

## Appendix A: The scope of the PNA: Contractors and services

The services within the scope of a PNA are defined within both the NHS Act 2006 and the 2013 regulations. In summary they must relate to all pharmaceutical services that may be provided under arrangements made by NHS England, and services may relate to three different groups of contractors.

### Contractors

NHS England must keep lists of contractors who provide pharmaceutical services in the area of the HWB. The PNA must take account of all three groups of contractors:

1. **Pharmacy contractors** – Individual pharmacists (sole traders), partnerships of pharmacists or companies who operate pharmacies. Who can be a pharmacy contractor is governed by The Medicines Act 1968. All pharmacists must be registered with the General Pharmaceutical Council, as must all pharmacy premises. Within this group there are:
  - **Community pharmacies** – These are pharmacies which provide services to patients in person from premises in (for example) high street shops, supermarkets or adjacent to doctors' surgeries. As well as dispensing medicines, they can sell medicines which do not need to be prescribed but which must be sold under the supervision of a pharmacist. They may also, but do not have to, dispense appliances. Community pharmacies operate under national terms of service set out in schedule 4 of the 2013 regulations and also in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (the 2013 directions).
  - **Local pharmaceutical services (LPS) contractors** – A small number of community pharmacies operate under locally-agreed contracts. While these contracts will always include the dispensing of medicines, they have the flexibility to include a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under the national terms of service, and so can be more tailored to the area they serve.
  - **Distance-selling pharmacies (DSPs)** – These pharmacies cannot provide most services on a face-to-face basis. They operate under the same terms of service as community pharmacies, so are required to provide the same essential services and to participate in the clinical governance system, but there is an additional requirement that they must provide these services remotely. For example a patient may post their prescription to a distance selling pharmacy and the contractor will dispense the item and then deliver it to the patient's address by post or using a courier. Distance selling pharmacies therefore interact with their customers via the telephone, email or a website and will deliver dispensed items to the customer's preferred address. Such pharmacies are required to provide services to people who request them wherever they may live in England, and cannot limit their services to particular groups of patients.
2. **Dispensing appliance contractors (DACs)** – DACs supply appliances such as stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines. There are no restrictions on who can operate as a DAC. DACs operate under national terms of service set out in schedule 5 of the 2013 regulations and also in the 2013 directions.
3. **Dispensing doctors** – Medical practitioners authorised to provide drugs and appliances in designated rural areas known as "controlled localities". Dispensing doctors can only dispense to their own patients. They operate under national terms of service set out in schedule 6 of the 2013 regulations.

## Services

The pharmaceutical services that each contractor group may provide are different.

### 1. Pharmaceutical services provided by pharmacy contractors

Unlike for GPs, dentists and optometrists, NHS England does not hold contracts with most pharmacy contractors (the exception being Local Pharmaceutical Services contractors). Instead, NHS England (Wessex) commissions services from community pharmacies under the legislative framework set out in the national Community Pharmacy Contracting Framework, introduced in April 2005 and updated in late 2016. There are three types of service that fall within the definition of pharmaceutical services (1.1.to 1.3 below). These are all underpinned by a clinical governance system (1.4), and the pharmacy as part of its initial application has to stipulate clear opening hours (1.5). Finally recent changes to legislation and their impact are outlined in 1.6.

#### 1.1. Essential services

All pharmacies must provide these services. There are six essential services:

- 1.1.1. **Dispensing of prescriptions** – The supply of medicines and appliances ordered on NHS prescriptions (both electronic and non-electronic), together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records. Also the urgent supply of a drug or appliance without a prescription at the request of a prescriber.
- 1.1.2. **Dispensing of repeatable prescriptions** – The management and dispensing of repeatable NHS prescriptions for medicines and appliances in partnership with the patient and the prescriber. Repeatable prescriptions allow, for a set period of time, further supplies of the medicine or appliance to be dispensed without additional authorisation from the prescriber, if the dispenser is satisfied that it is appropriate to do so.
- 1.1.3. **Disposal of unwanted drugs** – Acceptance by community pharmacies, of unwanted medicines which require safe disposal from households and individuals. NHS England is required to arrange for the collection and disposal of waste medicines from pharmacies.
- 1.1.4. **Promotion of healthy lifestyles** – The provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to have particular conditions, and pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods.
- 1.1.5. **Signposting** – The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy, but is available from other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.
- 1.1.6. **Support for self-care** – The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

Note: where a pharmacy contractor chooses to supply appliances as well as medicines, the requirements of the appliance services (listed below in section 2) also apply.

