

June 2017

## PSNC Briefing 039/17: The community pharmacy – a guide for general practitioners and practice staff

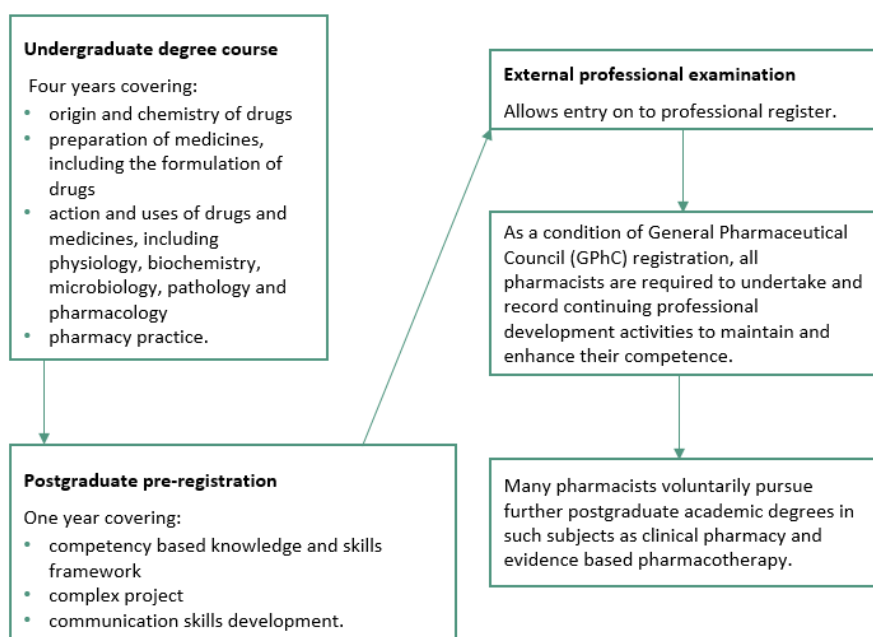
This PSNC Briefing, which is aimed at general practitioners (GPs) and their teams, provides information about community pharmacists and their teams. The document is an updated version of a briefing originally published by PSNC, NHS Employers and the British Medical Association (BMA). Alongside a companion document for community pharmacists and their teams, which describes the work of general practices, the document aims to support general practitioners (GPs) and community pharmacists in developing more effective working relationships and in turn, improve primary care services for patients.

This PSNC Briefing covers key areas which are likely to be of interest to GPs and their teams, such as funding arrangements for pharmacies, the impact of prescribing policies and the range of clinical and administrative functions that community pharmacies currently provide.

### Qualifying as a pharmacist

As with other healthcare professions, the underlying principle for all pharmacy education and training is ensuring safe and effective care for patients. This principle underpins pharmacists' work throughout their undergraduate, postgraduate and continued learning, and subsequent career pathway.

### Education and training



## Extending skills

A growing number of pharmacists are undertaking prescribing qualifications to become independent prescribers. Although many pharmacist prescribers use their skills in secondary care, community pharmacists are also demonstrating their value in primary care, for example, management of substance misuse.

## Key national bodies

There are several national organisations that have key functions for community pharmacy. These include the General Pharmaceutical Council (GPhC), the Royal Pharmaceutical Society (RPS) and the Pharmaceutical Services Negotiating Committee (PSNC).

### The General Pharmaceutical Council

The GPhC was formed in September 2010 as an independent body responsible for all aspects of professional regulation. Previously all functions of the professional regulator were incorporated into the work of the Royal Pharmaceutical Society of Great Britain (RPSGB).

The regulatory body sets and monitors the professional standards and principles that all pharmacists must work to, as well as setting the standards for undergraduate education and pharmacy premises. The core professional principles that underpin a pharmacist's work are set out in standards of conduct, ethics and performance that every pharmacist must comply with. Additionally, there are standards for registered pharmacies; continuing professional development; and initial education and training requirements for pharmacists and pharmacy technicians.

