

Community Pharmacy 2019/20 to 2023/24: A five-year settlement

PSNC Summary for General Practice Teams

Introduction

There are more than 11,500 community pharmacies in England providing accessible healthcare alongside the dispensing of medicines. For a typical pharmacy, NHS income accounts for 85-95% of their total turnover. This briefing summarises the recently agreed five-year NHS settlement for community pharmacies in England.

The Five-Year CCPF Settlement

In July 2019, the Pharmaceutical Services Negotiating Committee (PSNC), which represents community pharmacies, NHS England & NHS Improvement (NHSE&I) and the Department of Health and Social Care (DHSC) agreed a five-year deal for the Community Pharmacy Contractual Framework (CPCF), which provides the basis for NHS community pharmacy service provision.

The revised framework includes an expansion of clinical service delivery through pharmacies, in line with the NHS Long Term Plan. It guarantees funding levels until 2023/24 and sets out how pharmacies will support NHS colleagues, providing new services to help people to stay healthy and prevent illness; to support and provide urgent care services; to support patients leaving hospital; and to help patients avoid unnecessary visits to GPs and hospitals. It also encourages collaboration within Primary Care Networks (PCNs).

New national services in 2019/20

In 2019/20, community pharmacies in England will be able to provide two new services:

- **The Community Pharmacist Consultation Service (CPCS)*:** This service has been designed to relieve pressure on the wider NHS by connecting patients with community pharmacies as a first port of call for minor illness or for the urgent supply of medicines.
Pharmacies will offer patients a consultation to help them to manage minor illnesses, or make an 'emergency supply' of a medicine where a patient has previously been prescribed the medicine. The service will initially just take referrals from NHS 111 (rather than those patients being directed to GPs, GP OOH or A&E) with possible referrals from other settings, such as GP practices and NHS 111 online, in future years.
GPs will receive an electronic notification when a patient has received an urgent supply; notifications will also be sent following minor illness consultations, where this is thought to be clinically significant.
- **Hepatitis C testing:** Pharmacies will offer testing to people who inject drugs, e.g. those using pharmacy needle and syringe programmes to support the national Hepatitis C elimination programme.

*This service brings together the existing national [NHS Urgent Medicine Supply Advanced Service \(NUMSAS\)](#) and local pilots of the [Digital Minor Illness Referral Service \(DMIRS\)](#).

Other changes in 2019/20

To free up capacity for these new services, the NHS is decommissioning the Medicines Use Review (MUR) service from community pharmacies (alongside the commissioning by NHSE&I of structured medication reviews via PCNs). The MUR service is being phased out, so pharmacies will be able to provide up to 250 MURs in 2019/20, and up to 100 in 2020/21, after which the service will cease.

Most community pharmacies are expected to participate in the revised **Pharmacy Quality Scheme (PQS)**. This year, this may involve them:

- Preparing for engagement with their PCN, by identifying a pharmacy lead to work with the PCN leadership;
- Supporting the QOF Quality Improvement requirements, by carrying out audits on the use of lithium, pregnancy prevention for children and women of childbearing potential taking valproate, and on the use of NSAIDs in patient 65 years and over, where no gastro-protection has been co-prescribed;
- Checking with patients with diabetes aged 12 years and over whether they have had a foot check and retinopathy screening in the last year;
- Completing training on look-alike, sound-alike (LASA) dispensing errors and updating their patient safety report to reflect on previous mitigations put in place to prevent such errors and any new actions which could be taken;
- Updating the pharmacy's risk register;
- Completing training on sepsis awareness and identifying mitigations against the risk of missing a patient potentially presenting with the sign of sepsis; and
- Completing a Dementia Friendly environment standards checklist.

Changes from April 2020

From April 2020, all pharmacies will be required to be able to process electronic prescriptions, have a shared NHSmail account for the pharmacy and to have attained **Healthy Living Pharmacy (HLP)** status. HLPs act as local hubs to promote health, wellbeing and self-care and provide services to prevent ill-health.

As well as the further development of the Community Pharmacist Consultation Service to include referrals from GP practices, in 2020/21 the NHS wants to pilot a **Medicines Reconciliation Service**. Following a patient being discharged from hospital, this service will involve community pharmacies reconciling the first revised repeat prescription issued in primary care with the discharge medicines information provided by the hospital. Where there are discrepancies, these will be discussed with the general practice team.

Other future community pharmacy service developments

In the future, as part of the five-year deal, community pharmacies may also be able to support the appropriate use of medicines through an expansion of the **New Medicine Service (NMS)** to other conditions. In addition, the NHS will use the national Pharmacy Integration Fund to pilot services for potential roll out. These include:

- A model for detecting undiagnosed cardiovascular disease, which will support the CVD prevention and diagnosis service to be provided across PCNs from April 2021;
- Stop smoking referrals from secondary care to community pharmacy, following patients' discharge from hospital;
- Use of point of care testing around minor illnesses to support efforts to tackle antimicrobial resistance;
- Routine monitoring of patients, in collaboration with general practice, for example, those taking oral contraception, under an electronic repeat dispensing arrangement;
- Activity to support PCN priorities such as early cancer diagnosis and tackling health inequalities; and
- A service to improve access to palliative care medicines.

See further details on the timing of the pilots and planned service roll outs in the **[PSNC CPCF service development grid](#)**.



Funding and structural changes

Total pharmacy funding under the five-year deal has been fixed at £2.592bn per year. Although this provides a welcome guarantee for community pharmacy contractors, it will be very challenging for many pharmacies to change working practices and to deliver the range of new services required of them. Community pharmacies receive most of their funding from the NHS and many are already under huge financial stress.

Government is committed to ensuring that technology can transform the supply of medicines and the delivery of pharmacy services, and further discussions will be taking place on this. This will include exploring ways to make dispensing more efficient and to free up pharmacist and pharmacy team time and capacity, covering:

- Legislative changes to allow all pharmacies to benefit fairly from hub and spoke dispensing and increased use of automation;
- Use of original pack dispensing to support efficient automation;
- Legislative changes to allow for better use of the skill mix in pharmacies;
- Support for pharmacy owners wishing to consolidate with another pharmacy; and
- Removal of redundant NHS administrative requirements.

Summary

Community pharmacy's new deal does much to integrate us with general practice and the Community Pharmacist Consultation Service is a new chance for the sector to help fulfil key NHS priorities. Going forwards, collaboration will be key – both at PCN and individual practice level.

If GPs have queries about the contractual framework, they could in the first instance contact their local community pharmacy or [Local Pharmaceutical Committee](#). Any questions for PSNC can be directed to cpcf@psnc.org.uk