



Community
Phar+macy
Humber

Pharmacy Embracing the Future

20 October 2019
10:00am – 4:00pm

The Village Hotel
Hull





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Introduction and welcome

Paul Robinson

Chairman
Humber LPC

THANK YOU TO OUR 5 SPONSORS:

AstraZeneca, Boehringer Ingelheim, Bristol-Myers Squibb Pharmaceuticals, Novartis Pharmaceuticals UK Limited and Pfizer

■ **House keeping**

- Phones off
- Fire alarms
- Toilets

■ **Aims of the day: At the end of today you should be aware of:**

- What the future looks like
- What you need to do
- When you need to do it
- How to do it
- **HAVE THE CONFIDENCE TO FACE THE FUTURE**

Agenda: AM

MORNING SESSION

- 10:00 – 10.05 Welcome
- 10:05 – 10:45 **New Community Pharmacy Contractual Framework (CPCF) + Q&A**
David Broome PSNC Regional representative
- 10:45 – 10:50 Break out into Primary Care Networks (PCNs) (by number)
- 10:50 – 11:10 **Primary Care Networks**
Anthony Bryce Humber LPC
Zoe Norris Clinical Director Bridlington PCN
- 11:10 – 11:25 **Coffee break** with PCN members (table discussion)
- 11:25 – 12:30 **Pharmacy Quality Scheme (PQS)**
Caroline Hayward Humber LPC
- 12:30 – 13:15 **Lunch**

Agenda: PM

AFTERNOON SESSION

- 13:15 – 14:45 **Community Pharmacy Consultation Service (CPCS)**
Karen Murden Humber LPC
Usha Kaushal NHS111,
Debbie Needham / Jo Lane CPPE
- 14:45 – 15:00 **Change Management**
Karen Murden Humber LPC
- 15:00 – 15:15 **Coffee break**
- 15:15 – 15:30 **Summary, resources and introduction to service hubs**
Janet Clark Humber LPC
- 15:30 – 16:00 **Pharmacy Information Hubs** and sign up corner



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Summary of changes to the community pharmacy contract

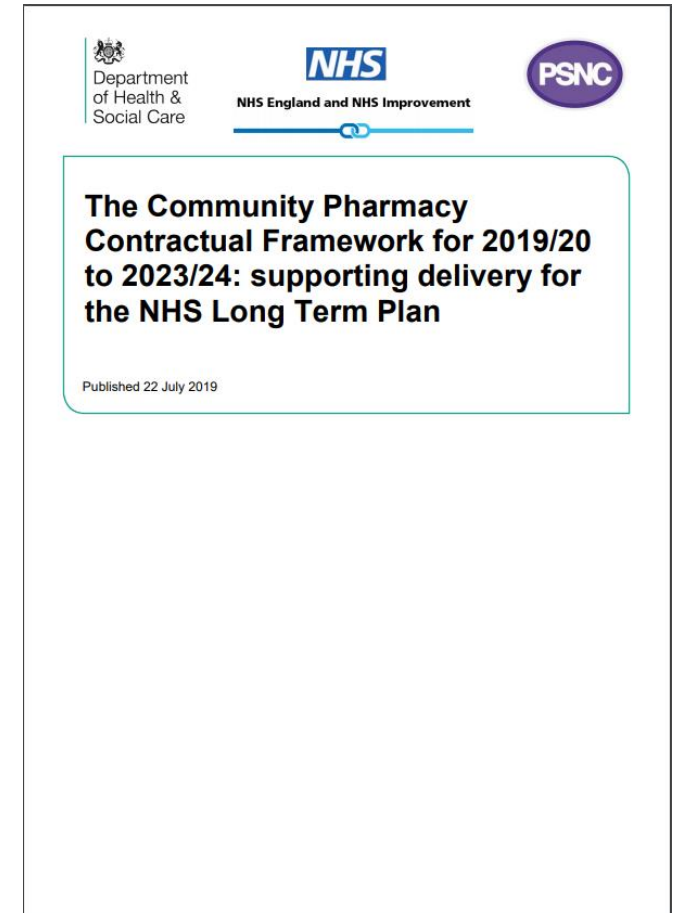
David Broome

PSNC Regional Representative

The CPCF 2019/20 – 2023/24

In summary...

