

Introducing the new Scottish contract

This is the first article in a series about the services that community pharmacists in Scotland will be expected to offer under their new community pharmacy contract from April 2006. **Clare Bellingham** starts the series with an overview of the contract's structure

Community pharmacists in Scotland will begin to work under their new contract in April 2006. But it will not happen all at once. Instead, a phased implementation is planned over the subsequent year. The contract is effectively a single tier, consisting of four core services that all community pharmacists must provide. National specifications will also be drawn up for additional services, provision of which is to be agreed locally, but the focus is on the core services.

Since the publication of "The right medicine — a strategy for pharmaceutical care in Scotland" in February 2002, pharmaceutical care has moved up the agenda. "The right medicine" stressed the need to make better use of pharmacists' skills and to develop quality pharmacy services. The commitment to this has been demonstrated by the growth of pharmaceutical care model schemes across Scotland. So it should come as little surprise that the new contract is based on pharmacists offering pharmaceutical care, rather than depending solely on the supply function. And this should open the door to greater opportunities with the recent developments in pharmacist prescribing.

This desire to develop pharmacy services was re-emphasised just two weeks ago with the publication of "Delivering for health", the Scottish Executive's 10-year plan for NHS Scotland. It stressed the importance of preventive health care based in local communities, with community pharmacists as key members of the primary care team whose role will be enhanced by the new contract.

Structure of the contract

So what does the new contract have in store? The main part is the four core services, namely, the acute medication service, the minor ailment service, the chronic medication service and the public health service.

Acute medication service The acute medication service (AMS) is effectively what pharmacists do now. Patients who have a prescription for an acute condition will present it at the pharmacy of their choice. The prescription will be dispensed and the pharmacist will provide any advice needed. Payment for this service will remain on a per-item-dispensed basis.

Minor ailment service Through the minor ailment service (MAS), patients who are exempt from prescription charges will be able to have minor conditions treated free of charge in the pharmacy. To use the service, patients will have to register with a pharmacy. This will be enabled by an electronic central patient registration system.

When a patient presents with symptoms in the pharmacy, the pharmacist will assess the patient and then offer treatment and advice, advice only, or referral to another health professional. Payment for the MAS will be on a capitation basis, determined by the number of patients registered with a pharmacy, plus reimbursement for the cost of medicines supplied. The service has already been successfully piloted in two health board areas.

Chronic medication service The chronic medication service (CMS) will also require patients to register with a pharmacy. It will enable a pharmacist to manage a patient's long-term medication for up to 12 months. In other words, a patient can have his or her medicines provided, monitored, reviewed and, in some cases, adjusted as part of a shared care agreement between the patient, the GP and the community pharmacist. It is in this service that an emphasis on the systematic approach to pharmaceutical care is particularly apparent; it will incorporate the pharmaceutical care model schemes, serial dispensing and supplementary prescribing. Payment for the CMS will be on a capitation basis.

Public health service Within the public health service (PHS), pharmacies will provide information on public health issues and create public health window displays. They will be expected to participate in national and local public health campaigns. The idea behind this service is to make use of the pharmacy network to get healthy lifestyle messages to local communities. It is part of the Scottish Executive's drive to use pharmacies as healthy living walk-in centres. Payment for this service will be a fixed fee.

Additional services On top of the core contract, provision of additional services will be agreed locally. However, the service specification and payment tariff will be negotiated nationally, although health boards can modify these if they require "extras". Service specifications currently being developed cover oxygen supply, harm reduction services, care home services, out-of-hours services and waste collection.

Implementation plans

Although the new contract officially starts on 1 April 2006, a phased implementation is planned. Two of the core services are scheduled to begin in April: the MAS and the PMS. The e-enabled AMS is expected to follow in late 2006 or early 2007, and the CMS from April 2007. The reason for this phased implementation is that each service will be rolled-out only when supporting information

Key points

1. The new community pharmacy contract in Scotland is scheduled to begin in April 2006.
2. A phased implementation is planned, with some of the services beginning in April 2006 and others following in 2007, depending on the development of supporting IM&T.
3. The contract is based on four core services: an acute medication service (AMS), a minor ailment service (MAS), a chronic medication service (CMS) and a public health service (PHS).
4. Additional services are to be agreed locally but on the basis of national specifications.
5. The focus of the contract is the provision of pharmaceutical care. It moves away from dependence on payment by volume with two of the core services to be funded on a capitation basis.

management and technology becomes available. The PHS will require little new IM&T so can be introduced in April, and a number of pharmacy software suppliers are now able to offer an MAS software module. All suppliers are currently on course for the April 2006 target date. However, the IM&T to support the AMS and CMS is at an earlier stage of development, hence these services will be rolled out at a later date.

New IM&T forms the cornerstone in the supporting infrastructure for the new contract. So much so, that an e-pharmacy programme has been established. It involves connecting pharmacies to N3 (previously known as NHSnet), setting up e-applications to support each of the core services, developing a central patient registration system and introducing an IM&T training programme. Pharmacy contractors have already received payment towards upgrading their computer equipment. The cost of N3 connection — both initial connection and ongoing costs — is being funded centrally by the Scottish Executive. In addition, pharmacy software suppliers are being supported to develop the e-applications. Additional funding for IM&T is currently under negotiation.

But IM&T is not the only infrastructure component. Funding has been made available for pharmacy premises improvement. And the importance of training pharmacy support staff has also been recognised, with funding for training staff to NVQ level 2/3.

Further initiatives are expected to be announced shortly, in particular, a new contract implementation programme that will be provided locally and co-ordinated nationally to support all community pharmacists in implementing the new contract.