



Pharmacy Practice Research Trust

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

Q&As on Community Pharmacy Contractual Framework Briefing Paper

Essential services

1. *Around 80% of pharmacists are providing the 'essential' services. Why are not 100% of pharmacists providing these?*

Not all of the essential services are completely under the pharmacist's control. For example, for repeat dispensing to be set up local GPs have to identify which patients can be included and to complete relevant paperwork. If the GP does not do this then repeat dispensing cannot start. For other parts of the contract guidance and resources have only been issued quite recently, for example, the support materials for prescription linked healthy lifestyle interventions produced by Pharmacy HealthLink and the Department of Health. A pharmacist can only complete a multi-disciplinary audit if their primary care organisation (PCO) specifies the topic and the documentation to be used and not all did so in the first year of the contract. For those areas of the contract where the individual pharmacist can make it happen it is reasonable to expect 100% delivery.

2. *Is there more information about recording of significant product purchases as a way of measuring community pharmacy's contribution to self-care? 59% seems quite a high figure in the absence of specific guidance on this — what are they recording?*

There is no guidance to community pharmacists to suggest what they might record in relation to "significant" OTC product purchases. We think it would be useful to find out what pharmacists are recording and whether they are able to access and use this information as part of a patient's clinical record. More research is needed to understand what community pharmacists are recording and the potential contribution that this service could make to self-care.

Enhanced services

3. *Is it fair to say that, to date, the contract has had a disappointingly low effect on provision of enhanced services?*

Whether the commissioning of enhanced services since the contract is "disappointingly low" really depends on what the expectations were. In the first year of the contract both PCOs and pharmacists were busy with implementing essential and advanced services as well as setting up monitoring processes. That 20% more enhanced services were commissioned in that year could be viewed as good progress. So it will be important to look at services commissioned in the second year of the contract. It is clear from our evaluation that financial constraints at PCO level were a key reason why more enhanced services were not commissioned. It is also clear whilst numbers are small the new contract has resulted in more innovative clinical services being introduced. Uptake of innovation is always slow initially but should soon accelerate if services are found to be successful.

Infrastructure

- 4. How is it that 25% of pharmacies do not yet have a consultation /counselling area? Is this not a professional requirement now?**

The fact that three quarters of pharmacies now have a consultation area is a huge change since the contract was introduced. Having a consultation area remains voluntary unless the pharmacy intends to provide the enhanced service Medicines Use Review (MUR). It is worth noting that the majority of pharmacists not providing that service said they intended to do so in the future. So the percentage of pharmacies with a consultation area is likely to increase still further.

Impact on workforce

- 5. Do the data indicate that pharmacists are more stressed now at work than before the new contract was introduced?**

Pharmacists report that their workload has increased since the new contract was introduced and many report that they are stressed.

- 6. The research found that 30% are less satisfied with their job and 26% less likely to stay in community pharmacy — these are worrying figures. Is this related to workload? Do you think unmet expectations about an enhanced clinical role plays a part?**

Pharmacists did report that their workload had increased. Many had delegated work to non-pharmacist staff and a substantial proportion were planning to make further staff changes.

- 7. Is there information on whether pharmacists have gained financially from the new contract?**

It is important to differentiate between the pharmacist's individual remuneration (since most are employees) and the remuneration to the pharmacy through the contract. Considering less than 10% of the budget for Medicines Use Reviews was claimed by pharmacists in the first year of the contract, and that enhanced services expanded by 20% it would be expected that many pharmacies may not have gained financially so far.

Changes in community pharmacy's role within primary care

- 8. The research found that 52% of pharmacists participate in PCO activities? What does this mean?**

We did not list specific activities as these are likely to vary from area to area.

- 9. Four out of five community pharmacists reported that there has been no change in their involvement with GPs and a quarter had had no feedback from them. Did they indicate how this can be improved?**

Repeat dispensing and MUR were slow to spread in the first year of the contract. We did not ask specifically whether individual pharmacists had proactively contacted their GPs. At local level the amount of contact between Local Pharmaceutical Committees and their medical counterparts was small. It was also clear from the open questions that pharmacists believe that the profile of the services should be raised with GPs.

10. The research found that most respondents did not think the new contract had led to better integration with primary care. Was that not an objective of the new contract?

It was an objective of the new contract and participants in our evaluation all agreed it was an area where further action is needed. However over half are already involved with PCO activities, and 40% feel that things have improved which although under half is still a very large number for this early stage of implementation.

General

11. What did the research team see as the most important action that needs to be taken now, and by whom?

Better integration of community pharmacy and general practice is a key area. Promoting the MUR service to clinicians and patients could support its future development. Action is needed at all levels – individual pharmacists, PCOs and the national bodies involved in the contracts of both pharmacy and GP.

Other areas to improve include logistical solutions to streamlining paperwork and use of new technologies to facilitate communication.

12. What does the Pharmacy Practice Research Trust feel this research contributes to the development of pharmacy?

The interim findings provide a national picture of development from all perspectives and identifies areas where the community pharmacy contractual framework if working well and barriers to less successful implementation of enhanced or advanced services – it provides a robust mechanism to develop the required support framework for future pharmacy services.

13. Were any marked differences identified between pharmacy respondents in England and Wales?

We have not yet undertaken detailed analysis of the community pharmacy survey by country of work.

14. Some of the data may presumably now be several months old. Would there be much change expected?

The research team believe it will be important to track community pharmacists' morale and motivation over the coming years to see whether there are any further changes, either positive or negative. We are currently analysing the Year 2 data on Medicines Use Review to assess how the service developed.