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Dear Colleague,

CHANGES TO THE PHARMACY CONTRACT IN 2011/12

(1) New Medicines Services

As you will be aware, the New Medicines Services (NMS) goes live on 1st October 2011. NMS is the fourth advanced service to be introduced into the NHS community pharmacy contract and is being implemented to provide support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is initially focused on particular patient groups and conditions.

The Devon LPC have already sent a large amount of information to pharmacies in their recent special edition newsletter which is dedicated to the NMS service and have run a number of local workshops for pharmacists. There was a huge amount of interest in these sessions and therefore a number of additional events have been arranged, details can be found on the Devon LPC website. The Devon LPC and PSNC have produced a range of NMS resources to support pharmacies and they are available at:

http://www.lpc-online.org.uk/devon_lpc/nms.html. <http://www.psnc.org.uk/pages/nms.html>

NMS is a time-limited service which will be commissioned until March 2013; however, it will continue beyond this time if the service provides demonstrable value. Four conditions/therapy areas were selected to be included in the initial rollout of NMS and they are:

- asthma and COPD
- type 2 diabetes
- antiplatelet/anticoagulant therapy
- hypertension.

The aims of the service are to:

- increase patient engagement with their condition and medicines, supporting patients in making decisions about their treatment and self-management
- reduce medicines wastage
- reduce hospital admissions due to adverse events from medicines

- lead to increased Yellow Card reporting of adverse reactions to medicines by pharmacists and patients, thereby supporting improved pharmacovigilance
- receive positive assessment from patients
- improve the evidence base on the effectiveness of the service
- support the development of outcome and/or quality measures for community pharmacy.

Accreditation:

Pharmacies

Before community pharmacies can begin providing the NMS service they must inform the PCT of their intention to do so; this notification must be made using the NMS Pharmacy Contractor Declaration Form. A copy of the form is enclosed, it should be returned to:

Stacey Burch,
Administrative & Contracting Assistant,
Primary Care Team
NHS Plymouth,
Building One, Derriford Business Park,
Brest Road, Plymouth,
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Stacey.Burch@nhs.net

FAX: 01752 315700

Pharmacists

Pharmacists must have the necessary skills and knowledge to be able to provide the NMS service and will be required to sign the NMS self-assessment form to declare this; a copy of the form should be taken to all pharmacies where the pharmacist intends to provide the service. The self-assessment form is available on the Devon LPC and PSNC websites.

Payments

Implementation payment

Each community pharmacy delivering the service will have access to an implementation payment of £750 in year one. The implementation payment will be the same for all pharmacies, regardless of prescription volume. The implementation payment can only be claimed through the NHS Business Services Authority in year one and will help with establishing the service, e.g. associated training costs, data collection and publicity costs.

To obtain their implementation payment, the community pharmacy must certify that the service has been delivered a minimum of 6 times prior to the 31 March 2012. They must also certify that:

- the service will be delivered by pharmacists that have signed the self-assessment of readiness for community pharmacists;
- the premises meet the requirements of the service specification;
- a Standard Operating Procedure (SOP) is in place;
- all dispensing staff understand the aims and objectives of the service, are aware of the eligible conditions / therapies, understand the SOP, and understand their role, if any, in delivering the service; and
- the contractor or their representatives has been in communication with local GP practices about the service.

David Connelly: Chairman

Ann James: Chief Executive for the Cluster of NHS Devon, Plymouth & Torbay Care Trust

Peter Rudge: Chair of Clinical Commissioning Group

Target payments

From October 2011, each pharmacy will also be eligible to receive monthly target payments. The size of the target payment will depend on how many NMS episodes have been completed in relation to the prescription volume of the individual pharmacy. Further details of the payment structure are available on the PSNC website.

PCT data return requirements

Each participating pharmacy must complete a reporting template which was developed by NHS Employers and the PSN by collating the necessary data from pharmacy records within 10 working days from the last day of June, September, December and March.

