

The community pharmacy

A guide for general practitioners and practice staff

May 2019



Contents

- Section 1** **About this guide**
- Section 2** **Qualifying as a pharmacist**
 - 2.1 Education and training
 - 2.2 Extending skills
- Section 3** **Key national bodies**
- Section 4** **The NHS Community Pharmacy Contractual Framework**
 - 4.1 Essential, Advanced, Enhanced and locally commissioned services
 - 4.2 Funding for community pharmacies
 - 4.3 Medicines reimbursement and purchase margin
 - 4.4 The impact of medicines reimbursement prices on CCG prescribing budgets and cost saving prescribing policies
- Section 5** **Running a community pharmacy**
 - 5.1 The role of the pharmacist
 - 5.2 Pharmacy support staff
- Section 6** **Development of community pharmacy services**
 - 5.1 Healthy Living Pharmacy
 - 5.2 Quality Payments
- Section 7** **Frequently asked questions**

Section 1 About this guide

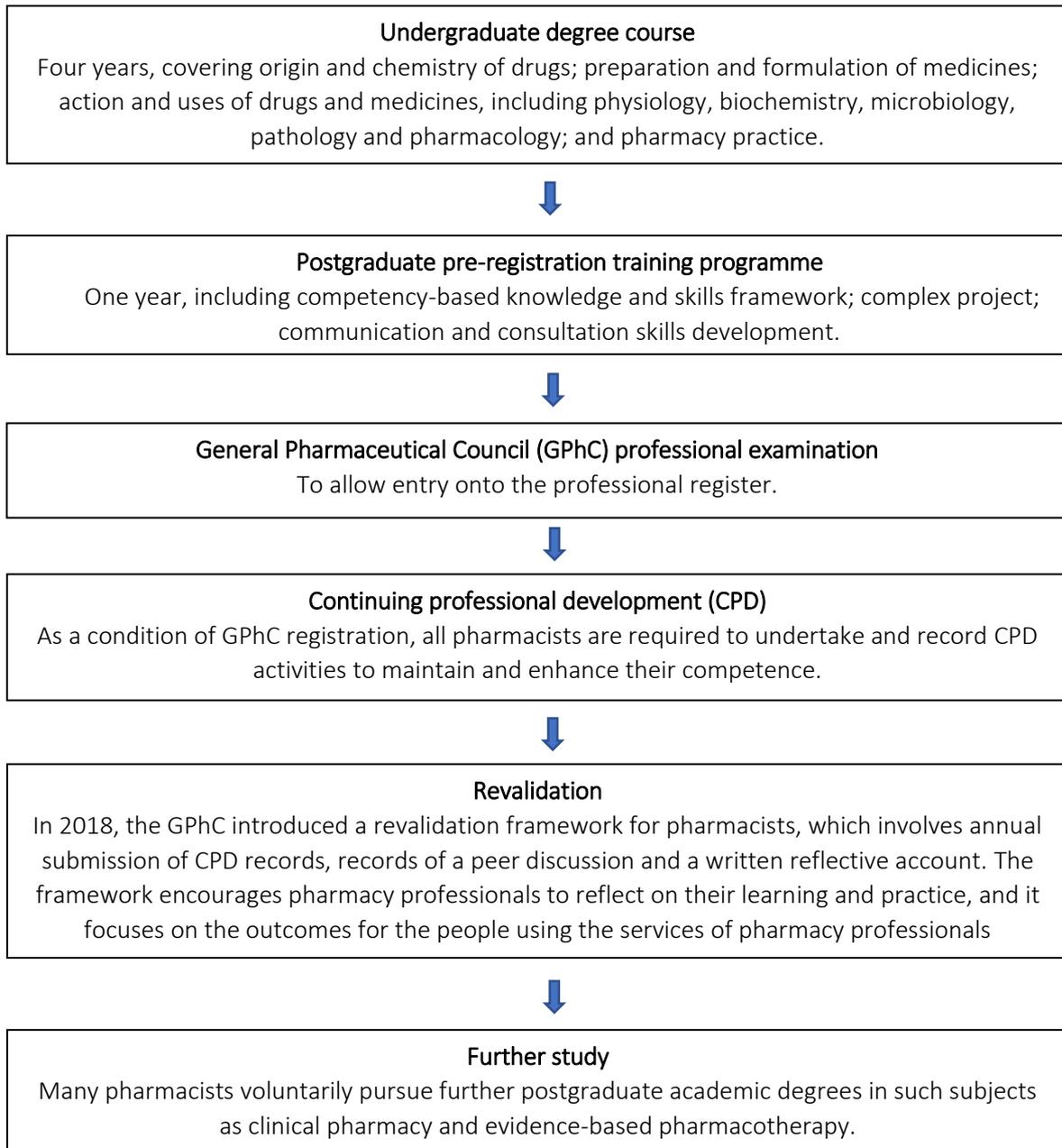
This guide aims to support general practitioners (GPs) and community pharmacists in developing more effective working relationships and in turn, improve primary care services for patients. It covers key areas such as funding arrangements for pharmacies, the impact of prescribing policies and the range of clinical and administrative functions that community pharmacies currently provide.