While not classed as separate services, pharmacies may also provide the following as enhancements to the provision of essential services:

- **Dispensing of electronic prescriptions** received through the Electronic Prescription Service (EPS) – The ability for the pharmacy to receive prescriptions details from doctors' surgeries electronically. EPS Release 1 involved paper prescriptions including a bar code which the pharmacy could scan to retrieve an electronic copy of the patient's details and the medication prescribed. EPS Release 2 involves the prescription details being sent entirely electronically by the GP surgery to the pharmacy nominated by the patient.
- **Access to the NHS Summary Care Record** – The pharmacy has access to an electronic summary of key clinical information (including medicines, allergies and adverse reactions – and possibly additional information if the patient consents) about a patient, sourced from the patient's GP record to support care and treatment. This can, for example, be used to confirm that a patient requesting an emergency supply of a medicine has been prescribed that medicine before.

## 1.2. Advanced services

Pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the advanced services they must meet certain requirements and must be fully compliant with the essential services and clinical governance requirements.

- 1.2.1. **Medicines use review service (or MUR service)** – The improvement of patient knowledge, concordance and use of their medicines through one-to-one consultations to discuss medicine understanding, use, side effects and interactions, and reduce waste, and if necessary making recommendations to prescribers.
- 1.2.2. **New medicine service (or NMS service)** – The promotion of the health and wellbeing of patients who are prescribed a new medicine or medicines for certain long term conditions, by providing support to the patient after two weeks and four weeks with the aim of reducing symptoms and long-term complications, and enabling the patient to make appropriate lifestyle changes and self-manage their condition.
- 1.2.3. **Influenza vaccination service** – The provision of influenza vaccinations to patients in at-risk groups, to provide more opportunities for eligible patients to access vaccination with the aim of sustaining and maximising uptake.
- 1.2.4. **Urgent medicines supply service (pilot), known as NUMSAS** – To provide, at NHS expense, urgent supplies of repeat medicines and appliances for patients referred by NHS 111, and so reduce demand on the urgent care system, particularly GP Out of Hours providers. This service is a national pilot running until 31 March 2018.
- 1.2.5. **Stoma appliance customisation service (SAC)**– The modification to the same specification of multiple identical parts for use with a stoma appliance, based on the patient's measurements (and, if applicable, a template) to ensure proper use and comfortable fitting, and to improve the duration of usage.
- 1.2.6. **Appliance use review service (AUR)** – The improvement of patient knowledge, concordance and use of their appliances through one-to-one consultations to discuss use, experience, storage and disposal, and if necessary making recommendations to prescribers.

## 1.3. Enhanced services

The 2013 directions contain a list of enhanced services which NHS England may commission, and broadly describe the underlying purpose of each one. NHS England may choose to commission enhanced services from all or selected pharmacies to meet specific health needs, in which case it may develop an appropriate service specification. NHS England currently commissions the following enhanced services in Dorset:

- 1.3.1. Pharmacy Urgent Repeat Medication (PURM)** - to ensure that patients can access an urgent supply of their NHS prescribed repeat medicines where they are unable to obtain a prescription before they need to take their next dose. The service may be needed because the patient has run out of a medicine, or because they have lost or damaged their medicines, or because they have left home without them. The aims of this service are to relieve pressure on urgent and emergency care services and to educate patients so that the need for the service is minimised.
- 1.3.2. Out of Hours** - NHS England (Wessex) makes arrangements with pharmacies to ensure opening hours on bank holidays such as Easter Sunday and Christmas Day are available within each locality where there are not already pharmacies committed to opening on these days.

Other enhanced services which may be, but are not currently, commissioned by NHS England are:

- Antiviral collection service
- Anticoagulation monitoring
- Care home service
- Disease specific medicines management service
- Emergency supply service
- Gluten free food supply service
- Home delivery service
- Independent prescribing service
- Language access service
- Medication review service
- Medicines assessment and compliance support service
- Minor ailment scheme
- Needle and syringe exchange
- Patient group direction service
- Prescriber support service
- Schools service
- Screening service
- Stop smoking service
- Supervised administration service
- Supplementary prescribing service

Some of the above services may be commissioned by CCGs or local councils, but in such cases those services are not 'pharmaceutical services' for the purposes of this PNA. See appendix B for further details.

#### **1.4. Clinical Governance**

Underpinning the provision of all of these services is the requirement on each pharmacy to participate in a system of clinical governance. This system is set out within the 2013 regulations and comprises:

- a patient and public involvement programme, including production of a leaflet setting out the services provided and carrying out a patient questionnaire
- a clinical audit programme
- a risk management programme
- a clinical effectiveness programme
- a staffing and staff programme
- an information governance programme
- a premises standards programme.



