

A New Prescription

Changes to the Community Pharmacy Contractual Framework from April 2022

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Community Pharmacy Contractual Framework Reform - Background

- Current contract based on England and Wales contract 2005
- Some minor changes brought in – Discharge Medicines Review (2011)
- Significant Funding changes in England – July 2016
- Funding settlements in 2017/18 and 18/19 agreed some changes – Collaborative Working and Quality & Safety scheme
- Process of agreeing a new CPCF began in 19/20 with a Heads of Agreement agreed between WG and CPW -March 2020
- Covid impacted on the negotiations
- Sign-off November 2021
- Formal announcement mid December 2021
- New CPCF launches from 1 April 2022

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Community Pharmacy Contractual Framework Reform Themes

The changes to the CPCF comprise a wide range of reforms under four themes:

1. A commitment to quality, collaboration and integration within primary care
2. A workforce with the skills needed to deliver outstanding pharmaceutical care
3. Expanding the clinical role of community pharmacists
4. Valuing the contribution community pharmacies make to the NHS

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Primary Care clusters, Collaborative Working and Quality & Safety Scheme

This section of the CPCF Reform was brought in for 2021/22:

- Primary Care Cluster Community Pharmacy Lead role established April 2021
- Collaborative Working – 2 parts:
 - Attending meetings with the PCCCPL and the other pharmacies in the cluster
 - Attending meetings with other healthcare professionals in the cluster on a specific range of topics
- Quality & Safety
 - Prevalence of high risk medications
 - Validate information on pharmacy services (data shared with 111)
 - Improving awareness of quality improvement methodology

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Workforce

Independent Prescriber Training:

- HEIW to support training for (a minimum of) 60 community pharmacists (including locums) to train as IPs every year
- Changes to the Initial Education and Training of Pharmacists from the university courses that commenced in September 2021 – pharmacists will qualify as IPs from 2026
- Changes to IP courses allow for Designated Prescribing Practitioners as well as Designated Supervising Medical Practitioners – historically rate-limiting step

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Workforce

Pharmacy Technicians:

- HEIW to fund training for (a minimum of) 20 pre-registration pharmacy technicians from community pharmacy
- New course (February 2022) enables qualification as Accuracy Checking Pharmacy Technician
- Funding from the CPCF for the next 2 years (22/23 and 23/24) to support community pharmacies to invest in training pharmacy technicians as a key enabler to release the pharmacist to provide services.
 - Different levels of funding available for pre-reg pharmacy technician, qualified pharmacy technician, pharmacy technician undergoing accuracy checking training and an Accuracy Checking Pharmacy Technician

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Workforce

- Wales National Workforce Reporting System
 - Already in use in GP practices
 - Extending to other primary care contractors
 - Allows for mapping of roles, age profiles and vacancies across Wales
- Recruitment
 - Workforce Pressures and Shortages continue to be a significant issue
 - Community pharmacy use of NHS Jobs to advertise vacancies
 - Train, Work, Live Refresh in 2022 with a focus on community pharmacy

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Clinical Services

- **Medicine Use Reviews** – currently suspended will be discontinued from April 2022
- **Discharge Medication Reviews:**
 - Cap of 140 DMR consultations removed from April 2021
 - Future of DMR likely to include Pharmacy technician provision

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Clinical Services

New National Directed Service:

- **Clinical Community Pharmacy Service (CCPS)**
 - Four services (Emergency Contraception, Seasonal Flu Vaccine, Common Ailments Service and Emergency Medication Supply) to be moved into national commissioning as a package renamed the CCPS
 - Pharmacies must deliver all four services in order to provide the CCPS
 - Fee structure for individual services to be maintained as separate fees
 - 5th service to be introduced in 22/23 to enable pharmacies to provide both bridging and quick start contraception

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Clinical Services

- **New National Directed Service:**
 - **Independent Prescriber Service**
 - Funding based on a hybrid model of availability as well as delivery/activity
 - Quarterly fee to support ongoing governance requirements and professional development of the IP
 - Service will allow the provision of a National extended minor illness service and/or national contraception service (and other local LHB commissioned services)
 - Pharmacy must provide the CCPS before offering an IP service

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Independent Prescriber Service – Fee Structure