The document has been developed jointly by the [British Medical Association's General Practitioners Committee \(GPC\)](#) and the [Pharmaceutical Services Negotiating Committee \(PSNC\)](#). A similar guide has been produced for community pharmacists and their teams, which describes the work of general practices.

Together, these guides will support the two professional groups as well as provide an insight for NHS commissioners, as new ways of integrated working in primary care start to take shape.

Section 2 Qualifying as a pharmacist

2.1 Education and training



2.2 Extending skills

A growing number of pharmacists are undertaking prescribing qualifications to become independent prescribers. Although many pharmacist prescribers use their skills in secondary care, community pharmacist prescribers are also demonstrating their value in primary care, for example, management of substance misuse.

Section 3 Key national bodies

There are several national organisations that have key roles in community pharmacy:

- [The General Pharmaceutical Council](#) (GPhC) is the independent regulator for pharmacists, pharmacy technicians and pharmacy premises in Great Britain. Its job is to protect, promote and maintain the health, safety and wellbeing of members of the public by upholding standards and public trust in pharmacy. Its principal functions include:
 - approving qualifications for pharmacists and pharmacy technicians and accrediting education and training providers;
 - maintaining a register of pharmacists, pharmacy technicians and pharmacy premises;
 - setting standards for conduct, ethics, proficiency, education and training, and continuing professional development (CPD);
 - establishing and promoting standards for the safe and effective practice of pharmacy at registered pharmacies; and
 - establishing fitness to practise requirements, monitoring pharmacy professionals' fitness to practise and dealing fairly and proportionately with complaints and concerns.
- [The Royal Pharmaceutical Society](#) (RPS) leads the profession of pharmacy to improve the public's health and wellbeing. It is the professional membership body for pharmacists in Great Britain and an internationally renowned publisher of medicines information. It advances the profession of pharmacy for public and patient benefit, to improve the health of the public and to secure the future of its members.
- [The Pharmaceutical Services Negotiating Committee](#) (PSNC) is the representative body for community pharmacies in England that provide NHS services. It works with the Department of Health and Social Care (DHSC) and NHS England to negotiate the national NHS contractual terms on behalf of community pharmacy contractors (owners) and provides support to pharmacy contractors and the network of Local Pharmaceutical Committees (LPCs).

PSNC's committee includes members nominated by the [Company Chemists' Association](#) (the trade body for large pharmacy groups), the [National Pharmacy Association](#) (the trade body for independent pharmacies), and members elected by independent pharmacies and pharmacy groups which are not members of the Company Chemists' Association.

Section 4 The NHS Community Pharmacy Contractual Framework

4.1 Essential, Advanced, Enhanced and locally commissioned services

Community pharmacies in England provide services under the NHS Community Pharmacy Contractual Framework (CPCF). The table below lists the services included in the contractual framework.

