

To: Community Pharmacy Contractors

**Directorate of Integrated Care  
Western Office**

Gransha Park House  
15 Gransha Park  
Clooney Road  
LONDONDERRY  
BT47 6FN

Tel : 028 9536 3375

Fax : 028 9536 1166

Web Site : [www.hscboard.hscni.net](http://www.hscboard.hscni.net)

3<sup>rd</sup> July 2020

Dear Colleague

## **COMMUNITY PHARMACY SERVICES COMMISSIONING PLAN FOR 2020/21**

### **1 Introduction**

During 2019/20, HSCB, Department of Health and Community Pharmacy NI were working collaboratively on a roadmap for community pharmacy services, the aim of which was to provide a medium term plan for services for the next three years. Unfortunately, due to the emergence of the COVID-19 pandemic, we were unable to complete this planning process and we have had to refocus our efforts into stabilising and developing community pharmacy services geared for the response to COVID-19.

Initial funding was secured in March to stabilise community pharmacy services and to ensure the service could respond effectively and details were set out in correspondence dated 27<sup>th</sup> March 2020. Could I once again acknowledge community pharmacy teams in how they have responded to the initial COVID surge – your efforts are very much appreciated.

### **2 Commissioning Plan**

Over the past weeks, DH, HSCB and CPNI have been working collaboratively to establish a commissioning plan for the remainder of 2020/21. We have agreed that in taking forward a commissioning plan we need to acknowledge the very changed circumstances that pharmacies are delivering services within; the capacity around pharmacy premises and staffing; and the healthcare needs that are paramount and that we require pharmacies to respond to. Furthermore we have agreed a number of workstreams to take forward work to establish service arrangements around the following themes:

#### **Workstream 1 - Pharmacy Organisation**

The business and service continuity arrangements that have been established in recent months will need to be further galvanised for the remainder of the year and will comprise a number of different elements:

#### **a) Reporting**

Arrangements were established to put in reporting arrangements around pharmacy services provision in each area. The reporting tool will be refined and further work undertaken to establish additional business continuity arrangements for the remainder of the year.

#### **b) Secure email**

It is essential to have secure email in place across all pharmacies as soon as possible. Secure email will facilitate communication from HSCB but will also be a key requirement to enable delivery of services and communication of service outcomes with GP practices, where appropriate.

#### **c) Prescription Collection**

The collection of prescriptions from GP by pharmacies has become an important element of service continuity during the pandemic and this will need to be maintained, taking patient choice and pharmacy nominations into account.

#### **d) Delivery Service**

Whilst the volunteer service has been extremely helpful to pharmacies, it is recognised that there is a need for a commissioned service to ensure delivery of medicines to shielded patients can be maintained where needed.

### **Workstream 2 - Medicines Services**

Further work is anticipated to shore up the vital medicines related services and augment these as necessary. A summary of this is provided in Appendix 1.

### **Workstream 3 - Pharmaceutical Public Health**

The final area for further development will be within pharmaceutical public health with a number of service areas being developed. A summary of this is provided in Appendix 1

## **3 Survey**

HSCB will build on the initial work conducted by CPNI to assess the respective position of each pharmacy with regards to service provision for the forthcoming year.

The survey will consist of two elements:

- a) A short telephone survey which will be undertaken by a local adviser over the next few weeks.
- b) An on-line survey which can be accessed via the link below.

<https://www.surveymonkey.co.uk/r/TSXQ9DV>

The information being sought is important to inform service developments and I would encourage you to facilitate both the call from the pharmacy adviser and also to complete the on-line survey by **Friday 24<sup>th</sup> July**. Contractors should, where possible, complete the survey themselves or make the necessary arrangements for this to be delegated to another staff member.

#### **4 Funding**

The Department of Health has recently confirmed the opening allocation for all HSC services. I write also to confirm that the opening allocation for community pharmacy services has increased to £112.4m recurrently. A further bid for inflationary price increases has yet to be decided upon and HSCB will correspond in due course when this has been confirmed. This has increased substantially from the £104m envelope that was established in 2018/19.

