

The Pharmacy Practice Research Trust



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Press Release

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First major review of community pharmacy services since new contract shows progress but more is needed

The first major national evaluation of the new contract for community pharmacy introduced in 2005 has shown that there has been positive progress in consolidating existing services and moving towards providing a wider range of pharmacy services and patient choice in primary care. However, there are also areas of the new contract that require more commitment and investment.

Speaking today at the British Pharmaceutical Conference, lead researcher of the study Professor Alison Blenkinsopp of Keele University reported that the evaluation showed substantial changes have occurred since the introduction of the contract. Community pharmacists are providing more services across the three tiers in the contract. The first advanced service, Medicine Use Reviews / Prescription Interventions, is provided by 60% of pharmacies. Almost ninety per cent of pharmacies are providing at least one enhanced service such as smoking cessation services, and over 40% more than three. Around 20% more enhanced services are being commissioned by Primary Care Organisations and pharmacists valued the increased patient contact and a better relationship with patients.

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However, Professor Blenkinsopp indicated that while most of those involved in the evaluation thought the new contract has the potential to increase the integration of community pharmacy into primary care, in practice it has so far had little effect on inter-professional working between community pharmacists and GPs. Over 80% of pharmacists said there had been no change in their contact with GPs since the new contract. The findings also show that GPs perceive a gap between the areas they would like pharmacists to concentrate on in the Medicines Use Review service and what pharmacists are providing.

“Issues in relation to integration with general practice continue to be a key barrier,” said Alison Blenkinsopp, “particularly to achieving the potential of new services such as Medicine Use Reviews and the Department of Health’s objective of reducing demand on GPs and increasing community pharmacy input in the care of long term conditions. These need to be addressed.”

The authors of the study, commissioned by the Pharmacy Practice Research Trust to inform the continued development of the contract, make a number of other recommendations aimed at the Department of Health, primary care organisations, general practitioners and community pharmacists as well as pharmacy organisations. Among these is a need for investment in local change management; more information for patients about the new services; increased patient and public involvement; the development of local pharmacy leadership; and a more proactive approach by community pharmacists to meet with local GPs.

“There have been huge changes since the new contract was introduced” concluded Alison Blenkinsopp, “and workload and bureaucracy continue to pose challenges. The potential of services such as Medicine Use Reviews should be harnessed to move forward and help build local integration and grass roots pharmacists need to take the first steps.”

“When we commissioned this study, one of our goals was to inform the continued development and implementation of the contract” said Dr Sue Ambler, Director of the Pharmacy Practice Research Trust. “The results presented at BPC will enable the Department of Health to consider the research alongside their further reflections on the conclusions of the Galbraith Retail Pharmacy Review and the recent All Party Parliamentary Group for Pharmacy report in finalising the White Paper which will set out the Government’s future proposals for developing pharmacy services.”

Ends.

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Notes to editors:

1. National evaluation of the new community pharmacy contract

The Executive Summary is available via the Download documents page of the RPSGB website:

<http://www.rpsgb.org/informationresources/downloadsocietypublications/>

The Research Team:

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2. Presented at the British Pharmaceutical Conference, Manchester on Tuesday, 11 September 2007.

3. Background

The community pharmacy contractual framework (CPCF) for England and Wales was introduced in April 2005. In mid-2005 the Pharmacy Practice Research Trust (PPRT) invited applications through a competitive process and subsequently commissioned a national evaluation study to begin in January 2006. The CPCF initiated three service tiers: ‘Essential’, ‘Advanced’ and ‘Enhanced’ with the last of these locally commissioned

by Primary Care Organisations (PCOs) such as Primary Care Trusts or Local Health Boards.

4. Methods

The evaluation used a multi-method approach to yield data at macro and micro levels using quantitative and qualitative methods. Its design elicited data from all of the key stakeholders: community pharmacists, patients, GPs, and the NHS (at PCO and SHA levels). The study focused on a stratified random 10% sample of PCOs in England and Wales at May 2006. It comprised surveys (the 31 PCOs; all 1,080 community pharmacies in these PCOs, SHAs and the Welsh Assembly Government), analysis of routine NHS data on Medicines Use Reviews (MURs) for 2005-6 and 2006-7 and on repeat dispensing, focus groups and interviews in five case study PCO sites with community pharmacists, GPs, patients and PCO staff together with documentary analysis of key public documents in the case study sites, and a multi-stakeholder workshop at the end of the study. The evaluation was also able to draw on specific data from the 3rd annual Keele University/Webstar Health national survey (2007) of community pharmacy development in Primary Care Organisations, and on previous Webstar Health patient surveys.

5. The Pharmacy Practice Research Trust

The Pharmacy Practice Research Trust (PPRT) was established in July 1999 as an independent research charity with a broad objective to promote and develop the field of pharmacy practice research. Its trustees are drawn from senior health policy makers, leading academics, industrialists and retailers. For further information email: practiceresearch@rpsgb.org

6. The research was commissioned by the PPRT with a grant from the Royal Pharmaceutical Society of GB.