

A short summary of The Community Pharmacy Contractual Framework for 2019/20 to 2023/24: supporting delivery for the NHS Long Term Plan

1. The Department of Health and Social Care (DHSC), NHS England and NHS Improvement (NHSE&I), and the Pharmaceutical Services Negotiating Committee (PSNC) have today agreed a new [Community Pharmacy Contractual Framework](#). They have published a joint document which describes a vision for how community pharmacy will support delivery of the NHS Long Term Plan. The deal:
 - Commits almost £13 billion to community pharmacy through its contractual framework, with a commitment to spend £2.592 billion over five years from 2019-2024. This significant investment recognises the contribution that community pharmacy has committed to making towards the delivery of the NHS Long Term Plan.
 - Is in line with the GP contract, providing 5-year stability and reassurance to community pharmacy. This should allow businesses to make long term business decisions.
 - Builds upon the reforms started with the introduction of the Quality Payments Scheme to move pharmacies towards a much more clinically focused service.
 - Confirms community pharmacy's future as an integral part of the NHS, delivering clinical services as a full partner in local primary care networks (PCNs).
 - Describes new services which will immediately be offered through community pharmacy as well as a programme to develop evidence-based additions to those services. Foremost amongst the new services is the 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.



- Underlines the critical role of community pharmacy as an agent of improved public health and prevention, embedded in the local community.
- Recognises that an expanded service role is dependent on action to release pharmacist capacity from existing work. The deal rationalises existing services and 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.
- Continues to prioritise quality in community pharmacy and to promote medicines safety and optimisation.
- Underlines the necessity of protecting access to local community pharmacies through a Pharmacy Access Scheme.
- Commits to working on a range of reforms to reimbursement arrangements to deliver smoother cash flow, and fairer distribution of medicines margin and better value for money for the NHS.

The New NHS Community Pharmacist Consultation Service

2. The [NHS Long Term Plan](#) and the five-year framework for the [GP contract](#) have set out an ambition to develop the role of community pharmacy in managing demand for urgent and primary medical services, including through new 'pharmacy connection schemes'. This deal delivers a new NHS Community Pharmacist Consultation Service (CPCS) which will take referrals to community pharmacies from NHS111 initially, with a rise in scale with referrals from other parts of the NHS to follow. The CPCS will relieve pressure on the wider NHS by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient and effective service to meet their needs. This will continue to be supported by the NHS Help Us Help You Pharmacy Advice campaign.
3. Two strands of the new CPCS service will be rolled out nationally in October 2019, with referrals to community pharmacies being made from NHS111 for minor illness and urgent medicines supply. This new CPCS will replace the current NHS Urgent Medicines Supply Advanced Service (NUMSAS) as well as local pilots of the NHS111 Digital Minor Illness Referral Service (DMIRS). Community pharmacy contractors signing up promptly to provide the CPCS will be supported financially in 2019/20 to help them to transform their business model.

The New Pharmacy Quality Scheme

4. The deal recognises the success of the Quality Payments Scheme which continues for the next five years at its current value of £75 million under a new name, the Pharmacy Quality Scheme (PQS). It includes important new requirements, such as:
 - Activity complementary to the GP contract's Quality and Outcomes Framework quality improvement module on prescribing safety: lithium safety audit and audit of advice on pregnancy prevention for women taking valproate.
 - A repeat of an audit of the use of nonsteroidal anti-inflammatory drugs, to ensure appropriate changes are embedded into practice.
 - Completion of training and an assessment on look-alike, sound-alike (LASA) errors; update of the previous safety report in line with LASA training; and demonstrable evidence of implementation of actions identified in the patient safety report.
 - Update the previous risk review and record mitigations to the previous risks and any subsequent changes identified.
 - Sepsis online training with risk mitigation.
5. The deal also agrees prospectively some of the features of the 2020/21 PQS. These include the completion of suicide prevention training by pharmacy staff and audits focused on inhaler technique and anticoagulation. Further details on these points will be published in due course.

