Dear GP practice,

The introduction of a five-year funding and services deal for community pharmacies in England from October 2019 includes a range of new services that may have an impact on practices.

The revised framework includes an expansion of clinical service delivery through pharmacies, in line with the NHS Long Term Plan. It guarantees funding levels until 2023/24 and sets out how pharmacies will support NHS colleagues, providing new services to help people to stay healthy and prevent illness; to support and provide urgent care services; to support patients leaving hospital; and to help patients avoid unnecessary visits to GPs and hospitals. The changes of most immediate relevance to GP practices are described below.

**Pharmacy management of minor illnesses and emergency medicine supplies**

Of particular note is the NHS Community Pharmacist Consultation Service (CPCS). This service has been designed to relieve pressure on the wider NHS by connecting patients with community pharmacies as a first port of call for minor illness or for the urgent supply of medicines. Pharmacies will offer patients a consultation to help them to manage minor illnesses, or make an ‘emergency supply’ of a medicine where a patient has previously been prescribed the medicine. The service will initially just take referrals from NHS 111 (rather than those patients being directed to GPs, GP OOH or A&E) with possible referrals from other settings, such as GP practices and NHS 111 online, in future years. GPs will receive an electronic notification when a patient has received an urgent supply; notifications will also be sent following minor illness consultations, where this is thought to be clinically significant.

**Pharmacies referring people with diabetes for annual foot and retinopathy checks**

The NHS Pharmacy Quality Scheme (PQS) in 2019/20 includes a public health domain proposed by NHS England and NHS Improvement which requires participating pharmacies to check with all patients aged 12 years and over with diabetes whether they have had their annual foot and eye health (retinopathy) checks. Where this is not the case, the patients are advised to discuss this with their general practice.

Guidance from the national community pharmacy contract negotiator (PSNC) on the requirement advises pharmacy teams to discuss this requirement with their local general practices and to determine the most appropriate way in which patients can be referred for further support; for example, it may be that the GP practice requests that patients are referred directly to the NDESP provider to arrange their retinopathy screening appointment.

Your Local Medical Committee (LMC) will work with the Local Pharmaceutical Committee (LPC) to highlight local arrangements to community pharmacy teams.

**Community pharmacy collaboration with PCNs**

The PQS also encourages collaboration within Primary Care Networks (PCNs). Community pharmacies will prepare for engagement with their PCN by identifying a pharmacy lead to work with the PCN leadership.

As part of the five-year contractual framework for community pharmacy, a range of clinical services will be piloted and introduced subject to their success, meaning you can expect more from local pharmacy teams in future. Further information on what else is in the pipeline that may be of interest to your practice team is available at: [**psnc.org.uk/pharmacyforGPs**](https://psnc.org.uk/pharmacyforGPs)

Regards,

The LMC