

# “A New Prescription”

## Changes to the Community Pharmacy Contractual Framework from April 2022

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# Headlines

- Money largely repurposed from elsewhere within contract to move focus from dispensing to provision of clinical services
- Themes of reform
  - Focus on access to clinical services and expanding clinical role of pharmacists- including IP services
  - Develop a workforce with the skills needed to deliver outstanding pharmaceutical care
  - A commitment to quality, collaboration and integration within primary care

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# 1. 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) moved into national commissioning as a package renamed the CCPS
  - 5<sup>th</sup> service to be introduced in 22/23 to enable pharmacies to provide both bridging and quick start contraception
- **Renewed focus on Discharge Medicines Reviews**
  - Improved medicines adherence, reduced hospital re-admission

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# 1. Clinical Services

- **Independent Prescriber Service**

- Service will allow the provision of a National extended minor illness service and/or national contraception service (and other local LHB commissioned services) for qualified pharmacists from April 22
- Funding based on a hybrid model of availability as well as delivery/activity (Minimum Availability – 80 hours per month and minimum 2 days per week)

## 2. Workforce

- **Independent Prescriber Training:**
  - HEIW to support training for (a minimum of) 60 community pharmacists to train as IPs every year
  - All Pharmacists will qualify as IPs from 2026
  - Changes to IP courses allow for non medical Designated Prescribing Practitioners as well as Designated Supervising Medical Practitioners – historically rate-limiting step
- **More funding for training Pharmacy Technicians and other support staff**
- **Use of Wales National Workforce Reporting System and advertising of community pharmacy jobs via NHSJobs**

# 3. Quality, collaboration and integration within primary care

- Collaborative working and Quality and safety elements of contract unchanged from this year
- Pharmacy cluster model (including lead role) unchanged and forms basis of Accelerated Cluster Development work for other professions going forward



# Dispensing Activity?

- Dispensing Volume expected to reduce due to combination of changes to periods of treatment and movement of some items off prescription
- Dispensing volume review published 11<sup>th</sup> January 2022
- CPW/BMA working on joint guidance for contractors
  - Will need careful local management but aim is to improve capacity for all parties

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# Cluster Considerations

- How to maximise uptake of community pharmacy services
  - Communicating availability, consistency in referral and delivery
- How to support development of IPs and appropriate use of services
  - Identifying DSMP and DPPs
  - Communicating availability of IPs and scope as services develop
  - Appropriate referral and feedback mechanisms
- Dispensing volume review
  - Consistent and appropriate approach, in line with guidance once issued.

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# Any Questions?

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