



Pharmacy Practice Research Trust

## **Community Pharmacy Contractual Framework: Delivering its Promise?**

Evaluation of the Implementation of the Community Pharmacy Contractual Framework in  
England and Wales

### **A Summary**

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#### **Purpose of the research**

This is a summary of research commissioned by the Pharmacy Practice Research Trust, and carried out by Alison Blenkinsopp<sup>1</sup>, Christine Bond<sup>2</sup>, Gian Celino<sup>3</sup> and Jackie Inch<sup>2</sup> between April 2006 and March 2007. The research focused on the impact of the new Community Pharmacy Contractual Framework, and in particular on the introduction of enhanced and advanced services, on outcomes for staff, and on quality issues.

#### **The Community Pharmacy Contract**

The new Community Pharmacy Contract was introduced in April 2005, following a 92% vote in its favour by community pharmacies. In order to provide a framework for the flexible development of community pharmacy services, it introduced three tiers of service:

**Essential services** (nationally determined, to be provided by all pharmacies) – dispensing, repeat dispensing, public health services (which include campaign based healthy lifestyle promotion activities and prescription linked healthy lifestyle interventions), support for self care, signposting to other health providers and medicines disposal. These services are underpinned by a clinical governance framework.

**Advanced services** (which can be provided by all pharmacies, provided that both pharmacist and premises are accredited) – currently the medicines use review and prescription intervention service (MUR).

**Enhanced services** (commissioned at the discretion of the Primary Care Trust (PCT) in England or Local Health Board (LHB) in Wales) – for example, smoking cessation & Supplementary Prescribing.

The overall intention was to make community pharmacy a more integrated part of NHS services in each locality, and to allow NHS commissioners to make better use of community pharmacy in meeting their public health objectives.

#### **The Research**

The work summarised here consisted of four main elements:

- ▶ A survey of a stratified random sample of 31 PCTs and LHBs (i.e. 10% of the total) - referred to hereafter as primary care organisations (PCOs).
- ▶ A survey of all 1,080 community pharmacies within these PCOs (71% of the 1,080 contacted completed questionnaires between September 2006 and April 2007).

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- ▶ A survey of Strategic Health Authorities (SHAs) – data was collected from 24 out of 28 - and Welsh Assembly Government.
- ▶ An analysis of the routine volume data on Medicines Use Reviews (MURs) from the 31 PCOs for the period April 2005 to March 2006.

Further more detailed work with a small number of case study PCOs has also been conducted.

## RESULTS

### Provision of essential services

- ▶ On average 75% of pharmacists reported that they were providing the six core essential services before the contract was introduced. Afterwards a further quarter of those not providing the services began providing them. The main exceptions were repeat dispensing, where 49% of those currently providing the service had not done so before the contract, and disposal of unwanted medicines, where only 1% of current providers had not been doing so before.
- ▶ About two-thirds are providing more innovative services such as repeat dispensing, and prescription-linked healthy lifestyle interventions. However, the amount of repeat dispensing per pharmacy remains very low, and better co-ordination with GPs and PCOs will be required to improve this level.
- ▶ The contract has the potential to reveal for the first time the extent to which community pharmacy supports self-care, through the recording of significant product purchases. Almost 60% of respondents are doing this and possible reasons why the others are not might be because no minimum data set has been defined, and some pharmacists may not have a clear view on what constitutes “clinical significance” in this context.
- ▶ Independent single outlets are significantly more likely than multiples to provide prescription-linked healthy lifestyle interventions.
- ▶ Slightly over half reported completing a “multi-disciplinary audit” but the extent to which the audit topics implied actual multi-disciplinary involvement was variable.

### Provision of advanced services

- ▶ 59% of respondents are providing MURs, up from 38% in the sample of pharmacies during the first year of the contract (2005-6). Of the remainder, 84% are now planning to do so.
- ▶ Large multiples (>30 stores) are more likely to provide MURs than other types of pharmacy.
- ▶ In general, implementation of advanced and enhanced services is reported to be variable and is seen by SHA and PCO respondents as aspects of the new contract that have gone less well.

### Provision of enhanced services

- ▶ All of the PCOs in the sample report commissioning enhanced services, with a median of seven services (range 3-11), up from a median of five (range 1-10) prior to the contract.
- ▶ Most services (80%) were being commissioned prior to the new contract.
- ▶ Of the ten services included in the questionnaire, the most commonly provided in the sample PCOs were:

Enhanced service	% PCOs commissioning it	% pharmacies providing it
Smoking cessation	66%	44%
Involvement in patient group directions	72%	42%
Supervised consumption	97%	39%
Medicines assessment and compliance support	14%	29%
Minor ailments	55%	25%
Supporting care homes	69%	21%

- ▶ Involvement in smoking cessation and in patient group directions has increased substantially since the introduction of the new contract. The most frequently mentioned PGD was for EHC (71% of the 211 respondents providing this service).
- ▶ The contract seems to have encouraged the wider use of existing services, rather than stimulating innovative provision.
- ▶ Small chains (2-10 stores) are least likely to undertake supervised consumption, and more likely to provide support to care homes.