- Expansion of clinical services through pharmacies over the next five years, starting with a new national NHS Community Pharmacist Consultation Service (CPCS) from October 2019 giving us leverage for the future
- Five-year deal secures funding of £13bn (£2.592 billion a year plus Pharmacy Integration Fund spend) for pharmacies – more than original Government plans



The CPCF 2019/20 – 2023/24

- Secures the future of community pharmacy and provides a roadmap for delivery and change
- Ensures five years of protected funding against an environment of increasing economic uncertainty
- Embeds closer integration with NHSE&I and begins to repair the damage of the Judicial Review
- Fixes an annual review of costs, capacity and progress within the Contractual Framework



Funding changes

- Funding was agreed at £2.592bn a year for the next five years
- The proportion of funding delivered via fees and retained margin remains unchanged in 2019/20 at £1.792bn for fees and £800m in retained margin
- Establishment Payments and MURs to be phased out by 2020/21 with funding reinvested in new services
 - Contractors will be able to provide up to
 - 250 MURs during 2019/20 (max. 200 in H1)
 - 100 in 2020/21
- From H2 2019/20, 70% of MURs must be for patients taking high-risk meds or post-discharge

Funding changes

- Monthly Transitional payments in H2 2019/2020 and 2020/21 to recognise costs (e.g. preparation for SSPs and implementation of FMD)
- £10m set aside as a contingency for SSP payments – if not used, this will be added to Transitional payments
- SSP fee will be set at £5.35
- PQS – Aspiration payment can be claimed to ease cash flow (for contractors who participated in QPS 2018/19)

Pharmacy Quality Scheme (PQS)

- From October 2019, the Quality Payments Scheme (QPS) will continue under a new name – the Pharmacy Quality Scheme.
- The PQS will continue to have an overall value of £75m annually
- Some quality criteria are being grouped into bundles for payment
- An aspiration payment can be claimed
- Further information on the requirements for the PQS for 2019/20 are being finalised and guidance and a webinar will be made available as soon as possible
- Initial details on the PQS requirements are available here: psnc.org.uk/PQS

NHS Community Pharmacist Consultation Service

- The CPCS brings together the existing NHS Urgent Medicines Supply Advanced Service (NUMSAS) pilot with local pilots of the Digital Minor Illness Referral Service (DMIRS)
- It is intended to give community pharmacies a key role in helping people with minor illnesses & puts us at the heart of primary care
- In 2019/20, the CPCS will take referrals from NHS 111, but over the five years this is expected to expand to include referrals from GP practices, NHS 111 online, and urgent treatment centres

NHS Community Pharmacist Consultation Service

- A detailed implementation plan is being worked on and will include guidance and a webinar for contractors
- Pharmacies who sign up to the service will receive a transitional payment of:
 - £900 if signed up by 1st December 2019; or
 - £600 by 15th January 2020
- Fee of £14 per completed consultation
- Follow up calls to no-show patients reduced to one (from three)

Further service developments

- Several new services will be piloted and, subject to their success, rolled out
- The services will enable community pharmacies to do more to help to prevent and detect disease, as well as supporting medicines optimisation
- Full details on the timing of pilots and planned service roll outs are on this page:
psnc.org.uk/5yearCPCF



PSNC Briefing 026/19: A Summary of the Five-Year Deal on the Community Pharmacy Contractual Framework

PSNC, the Department of Health and Social Care (DHSC) and NHS England and Improvement (NHSE&I) have today (22nd July 2019) announced their agreement on a five-year settlement for community pharmacy. This briefing summarises the key elements of the deal for community pharmacy contractors, their teams and LPCs.