Completed excel templates must be provided to the PCT every quarter; further details of how and where to submit the spreadsheets will be proved in the near future. A copy of the standard reporting template is enclosed.

NHS Plymouth have worked in partnership with the Devon LPC to promote the NMS service to other healthcare professionals, in particular GPs, this will prove valuable as it is a requirement for pharmacy contractors or their representatives to contact local GP practices to talk about the service. The Devon LPC have produced a GP briefing document to support pharmacists with this and it is available on their website.

(2) Targeted Medicines Use Reviews

In addition to the NMS service, from 1st October 2011 pharmacies must ensure that **at least 50%** of the MURs they provide are targeted on 3 particular groups of patients:

- patients who are taking high risk medicines (diuretics, NSAIDs, antiplatelets and anticoagulants)
- patients who have recently been discharged from hospital with an amended medicines regime
- patients with respiratory disease

Pharmacists are still able to provide MURs to patients who are not in the above targeted groups if they feel would benefit from the service.

From 1st October 2011, the reporting requirements for all MURs are:

Data to be retained by pharmacies:

The MUR form (referenced as the "MUR record of each consultation" in the Directions) will continue to be used until April 2012.

Outcome measures and PCT data return requirements

As with the reporting requirements for the NMS, each participating pharmacy must complete a reporting template by collating the necessary data from pharmacy records for the MURs conducted in that quarter, ensuring that it is available after the end of 10 working days from the last day of that quarter (last day of June, September, December and March). Completed templates must be provided to the PCT every quarter; further details of how and where to submit the spreadsheets will be proved in the near future. A copy of the standard excel reporting template is enclosed.

Patient consent requirements:

From 1 October 2011 patients who want to receive an MUR must give signed consent for their information to be shared with the GP, PCT and NHS BSA. This change matches the patient consent arrangements for the New Medicine Service (NMS). The PSNC template can be downloaded for pharmacy use. This template is available at:

David Connelly: Chairman

Ann James: Chief Executive for the Cluster of NHS Devon, Plymouth & Torbay Care Trust

Peter Rudge: Chair of Clinical Commissioning Group

<http://www.psn.org.uk/pages/mur.html>

Further resources are also available on this website.

(3) Changes to Clinical Governance Requirements

From the 1st October 2011 a number changes have been made to the pharmacy contractual framework in relation to clinical governance requirements. These changes are designed to strengthen and build upon the existing clinical governance regime.

The key changes are:

an addition to the existing requirement to publicise NHS services that are available at or from the pharmacy that clarifies that where a pharmacy advertises NHS Essential and Advanced services there should be an acknowledgement that these are funded by the NHS;

an addition to the existing requirement to ensure that contractors reflect on the results of their annual patient satisfaction survey, take appropriate action and publish the results;

all patient safety incidents should be reported to the NPSA or its successor organisation. Pharmacies will be expected to have a patient safety incident log and near-miss log;

pharmacies should have a whistle blowing policy;

patient safety notices, alerts and other communications concerning patient safety issued on behalf of the Medicines and Healthcare products Regulatory Agency (MHRA), the National Patient Safety Agency (NPSA) or successor body, and the Department of Health should be acted upon within required timescales. Actions taken in response to the alerts should be recorded;

pharmacies should keep patients, staff and visitors safe by having systems to ensure that the risk of health care acquired infection to patients is minimised. Cleanliness and infection control measures should be proportionate to the activities being undertaken in the pharmacy; and

premises should provide a professional healthcare environment. There should be a clear separation between the healthcare environment (where patients will receive NHS services) and the non-professional area of the pharmacy.

The PSNC and NHS Employers have recognised that it will take time for contractors to implement the changes and we have allowed a six month "transition" period for contractors to comply with a number of the Regulations.

If you have any queries about these changes to the pharmacy contract please do not hesitate to contact me.

Yours sincerely

James Glanville
Primary Care Manager