#### **The impact on community pharmacy infrastructure**

- ▶ PCOs think the new contract had improved pharmacy facilities.
- ▶ 76% of pharmacies now have a private or semi-private consultation/counselling area; 72% of these consist of a separate consultation room.
- ▶ Just over half 55% of pharmacies display the NHS logo.

#### **The impact on the community pharmacy workforce**

- ▶ Pharmacists reported being often stressed by the daily demands of their work.
- ▶ 68% of pharmacists are now delegating more work to non-pharmacist staff than they did before the contract was introduced.
- ▶ 30% are less satisfied with their job now than before the contract, 53% feel much the same, and 17% are more satisfied.
- ▶ About half of the pharmacists believe that the contract has had no effect on how likely they were to stay in community pharmacy, but 26% said they are now less likely to stay, and 19% are more likely.

#### **Feedback from service users on general services and MUR**

- ▶ Patients and the public were represented on only a quarter of the contract monitoring groups set up by PCOs.

## PCO commissioning and quality assurance approaches

- ▶ There is little evidence of Pharmaceutical Needs Assessment (PNA) influencing the commissioning of enhanced services. Most PCOs have identified target patient groups for MURs, but it is unclear what part PNA has played in this.
- ▶ PCO respondents thought that the new contract has enhanced their ability to monitor services to agreed specifications, and that monitoring visits have helped to build relationships with local pharmacists. At the time of the survey of PCOs in May 2006, all planned to visit pharmacies as part of the monitoring process – one third had so far visited all of their pharmacies, 20% had visited none.
- ▶ Many PCOs are concerned that the MUR service is not subject to monitoring of quality or value for money.

## Changes in community pharmacy's role within primary care

- ▶ Only 4% of respondents currently do sessional work in a medical practice, but 52% participate in PCO activities.
- ▶ In general, most respondents do not think that the contract has changed their relationship with GPs or led to better integration with primary care.
- ▶ Around one in five community pharmacists report that their involvement with GPs has increased and the remainder say there has been no change.
- ▶ Specifically, those with experience of involvement in MURs feel that this has not appreciably changed relationships between community pharmacists and GPs.
- ▶ Only a quarter reported having received any feedback from GPs on MUR reports.
- ▶ The lowest scoring job satisfaction areas for respondents were respect received from GPs, their remuneration and their role since the 'new contract'.

## ISSUES FOR CONSIDERATION

The implementation of the essential elements of the new contract is almost complete, with substantial progress in extending this portfolio of services to most community pharmacies, with a concomitant improvement in physical facilities. Progress with the enhanced and advanced elements has been slower, and suggestions for increasing the pace are set out below. There are some suggestions that the new contract may be imposing a significant additional workload on pharmacists, and this will be explored further in the final phase of the research (due to be completed in June 2007).

## Helpful and unhelpful factors in implementing the contract

Respondents highlighted the following:

### **Helpful:**

- ▶ monitoring at PCO level, which has also enhanced the profile of community pharmacy in PCOs;
- ▶ collaboration and sharing of information and experience between PCOs;
- ▶ improved relationships between PCOs and community pharmacy; and
- ▶ increase in pharmacies with consultation facilities, which makes service development possible.

### **Unhelpful:**

- ▶ poorly developed inter-professional relationships between pharmacists and GPs;
- ▶ lack of pharmacy involvement in practice-based commissioning;
- ▶ excessive pharmacy workload;
- ▶ lack of incentives in the GMS contract to work with community pharmacy;
- ▶ disappointing take up of MUR linked to inter-professional relationships, complex paper work and confusion about what MUR should be;
- ▶ insufficient funding for new enhanced services;
- ▶ lack of national pricing structures for enhanced services;
- ▶ lack of PCO commissioning structures for community pharmacy; and
- ▶ concern over monitoring, quality and value for money – no evaluation makes services easy target for cuts.

### **Suggestions**

To address some of the ‘unhelpful’ factors listed above, and to ensure that the potential of the new contract is realised as quickly as possible, the following provisional recommendations now merit consideration:

<b>Suggestions</b>
<p><b>1. <i>Pharmaceutical Needs Assessments</i></b> These should be revisited as part of PCOs’ wider health needs assessment</p> <p><b>2. <i>Practice Based Commissioning</i></b> Urgent action is needed by PCTs in England to ensure that community pharmacy is engaged with local PBC.</p> <p><b>3. <i>Relationships between community pharmacy and general practice</i></b> a. More constructive contact is needed to ensure that GPs are aware of the benefits of potential pharmacy led services and ‘buy in’ to the pharmacy contract. b. At the national level, there should be more integration between the GMS and Community Pharmacy contracts to promote effective joint working with identifiable outcomes. c. At the local level, greater joint working by LPCs and LMCs would be helpful and PCOs could facilitate this.</p> <p><b>4. <i>Innovation in enhanced services</i></b> Specifications for enhanced services are currently following rather than leading practice. The work begun by PSNC to develop specifications for services to support people with long term conditions should be progressed as quickly as possible.</p> <p><b>5. <i>Implementation of MUR services</i></b> The simplification of documentation undertaken by PSNC will be helpful. GP involvement needs to be incentivised in some way.</p> <p><b>6. <i>National pricing tariffs for enhanced services</i></b> Wales already has a national pricing framework. A similar approach in England could facilitate the quicker introduction of enhanced services.</p>