### The Royal Pharmaceutical Society

The RPS, formerly the RPSGB, transferred its regulatory functions to the GPhC in September 2010, and now acts solely as the professional leadership body. It offers support and advice to pharmacists to ensure they are up to date with current practices, as well as developing guidance documents to support high-quality and safe pharmacy practice.

### The Pharmaceutical Services Negotiating Committee

PSNC is the representative body for community pharmacies in England that provide NHS services. It works with the Department of Health (DH) and NHS England to negotiate the national NHS contractual terms on behalf of community pharmacy contractors (owners), and provides support to the network of local pharmaceutical committees (LPCs).

## The NHS Community Pharmacy Contractual Framework (CPCF)

A new contractual framework for community pharmacies was introduced in April 2005. The table below lists the types of services included in the contractual framework.

<p><b>Essential Services</b></p>	<p>Provided by all contractors. This consists of the following core services:</p> <ul style="list-style-type: none"> <li>• dispensing medicines;</li> <li>• dispensing appliances;</li> <li>• repeat dispensing (including electronic repeat dispensing (eRD));</li> <li>• disposal of unwanted medicines;</li> <li>• promotion of healthy lifestyles (public health);</li> <li>• signposting; and</li> <li>• support for self-care.</li> </ul> <p>Services are provided under a clinical governance framework that includes clinical audit and information governance requirements.</p>
<p><b>Advanced Services</b></p>	<p>Can be provided by all contractors once accreditation requirements have been met. Currently there are six Advanced Services:</p>

### 1. Medicines Use Review (MUR) and Prescription Intervention (PI) Service

Regular MURs can be prompted proactively by identification of a certain group of patients (for example, those in the national target groups) that subsequently lead to an invitation for an MUR. A prescription intervention MUR is more reactive, in the sense that it is the response to a significant adherence problem with a person's medication that subsequently leads to an MUR being conducted. The issue or issues that prompt the pharmacist to offer an MUR in this circumstance are likely to be highlighted as part of the dispensing process. Commonly the issues will highlight the need for the patient to develop their understanding of their medicines to improve their own use of the medicines.

The same consultation occurs for MURs and PI MURs, for example, establishing the patient's actual use, understanding and experience of taking all their medicines; identifying, discussing and assisting in the resolution of poor or ineffective use of drugs by the patient; identifying side-effects and drug interactions that may affect the patient's adherence with instructions given to him/her; and improving the clinical and cost effectiveness of drugs prescribed to patients, thereby reducing drug wastage.

From April 2015, a new requirement was introduced that at least 70% of all MURs undertaken by each pharmacy must be for patients who fall within one or more of the national target groups. These groups are:

- patients taking a high-risk medicine (on a nationally agreed list);
- patients with respiratory disease;
- patients recently discharged from hospital who have had changes made to their medicines whilst in hospital; and
- patients at risk of or diagnosed with cardiovascular disease and regularly being prescribed at least four medicines.

MURs can still be carried out on patients who are not in one of the target groups if, in the pharmacist's professional opinion, the patient will benefit from the service.

For more information about this service see *PSNC Briefing 040/17: NHS community pharmacy Advanced Services – information for GP practices* and [PSNC Briefing 061/16: Services Factsheet – MUR guide for other healthcare professionals](#)<sup>1</sup>

### 2. Stoma Appliance Customisation service

### 3. Appliance Use Review service

The above two services were introduced in April 2010 following Directions issued by the Secretary of State for Health in December 2009. These services can be provided by both community pharmacy contractors and dispensing appliance contractors.

### 4. New Medicine Service (NMS)

The NMS was introduced in October 2011 and is designed to support patients who have been newly prescribed a medicine for a long-term condition. Four conditions are included in the service:

- chronic obstructive pulmonary disease (COPD)/asthma;

<sup>1</sup> <http://psnc.org.uk/services-commissioning/psnc-briefings-services-and-commissioning/psnc-briefing-06116-mur-guide-for-other-healthcare-professionals-october-2016/>

- type 2 diabetes;
- hypertension; and
- antiplatelet/anticoagulant therapy.

