



Summary of 2014/15 Community Pharmacy Contractual Framework agreement

This paper sets out the service changes agreed to the 2014/15 Community Pharmacy Contractual Framework (CPCF), following the announcement on 22 September 2014 by NHS England, PSNC and NHS Employers. These service elements have been agreed as part of the overall package for community pharmacy in 2014/15 and will be implemented shortly.

Funding of £2.8 billion has been confirmed for 2014/15 comprising £2 billion from fees and allowances and £0.8 billion from medicines margin.

New Medicine Service

Following the positive evaluation earlier this year, the New Medicine Service (NMS) will continue. Funding for the NMS will come from the overall agreed funding settlement, as is the case for other Advanced Services. The continuation of this important service is good for both pharmacy contractors and patients, and the move to embed its funding within the overall settlement brings it into line with MURs helping to cement its position at the heart of community pharmacy practice.

PSNC and NHS Employers are currently working on updating the NMS guidance and other relevant documentation to take account of the continuation of this service and these will be published in due course.

Medicines Use Reviews

Changes agreed to the MUR service include an increase in the proportion of MURs that pharmacies must provide to patients within the target groups from 50 to 70 per cent and the addition of an extra target group. This arrangement will help to ensure that MURs are provided to the patients who will gain the most benefit from the service, whilst also protecting the ability of pharmacists to identify individual patients outside these groups who would benefit from the intervention.

The additional target group will be for patients diagnosed with cardiovascular disease or another condition which puts them at increased risk of developing cardiovascular disease. Patients will be eligible for a targeted MUR as part of this group if they are regularly prescribed four or more medicines, at least one of which is for a relevant cardiovascular/cardiovascular risk condition.

The three existing target groups will remain unchanged.

The approved reporting template, which is submitted to area teams on request each quarter, will be amended to capture information on the new target group, and also to provide a further breakdown of patients in the existing high-risk medicines target group.

PSNC and NHS Employers are currently working on updating the MUR guidance and other relevant documentation to take account of these changes and these will be published in due course.

Patient safety incident reporting

Alongside the Advanced Services changes, patient safety incidents reported to the NRLS will require inclusion of the details of the pharmacy submitting the report. It is important that pharmacies contribute to the NHS programme of improving patient safety by reporting and learning from incidents. The agreement reflects our shared commitment to enhancing community pharmacy's safety culture and increasing the number of patient safety incidents reported to the National Reporting and Learning Service (NRLS).

Changes will be made to the Approved Particulars for incident reporting to support this change. The revised approved particulars will also clarify that all patient safety incidents that did or could have led to patient harm should be reported to NRLS. 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.

Audit

For 2014/15 pharmacies will be required to participate in a national two-week audit to develop an evidence base on emergency supplies of medicines made by community pharmacies. The audit will take place over two separate two-week periods between Monday 9 March 2015 and Sunday 5 April 2015 (inclusive), with approximately half of pharmacies participating in the first two-week period and the other half in the second two-week period¹. Pharmacies will be required to share the data collected with NHS England.

This audit will provide valuable information to the NHS about the emergency supply of medicines by pharmacies and how it supports the work of other providers of urgent and emergency care, such as out of hours GP services and hospital emergency departments. It will also be used to inform commissioning decisions going forward. This national policy audit will be instead of an NHS England/area team specified clinical audit.

Further details on this audit will be published in early 2015.

Repeat dispensing

A new requirement in the CPCF will be introduced to require pharmacies to give advice to appropriate² patients about the benefits of the repeat dispensing service. This service can offer benefits to both patients and the NHS and it is important that pharmacies play their part in the efforts to increase uptake of it.

¹ Those pharmacies undertaking the audit in the second period will be allowed lag of up to two weeks, post 5 April 2015, for the submission of data.

² 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"