

Pharmacy and Medicines bulletin



Special edition Date: 10 February 2020

Welcome to the Pharmacy and Medicines bulletin

NHS England and NHS Improvement and the British Medical Association (BMA) agreed the 2020/21 GP contract deal on 6 February 2020. The full details of the deal can be found on [our website](#). This agreement updates and enhances the existing five-year GP contract deal: *Investment and Evolution*. This bulletin provides a briefing on what it means for pharmacy professionals.

The update to the GP contract provides a major and very welcome development of the pharmacy profession's role in the NHS and is another step forward in the process of transformation. This landmark deal will revolutionise patient care in relation to the use of medicines, and particularly the issue of overprescribing, through the delivery of the Structured Medication Review and Medicines Optimisation Service Specification from April this year.



It is a huge deal for the pharmacy profession and I want to thank each and every colleague across the country who has contributed to the confidence that the public clearly has in pharmacists; it has taken a lot of hard work by many people to get to today.

It's worth looking back to just over a year ago, when the [NHS Long Term Plan](#) made a commitment to boost 'out-of-hospital' care. It said GP practices – typically covering 30-50,000 people – would be funded to work together to deal with pressures in primary care and extend the range of convenient local services, creating genuinely integrated teams of GPs, community health and social care staff.

The NHS Long Term Plan also set out how investment in primary medical and community services would grow faster than the overall NHS budget.

This has now come to fruition in the GP contract, and a significant part of how we are going to deliver this integrated 'out-of-hospital' care is through the increasing clinical contribution of all pharmacy professionals in general practice, community, and hospital settings. This has been given an important boost today with the announcement that reimbursement for all the 26,000 additional staff will be at 100%.

It's exciting that, building on the excellent work already being done by pharmacy technicians, we have now been able to create a role for pharmacy technicians as part of the Network Contract Directed Enhanced Service (DES) and I look forward to seeing the significant contribution to improving medicines use they will make in primary care networks (PCN). I've been impressed by the joint pharmacist/pharmacy technician training programme that we ran for the Medicines Optimisation in Care Homes Programme and this is now the standard.

This updated GP contract paves the way for thousands of pharmacists and pharmacy technicians to join many other professionals to create new multidisciplinary teams across primary care in England over the next four years, offering better care to the public and greater job satisfaction to professionals. The recruitment of these staff has been deemed 'a first order priority for the whole NHS'. And they will be there not primarily to relieve the pressure on GPs, but to make the right use of their clinical / professional skills and experience for the benefit of patients.

It is also important to note that from April 2020, PCNs will need to agree with community pharmacies how they will work together. This will be supported by a requirement in the Network Contract DES for each PCN to outline in the Network Agreement the details of the collaboration agreement reached with community pharmacy, particularly where this is necessary to deliver the DES service specifications. This is already happening in some parts of the country and we now need other areas to follow suit by making the best use of the clinical skills of community pharmacists, following the example set by the NHS Community Pharmacist Consultation Service.

I'm convinced that the key to making a success of this investment in PCNs will be team-working across professional and sectoral boundaries and I believe pharmacy professionals will be at the forefront, and showing leadership, when it comes to working with colleagues as we develop PCNs together.

Of course, there will be challenges, not least for pharmacy training and recruitment, but we will work with Health Education England and other partners to take action to meet those, and we will be able to say more once the NHS People Plan is published later this year.

It is imperative now that local pharmacy leaders across all sectors come together to collaborate and help ensure these new ways of working are implemented well for patients. I want to see the highest degree of professionalism to make this work across a local system – patients and the public will expect that from us.

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Dr Keith Ridge CBE
Chief Pharmaceutical Officer for England

Update to the GP Contract Agreement: 2020/21-2023/24

The main measures in relation to pharmacy

1. Major enhancements to the Additional Roles Reimbursement Scheme to help secure 26,000 additional staff:
 - 6,000 extra staff will be funded under the Scheme (in addition to the 20,000 already being funded).
 - More roles will be added to the Scheme from April 2020 in addition to those previously agreed: pharmacy technicians, care co-ordinators, health coaches, dietitians, podiatrists and occupational therapists. Mental health professionals will be added from April 2021. Some further flexibility is included in the operation of the Scheme's rules.
 - Reimbursement for the 26,000 roles increases from 70% to 100%.
 - PCNs are encouraged to take immediate action to recruit, with additional support from their CCG. A simple workforce planning template will be developed shortly, for PCNs to share their intentions.
2. Further improvements to the Quality and Outcomes Framework (QOF) including significant reforms to the asthma, COPD and heart failure QOF domains and a new indicator on non-diabetic hyperglycaemia. In 2020/21, the QOF quality improvement modules are learning disabilities and supporting early cancer diagnosis.
3. An overhaul of vaccination and immunisation payments to improve vaccination coverage.
4. The Structured Medication Review and Medicines Optimisation, Enhanced Health in Care Homes and Supporting Early Cancer Diagnosis service specifications have now been significantly improved in the light of consultation responses. They will be introduced in 2020/21.
5. Incentives under the new Investment and Impact Fund will be introduced in 2020/21. The Fund rewards PCNs for delivering objectives set out in the *NHS Long Term Plan* and GP contract agreement. Eight indicators are included in 2020/21, relating to seasonal flu vaccination, health checks for people with a learning disability, social prescribing referrals, and prescribing. The Fund will be worth £40.5m in 2020/21, increasing to £150m in 2021/22, £225m in 2022/23 and £300m in 2023/24.
6. The deal also includes improvements to the Network Contract DES registration process and updates to the Network Agreement.
7. We are working with the General Practitioners' Committee of the BMA to develop more detailed guidance, where appropriate, on the agreed changes set out in the publication.