Service type	Details
Essential services	<p>These are services provided by all pharmacy contractors:</p> <ul style="list-style-type: none"> • dispensing medicines; • dispensing appliances; • repeat dispensing (including electronic repeat dispensing (eRD)); • disposal of unwanted medicines; • promotion of healthy lifestyles (public health); • signposting; and • support for self-care. <p>Services are provided under a clinical governance framework that includes clinical audit and information governance requirements.</p>
Advanced services	<p>These can be provided by all contractors once accreditation requirements have been met. There are six Advanced services (May 2019):</p> <p>1. Medicines Use Review (MUR) and Prescription Intervention Service</p> <p>The MUR service is a structured review of a patient’s use of their medicines which aims to improve the patient's knowledge, understanding and use of their medicines. It supports patients to gain the maximum benefit from their prescribed medicines by taking them safely and effectively.</p> <p>The service consists of a single consultation, which usually takes place at the community pharmacy. Before receiving the service, the patient will be asked to sign a form to confirm that they consent to participate in the service, and for information to be shared with their GP as necessary.</p> <p>It will involve a discussion between the patient and the pharmacist covering all medicines they are taking (including non-prescribed medicines), checking and supporting adherence, identifying and taking steps to resolve any problems, and answering any questions the patient has about their medicines. The patient may also be given healthy living advice and/or be signposted to other services if appropriate.</p> <p>At least 70% of all MURs undertaken by each pharmacy must be for patients who fall within one or more of the national target groups. These groups are:</p> <ul style="list-style-type: none"> • patients taking a high-risk medicine (on a nationally agreed list); • patients with respiratory disease; • patients recently discharged from hospital who have had changes made to their medicines whilst in hospital; and • patients at risk of or diagnosed with cardiovascular disease and regularly being prescribed at least four medicines.

Community pharmacies are funded to provide up to 400 MURs in each financial year. As part of interim funding arrangements for Half 1 of 2019/20, contractors can offer up to a maximum of 200 MURs from 1st April to 30th September 2019.

During 2017/18 3.4 million MURs were provided by pharmacies in England.

2. Stoma Appliance Customisation service

3. Appliance Use Review service

The above two services were introduced in April 2010 and they can be provided by both community pharmacy contractors and dispensing appliance contractors. Appliance Use Reviews (AURs) can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs aim to improve the patient's knowledge and use of their appliances.

4. New Medicine Service (NMS)

The NMS was introduced in October 2011 and is designed to support patients who have been newly prescribed a medicine for a long-term condition. Four conditions/therapy areas are included in the service:

- chronic obstructive pulmonary disease (COPD)/asthma;
- type 2 diabetes;
- hypertension; and
- antiplatelet/anticoagulant therapy.

The service is split into three stages:

- **Patient engagement:** patients may be recruited to the service by prescriber referral or opportunistically by the community pharmacy. Before receiving the service, the patient will be asked to sign a form to confirm that they consent to participate in the service, and for information to be shared with their GP as necessary. The pharmacy will dispense the prescription and provide initial advice as normal;
- **Intervention:** this will usually take place 7 - 14 days after patient engagement, at a time and using a method agreed with the patient, which could be face to face or by telephone. The pharmacist will assess the patient's adherence, identify problems and determine the need for further information and support; and
- **Follow up:** this usually occurs 14 - 21 days after the intervention to discuss how the patient is managing with their medication.

During 2017/18 the NMS was provided to over 900,000 patients by pharmacies in England.

5. Flu Vaccination Service

Community pharmacists have been able to administer NHS flu vaccinations as an Advanced Service since September 2015, although many were providing this service before as a locally commissioned or private service. Community pharmacists can vaccinate all people aged 65 years and over and people aged from 18 to 64 years of age in clinical risk groups.

Community pharmacists can also vaccinate patients in their own homes and at long-stay residential care homes or other long-stay care facilities.

