

## **Briefing on Community Pharmacy**

### **Nottinghamshire County Health Scrutiny Committee**

**25<sup>th</sup> October 2016**

#### How Pharmacies are commissioned

From 1 April 2013, NHS England became responsible for the commissioning of NHS pharmaceutical services in England, and the development of Pharmaceutical Needs Assessments (PNA's) became the responsibility of local authority Health and Well-being Boards (HWB's). PNA's became the future commissioning tool to identify the pharmaceutical needs of its population, support the decision making process for pharmacy applications (subject to Regulation) and support the commissioning decisions in relation to pharmacy services.

New pharmacy applications are considered in line with The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Applications are submitted to the Pharmaceutical Services Regulations Committee (PSRC) and each application is considered against the appropriate test as outlined in the Regulations. Applicants and certain interested parties are permitted to appeal any of NHS England's decisions by submitting a formal appeal to the NHS Litigation Authority (NHSLA).

NHS England, North Midlands commissions 150 community pharmacy contracts in Nottinghamshire County Local Authorities geography and a further 68 contracts within Nottingham City Councils boundary.

#### Contract Monitoring

The Community Pharmacy Contractual Framework (CPCF) is made up of three different service types:

Essential Services – must be provided by all pharmacy contractors and consist of the following elements:

- Dispensing of medicines or appliances
- Management of repeat medication for up to one year in partnership with the patient and prescriber
- Disposal of unwanted medicines from households or individuals
- Promotion of healthy lifestyles
- Signposting to other health care providers where appropriate
- Support for self-care to assist people to look after themselves or their families
- Compliance with clinical governance requirements

Advanced Services – these are undertaken voluntarily by some pharmacies and require accreditation of the pharmacy and pharmacist providing the service. Current Advanced Services are Medicines Use Reviews (MUR's), New Medicines Service (NMS) and Flu vaccination.

Local Enhanced Services – these are services commissioned locally by either NHS England, the Local Authority or CCG's.

NHS England currently commissions the following services in Nottinghamshire:

- Pharmacy First minor ailments service (excluding Rushcliffe)
- Christmas Day and Easter Sunday bank holiday rota
- Palliative Care
- Emergency Supply Service
- Domiciliary Medicines Use Review

### Community Pharmacy Assurance Framework (CPAF)

All pharmacies are subject to yearly contract monitoring via a national process agreed between NHS England and the Pharmaceutical Services Negotiating Committee (PSNC). Pharmacies complete screening questions and dependent on their responses may be requested to complete a comprehensive questionnaire or be selected for a contract review visit by NHS England. In addition pharmacies may be identified for a contract review visit due to various other sources of information including complaints.

Where non-compliance is identified at a contract review, an action plan is developed with appropriate timescales. If a pharmacy fails to complete the actions, a referral is made to the PSRC who have the authority to issue breach or remedial notices against a pharmacy.

### Regulation

Pharmacists and pharmacy technicians are registered healthcare professionals. The General Pharmaceutical Council is the regulatory body for all pharmacy professionals and pharmacy premises.

The principle functions of the GPhC include:

- approving qualifications for pharmacists and pharmacy technicians and accrediting education and training providers;
- maintaining a register of pharmacists, pharmacy technicians and pharmacy premises;
- setting standards for conduct, ethics, proficiency, education and training, and continuing professional development (CPD);
- establishing and promoting standards for the safe and effective practice of pharmacy at registered pharmacies;

- establishing fitness to practise requirements, monitoring pharmacy professionals' fitness to practise and dealing fairly and proportionately with complaints and concerns

### Complaints

In comparison to other primary care contractor groups, only a small number of complaints relate to community pharmacy. For 2015-16 the breakdown in relation to pharmacy complaints received for NHS England, North Midlands (Derbyshire/Nottinghamshire/Staffordshire/Shropshire) is as follows:

Details	Numbers
Number of complaints received	25 (out of 932 received)
Number of complaints upheld	8
Number relating to Communication/Attitude	10 (of which 3 were upheld)
Number relating to Medication/Dispensing error	7 (of which 3 were upheld)

There are two pathways for formal NHS complaints. Patients (or their representatives) can either complain to the contractor *or* the commissioner but not both. All complaints to the commissioner are processed via the NHS England Customer Contact Centre. The complaint is recorded and attempts are made to resolve the complaint informally however if this is not possible, complaints are passed to the regional teams where the contractor is based.

Once consent is obtained, an investigation is undertaken and where appropriate contractors are asked to provide an apology and an outline of the measures they plan to put in place to achieve appropriate service improvements. Independent clinical review is also undertaken and a formal response is sent to the complainant. If the clinical advisor considers it appropriate, the complaint would also be brought to the attention of the Fitness to Practise team for review by the Performance Advisory Group (PAG) within NHS England, North Midlands.

If the complainant has already complained to the contractor, NHS England are not permitted to re-investigate the complaint and complainants are advised to approach the Ombudsman should they wish an independent review of the investigation undertaken by the contractor. The Ombudsman is also the second stage for any complaints NHS England investigates.

### Changes to pharmacy funding

On 20th October 2016 the Government imposed a two-year funding package on community pharmacy, with a £113 million reduction in funding in 2016/17.

This is a reduction of 4% compared with last year, but it will mean that contractors will see their funding for December 2016 to March 2017 fall by an average of 12% compared with current levels.

This will be followed by a reduction in 2017/18 to £2.592 billion for the financial year, which will see funding levels from April 2017, drop by around 7.5% compared with current levels.

The local impact of these changes cannot be anticipated at present but may result in the closure of some pharmacies, particularly in areas where there are clusters or groups of pharmacies located close to each other.

### Recent developments

NHS England recently announced a £42m Pharmacy Integration Fund (PhIF) to support pharmacy to transform how it operates across the NHS for the benefit of patients over the next two years.

The Pharmacy Integration Fund will support community pharmacy as it develops new clinical pharmacy services, working practices and digital platforms to meet the public's expectations for a modern NHS community pharmacy service.

Community pharmacy initiatives under the Pharmacy Integration Fund (PhIF) include:

- Two work streams aimed at integrating community pharmacy into the NHS' national urgent care system, to run in parallel from December 2016 to April 2018: the urgent medicines supply service and the urgent minor illness care work with NHS 111
- Educational grants for community pharmacists to access postgraduate clinical pharmacy education and training courses up to diploma level