Further information is available on the PSNC website at: psnc.org.uk/SwearCPCF

Introduction

Following negotiations between PSNC, DHSC and NHSE&I, HM Government has agreed to make a five-year investment in community pharmacies. The deal secures funding of £2.592bn per year for pharmacies (almost £1.3bn over the five years) – significantly more than original Government plans. The agreement also sets out a clear vision for the expansion of clinical service delivery through pharmacies over the next five years, in line with the NHS Long Term Plan.

In this briefing we cover:

- Funding Changes
- The Pharmacy Quality Scheme (PQS) and changes to the Terms of Service
- The NHS Community Pharmacist Consultation Service (CPCS)
- Further service developments
- Other agreements

Full details of the settlement on the CPCF for 2019/20 to 2023/24 are included in the [joint PSNC, DHSC and NHSE&I contract agreement document](#).

You can read PSNC's announcement and statements on the settlement on the PSNC website: psnc.org.uk/SwearCPCF

Contractors should note that a key feature of this settlement is the built-in annual review and negotiation process; this means that much of the detail, particularly for later years of the settlement, has yet to be finalised. Contractors will be updated on an ongoing basis as discussions continue.

Ahead of October 2019, we are accelerating finalisation of details for 2019/20 and in particular on the implementation of the CPCS and the PQS.

Funding changes

The deal secures funding of £2.592bn per annum for community pharmacy contractors in each of the five financial years from 2019/20 to 2023/24. Within that overall envelope, the details of how funding will be deployed will be agreed on an annual basis. Over the course of the five years, the funding model will be reviewed and the balance between spend on dispensing and new services is likely to shift towards the delivery of services.



PSNC Briefing 027/19: Five-Year CPCF Deal – Frequently Asked Questions

To accompany the announcement of a five-year settlement for community pharmacy, PSNC has set out responses to a number of questions to help to answer queries that community pharmacy contractors may have.

The Frequently Asked Questions (FAQs) cover the following topics:

- The Five-Year Agreement;
- The Negotiations;
- Funding;
- The Pharmacy Quality Scheme (PQS);
- Medicines Use Reviews (MURs) and the New Medicine Service (NMS);
- Other service developments and the Community Pharmacist Consultation Service (CPCS); and
- Technology and practicalities.

For any queries not covered by this briefing, contractors can contact PSNC by email: info@psnc.org.uk

These FAQs were updated in August 2019.

The Five-Year Agreement

Q1. What does a multi-year settlement for community pharmacy mean? Updated August 2019

PSNC, the Department of Health and Social Care (DHSC) and NHS England and Improvement (NHSE&I) have, through this deal, agreed to a vision of what community pharmacies will deliver through the Community Pharmacy Contractual Framework (CPCF) from October 2019 through to the end of 2023/24. This includes a range of new services that will be piloted and introduced over the course of the five years to support the delivery of the NHS Long Term Plan.

HM Government has committed to funding of £2.592bn per year for community pharmacy until 2023/24. This protects funding and provides stability at the current levels for the next five years, as well as certainty for contractors. To help the sector to deliver the services set out in the deal, HM Government and PSNC have also agreed to have discussions on how the sector could make best use of technology and other legislative developments, in ways that will be fair for the entire sector.

The settlement agrees the principles for the CPCF and associated funding over the next five years. Given the scale of the agreement, annual reviews will be undertaken to check that all sides are content with progress on contractual service developments and the CPCF as a whole, and to negotiate the finer details of the services and funding distribution for each financial year. PSNC insisted on this in-built annual review system which we will use to consider costs and capacity, service volumes, pharmacy income and sector stress, giving us the opportunity every year to provide evidence and a business case for further investment.

Contractors will be updated as soon as further information for each financial year becomes available – we are currently accelerating discussions on the key elements to be introduced from October 2019.

