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PSNC Briefing 015/14: Changes to Contractual Requirements 2014/15

This PSNC Briefing summarises the changes being made to the community pharmacy contractual framework (CPCF) in 2014/15. Changes to the NMS and MUR services are summarised separately in [PSNC Briefing 016/14](#).

The funding negotiations and context

The negotiations on 2014/15 funding were extremely difficult and community pharmacy, like all other healthcare professions, was required to deliver efficiencies for the health service, i.e. to do the same amount of work for less money, or more work for the same money. This requirement, which applies across the whole health service including NHS England, has been mandated by the Government.

PSNC's objective throughout the negotiations has been to maximise agreed funding for the sector while minimising the impact of any efficiency requirements on contractors. As such, in addition to some changes to MUR requirements and targets, we have reached agreement on the following three changes to the CPCF:

1. A requirement for pharmacies to give advice to appropriate patients about the benefits of the repeat dispensing service, as part of a broader programme to increase use of the service;
2. A focus on increasing the number of patient safety incidents reported by community pharmacies to the National Reporting and Learning Service (NRLS). Reports submitted to the NRLS will have to identify the pharmacy making the report; and
3. Participation of pharmacies in a national audit of the emergency supply of medicines.

More details on each of these are set out below. The exact date of implementation (the implementation date) will depend on the timing of changes to the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 which provide the regulatory basis for the CPCF. In discussions with NHS Employers and NHS England, PSNC has been clear on the importance of adequate notice of the changes being given to pharmacy contractors; we will notify pharmacy contractors of the implementation date as soon as possible.

Funding for these elements is included within the total agreed settlement for community pharmacy for 2014/15, and all three represent adjustments to existing services or requirements within the CPCF.

PSNC was unanimous in its acceptance of the agreed settlement, including these changes, as the best possible outcome for contractors in the current environment. You can read more about the negotiations and PSNC's objectives in [PSNC Briefings 017/14 to 019/14](#).

Repeat dispensing

Increasing repeat dispensing

At least two thirds of all prescriptions generated in primary care are for patients needing repeat supplies of regular medicines, and since 2005 repeat dispensing has been an Essential Service under the CPCF.

Despite the benefits that the service can bring to patients and the NHS, uptake of it has been very low, in part due to lack of engagement by GP practices. In order to increase the benefits being gained by patients and the NHS from this service, it has been agreed that there will be a new requirement in the CPCF for pharmacies to give advice to appropriate patients about the benefits of the repeat dispensing service.

This is part of a broader programme to increase use of the service, which will also engage GP practices and other stakeholders such as Clinical Commissioning Groups (CCGs).

National activity

PSNC, NHS Employers and NHS England have all agreed to undertake activities to support the uptake of the repeat dispensing service recognising that the driving force is general practitioners' prescribing behaviour:

- NHS England will ask their Local Professional Networks (LPNs) for pharmacy to work with CCGs, Local Medical Committees (LMCs) and Local Pharmaceutical Committees (LPCs) to encourage increased use of repeat dispensing by GPs;
- PSNC will encourage LPCs to support this local activity; and
- NHS Employers will reconvene the professional relationships working group to discuss with PSNC and the General Practitioners Committee (GPC) of the BMA what can be done to support an increase in repeat dispensing nationally.

Actions for contractors

All pharmacies will be encouraged to work with their LPN, LPC and other local partners to support activities to increase uptake of repeat dispensing by prescribers in their area. These could include:

- identifying and notifying prescribers of suitable patients; and
- seeking to transfer patients already using managed repeats to repeat dispensing.

The terms of service will be amended to require pharmacies to give advice to appropriate patients about the benefits of the repeat dispensing service (appropriate is defined as 'patients with long-term, stable conditions who require regular medicines and whose condition is unlikely to change in the short- to medium term'). This may be undertaken in a number of ways such as:

- verbally explaining about the service and its benefits to patients; and
- providing patients with a leaflet describing the service when they are collecting a prescription.

