

# Pharmacy and the new GMS contract

In the first of four consecutive articles, **Sue Carter**, head of prescribing and pharmacy, Adur, Arun and Worthing Teaching Primary Care Trust, gives her personal view of why pharmacists in all fields of practice need to take notice of the new general medical services contract

Pharmacists should be aware that the new general medical services contract has issues of relevance to them, whatever field of pharmacy practice they are working in.

It is relevant to community pharmacists, who will be able to expand their role in primary care. They will need to understand how the contractual framework will fit with the new pharmaceutical services contract, and help inform patients about the changes.

It is relevant to primary care pharmacists, who will need to understand, anticipate and manage the prescribing and medicines management aspects of the new contract, to understand how the new contract will be the conduit for major NHS transformational change across the health economy, and to liaise with community and hospital colleagues and patients.

It is also relevant to hospital pharmacists, who will need to understand and manage how the new contract will affect commissioning of services, local delivery plans and workforce, as well as to explore opportunities to act as a provider of primary care services.

The new GMS contract, which comes into effect on April 1, allows practices to control their workload by providing them with the ability to choose the services they will provide. The new contract will be held by each practice, rather than by each individual GP, allowing practices to be more flexible in meeting targets through better skill mix in the practice teams. This means making better use of the skills of practice nurses and bringing pharmacists into the team, as well as tailoring which targets to aim for and which standards to meet, according to desired GP capacity and workload.

Where practices choose to opt out of services, their global sum will be reduced and the primary care organisation (PCO) will be able to use this money to secure alternative provision from other practices or primary care providers. This is the case with out-of-hours services, where practices can give up a portion of their global sum, and opt out of responsibility for patient care except during normal business hours. PCOs will then take over responsibility for out-of-hours services and be able to consider a range of alternative commissioned providers for them, including those that involve pharmacists.

There is a huge amount of information available that explains how the contract works (see Panel). Although the information is often lengthy, complex and daunting, pharmacists who work for a PCO or practice, or who are considering taking up some

## Structure of general medical services and pharmaceutical services contracts

### New general medical services contract

The new GMS contract consists of three levels called essential services, additional services and enhanced services, with the Quality and Outcome Framework at the core

### New pharmaceutical services contract

The new PhS contract consists of three levels of service provision called essential services, advanced services and supplementary enhanced services. These are currently under negotiation

of these opportunities offered, will need to pick up and dip into these sources.

Some GP practices already work with a practice pharmacist or community pharmacist, either funded through practice income or funded by their primary care organisation, but many do not. In order to cope with the new contract, all GPs will need to look at which health care professional or other support is best placed and most cost-effective to help the practice meet its targets and, therefore, generate income. There are bound to be opportunities for pharmacists who can demonstrate that they have the skills and capability to help a practice achieve its targets cost-effectively.

The contract includes remarkably few, if any, incentives for GPs to control the costs of their prescribing. This presents a major challenge to primary care pharmacy teams but is also a huge opportunity for community and practice-based pharmacists. Pharmacists needing to engage with and influence GP practices will need to adopt a new way of thinking tailored to the new contract, in

order to speak and understand the same language as the practice.

So what should pharmacists do next? Pharmacists who are not already working with a practice should:

- Read about the new contract in general so that they can engage with their local GPs, practice managers and PCO
- Decide in which clinical areas they have the skills to offer their services now, and read about these areas of the contract in more detail
- Decide where they have continuing professional development needs to enable them to offer other services in future
- Talk to practices close to them, talk to the PCO pharmaceutical adviser and head of primary care to find out local needs
- Think about logistics of how they could provide services to the practice — how, when, where, etc
- Think about drafting a business case, bearing in mind that they need to be cost-effective

Pharmacists working as PCO pharmaceutical advisers will already be involved with the implementation of the new GMS contract. They will need to look beyond the obvious aspects such as the clinical areas outlined in the Quality and Outcomes Framework (see next week's article), and some enhanced services, and delve into the detail of the wording in the documentation and guidance. They should look for the gaps, the vague areas that need to be tightened up, and consider how to develop their prescribing advice messages to keep them relevant to GPs after the new GMS contract is in place.

Pharmacists working as practice prescribing support pharmacists on a sessional or full-time basis may need to re-evaluate the work they do, depending on who is paying for their services. Those already being paid for by the practice will be a valuable resource in assisting the practice to meet its targets. Arguably, pharmacists paid for by the PCO may be asked to concentrate their efforts on clinical and medicines management areas not covered by the new contract, such as reducing waste, improving cost-effectiveness, antibiotic usage, osteoporosis, etc.

Whatever their stage of involvement or field of practice, what pharmacists must do next is become more familiar with the new GMS contract because it will affect them directly or indirectly. They must be proactive, create their own opportunities and prepare to be involved.

□ Next week's article will look into the Quality and Outcomes Framework.

## Further information

- Department of Health website for new GMS contract ([www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModernisingPay/GPContracts/fs/en](http://www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModernisingPay/GPContracts/fs/en))
- NHS Confederation website for new GMS contract ([www.nhsconfed.org](http://www.nhsconfed.org))
- British Medical Association website for new GMS contract ([www.bma.org.uk](http://www.bma.org.uk))
- National Primary and Care Trust Development website for primary care contracting ([www.natpact.nhs.uk/cms/111.php](http://www.natpact.nhs.uk/cms/111.php))
- NPA website ([www.npa.co.uk](http://www.npa.co.uk))