A detailed look at what it means for pharmacy

Enhancing the Additional Roles Reimbursement Scheme

8. Assurances made under this deal mean PCNs can recruit fully, without worry about the theoretical risk of future employment liability and redundancy costs. PCNs are encouraged to take immediate action to recruit, with additional support from their Clinical Commissioning Group (CCG), e.g. through collective/batch recruitment exercises, supporting joint or rotational roles with other community providers. Adding 26,000 extra staff in the PCN additional roles reimbursement scheme now becomes a first order priority for the whole NHS.
9. For the average PCN in 2020/21, that means around 7 Full Time Equivalent (FTE) staff, and this rises to 20 FTE staff in 2023/24.

10. Working with Health Education England (HEE), NHS England and NHS Improvement is committed to an increase in the numbers of pharmacy technician trainees. For 2020/21 and 2021/22 only, in recognition of workforce supply constraints, the default expectation is that PCNs will not recruit more than one additional individual pharmacy technician under the Scheme, or two in those PCNs with a population of over 100,000 patients.

11. It is important to note that medicines optimisation in care homes (MOCH) clinical pharmacists and pharmacy technicians must be transferred into the Scheme at the point at which they have completed their training. The last date at which this transfer can happen is set at 31 March 2021. Where the roles were counted in the 31 March 2019 staffing baseline, they form an exemption from the calculation of additionality.

More operational flexibility

12. Until now, the additionality calculation has operated on a role-by-role basis. From 1 April 2020, PCNs may substitute between clinical pharmacists, first contact physiotherapists and physician associates within their practice-funded baseline, with the agreement of their commissioner which will not be unreasonably withheld.

13. It is up to each PCN to decide the distribution of roles required, limited only by differentially available supply of different roles in different parts of the country.

AN ILLUSTRATIVE DISTRIBUTION OF ROLES FOR AN AVERAGE PCN BY 2023/24, BASED ON EXPECTED NATIONAL SUPPLY	Illustrative FTE
Clinical pharmacists	6
Pharmacy technicians	2
First contact physiotherapists	3.5
Physician associates	2.5
Social prescribing link workers/health and wellbeing coaches/care co-ordinators	5
Paramedics and other AHPs	2
Total	21

System support for PCNs

14. CCGs and systems are expected to explore different ways of supporting PCNs. These should include, but not be limited to:

- The immediate offer of support from their own staff to help with co-ordinating and running recruitment exercises.
- The offer of collective/batch recruitment across PCNs. Where groups of PCNs wish to advertise vacancies collectively, CCGs or Integrated Care Systems (ICSs) will be tasked with supporting this.
- Brokering arrangements to support full-time direct employment of staff by community partners, or to support rotational working across acute, community and (in time) mental health trusts, as well as community pharmacy. We are seeing increasing examples of rotational working across the country and we strongly endorse this approach. It can help build more rewarding careers, support collaboration and secure extra capacity more quickly.
- Ensuring that NHS workforce plans for the local system are as helpful as possible in meeting PCN intentions.

New to Partnership payment

15. From 1 April 2020, new partners will benefit from £3,000 of business training allowance and a guaranteed one-off payment of £20,000 for a full-time GP (calculated on a 37.5 hours a week basis) to support their establishment as a new partner. The national scheme will be available to all GPs who have never before been partners and are offered partnerships. It will be open to other professional groups (e.g. nurses and pharmacists).

Releasing time to care

16. The newly established NHS Community Pharmacist Consultation Service will also relieve pressure on GP practices. This went live in October 2019 and has so far taken over 150,000 referrals which would otherwise have been made to a GP. Subject to the successful evaluation of ongoing pilots, the service will be expanded, with referrals from other settings during 2020/21.

Vaccination and immunisation payments

17. These changes to vaccination and immunisation payments are the most significant for 30 years and require much work to implement. We will phase this over two years, to ensure that the process runs smoothly and that practices are supported with the change. In year one, starting in April 2020 we will, among other measures, introduce an incentive worth £6.5m into the Investment and Impact Fund for PCNs to improve seasonal flu vaccine coverage for the over 65 age group, in collaboration with community pharmacies.