Key Service Developments


- A Hepatitis C testing service will be introduced in 2019/20
- Data capture will be required for national public health campaigns
- A post discharge medicines reconciliation service will be introduced from April 2020
- We will consider NMS expansion to include further conditions
- Future pilots will explore:
 - A model for detecting undiagnosed cardiovascular disease;
 - Stop smoking support referrals from secondary care; and
 - Improving access to palliative care medicines

Terms of Service Changes

- A key step is the move to require all pharmacies to have achieved Level 1 HLP status from April 2020
 - HLP status includes requirement for a consultation area and provision of an advanced service
- Other new Terms of Service requirements from 1st April 2020:
 - NHSmail
 - Summary Care Records access
 - NHS 111 Directory of Services
 - NHS.UK pharmacy profile updating
 - Pharmacy professionals are Level 2 Safeguarding trained
- All pharmacies must be able to use EPS
- Further details to follow.


Contractor Support: Information now available

- Joint deal document: PSNC, DHSC and NHSE&I
- PSNC Briefings 026/19, 027/19, 028/19 and 029/19
 - Summary of the deal
 - Frequently Asked Questions
 - Information on funding
 - The Pharmacy Quality Scheme
 - Service development grid
- Contractor webinar now available to listen to on-demand
- See: psnc.org.uk/5yearCPCF



The Community Pharmacy Contractual Framework for 2019/20 to 2023/24: supporting delivery for the NHS Long Term Plan

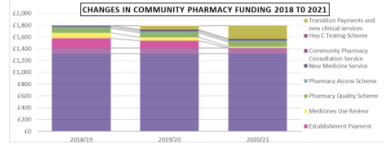
Published 22 July 2019



	2018/19	2019/20	2020/21
Single Activity Fees	£3,315	£3,315	£3,315
Other Item Fees	£97	£97	£97
Establishment Payment	£164	£129	£0
Medicines Use Reviews	£94	£55	£24
Pharmacy Quality Scheme	£75	£75	£75
Pharmacy Access Scheme	£34	£24	£24
New Medicine Service	£22	£22	£22
Community Pharmacy Consultation Service	£0	£4	£9
Stop C Testing Scheme	£0	£2	£2
Transition Payments and New Clinical Services	£0	£60	£29.1
Retained Margin	£800	£800	£800
Total funding*	£4,992	£4,992	£4,992

*Totals may not sum due to rounding

From October 2019, the changes to fees will be as follows:



Funding: The contract sum
National NHS community pharmacy funding (the contract sum) comprises two key elements – fees (remuneration) and retained margin (part of reimbursement) which can be defined as follows:

Remuneration: This is the fees and allowances paid to pharmacies for the professional services they provide.

Reimbursement: This reimburses the cost of the medicines that pharmacies supply to patients. Pharmacies first have to purchase these medicines, usually from medicines wholesalers, and they are then reimbursed for them by the NHS, generally according to the Drug Tariff, which sets out prices for many medicines and a 'discount deduction' scale.

The difference between reimbursement and purchase price constitutes 'retained margin' which pharmacies are allowed to keep as part of their agreed funding subject to a collective agreed total (currently £800m).

Page 3 of 5 | info@psnc.org.uk | psnc.org.uk | 0203 1220 810

Community Pharmacy Contractual Framework service development grid

This grid illustrates how changes to the services within the Community Pharmacy Contractual Framework (CPCF) are expected to be phased. The roll out of all pilots will be subject to negotiation and each pilot demonstrating that the substantive service will offer value for money.