	<p>The service requires that a notification of vaccination is sent to the patient’s GP practice on the same day the vaccine is administered or on the following working day.</p> <p>During 2017/18, 1.3 million patients were vaccinated under the service by pharmacies in England.</p> <p>6. NHS Urgent Medicine Supply Advanced Service (NUMSAS)</p> <p>In December 2016, the NHS Urgent Medicine Supply Advanced Service was commissioned.</p> <p>NUMSAS is available to patients who contact NHS 111 or an Integrated Urgent Care Clinical Assessment Service (IUC CAS) to advise that they have run out of their NHS prescribed medicines. NHS 111 or the IUC CAS will refer patients to the nearest pharmacy which is providing the service and the pharmacist will then interview the patient to decide if it is appropriate for an emergency supply of their medicine or appliance to be made. If it is not appropriate, the patient may be referred to another pharmacy, for example, if the referring pharmacy does not have the medicine in stock or to the GP out-of-hours service if a supply cannot legally be made, for example, if the patient is requesting a Controlled Drug.</p> <p>NUMSAS is not available to patients who present in the pharmacy or are referred by another healthcare professional; patients can only access the service by contacting NHS 111 or the IUC CAS.</p> <p>Further information on all of the Advanced Services can be found in PSNC Briefing 040/17: NHS community pharmacy Advanced Services – information for general practitioners and practice staff.</p>
<p>Enhanced services</p>	<p>Until 31st March 2013, all locally commissioned pharmaceutical services were known as Enhanced services and were commissioned by Primary Care Trusts (PCTs). Since 1st April 2013, only NHS England can commission Enhanced services from pharmacies, to meet the needs set out in the Pharmaceutical Needs Assessment (PNA). This could include services such as anticoagulation monitoring and palliative care services.</p>
<p>Locally commissioned services</p>	<p>Local public health services are commissioned by local authorities. These might include:</p> <ul style="list-style-type: none"> • smoking cessation; • provision of emergency hormonal contraception (EHC); and • substance misuse services. <p>Clinical Commissioning Groups (CCGs) may also commission local services from community pharmacy to meet the needs of patients. These might include:</p> <ul style="list-style-type: none"> • on demand availability of specialist drugs (availability of palliative care or other specialist medicines); and • specific long-term conditions (LTCs) management support. <p>There is a searchable database of local services provided across the country on the PSNC website.</p>

Further information on the above contractual services can be found on the [PSNC website](#).

4.2 Funding for community pharmacies

Individual pharmacy income varies according to the mix of over-the-counter (OTC) business and the volume of prescriptions dispensed. The average pharmacy (excluding very large high street pharmacies) earns at least 90 per cent of its income from provision of the NHS services described above.

Details of community pharmacy remuneration for Essential and Advanced services are set out in the [Drug Tariff](#). Funding is distributed through a combination of fees and allowances (described in the following table) and purchase margin.

Funding stream	Details
Single Activity Fee	Community pharmacy contractors receive a Single Activity Fee for every prescription item they dispense.
Additional fees	Community pharmacy contractors may claim a range of additional fees, which are set out in part IIIA of the Drug Tariff, including fees for extemporaneously dispensing (these are items manufactured in the pharmacy), measuring and fitting hosiery and trusses and dispensing Controlled Drugs.
Establishment Payment	Community pharmacy contractors who exceed a specified monthly prescription volume threshold receive an Establishment Payment. In 2017/18, DHSC started to phase out this payment.
Quality Payments	As of April 2017, community pharmacy contractors who meet certain gateway and quality criteria can claim a Quality Payment, which is calculated using a points-based system. Further information can be found at psnc.org.uk/quality .
Pharmacy Access Scheme (PhAS)	DHSC introduced the PhAS, as part of the reduction in community pharmacy funding imposed in December 2016, to ensure a baseline level of patient access to NHS community pharmacy services was protected. Qualifying pharmacies selected by DHSC receive a monthly payment based upon the funding the pharmacy received in 2015/16, minus an efficiency saving.

Further details on CPCF funding can be found on the [PSNC website](#).

4.3 Medicines reimbursement and purchase margin

Medicines reimbursement is the price paid to the pharmacy for the prescription item that was dispensed. The amount that will be reimbursed to the pharmacy for most items prescribed by GPs on NHS prescriptions is tightly controlled by DHSC. The overall national value of the reimbursement includes an agreed margin to incentivise efficient purchasing, which is part of the funding for the CPCF.