Structured Medication Review and Medicines Optimisation Service Specification

18. From 1 April 2020, each PCN will:

- 1** Use appropriate tools to identify and prioritise patients who would benefit from a Structured Medication Review, which will include those:
 - in care homes;
 - with complex and problematic polypharmacy, specifically those on 10 or more medications;
 - on medicines commonly associated with medication errors; and
 - with severe frailty, who are particularly isolated or housebound patients, or who have had recent hospital admissions and/or falls; and using potentially addictive pain management medication.
- 2** Offer and deliver a volume of SMRs determined and limited by PCN clinical pharmacist capacity, demonstrating all reasonable on-going efforts to maximise that capacity.
- 3** Ensure invitations to patients explain the benefits and what to expect.
- 4** Ensure that only appropriately trained clinicians working within their sphere of competence undertake SMRs. These professionals will need to have a prescribing qualification and advanced assessment and history taking skills, or be enrolled in a current training pathway to develop this qualification and skills.
- 5** Clearly record all SMRs within GPIT systems.
- 6** Actively work with their CCG to optimise quality of prescribing of (a) antimicrobial medicines, (b) medicines which can cause dependency, (c) metered dose inhalers, where a low carbon alternative may be appropriate and (d) nationally identified medicines of low priority.
- 7** Work with community pharmacies to connect patients appropriately to the New Medicines Service which supports adherence to newly prescribed medicines.

Investment and Impact Fund

19. The Investment and Impact Fund (IIF) will be introduced as part of the Network Contract DES in 2020/21, with PCNs rewarded for delivering objectives set out in the NHS Long Term Plan and the five-year agreement document. In light of revisions to plans for the service specifications, in 2020/21 the IIF will be worth £40.5m.

2020/21 IIF INDICATORS

Percentage of patients aged 65+ who received a seasonal flu vaccination (1 September-31 March)

Percentage of patients on the learning disability register who received a learning disability health check

Number of patients referred to social prescribing per 1000

Gastro-protective prescribing - Percentage of patients prescribed a non-steroidal anti-inflammatory drug without a gastro protective (age 65+)

Metered Dose Inhaler prescriptions as a percentage of all inhaler prescriptions (excluding salbutamol)

Spend per patient on 20 of the 25 medicines on the national list of items that should not routinely be prescribed in primary care

The Network Agreement

20. The Network Agreement documents the collaboration between all constituents of the PCN. Like the partnership agreement of a GP practice, it sets out the arrangements and responsibilities of each member. We expect that in many cases PCNs are already collaborating with local non-GP providers and have agreements in place about what this looks like. Cementing these relationships further, from April 2020, in order to deliver the requirements of the Network Contract DES, PCNs will need to agree with their local Community Services provider(s), community mental health provider(s), and community pharmacies how they will work together.

21. This will be supported by a requirement in the Network Contract DES for each PCN to outline in Schedule 7 of the Network Agreement the details of the collaboration agreement reached with its Community Services provider(s) and community pharmacy, particularly where this is necessary to deliver the DES service specifications.

Workforce roles beginning from April 2020: Pharmacy technicians

22. Pharmacy technicians play an important role, complementing clinical pharmacists, community pharmacists and other members of the PCN multi-disciplinary team. Pharmacy technicians are different to clinical pharmacists as they are not able to prescribe or make clinical decisions, instead working under supervision to ensure effective and efficient use of medicines.

23. The following sets out the key role responsibilities and training requirements for pharmacy technicians:

Clinical:

- Undertaking patient facing and patient supporting roles to ensure effective medicines use, through shared decision-making conversations with patients.
- Carrying out medicines optimisation tasks including effective medicine administration (e.g. checking inhaler technique), supporting medication reviews and medicines reconciliation.

- As determined by the PCN, supporting medication reviews and medicines reconciliation for new care home patients and synchronising medicines for patient transfers between care settings, linking with local community pharmacists, and referring to the pharmacist for structured medication reviews.
- Providing specialist expertise, where competent, to address both the public health and social care needs of patients.
- Taking a central role in the clinical aspects of shared care protocols and liaising with specialist pharmacists for more complex patients.
- Supporting initiatives for antimicrobial stewardship to reduce inappropriate antibiotic prescribing.

Technical and Administrative:

- Working with the PCN multi-disciplinary team to ensure efficient medicines optimisation, including implementing efficient ordering and return processes and reducing wastage.
- Providing training and support on the legal, safe and secure handling of medicines, including the implementation of the Electronic Prescription Service (EPS).
- Developing relationships with other pharmacy technicians, pharmacists and members of the multi-disciplinary team to support integration of the pharmacy team across health and social care including primary care, community pharmacy, secondary care and mental health.
- Supervising practice reception teams in sorting and streaming general prescription requests, so as to allow GPs and clinical pharmacists to review the more clinically complex requests.
- The role will also require pharmacy technicians to support the implementation of national prescribing policies and guidance within GP practices, care homes and other primary care settings.
- Pharmacy technicians will provide leadership for medicines management systems across PCNs.

Training requirements:

- All pharmacy technicians must have completed or be enrolled in, be undertaking or be prepared to start an approved 18-month training pathway (e.g. Primary care pharmacy educational pathway (PCPEP) or Medicines Optimisation in Care Homes (MOCH)). Pharmacy technicians must be registered with the General Pharmaceutical Council. Entry to the PCPEP programme will include the option for an accreditation of Prior Learning (APEL) process.

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