	2019/20	2020/21	2021/22	2022/23	2023/24
1. Community Pharmacist Consultation Service (CPCS)- NHS 111 referrals	☐	☐	☐	☐	☐
2. GP CPCS pilot	☐	☐	☐	☐	☐
3. GP CPCS implementation	☐	☐	☐	☐	☐
4. NHS 111 Online CPCS pilot planning and implementation	☐	☐	☐	☐	☐
5. NHS 111 Online CPCS implementation	☐	☐	☐	☐	☐
6. Urgent Treatment Centre CPCS pilot	☐	☐	☐	☐	☐
7. Urgent Treatment Centre CPCS implementation	☐	☐	☐	☐	☐
8. Palliative care medicines service pilot planning and implementation	☐	☐	☐	☐	☐
9. Palliative care medicines service implementation	☐	☐	☐	☐	☐
10. All pharmacies to be Health Living Pharmacy (HLP) Level 1	☐	☐	☐	☐	☐
11. Hypertension and Atrial Fibrillation (AF) case finding pilot planning and implementation	☐	☐	☐	☐	☐
12. Hypertension and AF case finding service implementation	☐	☐	☐	☐	☐
13. Stop smoking referrals from secondary care pilot planning and implementation	☐	☐	☐	☐	☐
14. Stop smoking referrals from secondary care implementation	☐	☐	☐	☐	☐
15. Point-of-Care-Testing (POCT) and treat for common ailments pilot planning and implementation	☐	☐	☐	☐	☐
16. POCT and treat for common ailments implementation	☐	☐	☐	☐	☐
17. Hepatitis C testing service	☐	☐	☐	☐	☐
18. Medicines Use Review (MUR) phase out	☐	☐	☐	☐	☐
19. Medicines reconciliation service	☐	☐	☐	☐	☐
20. Discuss and agree expanded scope of New Medicine Service (NMS) to other therapeutic areas	☐	☐	☐	☐	☐

Contractor Support: CPCF Checklist

- PSNC has launched a new email: the CPCF Checklist
- This highlights actions that contractors need to take now
- The first emails have covered things like reading the deal document and signing up for the MYS service
- The Checklist will walk you through the changes and new services, including signposting to detailed resources and training webinars
- Sign up now: psnc.org.uk/email

CPCF Action Plan One Pager

Read

- The Community Pharmacy Contractual Framework for 2019/20 to 2023/24: supporting delivery for the NHS Long Term Plan: <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024>
- PSNC Briefing 028/19: Information on the community pharmacy contract settlement and funding for 2019/2020 to 2023/24: <https://psnc.org.uk/funding-and-statistics/psnc-briefings-funding-and-statistics/psnc-briefing-028-19-information-on-the-community-pharmacy-contract-settlement-and-funding-for-2019-2020-to-2023-24/>
- PSNC Briefing 026/19: A Summary of the Five-Year Deal on the Community Pharmacy Contractual Framework: <https://psnc.org.uk/psnc-work/psnc-briefings-psnc-work/psnc-briefing-026-19-a-summary-of-the-five-year-deal-on-the-community-pharmacy-contractual-framework/>
- NHSE & I Guidance on the Pharmacy Quality Scheme: <https://www.england.nhs.uk/publication/pharmacy-quality-scheme-guidance-2019-20/>
- PSNC Briefing 041/19: The Pharmacy Quality Scheme 2019/20: <https://psnc.org.uk/wp-content/uploads/2019/09/PSNC-Briefing-041-19-The-Pharmacy-Quality-Scheme-2019-20.pdf>
- Information on the PQS Aspiration Payment: <https://psnc.org.uk/services-commissioning/pharmacy-quality-scheme/pharmacy-quality-scheme-aspiration-payment/>
- Information on the new NHS Community Pharmacist Consultation Service (CPCS): <https://psnc.org.uk/services-commissioning/advanced-services/community-pharmacist-consultation-service/>

Watch

- Five year deal on CPCF webinar: <https://psnc.org.uk/our-news/five-year-deal-on-cpcf-webinar-now-on-demand/>
- Digital CPCF Roadshow: <https://psnc.org.uk/our-news/digital-cpcf-roadshow-now-on-demand/>
- CPCS Webinar: <https://psnc.org.uk/our-news/cpcs-webinar-now-on-demand/>
- PQS Webinar: <https://psnc.org.uk/our-news/pharmacy-quality-scheme-webinar-now-on-demand/>
- Serious Shortage Protocols webinar: <https://psnc.org.uk/our-news/serious-shortage-protocols-ssps-webinar-now-on-demand/>
- Virtual Outcomes Courses: CPCF (highly recommended), Several PQS courses, CPCS, Sepsis and more: <https://www.virtualoutcomes.co.uk/pharmacy-training/>

