

July 2023



Current Essential Services

The essential services listed below are offered by all Pharmacy Contractors in England as part of the NHS Community Pharmacy Contractual Framework

- Dispensing of Medicines
- Dispensing of Appliances
- Dispensing of Repeat Prescriptions
- Disposal of unwanted medicines
- Public health and health promotion
- Signposting
- Support for self-care
- Clinical Governance
- Discharge Medicines Service



Discharge Medicines Service (DMS)

- All three Trusts in Thames Valley are actively referring patients as well as Trusts across the "border" – Swindon, Basingstoke, London, etc
- Royal Berkshire and Bucks are using PharmOutcomes; OUH and Frimley refer by NHS mail
- £35 for completion of all three stages <u>plus</u> £28 for an NMS
- Do you have a process in place to check NHS mail/Pharmoutcomes? How many times a day?
- https://psnc.org.uk/services-commissioning/essential-services/dischargemedicines-service/



CCG7: Timely communication of changes to medicines to community pharmacists via the Discharge Medicines Service

Applicability:

Acute

CQUIN goal:

0.5% to 1.5%

Supporting ref:

NICE NG5¹²

NICE NG5 recommends that medicines-related communication systems should be in place when patients move from one care setting to another and the act of reconciling medicines should happen within one week of the patient being discharged.

This indicator directly incentivises acute trusts to make a referral into the NHS Discharge Medicines Service, which is compliant with the minimum quality requirements described in the NHS DMS Toolkit. Patients who receive this service are less likely to be readmitted (5.8% vs 16% at 30 days), and spend fewer days in hospital (7.2 days on average compared to 13.1 for patients who did not receive the service) where they are readmitted.



Advanced Services

- There are several Advanced Services within the NHS Community Pharmacy Contractual Framework (CPCF).
- Community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions.

REMEMBER - Whilst they are NOT compulsory, any that you DO provide, must be signposted on your Directory of Services.



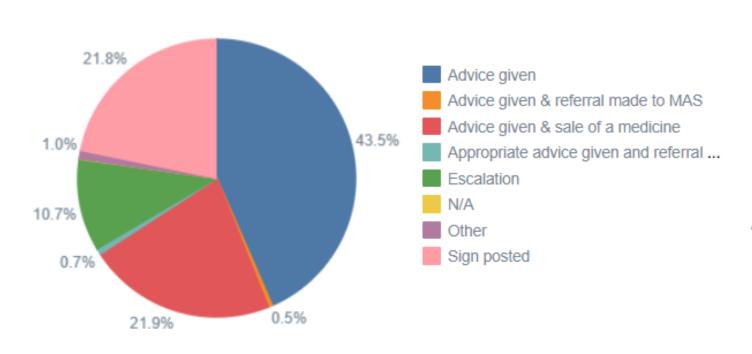
Community Pharmacist Consultation Service (CPCS)

- 111 and GP CPCS are for Minor Ailments
- 111 Urgent Supply
- All come through PharmOutcomes £14 per consultation (plus cost of meds for Urgent Supply at basic tariff price)
- Consultations can be remote OR Face-to-Face
- https://psnc.org.uk/services-commissioning/advanced-services/communitypharmacist-consultation-service/