The service is split into three stages, outlined below.

1. **Patient engagement:** patients may be recruited to the service by prescriber referral or opportunistically by the community pharmacy. The pharmacy will dispense the prescription and provide initial advice as normal.
2. **The intervention stage:** this will usually take place 7 - 14 days after patient engagement, at a time and using a method agreed with the patient. The pharmacist will assess the patient's adherence, identify problems and determine the need for further information and support.
3. **Follow up:** this usually occurs 14 - 21 days after the intervention to discuss how the patient is managing with their medication.

For more information about this service see *PSNC Briefing 040/17: NHS community pharmacy Advanced Services – information for GP practices* and [PSNC Briefing 062/16: Services Factsheet – NMS guide for other healthcare professionals<sup>2</sup>](#)

#### 5. Flu Vaccination Service

Community pharmacists have been able to provide NHS flu vaccinations as an Advanced Service since September 2015, although many were providing this service before as a locally commissioned or private service. Community pharmacists can vaccinate all people aged 65 years and over and people aged from 18 to less than 65 years of age with a certain medical condition.

Community pharmacists cannot vaccinate children or patients who fall into the at-risk group 'morbidly obese (defined as BMI of 40 and above)' although these patients may be vaccinated if they have a medical condition listed in the groups included in the national flu immunisation programme.<sup>3</sup>

Community pharmacists can also vaccinate patients at long-stay residential care homes or other long-stay care facilities. However, they must first seek consent for this to be undertaken from the local NHS England team before vaccinating these patients and they should also inform the GP practice ahead of vaccination to prevent duplication of vaccinations being arranged for patients.

#### 6. NHS Urgent Medicine Supply Advanced Service (NUMSAS)

In October 2016, the Department of Health (DH) and NHS England announced that as part of the 2016/17 and 2017/18 community pharmacy funding settlement, a national pilot of a community pharmacy NHS Urgent Medicine Supply Advanced Service would be commissioned. The service will run from 1st December 2016 to 31st March 2018 with a review point to consider progress in September 2017.

<sup>2</sup> <http://psnc.org.uk/services-commissioning/psnc-briefings-services-and-commissioning/psnc-briefing-06216-services-factsheet-nms-guide-for-other-healthcare-professionals-october-2016/>

<sup>3</sup> Details of the annual flu programme can be found at: <https://www.gov.uk/government/collections/annual-flu-programme>

	<p>NUMSAS is available to patients who contact NHS 111 to advise that they have run out of their NHS prescription medicines. NHS 111 will refer patients to the nearest pharmacy which is providing the service and the pharmacist will then interview the patient to decide if it is appropriate for an ‘emergency supply’ of their medicines or appliances to be supplied. If it not appropriate, the patient may be referred to another pharmacy, for example, if the referring pharmacy does not have the medicines in stock or to the GP out-of-hours service if a supply cannot legally be made, for example, if the patient is requesting a Controlled Drug (CD).</p> <p>NUMSAS is not available to patients who ‘walk-in’ to the pharmacy or are referred by another healthcare professional, patients can only access the service by contacting NHS 111.</p> <p>Community pharmacy teams are also not permitted to actively promote NUMSAS to patients as NHS England’s intention is that the service is only used by patients for urgent cases and not as a replacement for the normal repeat prescription ordering and repeat dispensing processes.</p>
<p><b>Enhanced Services</b></p>	<p><b>Local services commissioned by NHS England</b></p> <p>Until 31st March 2013, all locally commissioned pharmaceutical services were known as Enhanced Services, and were commissioned by Primary Care Trusts (PCTs). Since 1st April 2013, only NHS England can commission Enhanced Services from pharmacies, to meet the needs set out in the Pharmaceutical Needs Assessment (PNA). This could include services such as a:</p> <ul style="list-style-type: none"> <li>• minor ailments service;</li> <li>• anticoagulation monitoring; and</li> <li>• palliative care service.</li> </ul> <p>Any pharmacy Enhanced Services originally commissioned by PCTs (except for those with a public health element) should have transferred to the relevant local NHS England team on 1st April 2013. Locally commissioned public health services will only be defined as Enhanced Services if they are commissioned by NHS England on behalf of local authorities or Public Health England (PHE).</p>
<p><b>Locally commissioned services</b></p>	<p><b>Services commissioned locally</b></p> <p>Local public health services are commissioned by local authorities. These might include:</p> <ul style="list-style-type: none"> <li>• smoking cessation;</li> <li>• emergency hormonal contraception (EHC); and</li> <li>• supervised administration service.</li> </ul> <p>Clinical Commissioning Groups (CCGs) may also commission local services from community pharmacy to meet the needs of the local area.</p>