## **1.5. Opening hours**

Most pharmacies are required to open for at least 40 hours per week, and these are referred to as core opening hours. Many pharmacies choose to open for longer and these hours are referred to as supplementary opening hours – the pharmacy can decide to stop providing supplementary hours by giving notice to NHS England. As part of an application to open a new pharmacy, an applicant may offer to open for more than 40 core hours per week (for example, promising to open for a minimum of 50 hours per week), and may also open supplementary hours in addition. If an application is granted and the pharmacy subsequently opens the core and supplementary opening hours set out in the initial application become the pharmacy's contracted opening hours, subject to notice on supplementary hours as identified above.

Between April 2005 and August 2012, some contractors were able to open new premises using an exemption under which they agreed to have 100 core opening hours per week (referred to as 100 hour pharmacies). These pharmacies are required to be open for 100 hours per week, 52 weeks of the year (with the exception of weeks which contain a bank or public holiday, or Easter Sunday). Although the exemption for new 100 hour pharmacies no longer applies, existing 100 hour pharmacies remain under an obligation to be open for 100 hours per week. In addition these pharmacies may open for longer hours.

## **1.6. Recent changes to the contractual arrangements for pharmacies**

In late 2016 the Department of Health announced some changes to the contractual framework for pharmacies. These included:

- a reduction in funding of 4% in 2016/17 and a further reduction of 3.4% in 2017/18
- the introduction of the urgent medicines supply service advanced service as a pilot (see above in section 2.3.2.2)
- the introduction of a Pharmacy Access Scheme (PhAS)
- the introduction of a Quality Payment Scheme
- allowing the consolidation of pharmacies, in effect providing a way for a pharmacy to close without creating an opportunity for another pharmacy to open instead (see section 2.6 below).

### **1.6.1. Pharmacy Access Scheme**

This runs until 31 March 2018 and provides some transitional funding to limit the impact of the funding reductions on eligible pharmacies. Pharmacies are eligible for the scheme if they:

- were open on 1 September 2016,
- are more than 1 mile by road from the nearest pharmacy, and
- are not in the top 25% largest pharmacies.

### **1.6.2. Quality Payments Scheme**

This currently runs until 31 March 2018 and allows all pharmacies to earn some additional funding for meeting a number of criteria. It is not currently known whether the Quality Scheme will continue after 31 March 2018, either in its current form or with changes. To participate in the scheme a pharmacy must:

- provide medicines use reviews or the new medicines service, or be registered for the urgent medicines supply service pilot,
- keep its entry on the NHS Choices website up-to-date,
- be able to send and receive email using the secure NHSmail system, and
- use the Electronic Prescription Service.

If they are eligible to participate, a pharmacy can earn different amounts of funding for:

- producing a patient safety report (in particular identifying learning from incidents and near misses)

- ensuring that 80% of pharmacists and pharmacy technicians have had safeguarding children and vulnerable adults training (level 2)
- ensuring that 80% of all staff are trained as Dementia Friends
- becoming a Healthy Living Pharmacy (level 1)
- identifying, using specified criteria, asthma patients who should be referred to an appropriate clinician for an asthma review
- increasing use of the NHS Summary Care Record (see section 2.3.2.1 above)
- publishing the results of their annual patient experience survey on the NHS Choices website
- keeping their entry in the NHS 111 Directory of Services up-to-date.

## **2. Pharmaceutical services provided by dispensing appliance contractors (DACs)**

As with pharmacy contractors, NHS England does not hold contracts with DACs. Their terms of service are also set out in schedule 5 of the 2013 regulations and in the 2013 directions.

### **2.1. Appliance services**

DACs provide the following services that fall within the definition of pharmaceutical services:

- 2.1.1. **Dispensing of prescriptions** – The supply of appliances ordered on NHS prescriptions (both electronic and non-electronic), together with information and advice and appropriate referral arrangements in the event of a supply being unable to be made, to enable safe and effective use by patients and carers. Also the urgent supply without a prescription at the request of a prescriber.
- 2.1.2. **Dispensing of repeatable prescriptions** – The management and dispensing of repeatable NHS prescriptions for appliances in partnership with the patient and the prescriber.
- 2.1.3. **Home delivery service** – To preserve the dignity of patients, the delivery of certain appliances to the patient's home in a way that does not indicate what is being delivered.
- 2.1.4. **Supply of appropriate supplementary items** – The provision of additional items such as disposable wipes and disposal bags in connection with certain appliances.
- 2.1.5. **Provision of expert clinical advice regarding the appliances** – To ensure that patients are able to seek appropriate advice on their appliance to increase their confidence in choosing an appliance that suits their needs as well as gaining confidence to adjust to the changes in their life and learning to manage an appliance.
- 2.1.6. **Signposting** – Where the contractor does not supply the appliance ordered on the prescription passing the prescription to another provider of appliances, or giving the patient contact details for alternative providers.