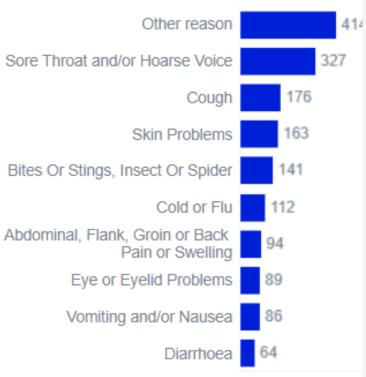


CPCS Dashboard Minor Illnesses

Referrals by Outcome



Top 10 Symptom Groups





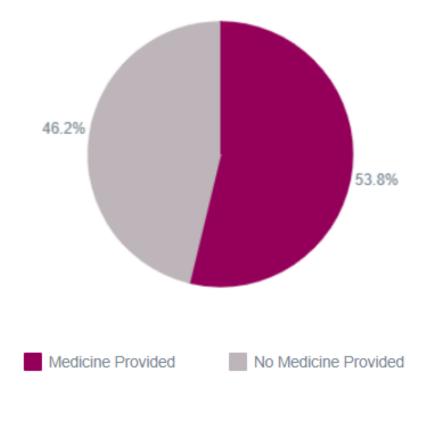


CONDITIONS	What conditions are SUITABLE for referral to pharmacists?			Do NOT refer in these circumstances		
BITES / STINGS	Bee sting Wasp sting	•Stings with minor redness	•Stings with minor swelling	•Drowsy / fever •Fast heart rate	•Severe swellings or cramps	
COLDS	•Cold sores •Coughs	•Flu-like symptoms	•Sore throat	•Lasted +3 weeks •Shortness of breath	•Chest pain •Unable to swallow	
CONGESTION	•Blocked or runny nose	Constant need to clear their throat	•Excess mucus •Hay fever	Lasted +3 weeks Shortness of breath	•1 side obstruction •Facial swelling	
EAR	•Earache	•Ear wax •Blocked ear	•Hearing problems	Something may be in the ear canal Discharge	•Severe pain. •Deafness •Vertigo	
EYE	Conjunctivitis Dry/sore tired eyes Eye, red or Irritable	•Eye, sticky •Eyelid problems	•Watery / runny eyes	Severe pain Pain 1 side only	•Light sensitivity •Reduced vision	
GASTRIC / BOWEL	Constipation Diarrhoea Infant colic	•Heartburn •Indigestion	Haemorrhoids Rectal pain, Vomiting or nausea	•Severe / on-going •Lasted +6 weeks	Patient +55 years Blood / Weight loss	
GENERAL	•Hay fever	•Sleep difficulties	•Tiredness	•Severe / on-going		
GYNAE/THRUSH	Cystitis Vaginal discharge	Vaginal itch or soreness		•Diabetic / Pregnant •Under 16 / over 60 •Unexplained bleeding	Pharmacy treatment not worked Had thrush 2x in last 6 months	
PAIN	Acute pain Ankle or foot pain Headache Hip pain or swelling Knee or leg pain	Lower back pain Lower limb pain Migraine Shoulder pain	•Sprains and strains •Thigh or buttock pain •Wrist, hand or finger pain	Condition described as severe or urgent Conditions have been ongoing for +3 weeks	Chest pain / pain radiating into the shoulde Pharmacy treatment not worked Sudden onset	
SKIN	•Acne, spots and pimples •Athlete's foot •Blisters on foot •Dermatitis / dry skin •Hair loss	 Hay fever Nappy rash Oral thrush Rash - allergy Ringworm/ threadworm 	Scabies Skin dressings Skin rash Warts/verrucae Wound problems	Condition described as severe or urgent Conditions have been ongoing for +3 weeks	•Pharmacy treatment not worked •Skin lesions / blisters with discharge •Diabetes related?	
MOUTH / THROAT	•Cold sore blisters •Flu-like symptoms •Hoarseness	•Mouth ulcers •Sore mouth •Sore throat	•Oral thrush •Teething •Toothache	Lasted +10 days Swollen painful gums Sores inside mouth	Unable to swallow Patient has poor immune system Voice change	
SWELLING	•Ankle or foot swelling •Lower limb swelling	•Thigh or buttock swelling •Toe pain or swelling	•Wrist, hand or finger swelling	Condition described as severe or urgent Condition ongoing for +3 weeks	Discolouration to skin Pharmacy treatment not worked Recent travel abroad	