Prevention

6. The NHS Long Term Plan is clear about wanting to put prevention at the heart of the NHS. Through the Healthy Living Pharmacy (HLP) Framework, the majority of community pharmacies are already proactively delivering a wide range of interventions to support people's health and wellbeing. Reflecting the priority attached to public health and prevention work, by April 2020 being a Level 1 HLP will become an essential requirement for community pharmacy contractors. This will require all community pharmacies to have trained health champions in place 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.

7. DHSC, NHSE&I and the PSNC will agree and extend the reach of the mandated annual health campaigns that community pharmacies take part in, as far as possible aligning them to the use of the equivalent campaigns in general practice as part of effective integration across PCNs. They will discuss with Public Health England how they might make better use of digital assets to deliver and use evaluation to measure the impact and efficacy of these campaigns.
8. In 2019/20, the introduction of Hepatitis C testing in community pharmacies for people using needle and syringe programmes will be funded to support the national Hepatitis C elimination programme, which is proposed for introduction. This is likely to be a time-limited service.

Pharmacy Integration Fund

9. The Pharmacy Integration Fund and PCN Testbed programme will be used to test a range of additional prevention and detection services, which if found to be effective and best delivered by community pharmacy, could (with appropriate training) be mainstreamed within the CPCF over the course of the settlement period. These could include:
 - A model for detecting undiagnosed cardiovascular disease (CVD) in community pharmacy and referral to treatment within PCNs, complementing the CVD service specification in the new Network Contract.
 - The introduction of stop smoking support for those beginning a programme of smoking cessation in secondary care and referred for completion in community pharmacy.
 - Where supported by robust research, evaluation and training, using opportunities in the patient pathway to make further use of point of care testing around minor illness which could support efforts to tackle antimicrobial resistance.
 - Implementation of any recommendations from the ongoing review of vaccination and immunisation.
 - The routine monitoring patients, for example, those taking oral contraception, being supplied under an electronic repeat dispensing arrangement.
 - Activity complementing the content of forthcoming PCN service requirements, for example, on early cancer diagnosis and in tackling health inequalities.

Medicines Safety

10. Over the period covered by the deal, the role of community pharmacy will be further developed to support medicines safety. A medicines reconciliation service will be introduced to ensure that changes in medicines made in secondary care are implemented appropriately when the patient is discharged back into the community. Over the settlement period, DHSC, NHSE&I and the PSNC will also look to expand the New Medicine Service to include further indications and conditions where it is shown that this will add demonstrable value.

Medicines Use Reviews

11. Medicines Use Reviews (MURs) will be phased out by the end of 2020/21 and the funding for this service recycled into the CPCF to fund other service developments. Contractors will be able to provide up to 250 MURs during 2019/20 (contractors who have already provided 200 MURs as part of the interim funding arrangements for Half 1 2019/20 can therefore provide an additional 50 MURs in 2019/20; those that have not will be able to make up the full 250 by the end of the financial year) and 100 in 2020/21. Guidance will be provided about the targeting of those reviews. The MUR service will be replaced for patients by enhanced structured medication reviews carried out by clinical pharmacists working within PCNs as part of the new GP contract arrangements as they arrive from 2019/20.

Reform

12. A new and expanded role for community pharmacy will require the sector to adopt new and different ways of working. In particular, we need dispensing to become more efficient to free pharmacists up to provide new services, working at the top of their clinical licence.

13. To help achieve this, we have agreed that with the support of PSNC, the Government will:

- pursue legislative change to allow all pharmacies to benefit from more efficient hub and spoke dispensing.
- propose legislative changes that will allow for better use of the skill mix in pharmacies.
- explore the impact of changes to funding and fee structures, including for different types of prescription, and whether these could support the market to move towards more efficient dispensing practices, while increasing the clinical and public health content of any patient interactions.