

vision

Developing the New Community Pharmacy Contract

SPGC scottish
pharmaceutical
general council

Dear Colleague

Welcome to the fourth edition of Vision, the newsletter designed to keep you up to date on all the latest news on the development of the new Scottish Community Pharmacy contract.

In this edition, we want to begin to explore with you how best we might achieve a transition from the current remuneration structure to one that provides the necessary drivers for delivery of the new contract.

We also want to bring you up to date on a whole raft of information technology initiatives, collectively known as the ePharmacy programme. These developments are being designed expressly for the purpose of supporting community pharmacy in the future provision of NHS pharmaceutical care services.

We appreciate there is a lot of detail here so we suggest you keep it for future reference in your 'Vision' file.



Frank

Frank Owens
Chair

New Contract Funding Arrangements

Whilst we all acknowledge that the existing remuneration arrangements have proved purposeful in recognising the workload associated with the current contract, such arrangements provide little, if any, specific incentive to deliver quality pharmaceutical care services.

In essence, such arrangements recognise prescription volume, but little else. In looking to deliver a New Contract, one which is focussed on the provision of care, we need to put in place appropriate financial drivers. We want to incentivise the delivery of the four core components of the new Scottish pharmacy contract, namely:

Minor Ailments Service (MAS)

Chronic Medication Service (CMS)

Acute Medication Service (AMS) and

Public Health Service (PHS)

Work done on financial modelling to date has concentrated on production of a hybrid model, with both MAS and CMS being funded through capitation fees, AMS funded

through an item of service payment and PHS potentially funded through provision of a fixed element.

Both SPGC and SEHD recognise the importance of retaining existing levels of stability right across the network. As we move towards implementation, we are seeking to minimise any exposure to operational or financial risk.

We recognise the challenges presented by the Scottish Executive's strategy for pharmacy, The Right Medicine. We also recognise the very real opportunities presented to community pharmacy in Scotland, but if we are to be successful in delivering those new services, we will need to put in place a suitable supporting infrastructure. To that end, we need to consider a range of issues such as legislation, premises, staff training, skill mix, and IM&T, to name but a few.

Putting such infrastructure in place takes time. Hence the reason there will be no 'big bang' in introducing the New Contract. Rather, implementation will most likely be phased. This allows Community Pharmacy to adjust gradually and

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Background:

Many of you will be aware that during 2001-2002, SEHD established a pilot project with a view to developing a system capable of providing electronic transmission of prescriptions, ETP.

As a result of the publication of The Right Medicine in February 2002, it was decided to broaden the objectives of the project to include the development of electronic applications which would support future delivery of pharmaceutical care services and provide for improved communication across the healthcare team. To reflect the extended remit, the initiative as a whole was re-badged ePharmacy.

With negotiations on the New Contract well underway, there is

now a greater clarity about: the

- future shape and content of pharmacy services and,
- the potential benefits IM&T initiatives might provide for patients and pharmacy practitioners alike.

Back in the 1970s, community pharmacy was at the forefront in recognising and harnessing the benefits of information technology to provide electronic patient medication records and to deliver improved stock control systems.

We are about to take a further quantum leap forward, putting in place an extremely valuable electronic tool, capable of providing both clinical and administrative support in the delivery of quality.

So how does it all work?

At the heart of the electronic infrastructure lies the ePharmacy store, which provides a control facility for encrypted messages to be sent between GP systems, community pharmacy systems and the Common Services Agency.

In order to take advantage of this, with the opportunities it offers in terms of support for the New Contract, it is vital that community pharmacies are connected to the NHSnet. Already pharmacies in Tayside, Ayrshire & Arran, Forth Valley, Borders and Fife have been connected, with remaining pharmacies due to be connected between now and the end of March 2005.

Training:

Connection on its own provides little benefit. In order to make use of this electronic exchange of clinical and

patient information, pharmacists and their staff will need training on the use of these new applications. It has therefore been agreed that there be a centrally funded IM&T training programme, consisting of two elements:

- training on the use of NHSnet and NHSmail;
- training on the use of standard 'office' packages and on 'pharmacy-specific' applications developed in the light of the New Contract.

The first element is already being provided in tandem with the rollout of the NHSnet connection programme; the second is scheduled for introduction later this year.

Pharmacy Software Packages:

SPGC and SEHD have held joint discussions with the major pharmacy systems suppliers on how the existing PMR systems might be reconfigured and developed in order to support the delivery of the New Contract. There are around eight major system suppliers servicing Scottish community pharmacy, all of whom have demonstrated significant support for the modernisation process.