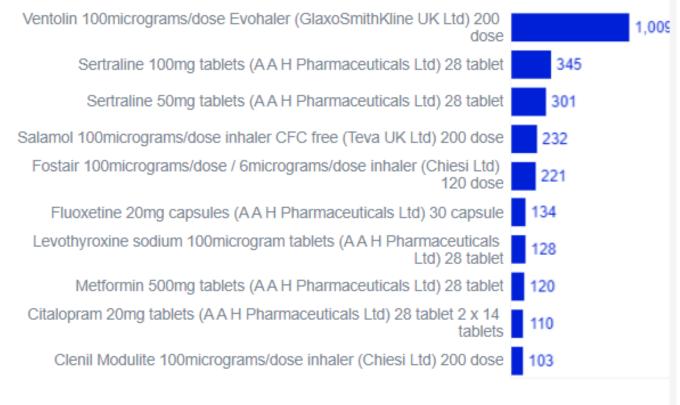
Community Pharmacy Thames Valley

CPCS Dashboard Urgent Supply

Medicine Provided



Top 10 Medicines





GP CPCS

- 95% of Practices using PharmOutcomes
- Over 2,500 patients did not show for their appointment, this includes where the pharmacy did not contact the patient, the surgery sent a test patient, IT issues, etc.
- The majority of these were where the pharmacy did not contact the patient and most come from a few pharmacies.
- The LPC has trained over 100 surgery teams across BOB.



Questions about GP CPCS

- Is my practice referring?
- How are they referring?
- Have you spoken to the Practice?
- For queries contact Kevin Barnes cso@cptv.org.uk



- 1. Asthma and COPD:
- 2. Diabetes (Type 2);
- 3. Hypertension;
- 4. Hypercholesterolaemia;
- 5. Osteoporosis;
- 6. Gout;
- 7. Glaucoma;
- 8. Epilepsy;
- 9. Parkinson's disease;
- 10. Urinary incontinence/retention;
- 11. Heart failure;
- 12. Acute coronary syndromes;
- 13. Atrial fibrillation;
- 14. Long term risks of thromboembolism/embolism;
- 15. Stroke / transient ischemic attack; and
- 16. Coronary heart disease



Additional eligible conditions

The rationale for selection of the conditions mirrors that used in identifying the original four therapy areas/conditions:

- firstly, that there is evidence from research that adherence to medication in this condition could be improved and
- secondly that reviews of available research suggest these are areas where community pharmacists are best able to support improvements in patient understanding and adherence to treatments



Contractors who have received an exemption from the requirement to have a consultation room (due to their premises size) from their regional NHSE&I team, can **provide the service remotely or at the patient's home**. All other contractors providing the service can similarly provide the service remotely, where appropriate, and in the patient's home.



The cap on the number of NMS which can be provided by contractors increased from 0.5 percent to one percent of monthly prescription volume



The service can be offered to support parents/guardians/carers of children and adults newly prescribed eligible medicines who could benefit from the service, where the patient is not able to provide informed consent.



Current Payments are based on

- Number of prescription items dispensed monthly
- NMS completed as % of 100% target level*
- >20% all completed NMS paid at £20
- 20% and above all completed NMS paid at £25
- 40% and above all completed NMS paid at £26
- 60% and above all completed NMS paid at £27
- 80% and above all completed NMS paid at £28
- * 100% target level = 1% of monthly items dispensed e.g. for 8000 items = 80 completed NMS
- https://psnc.org.uk/services-commissioning/advanced-services/nms/



Hypertension Case Finding Service

- Finding those over 40 with Undiagnosed Hypertension
- Initial Clinical BP check
- 24 hour testing depending on readings for the above
- Sign up on MYS
- A set-up fee of £440;
- A fee for each BP check of £15; and
- A fee for each ambulatory monitoring of £45



Hypertension Case Finding Service

 An incentive fee of £400 will be available if 20 ABPM intervention are provided in 2023/24



BP Referrals from GP

If practices want to refer patients who have already been diagnosed with hypertension for blood pressure checks, then contractors should work with their practices to agree a local process by which this will work; there are no specific requirements set for this process and it could involve the practice agreeing that a specific list of patients can access the service or a cohort of patients could be specified.