Patient safety incident reporting

The new requirements

Since 2005, pharmacies have been required to record patient safety incidents in an incident log and report these to the National Reporting and Learning Service (NRLS) on a monthly basis. However, while recording of dispensing errors and prescribing errors in pharmacies is an everyday occurrence in the majority of pharmacies, the number of incidents reported to the NRLS have been very low (see FAQ below).

In order to help meet NHS England's objectives to improve patient safety, it has been agreed that:

- there must be an increase in the number of patient safety incidents reported by community pharmacies to the NRLS; and
- from the implementation date, reports submitted to the NRLS will have to identify the pharmacy making the report.

The requirements for patient safety incident reporting by community pharmacy contractors are set out in the [Approved Particulars](#). The existing Approved Particulars will be amended from the implementation date to require the identification of pharmacies making reports to the NRLS.

The Approved Particulars will also be amended to clarify which patient safety incidents should be reported to the NRLS. At present the Approved Particulars require that *all* patient safety incidents must be reported to NRLS. This will be amended to clarify that patient safety incidents that did or could have led to patient harm must be reported. Incidents where there was no implied or actual patient harm, for example picking errors that are identified and corrected during the pharmacy's checking procedures, will not be required to be reported to the NRLS.

Throughout the discussions on these changes PSNC has been robust in ensuring that any changes are manageable for pharmacies, for example persuading NHS England that minimum targets for reports would not be feasible for the majority of contractors and may well overestimate the number of errors actually happening. We have also been very clear that the reporting requirements and systems must be simple and speedy for pharmacy teams to use and that there must be no need to report trivial errors that have no impact on patient safety. These points have all been reflected in the amended Approved Particulars which will be published shortly.

Actions for contractors

From the implementation date pharmacies will need to identify the pharmacy when reporting a patient safety incident to the NRLS. Where reports are submitted via the NRLS eForm there is an option to include the pharmacy's ODS code (F code) prior to submitting the report. Contractors may also wish to review their current approach to reporting incidents to ensure that they are meeting the contractual requirements.

FAQ: Why have these changes been agreed?

In the reformed NHS and following [the Francis report](#), there is a need for all healthcare professionals to refocus on patient safety and to demonstrate that they are putting it at the heart of all their work. Improving patient safety is consequently a key objective for NHS England and the changes in community pharmacy patient safety incident reporting are part of NHS England's efforts to meet that objective and are intended to increase the learning from reported incidents. Where relevant this learning may be used to educate others and bring about changes in practice that will ultimately help to prevent further similar incidents, thus reducing the risk of harm to patients. NHS England are also eager to establish and maintain appropriate levels of reporting for both prescribing and dispensing incidents and to increase the overall level of the reporting of such patient safety incidents from community pharmacies.

FAQ: Why can we no longer report anonymously?

The lack of anonymity will allow easier shared learning and it will help NHS England to identify any pharmacies reporting significantly below expected levels so they can explore the reasons for this.

FAQ: How do we know that reporting of incidents has been 'low' in the past?

The majority of patient safety incidents identified in community pharmacy are medication related, e.g. prescribing or dispensing errors. Between 1 January to 31 December 2012 only 7,919 patient safety incidents of *any* kind were reported by community pharmacies – an average of less than one per pharmacy.

FAQ: How much more work will this be for pharmacies?

Contractors will note that this is not a new requirement - recording and reporting patient safety incidents has been a requirement under the CPCF since 2005. The intention of the changes is to increase patient safety incident reporting from community pharmacies to the level already required by the NHS (Pharmaceutical Services) Regulations 2013 and the associated Approved Particulars for incident reporting.

Multi-sector audit

The requirement to undertake an audit

Since the introduction of the CPCF in 2005 community pharmacies have been required to carry out an annual audit where the topic of the audit was determined locally by the PCT or latterly by the NHS England area team.

It has been agreed that in 2014/15, rather than audit topics being chosen by area teams, one nationally agreed audit will be undertaken by all pharmacies on the emergency supply of medicines.

