

Evaluation of the community pharmacy contractual framework

Multi-Stakeholder Workshop

10th May 2007

Feedback on Draft recommendations

The most strongly supported recommendations were:

- ❖ Action to facilitate increased and more constructive contact between community pharmacists and general practice.
- ❖ National work on how GMS and CPCF could be integrated.
- ❖ More information for patients about CPCF.
- ❖ Pharmaceutical Needs Assessment by PCOs.
- ❖ PCTs to facilitate joint LMC/LPC meetings and the involvement of community pharmacy in practice based commissioning.

N.B. Items in italics in the table are suggested new or reworded recommendations from the tables at the event.

Our draft recommendations	In tables' top 5 recommendations
(A) Future commissioning	
1. The new PCOs need to revisit the results of their Pharmaceutical Needs Assessments and review progress. This might be an appropriate area for the new strategic authorities to measure as part of performance management of PCOs. <i>Pharmaceutical Needs Assessment now needs to be part of Joint Strategic Needs Assessment</i> <i>Service design needs to start with patient need</i> <i>PCOs need to identify how new pharmaceutical services can meet locally defined needs</i> <i>Agree local priorities with all healthcare professionals</i>	***
<i>Gather evidence of value for money of pharmacy services to show commissioners pharmacy should carry out service</i>	
2. There is a need for urgent action to ensure that community pharmacy is not excluded from PBC discussions.	
3. At a national level, consideration is needed of how GMS and CPCF could be integrated to promote effective joint working with identifiable outcomes. <i>All stakeholders including patients to be involved in all levels of the decision making process</i>	****
(B) Relationships with general practice	
4. Action is needed to facilitate greater and more constructive contact between community pharmacists and general practice. It is critical that GPs "buy in" to the principles and practice of the community pharmacy contract.	*****
5. At the level of representative local committees PCTs could facilitate local joint meetings of the LPC and LMC as well as the involvement of community pharmacy in local PBC development. <i>Joint protocols and shared QOFs</i>	***
(C) Relationships with patients	
6. Patients need more information about what the new contract means / could mean for them	****
7. Specifically, the MUR service needs to be promoted to patients in a joined-up way including by general practices	

<i>The DH, NHS and community pharmacists should engage with patients and the public to contribute at all stages to the development and implementation of the CPCF</i>	
(D) Essential services	
8. Implementation of the Electronic Prescription Service needs to proceed as rapidly as possible since this has been clearly shown to be the rate limiting step for repeat dispensing	
9. The reasons for low engagement of community pharmacists in the provision of prescription-linked public health interventions need to be explored	
(E) Advanced Services	
10. Further action is needed to support the implementation of MUR and embed the service.	
11. Good practice in MUR should be identified and spread, perhaps through 'MUR Champions'	
<i>Models of good practice with proven cost-effectiveness and VFM for ALL advanced services should be identified and spread</i>	
12. Consideration should be given to feasible methods for monitoring and evaluating the benefits of MURs to patients and the value for money they provide for the NHS.	
(F) Enhanced services	
13. 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 needs to be progressed as quickly as practicable.	
14. Ways need to be explored to include community pharmacy in integrated care for people with long term conditions.	
(G) Workforce	
15. Recognition is needed of the increased workload of community pharmacies following the introduction of CPCF (including new services and associated paperwork, requirements of PCT monitoring) and arising elsewhere (eg implementation of post-Shipman changes; new NPSA anticoagulation guidance)	
16. Consideration needs to be given to redressing the negative effects of CPCF on the morale and future retention of community pharmacists	
17. Ways need to be explored of how investment in infrastructure and skill mix might be encouraged given the uncertainties about continuation of existing enhanced services or commissioning of new ones	
<i>Pharmacists should be encouraged to be proactive and not wait to be approached</i>	
(H) Quality	
18. Monitoring processes need to be streamlined for both PCOs and community pharmacists	
19. Work is needed to increase the engagement of community pharmacists with the NPSA incident reporting system	
20. The purpose and operationalisation of multi-disciplinary audit need to be reconsidered	
<i>Mechanisms need to be developed that support multi-disciplinary clinical audit that engages community pharmacists with primary care professionals and other potential stakeholders</i>	
21. The reasons for low recording levels of purchases of over the counter medicines need to be explored	