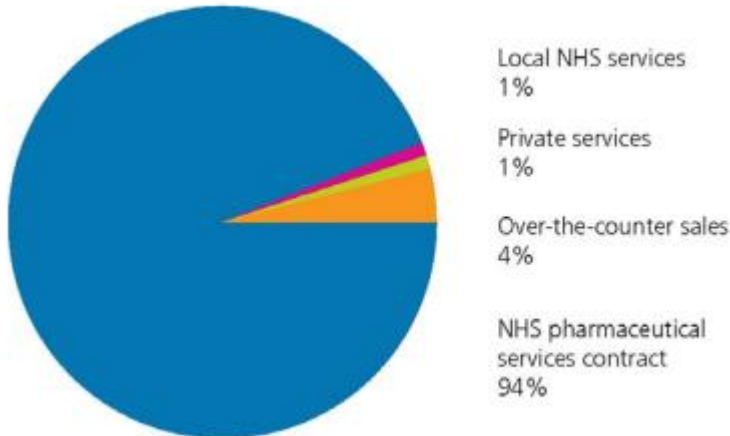
Further information on the contractual services can be found on the [PSNC website](#)<sup>4</sup> and on the [PSNC services database](#)<sup>5</sup>.

<sup>4</sup> [psnc.org.uk/](http://psnc.org.uk/)

<sup>5</sup> [psnc.org.uk/database](http://psnc.org.uk/database)

## Funding for community pharmacies

Individual pharmacy income varies according to the mix of over-the-counter (OTC) business and the volume of prescriptions dispensed. The average pharmacy (excluding very large high street pharmacies and supermarket pharmacies) earns 90–95% of its income from NHS services. The diagram below shows the typical annual income for an average community pharmacy.



## Funding for the national pharmacy contract

Details of community pharmacy remuneration for Essential and Advanced Services are set out in the Drug Tariff. The total funding is distributed through a combination of fees, allowances and purchasing margin.

There are allowances such as the Establishment Payment, which is a set amount payable to qualifying pharmacies, and the remainder of the agreed total is distributed through agreed purchase margin and fees per prescription. Variation of prescription volume or margin achieved on purchasing drugs is closely monitored and adjustments made in drug reimbursement and in dispensing fees to ensure delivery of the agreed total.

<b>Single Activity Fee</b>	Community pharmacy contractors receive a fee for every prescription item they dispense.
<b>Additional fees</b>	Community pharmacy contractors may claim a range of additional fees, which are set out in part IIIA of the Drug Tariff, including fees for extemporaneously dispensing (these are items manufactured or mixed together in the pharmacy), measuring and fitting hosiery and trusses, and dispensing Controlled Drugs.
<b>Establishment Payment</b>	Community pharmacy contractors who exceed a specified volume threshold receive an Establishment Payment. This payment is based on the volume of prescription items submitted by the community pharmacy contractor and processed for payment by NHS Prescription Services for that month. In 2017/18, DH started to phase out this payment.
<b>Quality Payments</b>	As of April 2017, community pharmacy contractors who meet certain gateway and quality criteria can claim for a Quality Payment, which is calculated using a points-based system.
<b>Pharmacy Access Scheme (PhAS)</b>	DH introduced the PhAS as part of the funding reduction imposed in December 2016, to ensure a baseline level of patient access to NHS community pharmacy services is protected. Qualifying pharmacies selected



	by DH receive a monthly payment based upon the funding the pharmacy received in 2015/16, minus an efficiency saving.
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Further details on CCPF funding can be found on the PSNC website<sup>6</sup>.