- Funding in year 1 (22/23) paid on a banded structure on availability:
 - BAND 1: 80 hours/ month – min. 2 days/ week availability (for up to 100 consultations)
 - BAND 2: 110 hours/ month – min. 3 days/ week availability (for up to 130 consultations)
 - BAND 3: 150 hours/ month – min. 4 days/week availability (for up to 180 consultations)
- Funding from year 2 (23/24 onwards) is based on the same availability but introduces a minimum level of activity for baseline funding and a threshold for full funding in each band



Valuing the Contribution of Community Pharmacy

- **DISPENSING FEES:**

- Total Value of Dispensing Fees to be set at £80m per annum
- Dispensing fees = professional fees including special fees + IM&T and RD
- RD and IM&T will not be separate fees going forward
- Professional fee to be varied to deliver the agreed quantum
- Hospital items – any additional items from a baseline to be funded in addition to CPCF
- Dispensing Volume expected to reduce due to combination of changes to periods of treatment and movement of some items off prescription

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Valuing the Contribution of Community Pharmacy

- **DISPENSING VOLUME REVIEW**

- Review and WG response launched 11 January 2022

Reduction in dispensing volume by:

- Changes in periods of treatment
- Moving items off prescription

- CPW working with GPC Wales to create guidance for both contractors in relation to periods of treatment:

- Why the change?
- What to consider – timeframe/ whole families/ exclusion criteria
- Collaboration between GPs and community pharmacies
- Communication to patients

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Valuing the Contribution of Community Pharmacy

- **PRACTICE PAYMENTS:**

- Phased reduction of practice payments continues from current level of £25.7m to £10.2m by April 2023
- Practice payments will continue to be paid as a fee per item
- From April 2023 onwards practice payment will be set at £10.2m:
 - £5.1m for costs of compliance with Equality Act
 - £5.1m for Terms of Service
- Practice payment will be adjusted to meet the quantum by the end of each year

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Valuing the Contribution of Community Pharmacy

ESTABLISHMENT PAYMENTS:

- From April 2022 establishment payments will split into 2 parts – dispensing and clinical services:

ESTABLISHMENT PAYMENTS (Dispensing):

- From April 2022 establishment payment payable in respect of dispensing reduced by 50%
- Simplified flat fee structure per pharmacy

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ESTABLISHMENT PAYMENTS (Clinical Services):

- From April 2022 50% of the establishment payment to be made available to pharmacies providing the new CCPS (flat rate payment to each pharmacy)
- From April 2023 the establishment payment will increase as continuity payment is added
- Qualifying criteria for 23/24 and future years will be agreed as part of the annual review, expected to be based on a minimum level of delivery
- A tiered payment structure is expected in the future

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- **CONTINUITY**

- To continue at current quantum until April 2023 when moves into establishment payments
- To include availability of Emergency Contraception from April 2022

- **COLLABORATIVE WORKING**

- Funding to be maintained at current levels

- **QUALITY & SAFETY SCHEME**

- Funding to be maintained at current levels

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Valuing the Contribution of Community Pharmacy

- **Clinical Services:**

- Phased increases in funding year on year for both Clinical Services and Independent Prescribing Services from current levels of £11.4m for Clinical Services and £1m for IP
- Funding changes funded from changes elsewhere in CPCF (plus inflationary increases) – majority funded from practice payment reductions
- Funding from MUR services (arrangements for shielding patients) to be transferred to other parts of the CPCF
- Mechanism introduced to improve cashflow for clinical service funding from April 2022 – payment redistribution on a monthly basis

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Clinical Services

Changes in Fee Structures:

Fair Return:

- Historically services an “add on” with majority of profit from dispensing
- Usually fair return set at 15% (with some “high risk” set at 25%)
- All services (excluding SFV, CAS, EC, Supervised admin, needle and syringe supply and IP) to be subject to an increase in fair return
- “Costs” of the community pharmacy contract no longer all covered by dispensing

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Other Funding:

- OTHER:

- Primary Care Cluster Community Pharmacy Leads – to be maintained at current level
- Recurrent transfer of £0.4m to Digital Health and Care Wales in respect of the Choose Pharmacy Application
- Funding of £0.2m per annum to Health Boards in respect of set-up costs for Independent Prescriber services (DSMP/ DPP)
- Value of CPCF from 2023/24 is subject to inflationary growth the level of which is not yet known

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Other Changes in 2022 onwards

- Terms of Service Review
 - Planned for 22/23
- Clinical Governance
 - Once for Wales Concerns Management System from April 22
- ePrescribing review implementation
- WG review to establish whether there are further conditions that could be managed by community pharmacies
- Increased promotion through *Help Us to Help You* campaign

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Any Questions?

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