Sign up

- PSNC CPCF Checklist emails: <https://psnc.org.uk/latest-news/email-sign-up/>
- Manage Your Service (MYA) Application: <https://psnc.org.uk/services-commissioning/pharmacy-quality-scheme/pharmacy-quality-scheme-registering-for-the-manage-your-service-application/>

Complete

- CPPE Training: Safeguarding, Risk Management, Sepsis, LASA: <https://www.cppe.ac.uk/services/pqs>

Transitional Payments

Number of items per month from 1 October 2019	Monthly Transitional Payment from 1 October 2019
0 – 2500	£100.00
2501 – 5000	£700.00
5001 – 19167	£780.00
19168+	£833.33

Any Questions



Time to stretch and move!

- Consult the number on your delegate badge
- Move to the table with the matching number
 - You are now sitting with colleagues who share the same PCN as yourself
 - Please note: some tables may host more than one PCN
 - Introduce yourselves / Meet and Greet! (5mins)



Primary Care Networks (PCNs)

Anthony Bryce Humber LPC (PSNC Video)

Dr Zoe Norris Clinical Director Bridlington PCN

Coffee break with PCN members (table discussion)

What are Primary Care Networks?

Primary Care Networks (PCNs) are a key part of the [NHS Long Term Plan](#) (the **NHS long term plan sets out priorities for the NHS over the next ten years**). General practices have come together and formed networks, that are locality based, typically covering 30,000-50,000 patients.

These networks will provide the structure and funding for services to be developed locally, in response to the needs of the patients they serve.

PCNs have been described as the ‘**new building block**’ of local healthcare systems and all of us here today whether you know it or not are situated within PCN (both as a patient & as a community pharmacy).

It is essential that community pharmacy teams are fully involved the work of their PCN and this is being encouraged via the [Pharmacy Quality Scheme](#) (PQS).



PCNs What you need to know.....

How do Primary
Care Networks fit?

