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# So what is the pharmacy contract all about?

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With the background of the NHS Improvement Plan<sup>1</sup> driving more personalised care for patients, with a sharper focus on managing health and wellbeing rather than just disease and more localised decision making, it is understandable that there would be a new vision for better integration of community pharmacy into such an improved NHS.

The new Pharmacy Contract has been designed to deliver this vision in terms of engaging pharmacy more fully in primary care by building services and protecting pharmacist income while increasing transparency.

Some Industry marketeers may be forgiven for thinking that community pharmacists, whose role in primary care has been well established for many years, would turn out to be Luddites when it comes to this new Pharmacy Contract, which is due to come into effect on 1 April, 2005. They might even expect some pharmacists to say a post-Christmas 'bah humbug' to Government inspired changes. But they'd be wrong and could even miss out on a major marketing opportunity in the days to come.

According to the Pharmaceutical Journal<sup>2</sup>, the official journal of the Royal Pharmaceutical Society of Great Britain, an overwhelming number of community pharmacists have voted 'yes' to the new contract in recent research. The survey, which was conducted by the Pharmaceutical Services Negotiating Committee<sup>3</sup>, which represents community pharmacy on NHS matters, had the phenomenal participation of 74% of community contractors - 92.5% of whom voted in favour of the contract.

The commitment of the PSNC and community pharmacists was further emphasised by PSNC chairman Barry Andrews' response to the survey results: 'We are delighted that contractors have demonstrated so clearly their strong desire to develop NHS services,' he said. Sue Sharpe, PSNC chief executive added that the PSNC's focus would be on helping to manage the transition and on building closer working relationships with PCTs and GP practices. Even Health Secretary, John Reid, was enthusiastic about the survey results, being moved to comment: 'From April, patients will gain a better, more flexible service from their

pharmacist and a broader range of services.'

Furthermore on the PSNC website<sup>3</sup>, Barry Andrews states: 'The changes in provision of health care, the new GMS contract and the appreciation of the skills of pharmacists mean that the Government, PCTs, GPs and others all want to make greater use of pharmacy.' Rosie Winterton, Minister of State at the Department of Health, is also quoted as saying: 'My ambition remains to realise community pharmacy's future as an integral part of NHS primary care provision, embedded in NHS thinking and planning - whether through helping patients make better use of their medicines, promoting healthier lifestyles, or providing innovative services that really do make a change to patient choice locally.'

So it's quite clear then: pharmacists, their representative bodies and the Government all want to improve the community pharmacy offering, meaning that they embrace the new contract and patients are apparently going to love the new services. We are clearly about to enter a new era for pharmacists.

But, before we look at the opportunities for the Industry to give pharmacists more attention and establish more strategic relationships than the traditional information seeking, order taking, commercial tail management and ad hoc pharmacy 'disease awareness' initiatives, we need to understand what this contract is all about.

Much has been written about the GMS Contract (including by me), but again one could be forgiven for thinking, due to perhaps less media exposure, that the Pharmacy Contract may be of a lesser significance. In actual fact, the Pharmacy Contract is very significant. Firstly, it has a different set of impacts, which if implemented correctly, will deliver the aspirational goals already discussed and radically improve the community pharmacy service. Secondly, the Pharmacy Contract is also designed to ensure that it supports the needs of the GMS Contract.

So given its relevance, what are the main components? Well, given that the aims are to support better personal care, promote improved public health and chronic disease management, there are three parts - essential,

PHARMACY



PRESCRIPTIONS  
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advanced and enhanced services.

1) Essential services. Offered by all contractors, these will include:

- Dispensing
- Repeat dispensing
- Signposting patients to other healthcare professionals
- Clinical governance
- Public health, and
- Medication waste disposal.

2) Advanced services. These will require completion of accredited training and the availability of suitable facilities and will include:

- Medicines' use review

Pharmacists will undertake face-to-face concordance reviews with patients to assess any problems with current medication and its use. Patient knowledge of the medication having been assessed will be feedback to their GP, leading to increased patient understanding of their medication and why it has been prescribed, enabling problems to be identified and addressed.

