APPENDIX 1: The Contractual Framework for Community Pharmacies (CPCF)

Primary Care Trusts (PCT’s) are responsible for securing NHS pharmaceutical services in their area. The majority of community pharmacists provide services under a contractual framework for community pharmacy agreed for England and Wales between the Department, the Pharmaceutical Services Negotiating Committee (PSNC) and NHS Employers, introduced from April 2005. PCTs can also contract locally for provision of pharmaceutical and other services, including services not traditionally associated with pharmacy, within a single Local Pharmaceutical Services (LPS) contract. Within Oxfordshire we have 1 Essential Small Pharmacy Local Pharmaceutical Services (ESPLPS) contract. The CPCF framework provides PCTs and pharmacies with opportunities to work effectively together to meet the needs of the local population and has three tiers of services – essential, advanced and enhanced.

Since October 2005, under the new framework, each community pharmacy must provide essential services, which include dispensing services, repeat dispensing services, health promotion and healthy lifestyle advice, signposting to other services, support for self care, disposal of medicines and clinical governance. Services must be provided within an acceptable system of clinical governance:

Providing the pharmacist and premises are suitably accredited, a pharmacy can also provide advanced services. There is one currently – the nationally agreed medicines use review (MUR) service and prescription intervention. A pharmacist reviews a person’s use of their medicines, offers advice on appropriate use to promote adherence and may make recommendations for changes to the person’s GP. Over 1.4 million MURs have been conducted as at March 2009 nationally.

A pharmacy can also provide local enhanced services, which are commissioned by PCTs. The most common now are stop smoking schemes; supervised administration (e.g. methadone for drug misusers); patient group directions (e.g. to supply emergency hormonal contraception) and minor ailment schemes, where someone with conditions like a cough or cold, who would otherwise have visited a GP, can visit a pharmacy for NHS treatment without the need to see their GP for a prescription.

The CPCF provides flexibility and choice to PCTs around the commissioning of enhanced pharmaceutical services from community pharmacy. The PCT and practice based commissioners (PBC) will consider these choices against other priorities for funding. The PNA helps to provide a rational basis for PCTs to plan where resources need to be invested to ensure that these developments are explicitly linked to national targets and local needs. It also provides an opportunity to inform practice based commissioners about the potential of community pharmacy to support them in meeting the health needs of their population.

These arrangements do not apply to dispensing doctors or appliance contractors. Dispensing services in GP practices operate outside the contractual framework for Community Pharmacies (CPCF), and generally only dispense prescriptions to their patients (although not all of them). Additional pharmaceutical services could be commissioned within a dispensing service of this kind, but it will depend on the skills of the pharmacist employed and the approach taken by the practice.