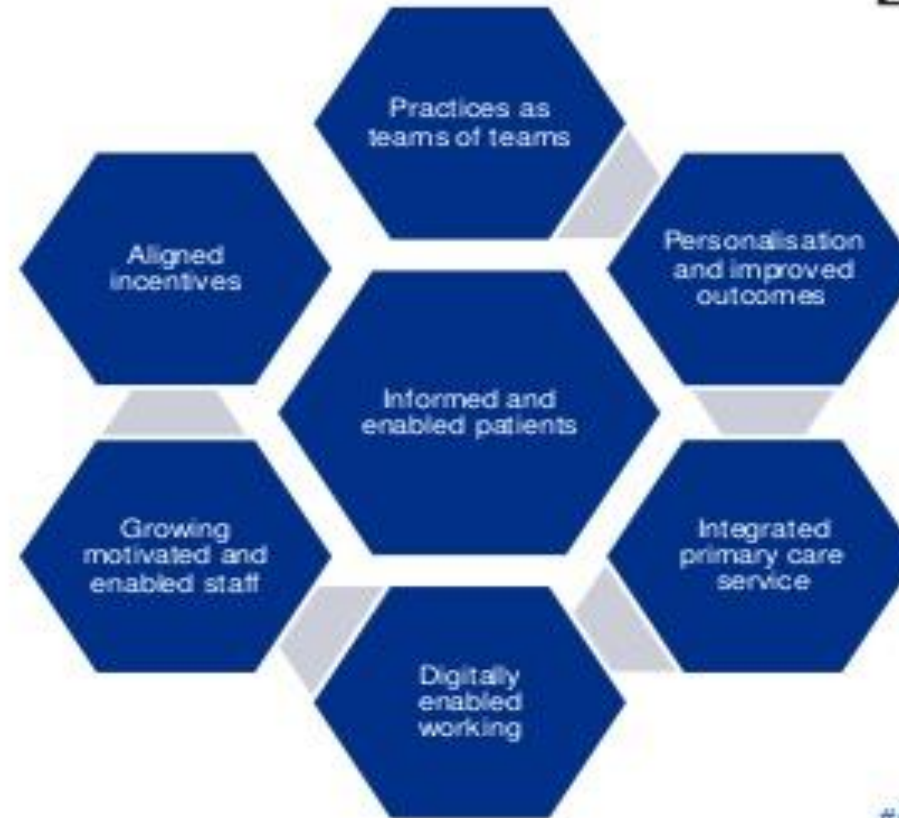
PRIMARY CARE NETWORKS



Primary care networks are small enough to give a sense of local ownership, but big enough to have **impact** across a 30-50K population.

They will comprise groupings of 100-150 clinicians and wider staff **sharing a vision** for how to improve the care of their population and will serve as service delivery units and a unifying platform across the country.

www.england.nhs.uk



#GPforwardview

Pharmacy Quality Scheme - PCNs

It is of great importance that community pharmacy is a fully integrated part of the networks.

As such the [Pharmacy Quality Scheme \(PQS\) 2019/20](#) includes a **domain** which seeks to encourage pharmacies to collaborate and work together to engage effectively with PCNs.

What's it Worth?

Domain	Points value	Financial Value
1.Risk Management and patient safe	30	£1920 - £3840
2.Medicines safety audits	25	£1600 - £3200
3.Prevention	25	£1600 - £3200
4.PCNs	22.5 PCN lead	£1440 - £2880
	12.5 non-PCN lead	£800 - £1600
5.Asthma	5	£320 - £640
6.Digital enablers	2.5	£160 - £320

Primary Care Networks (PCNs) in connection with PQS

- All pharmacies will have agreed a single channel of communication by appointing a named **Pharmacy PCN Lead** representative of all community pharmacies within their PCN footprint.
- The pharmacy must be able to demonstrate that their pharmacy, and all of the other pharmacies within the PCN footprint who wish to engage with a PCN, have agreed a collaborative approach to engaging with their PCN.

The PCN Pharmacy lead must declare:

1. that they are the appointed Pharmacy Lead for that PCN;
2. the name of the PCN;
3. that they have notified this to the LPC in which the PCN lies;
4. that they have evidence of having started the engagement process with the PCN, as outlined above.

The Local Picture

PCNs should be small enough to provide the personal care valued by both patients and healthcare professionals, but large enough to have impact and economies of scale through better collaboration between general practices and others in the local health and social care system, including **Community Pharmacies**.

There are **20** PCNs within the Humber locality:

East Riding of Yorkshire **7**

Hull **5**

North East Lincolnshire **5**

North Lincolnshire **3**

LPC Lead / **Anthony Bryce**

LPC Lead / **Anthony Bryce**

LPC Lead / **Karen Murden**

LPC Lead / **Karen Murden**

Further Reading: Understanding PCNs

What are [PrimaryCareNetworks](#)?

What do they mean for the wider health sector?

What are their intended benefits and possible risks?

What are the key challenges of implementing them in England?

www.health.org.uk/publications/reports/understanding-primary-care-networks

Coffee and PCN table discussion

Collect coffee / return to PCN table

- PCN breakout discussion points (checklist on tables)
 1. What is the name of the PCN my pharmacy is aligned to
 2. How many pharmacies are within my PCN
 3. Who is the clinical director of our PCN
 4. How your pharmacy will support the provision of pharmacy services to patients within the PCN, whilst recognising the ongoing competition which also exists between pharmacies.
 5. How will we communicate as a group/ gaggle group awareness?

Make sure you record the details required for your PCN PQS claim

PCN reflection

- Feedback from discussions
- Any questions?