The price used to reimburse a community pharmacy contractor for the medicine they dispense depends on whether the prescribed product is a “branded” or “generic” medicine. The different types of medicine reimbursement are outlined below:

Medicines prescribed by brand name

Where a medicine has been prescribed by brand name, the reimbursement is based on the manufacturer’s list price for the prescribed product. The agreement that controls the prices of branded medicines is known as the Pharmaceutical Price Regulation Scheme (PPRS). Although the prices to the NHS of these branded products can be high, pharmacists often make a loss on dispensing them, because the reimbursement price is lower than the purchase price.

Medicines prescribed generically

Part VIII of the Drug Tariff contains the basic NHS reimbursement prices for medicines prescribed generically. It includes most of the commonly prescribed products. Part VIII is further divided into categories A, C, and M. Category M is of greatest interest to prescribers, CCGs and community pharmacy contractors, because it includes most generic medicines that are prescribed in primary care.

Reimbursement prices will have a discount deduction applied to them in line with the deduction scale set out in Part V of the Drug Tariff.

4.4 The impact of medicines reimbursement prices on CCG prescribing budgets and cost saving prescribing policies

It is essential that prescribers understand the implications of the different reimbursement categories of medicines, as the reimbursement prices of some medicines can significantly affect prescribing costs within a CCG. Special care should be taken to avoid taking action that may ultimately cost more for the NHS.

Community pharmacists and CCG or commissioning support unit medicines optimisation teams can offer advice to GP practices on all aspects of the Drug Tariff, to support the practice to achieve safe and cost-effective prescribing policies.

Strategies to reduce the cost of drugs used in primary care, while ensuring safe and effective prescribing policies, include generic switching programmes and the introduction of “branded generics”. Effective communication between practices and pharmacies is essential to understand the risk of adverse consequences to the provision of pharmacy services resulting from prescribing policy changes.

Switching programmes

Switching programmes, whether manual or through computer software systems, can be effective to encourage prescribers to consider using a suitable product as an alternative to expensive formulations or proprietary branded products (where the generic is available and appropriate according to NICE guidance).

However, although some of these programmes may appear to generate impressive savings for the prescribing budget holders, the savings may be difficult to sustain if the switches are not effectively communicated to patients or if other factors affecting the dispensing of these items are not taken into consideration. There have been instances where temporary price reductions have led to switching, and subsequently a shortage of the medicine has occurred, with an increase in procurement costs.

“Branded generic” or branded medicines prescribing policies

Although most generic medicines in category M are the most cost-effective way of prescribing that medicine, at times manufacturers reduce the price of their branded product to one that is cheaper than the equivalent generic product listed in category M. This is done to promote market share of the branded product.

Some CCGs encourage the prescribing of, and switching patients to, specific branded medicines or “branded” generics. Such a policy may deliver some cost savings to the CCG drugs bill; however, the savings are often unsustainable by the manufacturer.

In addition, by adopting these policies, this can impact on the financial viability of local pharmacies and put the provision of pharmaceutical services at risk. The reduction in prices at a local level may cause increased prices for the NHS as a whole, as adjustments are made to ensure full delivery of total agreed pharmacy funding. This adjustment is applied nationally, so the adjustment may not restore viability to seriously affected local pharmacies.

Frequent changes to prescribing could also be detrimental to patient care. Continually changing brands can create confusion for patients and can undermine their confidence in their medicines. There is also evidence that some branded generic products that have been subject to switching have quickly become short in supply, leading to delayed access to the medicines for the patient.

Section 5 Running a community pharmacy

Like GPs, community pharmacies are part of the NHS family. Every day about 1.6 million people visit a pharmacy in England.

All community pharmacies in England are independent contractors to the NHS, being owned by a single pharmacist, partnership of pharmacists or a body corporate.

Although providing NHS pharmaceutical services covers most of the pharmacy's business activity, a number of pharmacies also provide a range of private healthcare services. Examples include travel vaccination clinics and seasonal flu vaccinations for members of the public who are not within the NHS-prioritised risk groups.