Upgrades:

We are aware that some of you might still be running Windows 95 based systems, or perhaps still using 'old' DOS based PMR programmes. If that is the case, and you are currently

considering upgrading your system, then we suggest now might be the time to do so. Not only will you gain the benefits of using the latest XP platform, but compatibility with new and future applications will be significantly improved.

Pharmacy Software User Groups:

We know that some of you take a keen interest in pharmacy computing. If so, we'd like you to get in touch with us. It is clear that IT will have a pivotal role in providing pharmacists with the clinical tools of the future. Software suppliers will therefore need your help and advice on how best to develop products fit for the future. In order to inform that development we are considering mirroring what our GP colleagues already do by setting up pharmacy software 'user groups' later this year. If interested, then please get in touch with the staff at 42 Queen Street.

So, how might this ePharmacy programme help deliver the core elements of the New Contract?

Apart from the obvious advantages of improved communication and office administration facilities, ePharmacy has the potential to provide significant support in the provision of both the Minor Ailments Service and the Chronic Medication Service. Integral to this will be increased use of the patient's CHI number. We urge you to begin collecting these now.

Minor Ailments Service, MAS:

the service that allows those patients exempt from prescription charges, (excluding those with prepayment certificates), to use their community pharmacy as the first port of call for the NHS treatment of minor illness.

Much of the current thinking, behind the proposed MAS, has its origins in the successful Direct Supply of Medicines initiative, piloted in Ayrshire & Arran and Tayside. It is anticipated that remuneration will be based on a system of capitation. Currently, the pilot operates through a paper based patient registration process, with a paper trail leading from the pharmacy to the Health Board to the Common Services Agency. Reimbursement of drug costs under this scheme is generated through the hand written CP1 prescription form.

ePharmacy offers significant opportunities to streamline this process. The next development stage will see the introduction of a central patient registration system, initially through a manual system, but progressively by electronic means as pharmacy connects to the NHSnet. The evolving plan will allow, through use of the pharmacist's own PMR system, for patient registration data and CP1 forms to be generated and then transmitted to the ePharmacy store electronically. After that, there is the potential

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minimises the risks associated with change.

However, it also means that we cannot move overnight from the existing remuneration structure to a new structure.

There are three clear choices:

- We retain the status quo, in which case, without the necessary financial drivers, we will fail to deliver the new services.
- We move quickly to a new system of remuneration, which carries significant risk of financial and operational turbulence, together with potential inequity.
- We move to a transitional model of funding, seeking to protect financial security, whilst at the same time providing sufficient flexibility to allow introduction of new services as and when appropriate infrastructure is in place.

Given the desire of both SPGC and of SEHD to avoid financial risk, we have recently commenced discussion on the relative merits of a transitional model. There is much work still to be done in determining the most appropriate model and it will therefore be some months before we are in a position to comment further.

However, once Standing Committee is content that we have a workable model, we will consult with you on this before proceeding any further.

to link into any future automated payment process, using the captured dispensing data to calculate reimbursement, rather than relying solely on a paper based system (although we anticipate the paper based system will be around for some time yet!).

Chronic Medication Service, CMS:

the service based on the dual concepts of serial dispensing and pharmaceutical care model schemes.

Operating procedures for CMS have already been piloted in North East Fife between a single GP practice and community pharmacist. We are now ready to extend this initiative across other GPs and community pharmacists in NE Fife and in a number of other Board locations over the next few months. The current system provides for the production of a set of special GP10 forms, allowing the patient to have his/her repeat prescriptions without the need to contact or visit the surgery.

Whilst rollout might initially continue to be based on a paper system, ultimately under the proposed eCMS system, the GP could produce a special GP10 identifying the treatment required over a specified period of time. The prescription data would simultaneously be transmitted via ETP through the NHSnet to the ePharmacy store, there to await call down by the pharmacist when the patient first presents at the pharmacy. The pharmacist might

then access the central patient registration process and thereafter, any automated payment process could be triggered. Clearly we are still some way away from this but you can begin to see just how technology will influence the practice of pharmacy in coming years.

The ePharmacy programme is a significant project both in terms of investment and in its technical sophistication. The next few years are likely to see further significant development of new e-systems and new e-applications all helping underpin the community pharmacist's ability to provide quality pharmaceutical care services.



The Scottish Pharmaceutical General Council represents Scotland's 1150 pharmacy contractors. It negotiates on their behalf with the Scottish Executive on the terms of service and remuneration for contractors' NHS work.

Feedback

What do you think of the ePharmacy Programme? What are you looking forward to about the new contract? What are you worried about? Please tell us what you think! Contact us by telephone or email – see below for details.

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