All DACs must provide the above services.

DACs may also receive **electronic prescriptions** through the Electronic Prescription Service (EPS) where they have been nominated by a patient.

### **2.2. Advanced services**

DACs may choose whether to provide the appliance advanced services or not. If they do choose to provide them then they must meet certain requirements and must be fully compliant with their terms of service and the clinical governance requirements. There are two appliance advanced services – for descriptions of these services see section 1.2 above.

- Stoma appliance customization

- Appliance use review.

### 2.3. Clinical governance

As with pharmacies, DACs are required to participate in a system of clinical governance. This system is set out within the 2013 regulations and comprises:

- a patient and public involvement programme, including production of a leaflet setting out the services provided and carrying out a patient questionnaire
- a clinical audit programme
- a risk management programme
- a clinical effectiveness programme
- a staffing and staff programme
- an information governance programme.

### 2.4. Opening hours

DACs are required to open at least 30 hours per week, and these are referred to as core opening hours. They may choose to open for longer and these hours are referred to as supplementary opening hours – the DAC can decide to stop providing supplementary hours by giving notice to NHS England. As part of an application to open a new DAC, an applicant may offer to open for more than 30 core hours per week (for example, promising to open for a minimum of 40 hours per week), and may also open supplementary hours in addition.

## 3. Pharmaceutical services provided by dispensing doctors

The 2013 regulations allow doctors to dispense to eligible patients in rural areas where access to pharmacies can be difficult, although these patients can still use a pharmacy if they wish. Dispensing takes place in a dispensary which is not usually classed as a pharmacy and so is not registered with the General Pharmaceutical Council. Dispensing doctors do not generally employ pharmacists to work in their dispensaries, and dispensing will instead be carried out by the doctors themselves or by dispensing assistants who will generally be trained to NVQ2 or NVQ3 level. In a few cases a pharmacy attached to a doctors' surgery may also act as the surgery dispensary for the purpose of dispensing to eligible patients on behalf of the dispensing doctor.

The rules on eligibility are complex. In summary, and subject to some limited exceptions which may be allowed on an individual patient basis, a dispensing doctor can only dispense to a patient who:

- is registered as a patient with that dispensing doctor, and
- lives in a designated rural area (known as a 'controlled locality'), and
- lives more than 1.6 kilometers (about 1 mile) in a straight line from a community pharmacy, and
- lives in the area for which the doctor has been granted permission to dispense, or is a patient for whom the doctor has historic dispensing rights.

Designation of areas as 'controlled localities' is a responsibility of NHS England.

### 3.1. Dispensing

Dispensing doctors may supply medicines and appliances ordered on NHS prescriptions (whether issued by them or another prescriber such as a dentist) to eligible patients. Dispensing doctors are not permitted to sell medicines, so are unable to supply over-the-counter medicines except by prescribing and then dispensing them. If a dispensing doctor participates in the Dispensary Services Quality Scheme then they will provide **dispensing reviews of the use of medicines (DRUMs)**, which are similar to the medicines use reviews carried out in pharmacies.

### 3.2. Clinical governance

Dispensing doctors can participate in the voluntary dispensary services quality scheme (DSQS) which includes requirements relating to:

- staff qualifications and training
- ensuring an appropriate level of dispensary staff hours



- standard operating procedures
- risk management
- clinical audit
- production of a leaflet
- providing DRUMs.

### **3.3. Opening hours**

Dispensing doctors are able to determine what hours their dispensary should be open to patients. If they participate in the DSQS then they are required to notify NHS England of those opening hours as part of the DSQS assessment, but do not have to seek approval or give advance notice of any changes to their opening hours. Medication can be dispensed in emergencies throughout opening times of the Practice

**Local councils and CCGs may also commission services from pharmacies and DACs, however these services fall outside the definition of pharmaceutical services. Within the PNA these are referred to as locally commissioned services. Details of current locally commissioned services are included in appendix B, where they may affect the need for pharmaceutical services, but the services themselves are not within the scope of the PNA.**