General practices will also be able to refer patients requiring ABPM; in this scenario it is recommended that this referral is made electronically to the pharmacy.

Download a Microsoft Word practice referral template

Download a PDF practice referral template



Hypertension Case Finding - growing the service

- Formulate a SMART action plan across the PCN
- Speak with CD's, GPs, Practice Pharmacists and CCG
- Most practices are willing to work with us on this service some need more prompting
- Before big push with CD etc, start prompting within the pharmacy to
 - check processes,
 - staff understanding of the service and
 - get 'word of mouth' marketing working
 - Have a booking system in place



Hypertension Case - growing the service

Look at advertising

- Word of mouth
- Banners
- Posters
- Get your staff to promote the service (best option but can take the longest to be effective)
- Messages on sales receipts
- Flyers into prescription bags



Smoking Cessation Service (Hospital Discharge)

- The SCS was added to the NHS Community Pharmacy Contractual Framework (CPCF) as part of Year 3 (2021/22) of the five-year CPCF deal.
- Around 5.7 million people or nearly 14% of the adult population in England were reported to smoke in 2019. Smokers see their GP over a third more often than non-smokers, and smoking is linked to nearly half a million hospital admissions each year.



Pharmacy Requirements

- The service officially commences on 10th March 2022, which is the day after No Smoking Day; however, since this is an Advanced service, contractors are free to choose if they will provide the service and when they will start providing it.
- The service must be provided by a pharmacist, due to the current rules on exemptions for VAT
- To provide the service, contractors must have a carbon monoxide (CO) monitor (which is suitable for use with pregnant women) and sufficient disposable single patient use mouthpieces



Training Requirements

- Read and understand the operational processes to provide the SCS as described in the <u>service specification</u>;
- Successfully complete the following <u>National Centre for Smoking Cessation</u> and <u>Training (NCSCT) courses</u> and satisfactorily pass the assessments (where applicable):
 - Stop Smoking Practitioner training and certification;
 - Mental health and smoking cessation course; Pregnancy and smoking cessation course; and
 - E-cigarettes: a guide for healthcare professionals' course





Services and Commissioning

February 2022

PSNC Briefing 007/22: Contractor checklist – implementing the Smoking Cessation Service

This checklist details the actions contractors need to undertake to prepare to provide the Smoking Cessation Service (SCS). Further information on the service and resources can be found at psnc.org.uk/scs.

	Activity	By whom?	By when?	Completed
1.	Read the <u>service specification</u> , <u>PSNC Briefing</u> and the FAQs on the PSNC website (<u>psnc.org.uk/scs</u>), so that you understand the service requirements.			
2.	Find out which Trusts in your area are already making referrals to community pharmacies and which will be starting this in due course. Your LPC or regional NHSE&I team may be able to provide this information to you.			



Inclusion criteria for the service

- People aged 18 years and older who have started treatment for tobacco dependence in hospital and have chosen to continue their treatment in community pharmacy after discharge
- This service does not exclude women who are pregnant or people who suffer from non-complex mental health problems although alternative local arrangements may already be in place for such people



Smoking Cessation (Hospital Discharge) Referrals

• NHS trusts will identify patients who are smokers, provide a pre-quit assessment, and start treatment. With consent, patients will be offered a referral to a pharmacy which is participating in the SCS (the patient will choose which pharmacy they wish to be referred to). The referral will be made using a secure electronic system or NHSmail following discharge from hospital.