5.1 The role of the pharmacist

The daily life of a community pharmacist is hugely varied, drawing on a wide range of clinical and non-clinical competencies and skills. Every pharmacy is required to operate under the control of a "responsible pharmacist". The responsible pharmacist (who can only be responsible for one pharmacy) must be satisfied that the operation of the pharmacy will be safe, considering the standard operating procedures, staffing levels on the day and any other relevant circumstances.

Daily tasks undertaken by community pharmacists include:

- clinical scrutiny of prescriptions;
- oversight of safe dispensing processes;
- providing patients with advice about medicines and treatments;
- providing the Advanced Services detailed in section 4.1;
- provision of public health information to patients and customers and promotion of wellbeing;
- signposting people to other services, self-care organisations or information resources;
- assessment and treatment for minor ailments;
- professional oversight of the sales of OTC medicines;
- liaison with other healthcare professionals;
- clinical review services for specific patient groups in GP practices, for example, asthma, diabetes, hypertension;
- medicines optimisation support for practices, for example, supporting practice formulary and clinical guideline implementation, repeat prescription management;
- provision of locally commissioned and Enhanced Services such as supply of prescription only medicines (POMs) under Patient Group Directions (PGDs), screening services, public health interventions and treatments; and
- involvement with local NHS liaison groups, service development working groups and pharmacy organisations, for example, the LPC.

5.2 Pharmacy support staff

Pharmacies generally have support staff who are trained to provide various functions and to support the pharmacist.

Position	Role
Medicines counter assistants (MCA)	<p>MCA's are generally the first point of contact for patients. They provide a wide range of functions to support the delivery of pharmacy services and the retail functions of the pharmacy. They undertake the prescription reception process, including supporting patients to complete the declaration on NHS prescriptions. MCAs also provide advice on the treatment of self-limiting illness and basic healthy lifestyle support, working to a protocol and under the supervision of the pharmacist. Some MCAs will provide aspects of locally commissioned or Enhanced Services, such as NHS Health Checks, following appropriate training and accreditation.</p> <p>It is a GPhC requirement that any assistant who is given delegated authority to sell medicines under a protocol should have undertaken, or be undertaking, an accredited course relevant to their duties. Courses should cover the knowledge and understanding associated with unit 4 (assist in the sale of medicines and products); unit 5 (receive prescriptions from individuals); and unit 15 (assist in the issuing of prescribed items) of the Pharmacy Service Skills Scottish/National Vocational Qualification (S/NVQ) level 2.</p>
Dispensing/pharmacy assistant	<p>Dispensing/pharmacy assistants support the pharmacist in dispensing prescriptions and the management of dispensary stock. They will also fulfil the roles of an MCA when required.</p> <p>It is a GPhC requirement that dispensing assistants are competent in the areas they are working, to a minimum standard equivalent to the Pharmacy Services Skills NVQ level 2 (QCF) qualification, or are undertaking training towards this.</p>
Pharmacy technician	<p>Pharmacy technicians support the pharmacist in dispensing prescriptions and managing the dispensary. Like dispensing/pharmacy assistants and MCAs, they also provide aspects of NHS commissioned services following appropriate training and accreditation.</p> <p>Pharmacy technician training consists of two years consecutive work-based experience under the direction of a pharmacist to whom the trainee is directly accountable for not less than 14 hours per week. To qualify as a pharmacy technician, trainees also need to complete both a GPhC-approved competency-based qualification and a knowledge-based qualification.</p> <p>The statutory registration of pharmacy technicians across Great Britain became mandatory in July 2011.</p>
Accredited checking technician (ACT)	<p>ACTs are pharmacy support staff that have undertaken additional training to allow them to undertake an accuracy check of dispensed medicines. The pharmacist will undertake a clinical check of the prescription during the dispensing process. But working with an ACT, means the pharmacist does not need to undertake the final accuracy check of the dispensed medicines in most circumstances.</p>

	<p>An increasing number of community pharmacy contractors are supporting members of their dispensing team to qualify as ACTs. This is to improve the efficiency of the dispensing process and to free-up pharmacist time to allow them to provide other services.</p>
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Section 6 Development of community pharmacy services

Community pharmacists are easily accessible with around 11,600 community pharmacies in England located where people live, shop and work:

- 89% of the population in England has access to a community pharmacy within a 20-minute walk; and
- over 99% of those in areas of highest deprivation are within a 20-minute walk of a community pharmacy.

