

Opportunities in the new GP contract

The new contract for GPs will come into force in April and it is expected to have a significant impact on pharmacists. **Clare Bellingham** reports

The new GP contract has major implications for pharmacists. So the speakers at this week's All Party Pharmacy Group meeting held at the House of Commons agreed. The problem is that, by and large, community pharmacists have yet to realise just how important the new GP contract will be for them. The new contract for GPs is called the new general medical services contract, or the new GMS contract.

Speaking at the meeting, John Chisholm, chairman of the GPs' Committee of the British Medical Association, said that the implications for pharmacists were two-fold. First, it envisages extended roles for pharmacists. But in addition, the structure and philosophy of the new GMS contract is clearly influencing the new community pharmacy contract.

Community pharmacists across the UK need to take note of what the new GP contract contains. Unlike the new contracts for community pharmacists, the new GP contract applies across the UK. Since pharmacists will become involved in delivering the new GP contract, this could restrict the way that pharmacy practice appears to be diverging.

The new GP contract is based around quality. GPs will have to deliver good quality services in order to get paid. But it is also about choice, and it is by giving GPs a greater choice in how they provide services that opportunities for pharmacists are created.

The new GMS contract is linked to a 33 per cent increase in resources. What is interesting for pharmacists is that this 33 per cent is not just going into doctors' pockets. It is funding to meet the standards of quality outlined in the contract. Any service that helps GPs to meet these standards — for instance a pharmacist-run medicines management service — can be funded through it.

The issue facing GPs is this: they are being asked to provide new services to meet certain standards but they are already stretched to the limits. Better use of skill mix is needed and this means greater involvement of other professionals throughout the primary care team.

Benefits of the new contract

Benefits of the new GMS contract include more investment and greater flexibility for practices in terms of how they deliver services. Resources will be linked to the range and quality of services provided. This creates opportunities for other health professionals to become involved in service provision. Patients should be able to expect an improved quality of care and should benefit from a wider range of services. The benefits of the new GMS contract for primary care organisations come from a strengthened role in commissioning services to meet the needs of the local population.

One of the first things that GPs are likely to off-load is management of minor ailments. Dealing with minor ailments takes up around one third of GPs' time. So it is hardly surprising that Dr Chisholm commented: "One development that is particularly to be welcomed is the concept of the free supply of medicines for minor ailments."

The flexibility that GPs have includes the ability to opt out. One area that will be hit by this is out-of-hours services. This means that primary care organisations will have to commission out-of-hours services and it is likely that services will involve several professionals, including pharmacists. Felicity Cox, chief executive of Watford and Three Rivers Primary Care Trust, pointed out that community pharmacists will have a particular role in out-of-hours services on Saturday mornings.

The strengthened role for primary care organisations in commissioning services is an important feature of the new GMS contract. For pharmacists, it provides the door to funding. If pharmacists want to be involved in new services then they will have to convince these organisations of their worth.

Certainly this means that pharmacists have to make sure that their voice is heard within primary care organisations, particularly on the professional executive committees (PECs). Speaking after the APPG meeting, John D'Arcy, chief executive of the National Pharmaceutical Association, said that there should be a pharmacist on every PEC. This is something that is beginning to happen, but not everywhere. As the importance of local commissioning of services grows, having an advocate for pharmacy on the PEC can only be a good thing for pharmacists.

Opportunities for pharmacists

It is clear that the new GP contract holds opportunities for pharmacists. "It is envisaged that pharmacists will have a greater role in the management of minor, self-limiting illness, in prescribing, health promotion and chronic disease management," Dr Chisholm said.

"I urge pharmacists to find out about the new GMS contract and to think of ways they can support it," Ms Cox said. "Doctors should be doing things that only doctors can do. We need to use the skills of the whole primary care team to allow this to happen."

What should pharmacists be doing now? "The overriding message is that pharmacists need to get involved with their local primary care organisation," Mr D'Arcy commented. He suggested that pharmacists should do this directly or through their local pharmaceutical committee. Pharmacists also need to understand the local agenda, and what is happening with the new GMS and new pharmacy contracts. "It is not just about pharmacists operating on their own: they need to get involved

New contract for GPs goes live in April

at a local level," he stressed. The NPA has information resources available tackling topics such as the new GP contract and how pharmacists can get onto PECs. A series of articles about new GMS starts in this issue (p247).

The approach being taken in the new pharmacy contract is bound to reflect what is in the new GMS contract. Similarities include an emphasis on quality, developing new services and the importance of primary care organisations in commissioning local services.

There are, however, some difficulties. "Not least of these is premises," said Ms Cox. "Community pharmacy premises need to be developed to provide greater access to private consultation areas." But doing this could reduce accessibility to pharmacists, which is one of pharmacy's strengths. "We need to explore ways to balance privacy and accessibility," she emphasised. Dr Chisholm added that a debate on sharing of information between GPs and pharmacists is needed.

In addition, pharmacists are still waiting to hear how they will be paid for providing additional services. "It would be unacceptable to expect people to offer more services for the same resources," Dr Chisholm commented. But pharmacists need to consider an important point: they are one of the health professionals who are expected to receive some resources through the new GMS contract. It is important to find ways to access this money, rather than sitting back and waiting for the new pharmacy contract to solve all the problems.

The new contracts for GPs and pharmacists will dramatically change the way both professions work. This is something that pharmacists need to prepare for. "Undoubtedly pharmacy will take on an extended role in the future which will strengthen pharmacists' reputation and professionalism. That is a development that I believe most GPs will welcome," Dr Chisholm said. Positive words from the BMA: now it is time for pharmacy to deliver.