## Medicines reimbursement

Medicines reimbursement is the price paid to the pharmacy for the prescription item that was dispensed. The amount that will be reimbursed to the pharmacy for most items prescribed by GPs on NHS prescriptions is tightly controlled by DH. The overall national value of the reimbursement includes an agreed margin to incentivise efficient purchasing, which is part of the NHS community pharmacy funding.

The price used to reimburse a community pharmacy contractor for the medicine they dispense depends on whether the prescribed product is a 'branded' or 'generic' medicine.

The different types of medicine reimbursement are outlined below:

### 1. Medicines prescribed by brand name

Where a medicine has been prescribed by brand name, the reimbursement is based on the manufacturer's list price for the prescribed product. The agreement that controls the prices of branded medicines is known as the Pharmaceutical Price Regulation Scheme (PPRS). Although the prices to the NHS of these branded products can be high, pharmacists often make a loss on dispensing them, because the reimbursement price is lower than the purchase price.

### 2. Medicines prescribed generically

Part VIII of the Drug Tariff contains the basic NHS reimbursement prices for medicines prescribed generically. It includes most of the commonly prescribed products. Part VIII is further divided into categories A, C, and M. Category M is of greatest interest to prescribers, CCGs and community pharmacy contractors, because it includes most generic medicines that are prescribed in primary care.

Reimbursement prices will have a discount deduction applied to them in line with the deduction scale set out in Part V of the Drug Tariff.

## The impact of medicines reimbursement on CCG prescribing budgets

It is essential that prescribers understand the implications of the different reimbursement categories of medicines, as the reimbursement prices of some medicines can significantly affect prescribing costs within a CCG. Special care should be taken to avoid taking action that may ultimately cost more for the NHS.

Community pharmacists as well as CCG or commissioning support unit medicines management teams can offer advice to GP practices on all aspects of the Drug Tariff, to support the practice to achieve safe and cost effective prescribing policies.

## The impact of cost saving prescribing policies

Strategies to reduce the cost of drugs used in primary care, while ensuring safe and effective prescribing policies include generic switching programmes and the introduction of 'branded' generics.

Effective communication between practices and pharmacies is essential to understand the risk of adverse consequences to the provision of pharmacy services resulting from the policy.

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<sup>6</sup> [psnc.org.uk/funding-and-statistics/](https://psnc.org.uk/funding-and-statistics/)

## Switching programmes

Switching programmes, whether manual or through computer software systems, can be effective to encourage prescribers to consider using a suitable product as an alternative to expensive formulations or proprietary branded products (where the generic is available and appropriate according to NICE guidance).

However, although some of these programmes may appear to generate impressive savings for the prescribing budget holders, the savings may be difficult to sustain if the switches are not effectively communicated to patients or if other factors affecting the dispensing of these items are not taken into consideration. There have been instances where temporary price reductions have led to switching, and subsequently a shortage of the medicine has occurred, with an increase in procurement costs.

## 'Branded' generic or branded medicines prescribing policies

Although most generic medicines in category M are the most cost-effective way of prescribing that medicine, at times manufacturers reduce the price of their branded product to one that is cheaper than the equivalent generic product listed in category M. This is done to promote market share of the branded product.

Some CCGs encourage the prescribing of, and switching patients to, specific branded medicines or 'branded' generics. Such a policy may deliver some cost savings to the primary care drugs bill; however, the savings are often unsustainable by the manufacturer.