Community pharmacy is consequently a socially inclusive healthcare service providing a convenient and less formal environment for those who cannot easily access or do not choose to access other kinds of health service.

As with all independent sector providers in the NHS, community pharmacy has its own opportunities and risks. Many of the opportunities that are already being realised in some pharmacies have resulted from forward thinking pharmacists who have extended their skills, invested in improving the standard of their premises, and developed strong and effective working relationships with commissioners and other local health care professionals such as GPs and nurses.

The traditional role of the community pharmacist as the healthcare professional who dispenses prescriptions written by doctors has changed. In recent years, the direction of travel for community pharmacy has focused on the transition from a business model that relies predominantly on dispensing services, to one that is more heavily reliant on providing clinical services such as MURs and NMS to enable better integration and team working with the rest of the NHS.

The changes in the pharmacy contract over the last ten years have prompted the installation of private consultation areas in the majority of pharmacies where patients can freely discuss sensitive issues, safe in the knowledge that they will not be overheard by other members of the public.

5.1 Healthy Living Pharmacies (HLP)

The majority of pharmacies in England have also developed their focus on public health and provision of support for healthy lifestyles, by becoming accredited as Level 1 [Healthy Living Pharmacies \(HLP\)](#).

HLP is an organisational development framework, supported by Public Health England (PHE) and the Royal Society for Public Health and underpinned by three enablers of:

- workforce development – a skilled team to pro-actively support and promote behaviour change, improving health and wellbeing;
- premises that are fit for purpose; and
- engagement with the local community, other health professionals, social care and public health professionals and local authorities.

There are three levels of service delivery within the HLP framework:

- Level 1: Promotion – Promoting health, wellbeing and self-care (in July 2016, Level 1 changed from a commissioner-led process to a profession-led self-assessment process, supported by PHE);
- Level 2: Prevention – Providing services (commissioner-led); and

- Level 3: Protection – Providing treatment (commissioner-led).

Many community pharmacy contractors have invested significantly to meet the challenges of increasing clinical service provision. Investments in clinical competencies, pharmacy premises, staff training and qualifications, together with an enhanced IT infrastructure, hopefully provide a firm foundation on which community pharmacy can grow.

5.2 Quality Payments

NHS England introduced a voluntary quality scheme into the CPCF in 2017. The NHS England infographic below shows summary data on the quality scheme in 2017. Further information on the scheme is available on the [PSNC website](#).



Patient experience



***11,395**

updated their NHS Choices profiles to include information about their opening times, services and facilities



11,003

have uploaded their latest patient survey onto NHS Choices



9,474

are accredited Level 1 Healthy Living Pharmacies providing expert proactive support for healthy living to local communities



11,193

have 80% of patient-facing staff - that's over 70,000 people - who are Dementia Friends

Digital enablers



***11,056**

pharmacies are able to send and receive NHSMail. Over 40,000 NHSMail accounts have now been rolled out to support communication of patient information and integrate pharmacy into the NHS primary care team



10,938

increased their use of the Summary Care Record to support clinical care. Over 95% of pharmacies now have access to SCR



***11,406**

are enabled to receive and dispense prescriptions via the Electronic Prescription Service



11,276

updated their NHS 111 Directory of Services profile to enable real time referral to community pharmacy to support urgent and self-care

*Gateway criteria required to take part in the scheme

Section 7 Frequently asked questions

Why do GPs get asked for seven-day prescriptions for Monitored Dosage System (MDS) / Multicompartment compliance aid (MCA) dispensing?

There are a small number of patients who satisfy the eligibility criteria for the supply of an MDS/MCA under the Equality Act 2010, and the national NHS community pharmacy funding contains a contribution towards the provision of such auxiliary aids. Some local commissioners may commission local services for provision of MDS/MCA and additional pharmaceutical support.