- Prescription intervention service

This will be initiated by any 'significant' issue with a patient's prescription, with actions including suggestions for substitution based on local protocols, changes to improve patient concordance, dosing optimisation and synchronisation of prescriptions, all of which would be fed back to the prescriber via standardised paper or electronic processes. The key outcome will be improved quality of prescribing and therefore patient care

3) Enhanced Services. These will be broadly agreed nationally, with PCTs commissioning specific services at local level, and will most likely include some of the following:

- Management of minor ailments
- Screening for diabetes
- Substance misuse services
- Coronary heart disease screening/healthy living service
- Disease specific medicines management services
- Palliative care services
- Emergency hormonal contraception service
- Full clinical medication review
- Concordance services
- Out of hours service
- Care home and intermediate care services
- Prescriber support services (practice based)
- Home care services-domicillary assessments
- Head lice management service
- Smoking cessation service
- Gluten free food supply service
- Needle Exchange Service
- Services to schools

However, according to the PSNC, this is very much the 'first pass' list and services may develop over time as the needs of patients, PCTs & NHS evolve, with it being envisaged that certain of these enhanced services will eventually become part of the essential category.

Indeed at a recent Pharmaceutical Market-

ing Society Meeting<sup>4</sup>, Chris Town chief executive of the Greater Peterborough Primary Care Partnership, commented that he too could see PCTs taking the opportunity presented by the Pharmacy Contract to move the basic service rapidly into the advanced arena. Furthermore, he predicted that there would be much development of the enhanced services over the next five years.

Speaking at the same meeting, Beth Taylor, principal pharmacist, community health, at London Specialist Pharmacy Services, said that given the reality of pharmacists becoming supplementary prescribers, they have now two roles. Firstly as prescribers in their own right and secondly as advisers and dispensers of prescriptions to other practitioners. As a result the new contract's service provision may well be the best context within which the benefits of pharmacist prescribing may be maximised.

So what does this mean for the Industry, which may have at times treated community pharmacists as of secondary importance? One view is that of Brian Gunson, chairman of Munro & Forster Communications, who said: 'It does indeed sometimes seem that the Industry has always felt that it was nice to engage with the pharmacy profession, but the new contract opportunities mean that the Industry must engage.' Brian further notes that, as there are over 6 million daily visits to UK pharmacies, pharmacists are uniquely placed to provide a cornerstone of public health over the next five years. 'Take a good look at the opportunities as marketers and get involved,' he suggests.

So, having outlined the broad support for the contract and some of the detail of the services, it is clear that it is time to look at how we in the Industry can support pharmacists in delivering these patient benefits. Once every aspect of the contract is considered in depth, immediate opportunities begin to spring to mind. Perhaps the creativity which many pharmaceutical companies have deployed in supporting GPs' achievement of their GMS Contract objectives could also be relevant with the Pharmacy Contract.

Indeed, given that the pharmacy contract is designed to complement the GMS contract, there will surely be many opportunities for such integration and synergy leading to mutual benefit for companies, doctors, pharmacists, PCTs, other supplementary prescribers and most importantly, those at the centre, the patients.

Maybe at the start of 2005, we really are at the beginning of a 'brave new (healthcare) world,' in the UK. The key, as ever, for the Industry and individual companies, will be how we set our strategies. Will we be thought leaders who engage proactively with this new environment or laggards who try to react once the world has changed? No prizes for guessing which type of five-year strategic plan is likely to be more successful! ▲

### References:

1. NHS Improvement Plan, June 2004
  2. The Pharmaceutical Journal, vol 273, 27 November 2004
  3. For further PSNC information visit [www.psn.org.uk/contract](http://www.psn.org.uk/contract)
  4. 'Who is the Prescriber Now?' Pharmaceutical Marketing Society Meeting November 2004
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