Smoking Cessation (Hospital Discharge) Process

- Contact patient within 5 days of referral
- Record Consent
- Conduct CO test
- Provision of Behavioural Support
- The pharmacy will supply a maximum of two weeks NRT at a time. As part of the consultation the suitability of the NRT should be reviewed and any changes agreed with the patient. The course length should not exceed 12 weeks treatment from the defined quit date. This includes any treatment supplied to the patient while in hospital and at the point of discharge



Smoking Cessation (Hospital Discharge) Process

Following a remote or face-to-face consultation, the pharmacist should use their professional judgement to determine whether they may supply NRT in accordance with the requirements of the Human Medicines Regulations and the service specification.

A quantity sufficient for a maximum of two week's treatment should be supplied to coincide with the next appointment. The supply of NRT should be entered onto the Patient Medication Record (PMR) and the NRT supplied should be labelled.

The supply should be made free of charge to the patient; NHS prescription charges do not apply to these supplies.



Payment

- A set-up fee of £1,000 (which will be paid following registration on MYS to provide the service, having declared the pharmacy is ready to provide the service
- For each patient a fee for:
 - the first consultation of £30;
 - each interim consultation of £10; and
 - the last consultation of £40 (the last consultation may be at any point from and including the 4-week review up until the 12-week review).
- Only the cost of medicines on the list of products which may be supplied as part of the service which is published in the Drug Tariff will be eligible for reimbursement.

Other Advanced Services

- Lateral Flow Distribution
- Appliance Use Reviews
- Pandemic Delivery Service
- Hep C Testing
- Stoma Appliance Customisation
- Smoking Cessation Hospital Discharge Service (Jan 22)



Locally Commissioned Services

- Dependent on ICS
- ...or Local Authority (8 Across BOB and Frimley
- Funding is short (especially for LA funded)
- Most are INVITE only
 - Location?
 - Opening Hours?
 - Parking?
 - Existing services (Substance Misuse)



Locally Commissioned Services

- Methadone Supervision
- Needle Exchange
- Naloxone (Some LA's in Berkshire Only)
- EHC
- Palliative Care (or Emergency Provision of Meds in BOB)
- Smoking Cessation (Champix only)
- PGDs
 - Ondansetron in Frimley
 - UTI in Oxfordshire and Frimley





Commissioning & Services

Berkshire - Locally Commissioned Services

Buckinghamshire - Locally Commissioned Services

CPCS (NHS Community
Pharmacist Consultation Service)

Hypertension Case Finding Service

Oxfordshire - Locally
Commissioned Services

Commissioning & Services

There are three tiers of services in the NHS Pharmacy Contract:

- Essential Services services that must normally be provided by all pharmacy contractors such as dispensing medicines and appliances, repeat dispensing, disposal of unwanted medicines, promotion of healthy lifestyles, signposting, support for self-care and the <u>Discharge Medicines Service (DMS)</u>
- 2. <u>Advanced Services</u> services that require accreditation of the pharmacist providing the service and/or specific requirements to be met in regard to premises such as <u>Stop Smoking (SCS)</u>, <u>CPCS</u>, <u>NMS</u>, the <u>NHS Flu Vaccination Service</u>, <u>Pharmacy Contraception Service</u> and the <u>Hypertension Case Finding Service</u>.
- 3. **Locally Commissioned Services** services commissioned locally by a number of different routes including Local Authorities, ICBs and local NHS England team. By definition, these vary according to locality, for details select your area below:
 - Berkshire Locally Commissioned Services
 - Buckinghamshire Locally Commissioned Services
 - Oxfordshire Locally Commissioned Services

https://cptv.org.uk



How do you Maximise Revenue?

- Prioritise Revenue potential
- Prioritise your TIME
- Understand your Community marking bags/asking questions
- Claim (correctly and on time)
- Collaborate with your local Practice
- Check NHS Mail and PharmOutcomes at least 3 x a day
- Sign up to Digest and Signal group
- Highlight potential services to the LPC (Oral Contraception being piloted in Reading)
- Use Training Resources (eg Virtual Outcomes FREE Subscription for LPC Contractors)



https://www.virtualoutcomes.co.uk/pharmacy-training/