In addition, by adopting these policies, this can impact on the financial viability of local pharmacies and put the provision of pharmaceutical care at risk. The reduction in prices at a local level may cause increased prices for the NHS as a whole, as adjustments are made to ensure full delivery of total agreed pharmacy funding. This adjustment is applied nationally, so the adjustment may not restore viability to seriously affected local pharmacies.

Frequent changes to prescribing could also be detrimental to patient care. Continually changing brands can create confusion for patients and can undermine their confidence in their medicines. There is also evidence that some branded generic products that have been subject to switching have quickly become short in supply, leading to delayed access to the medicines for the patient.

## Running a community pharmacy

All community pharmacies in the UK are independent contractors to the NHS, being owned by a single pharmacist, partnership of pharmacists or a body corporate.

Although providing NHS pharmaceutical services covers most of pharmacy business activity, a number of pharmacies also provide a range of private healthcare services. Examples include travel vaccination clinics and seasonal flu vaccinations for members of the public who are not within the NHS prioritised risk groups.

## The role of the pharmacist

The daily life of a community pharmacist is hugely varied, drawing on a wide range of clinical and non-clinical competencies and skills. Every pharmacy is required to operate under the control of a 'responsible pharmacist'. The responsible pharmacist (who can only be responsible for one pharmacy) must be satisfied that the operation of the pharmacy will be safe, considering the standard operating procedures, staffing levels on the day and any other relevant circumstances.

Daily tasks undertaken by community pharmacists include:

- clinical scrutiny of prescriptions;
- oversight of safe dispensing processes;
- providing patients with advice about medicines and treatments;



- providing the Advanced Services as detailed above;
- provision of public health information to patients and customers and promotion of wellness;
- signposting people to other services, self-care organisations or information resources;
- assessment and treatment for minor ailments;
- professional oversight of the sales of OTC medicines;
- liaison with other healthcare professionals;
- clinical review services for specific patient groups in GP practices, for example, asthma, diabetes, hypertension;
- medicines management support for practices, for example, supporting practice formulary and clinical guideline implementation, repeat prescription management;
- locally commissioned and Enhanced Services such as supply of prescription only medicines (POMs) under Patient Group Directions (PGDs), screening services, public health interventions and treatments; and
- involvement with local NHS liaison groups, service development working groups and pharmacy organisations, for example, the LPC.

### Pharmacy support staff

Pharmacies generally have support staff who are trained to provide various functions and to support the pharmacist.

Position	Role
<b>Medicines counter assistant (MCA)</b>	<p>MCA's are generally the first point of contact for patients. They provide a wide range of functions to support the delivery of pharmacy services and the retail functions of the pharmacy. They undertake the prescription reception process, including supporting patients to complete the declaration on NHS prescriptions. MCA's also provide advice on the treatment of self-limiting illness and basic healthy lifestyle support, working to a protocol and under the supervision of the pharmacist. Some MCA's will provide aspects of locally commissioned or Enhanced Services, such as NHS Health Checks, following appropriate training and accreditation.</p> <p>It is a professional requirement of the GPhC that any assistant who is given delegated authority to sell medicines under a protocol should have undertaken, or be undertaking, an accredited course relevant to their duties. Courses should cover the knowledge and understanding associated with unit 4 (assist in the sale of medicines and products); unit 5 (receive prescriptions from individuals); and unit 15 (assist in the issuing of prescribed items) of the Pharmacy Service Skills Scottish/National Vocational Qualification (S/NVQ) level 2.</p>
<b>Dispensing/pharmacy assistant</b>	<p>Dispensing/pharmacy assistants support the pharmacist in dispensing prescriptions and the management of dispensary stock. They will also fulfil the roles of a MCA when required.</p> <p>It is a professional requirement of the GPhC that dispensing assistants are competent in the areas they are working on to a minimum standard equivalent to the Pharmacy Services Skills NVQ level 2 (QCF) qualification, or are undertaking training towards this.</p>
<b>Pharmacy technician</b>	<p>Pharmacy technicians support the pharmacist in dispensing prescriptions and managing the dispensary. Like dispensing/pharmacy assistants and MCA's, they also provide aspects of NHS commissioned services following appropriate training and accreditation.</p> <p>Pharmacy technician training consists of two years consecutive work-based experience under the direction of a pharmacist to whom the trainee is directly accountable for not</p>