With the need to stabilise and configure community pharmacy services appropriately, DoH and HSCB made the following financial provisions in March/April:

- £4m initial funding in March 2020
- £35m Special Advance which will be in place until March 2021 after which, this funding will be withdrawn over a period of 2 years
- £7.5m funding in April 2020 related to service pressures, developments and reconfigurations

We can confirm a further additional £13.25m has been committed for the remainder of the year linked to the commissioning plan as set out above.

As service areas are specified and funding arrangements agreed, further details will be provided in due course.

#### **5. Conclusion**

On behalf of the HSCB, I would wish to reiterate my appreciation of pharmacy teams and trust that this correspondence provides an assurance that the HSCB working with DoH and CPNI is committed to further collaborative working to ensure patients continue to receive excellent pharmaceutical services throughout 2020/21.

Yours sincerely,

**Joe Brogan**  
**Assistant Director of Integrated Care**  
**Head of Pharmacy and Medicines Management**

## Workstream 2 - Medicines Services

Core dispensing services	Community pharmacy services have ensured continuity of medicines supply for patients throughout the first phase of the COVID response. This remains the priority service. There is recognition that in order to maintain continuity of supply, there have been exceptional challenges being placed on the supply chain. Throughout the year, medicines supply chain issues will be even greater than ever. Close monitoring will be required and mitigating actions sought. Further collaborative work with GMS providers will be held to shore up medicines supply arrangements
Compliance / adherence support	<p>The current non-commissioned provision of compliance aids has evolved over many years in response to patient and practitioner demand. There has been limited assessment of need yet a big proportion of additional service capacity is devoted to this activity.</p> <p>Given the challenges faced within the wider system, there is a need to urgently address the current and ongoing need for pharmacy adherence support particularly in order to plan for a potential second surge.</p>
Emergency Supply Service	The service has proved helpful in enabling support for the emergency supply of medicines to patients with over 5,000 items supplied during April and May. The service will continue with further refinements to address some operational issues. Service information is available at: <a href="http://www.hscbusiness.hscni.net/services/3159.htm">http://www.hscbusiness.hscni.net/services/3159.htm</a>
Palliative Care	The number of pharmacy provider has been extended and this will remain in place. The Palliative Care on-call service has been an extremely valuable service providing enhanced access to palliative care medicines during the pandemic. Whilst the service has been stood down we will be seeking feedback from participating pharmacists so that the service could be re-established if needed at a later date.
Care Homes	The arrangements put in place for the initial phase of the pandemic will be reviewed
Community Pharmacy Rota	It was evident with the reduction in normal retail, there was a need to enhance community pharmacy rota arrangements to ensure access to medicines over bank holidays in particular. There will be a need to assess the opening arrangements for pharmacies and ensure adequate coverage through a second surge.

Pharmacy First	There have been calls to introduce direct medicines supply services from pharmacies. However, there has been a transition from the previous minor ailments service to Pharmacy First – this service would see patients registered with pharmacies to provide care and support for less severe conditions supported by a formulary of products based on best evidence. Given the pressures elsewhere in the system and problems with access, it is proposed that Pharmacy First is commissioned as part of the COVID response.
----------------	---

### Workstream 3 - Pharmaceutical Public Health

Health Improvement Information	The Living Well Service has been very successful in engaging the public around a range of health improvement issues. Further campaigns will be developed for the forthcoming year.
Oral Substitution Therapy	Work has already begun to reconfigure Oral Substitution Therapy services. Service provision from pharmacies has had to change and there will be a need to identify pharmacies that have the capacity to deliver this service.
Smoking cessation	This service will be reconfigured and recommissioned for the forthcoming year <a href="http://www.hscbusiness.hscni.net/services/3154.htm">http://www.hscbusiness.hscni.net/services/3154.htm</a>
Flu vaccination	Subject to final agreement in relation to the commissioning of flu services, we will seek to commission activity building on existing private service arrangements that are established for the forthcoming winter period.