PSNC believes that this will represent a good opportunity for the sector to demonstrate the importance of its work in this area and the positive impact that pharmacy emergency supplies can have in reducing the demand for urgent and emergency services such as out of hours GP care, NHS 111 and Emergency Departments. The audit may also be useful in helping pharmacies to identify patients suitable for the repeat dispensing service.

Scope of the audit

The aims of the audit are to understand:

- the reasons behind patients requesting/requiring an emergency supply;
- the reasons why an emergency supply was not provided (where that was the case);
- the potential benefit to the patient if an emergency supply is provided; and
- the impact and/or patient's subsequent course of action had an emergency supply not been provided.

PSNC and NHS Employers are still finalising the details of the audit. The exact data which pharmacies will collect has not yet been decided but information is likely to include basic patient details; the reason for their request for an emergency supply; reasons for supplies being made or not made; actions the patient would have taken if the service had not been available; and details on who orders the patient's repeat medicines for them.

Throughout the discussions PSNC has stressed the need for the audit to be manageable and to avoid duplicating data that is already collected by pharmacies, and we will be piloting the audit in a small number of pharmacies later this year to help ensure that it works in practice.

FAQ: Why has this topic been chosen?

The audit will contribute to NHS England's ongoing work on identifying ways in which to reduce pressures on urgent and emergency care services and improve medicines optimisation, both of which are important areas for the organisation. By uncovering the number and underlying reasons for which patients request emergency supplies, the audit should demonstrate how this can be mitigated in the future. For example it may highlight patients whose regular medicines are suitable for repeat dispensing, helping to encourage prescribers to adopt the service.

In addition to this, by determining the impact that this pharmacy service is having in keeping patients from attending urgent and emergency care services such as NHS 111, out of hour GP services or Emergency Departments, the audit may provide useful lessons for local commissioners, and yet more evidence for pharmacy to use to demonstrate the positive impact it can and does have in reducing pressures elsewhere in the health service.

Actions for contractors

The details of the audit are still being finalised and will be informed by the pilot which will be conducted later this year. The audit will then take place during March and April 2015 and more details and full instructions about how to undertake it will be published in due course.

At this stage contractors will want to note that the two data collection periods have been agreed as **Monday 9 March to Sunday 22 March 2015** (inclusive) and **Monday 23 March to Sunday 5 April 2015** (inclusive). Pharmacies will be required to collect and record the relevant information over one of these two week periods.

FAQ: Why has the audit been agreed to cover the Easter period?

Both of the audit periods will include two full weekends so that emergency supplies made when GP practices are closed can be assessed. The second period covers the Easter holiday period and was selected to provide an opportunity to audit provision of emergency supplies during a peak period for healthcare provision. PSNC has stressed that this is a very busy time for many pharmacies and to help mitigate any potential risks to patient safety resulting from increased operational pressure we have secured agreement that the audit data collection should be as straightforward and streamlined as possible to complete.

To support this, contractors undertaking the audit in the second two week period will be permitted a lag of up to two weeks post 5 April 2015 in which to complete the data collection retrospectively, using data from the pharmacy's patient records and brief information collected from the patient at the time of the emergency supply.

The intention is for roughly half of community pharmacies to complete the audit during each 2-week period. Independent pharmacies are free to choose when to complete the audit, and PSNC will liaise with the large multiple pharmacy contractors in order to seek to achieve a good balance of their pharmacies conducting the audit across the two periods. PSNC will likewise work with the LPCs across England in order to seek their support in getting a good balance of other pharmacy contractors conducting the audit across the two periods.

FAQ: How much work will the audit be?

Contractors are already required to undertake an audit every year under the CPCF. PSNC will continue to work to make the audit as manageable as possible for pharmacies, working to ensure that the audit does not add unnecessary burden and is as easy as possible to complete. A standardised template will be made available for contractors to collate the information for submission to NHS England and, as outlined above, steps have been taken to ensure that pharmacies have enough time to make these submissions.

For more information on the community pharmacy funding settlement for 2014/15 please visit the [PSNC Briefings page on our website](#) and see PSNC Briefings 017/14 to 019/14. If you require further information about these contractual changes please contact [Alastair Buxton, Head of NHS Services](#).