	<p>less than 14 hours per week. To qualify as a pharmacy technician, trainees also need to complete both a GPhC-approved competency-based qualification and a knowledge-based qualification.</p> <p>The statutory registration of pharmacy technicians across Great Britain became mandatory from 1st July 2011.</p>
<p><b>Accredited checking technician (ACT)</b></p>	<p>ACTs are pharmacy support staff that have undertaken additional training to allow them to do an accuracy check of dispensed medicines. The pharmacist will do a clinical check of the prescription during the dispensing process. But working with an ACT means the pharmacist does not need to undertake the final accuracy check of the dispensed medicines in most circumstances.</p> <p>An increasing number of community pharmacy contractors are supporting members of their dispensing team to qualify as ACTs. This is to improve the efficiency of the dispensing process and to free-up pharmacist time to allow them to deliver other services.</p>

### Development of community pharmacy services

As with all independent sector providers in the NHS, community pharmacy has its own opportunities and risks. Many of the opportunities that are already being realised in some pharmacies have resulted from forward thinking pharmacists who have extended their skills, invested in improving the standard of their premises, and developed strong and effective working relationships with commissioners and other local health care providers such as GPs and nurses.

In recent years the direction of travel for community pharmacy has focused on the transition from a business model that relies predominantly on dispensing services, to one that is more heavily reliant on providing clinical services. Examples of opportunities highlighted include the introduction of MURs (including targeted MURs) and the NMS, the Healthy Living Pharmacy (HLP) initiative, the offer of NHS treatments for many minor ailments, and the introduction of screening services.

Many community pharmacy contractors have invested significantly to meet the challenges of increasing clinical service provision. Investments in clinical competencies, pharmacy premises, staff training and qualifications, together with an enhanced IT infrastructure, hopefully provide a firm foundation on which community pharmacy can grow.

### Frequently asked questions

#### Why do GPs get asked for seven-day prescriptions for Monitored Dosage System (MDS)/Multi-compartment compliance aid (MCA) dispensing?

There are a small number of patients who satisfy the eligibility criteria for the supply of an MDS/MCA tray under the Equality Act 2010, and the national NHS community pharmacy funding contains a contribution towards the provision of such auxiliary aids. Additionally, in the past some local NHS England teams commissioned local Enhanced Services for dispensing and managing those patients who require compliance aids and additional pharmaceutical support in their own homes. Some local commissioners may choose to continue this provision.

If it is clinically appropriate for a patient to receive a seven-day supply of their medicines because their treatment may need regular review and/or frequent changes, then a seven-day prescribing interval may be written and the pharmacy will provide a seven-day supply of the medicines to the patient. Pharmacists may discuss seven day prescriptions with prescribers if they have decided to provide medicines in MDS/MCA trays, because of the dangers of wastage if treatment changes.

However, some pharmacists may request a seven-day prescription to cover the cost of MDS/MCA trays for other patients that do not fall within the criteria of the Equality Act 2010. It is important that patients are not given the expectation that their medicines will be dispensed in an MDS/MCA, unless they satisfy the eligibility criteria or a local service to manage patients who require compliance aids has been commissioned.

### **Do pharmacists and pharmacy staff advise patients about the minimal benefits of some OTC medicines that may have limited therapeutic value?**

The sale of OTC medicines is a vital aspect to the self-management of many minor health problems that may otherwise require a GP consultation. Licensing regulations and continuous scrutiny by the Medicines and Healthcare products Regulatory Agency (MHRA) ensure that OTC medicines are only available for purchase if considered safe, are made to acceptable quality standards, are proved to be effective for their clinical indication and have appropriate labelling.