If it is clinically appropriate for a patient to receive a seven-day supply of their medicines because their treatment may need regular review and/or frequent changes, then a seven-day prescribing interval may be written and the pharmacy will provide a seven-day supply of the medicines to the patient. Pharmacists may discuss seven-day prescriptions with prescribers if they have decided to provide medicines in MDS/MCA trays, because of the dangers of wastage if treatment changes.

It is important that patients are not given an expectation that their medicines will be dispensed in an MDS/MCA by prescribers, as an assessment of appropriateness and safety needs to be undertaken by the pharmacist prior to supplying medicines in such a device.

Do pharmacists and pharmacy staff advise patients about the minimal benefits of some OTC medicines that may have limited therapeutic value?

The sale of OTC medicines is a vital aspect of the self-management of many minor health problems that may otherwise require a GP consultation. Licensing regulations and continuous scrutiny by the Medicines and Healthcare products Regulatory Agency (MHRA) ensure that OTC medicines are only available for purchase if considered safe, are made to acceptable quality standards, are proved to be effective for their clinical indication and have appropriate labelling. Many medicines are available from non-pharmacies where no professional advice is available. But, in pharmacies, medicines can only be sold by a person who is competent to do so and is either a pharmacist or subject to supervision by a pharmacist.

Publicity for OTC medicines can lead to members of the public selecting medicines that are unsuitable and the availability of professional advice in a pharmacy prevents many inappropriate purchases. In providing professional advice and selling medicines (either personally or under their supervision) pharmacists must comply with provisions in their professional code, and the safety and welfare of the patient are primary concerns.

Do pharmacy contractors set the reimbursement costs of “Specials” medicines?

No. The reimbursement price of many “Specials” is set out in the Drug Tariff. Items not listed in the Drug Tariff will be reimbursed at the price charged by the manufacturer. Specials manufacturers are often highly specialised units that make products to order. The cost of carrying out appropriate testing of a product before release can amount to several hundred pounds, so as well as the clinical considerations, these bespoke products should be prescribed only where there is no suitably licensed alternative. Pharmacists are ideally placed to advise GPs on suitable products. The pharmacy is eligible to be reimbursed for these products in accordance with the national arrangements described above.

Within the community pharmacy, who can access patient records?

As is the case with GP practices, all pharmacy staff engaged in supporting NHS activity must comply with all regulations regarding confidentiality and data management. As such, access to the patient medication record will be limited to those members of staff involved in providing pharmaceutical care to the patient. The same NHS information governance requirements apply to community pharmacies and general practices.

If a patient consents to their NHS Summary Care Record (SCR) being viewed in the pharmacy, only a pharmacist or pharmacy technician will have the right to access SCRs enabled on their NHS smartcard.

How do repeat prescription ordering systems work?

Over recent years as repeat prescription volumes have increased, many pharmacies have responded by introducing a prescription reordering service for their patients. This service consists of the safe storage of the reorder portion of the patient's monthly prescription, together with a commitment to present the reorder form to the GP practice when instructed to do so by the patient.

Some pharmacies then collect the new repeat prescription from the practice and may provide home delivery of the dispensed items. Some pharmacies have also introduced a reordering service that enables a patient taking a regular medication to predict their requirements for the next supply period when they receive their current supply.

Whichever system is in operation within the pharmacy, the pharmacist needs to ensure that requests for repeats are triggered by the patient, and that decisions to reorder are not taken by pharmacy staff without input from the patient. Such reordering systems have become, in the main, a well-accepted process for patients and GP practices. The efficiency and smooth running of the systems is dependent on strong and effective communication links between GP practices and their local pharmacies.

To avoid the repeat reordering service creating additional workload for practices, or additional expenditure for the NHS, it is essential that pharmacies and practices understand each other's working procedures, workload pressures and where there may be inefficiencies and potential risks resulting from the service. Some of these services have been introduced by pharmacies because the repeat dispensing service has not been fully utilised by GPs. GP practices may wish to consider the significant benefits that electronic repeat dispensing (eRD) can bring to all those involved in the process.

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