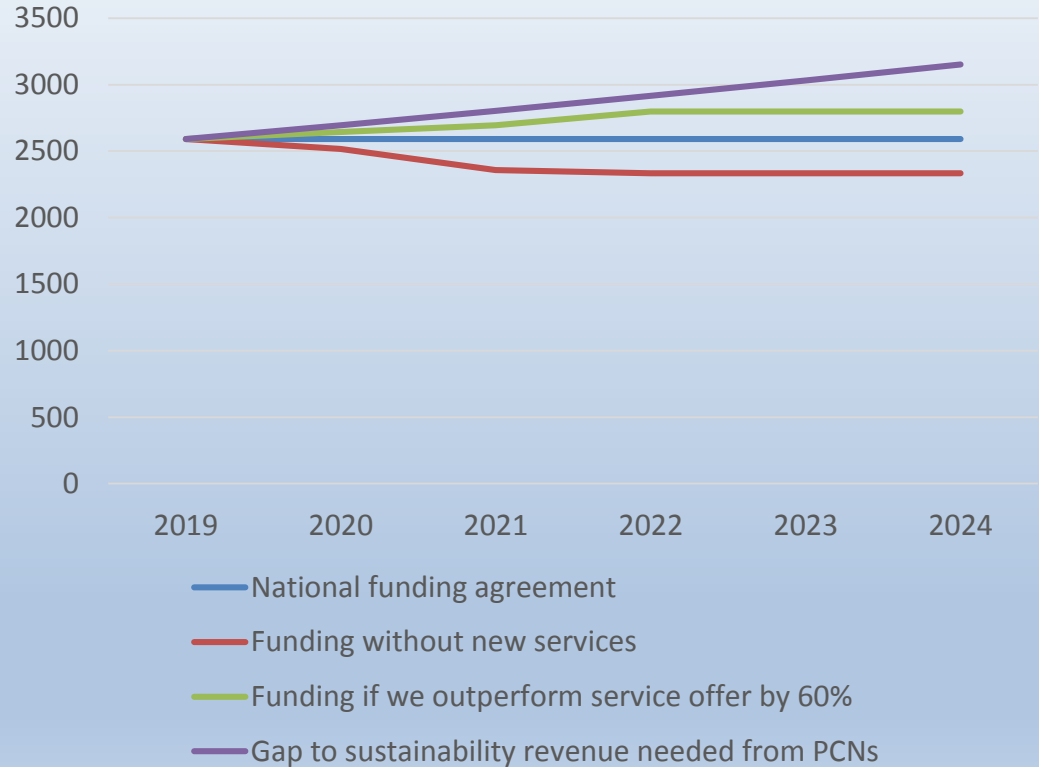


## Creating revenue to close the gap to close the gap

For Devon, the gap in 2024 between contract and a 4% year on year growth is £12m (£48k per pharmacy)  
If we outperform through new services the gap will be £7.6m.

This needs to be our local service target primarily driven by PCN outsourcing services

### Shortfall from sustainable growth





# CPCF Checklist emails

- New email: the CPCF Checklist
- Highlights actions that contractors need to take now
- Topics such as signing up for the MYS service and achieving HLP accreditation
- The Checklist will walk you through the changes and new services, signposting to detailed resources and training webinars
- Sign up now [psnc.org.uk/email](https://psnc.org.uk/email)





**QUESTIONS?**