Many medicines are available from non-pharmacies where no professional advice is available. But, in pharmacies, medicines can only be sold by a person who is competent to do so, and is either a pharmacist or subject to supervision by a pharmacist.

Publicity for OTC medicines can lead to members of the public selecting medicines that are unsuitable and the availability of professional advice in a pharmacy prevents many inappropriate purchases.

In providing professional advice and selling medicines (either personally or under their supervision) pharmacists must comply with provisions in their professional code, and the safety and welfare of the patient are primary concerns.

### **Do pharmacy contractors set the reimbursement costs of 'Specials' medicines?**

No. The reimbursement price of many 'Specials' is set out in the Drug Tariff. Items not listed in the Drug Tariff will be reimbursed at the price charged by the manufacturer. 'Specials' manufacturers are often highly specialised units that make products to order. The cost of carrying out appropriate testing of a product before release can amount to several hundred pounds, so as well as the clinical considerations, these bespoke products should be prescribed only where there is no suitably licensed alternative. Pharmacists are ideally placed to advise GPs on suitable products. The pharmacist is eligible to be reimbursed for these products in accordance with the national arrangements described above.

### **Within the community pharmacy, who can access patient records?**

As is the case with GP practices, all pharmacy staff engaged in supporting NHS activity must comply with the Data Protection Act, NHS information governance requirements and the NHS Confidentiality Code of Practice. As such, access to the patient medication record will be limited to those members of staff involved in providing pharmaceutical care to the patient.

The same NHS information governance requirements apply to community pharmacies and general practices.

### **Will community pharmacy premises be suitable for future locally commissioned and Enhanced Services?**

Community pharmacy contractors have invested significantly in the standards of their premises and continuously monitor patient and public feedback, to ensure the expectations of the service users are met. As part of the specifications for locally commissioned or Enhanced Services, commissioners can require community pharmacy contractors who provide these services to meet specific premises requirements. There are also premises requirements for some Advanced Services, for example to provide MURs and/or the NMS, contractors must have a confidential consultation area that meets certain criteria to ensure patients and pharmacists can sit down and have confidential consultations without being overheard.

## How do repeat prescription ordering systems work?

Over recent years as repeat prescription volumes have increased, many pharmacies have responded by introducing a prescription reordering service for their patients. This service consists of the safe storage of the reorder portion of the patient's monthly prescription, together with a commitment to present the reorder form to the GP practice when instructed to do so by the patient. Some pharmacies then collect the new repeat prescription from the practice and may provide home delivery. Some pharmacies have also introduced an 'express reordering service' that enables a patient taking a regular medication to predict their requirements for the next supply period when they receive their current supply.

Whichever system is in operation within the pharmacy, the pharmacist needs to ensure that requests for repeats are triggered by the patient, and that decisions to reorder are not taken by pharmacy staff without input from the patient.

Such reordering systems have become, in the main, a well-accepted process for patients and GP practices. The efficiency and smooth running of the systems is dependent on strong and effective communication links between GP practices and their local pharmacies. To avoid the repeat reordering service creating additional workload for practices, or additional expenditure for the NHS, it is essential that pharmacies and practices understand each other's working procedures, workload pressures and where there may be inefficiencies and potential risks resulting from the service.

Some of these services have been introduced by pharmacies because the repeat dispensing service has not been fully utilised by GPs. GP practices may wish to consider the significant benefits that electronic repeat dispensing (eRD) can bring to all those involved in the process.

### Useful websites for further information

- [www.pharmacyregulation.org](http://www.pharmacyregulation.org) - General Pharmaceutical Society website for details on regulatory requirements for pharmacists
- [www.rpharms.com](http://www.rpharms.com) - Royal Pharmaceutical Society website for details on the professional leadership body for pharmacy
- [psnc.org.uk](http://psnc.org.uk) - Pharmaceutical Services Negotiating Committee website for details on the Community Pharmacy Contractual Framework