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The Pharmacy Quality Scheme (PQS)

Caroline Hayward

Professional Development Pharmacist

Humber LPC

Quality: the Pharmacy Quality Scheme (PQS)

- QPS is re-named PQS
- Annual value of £75m
- Must achieve Gateway Criteria before you can claim any payments for achieving the quality criteria
- Some quality criteria grouped into bundles for payment (must achieve all criteria within a bundle to claim payment)
- Can claim advance Aspiration payment of up to 70% of QPS earnings from 2018/19 QPS scheme
 - Didn't claim last year? Can't claim aspiration payment
 - Must be same ODS code



What do you need to do?

READ THE PHARMACY Quality Scheme Guidance 2019/20

Annexes 2-12 provide templates for audits/ reviews

Action one: achieve Gateway criteria

1. To qualify for a PQS 2019/20 payment:

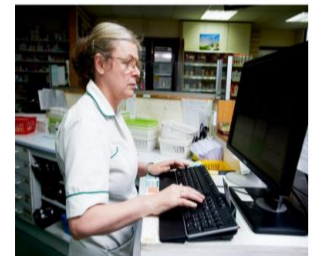
Must meet 4 gateway criteria on the day of their declaration (3rd Feb - 28th Feb 2020)

1. Must achieve ALL gateway criteria BEFORE you can claim the quality payments
 - No payments attached to the gateway criteria
2. No point completing quality criteria if you haven't bothered to achieve the criteria!

Action two: decide which Quality criteria you wish to achieve

1. **Plan / timetable actions required**
2. **Achieve QP**
3. **Claim payments**

NHS
Pharmacy Quality Scheme
Guidance 2019/20



PQS Gateway Criteria 2019/20

- 1. Advanced services: Must be:** offering the New Medicine Service (NMS) and/or the NHS community pharmacy seasonal influenza vaccination service; and
- 2. NHS Mail: Must be:** able to send and receive NHSmail from their shared premises specific NHSmail account, which must have at least two **live** linked accounts; and
- 3. NHS Website: Must do:** Update NHS website profile in respect of **opening hours** (including Easter Sunday 2020 and Bank holidays up to Spring BH 2020), **Services** and **Facilities** by 23:59pm 30th November 2019. via:
<https://www.nhs.uk/personalisation/login.aspx>
- 4. Training: Must achieve:** Level 2 safeguarding status for children and vulnerable adults within the last 2 years, for 80% of all registered pharmacy professionals on the day of declaration (pharmacist and technicians). (keep evidence) This will become a terms of service requirement

NOTE: To provide an advanced service a contractor must be meeting all of their terms of service requirements.



NHS Mail

- Obtain an NHS Mail shared account: for the pharmacy via the NHSmail registration portal: <https://portal.nhs.net/pharmacyregistration#/>
- process will include the creation of up to three personal NHSmail accounts which will be used to access the shared NHSmail account.

Except in exceptional circumstances, up to 10 new personal NHSmail accounts can be created per pharmacy.

Appearance of the premises ('shared NHS Mail account') (your FCODE is the same thing as your ODS Code): **nhspharmacy.yourtown.yourpharmacyFCODE@nhs.net**

- 'Shared NHS Mail account' does not have its own password. You get into it via personal NHSMail accounts that are linked to it.

Must access 'shared NHS Mail account' or YOU WILL MISS VITAL COMMUNICATIONS FROM NHS ENGLAND

Gateway Confirmation / Validation

View the NHS Business Services Authority (NHSBSA) weekly dataset report published every Friday (**report available under the 'PQS declaration data' section**) https://www.nhsbsa.nhs.uk/search?aggregated_field=PQS+dataset

- Can check if you meet **3** out of the **4** gateway criteria of the Pharmacy Quality Scheme (PQS)
 - 4th criterion = Safeguarding requirement: not shown on this report (retain evidence in pharmacy)
- Shows if contractors have edited / verified all three of the required sections of their NHS website profile (opening hours, services and facilities).
- Acts as a double check: opportunity to go back into NHS website profile & update to meet gateway criterion.

Be aware: even if you are currently meeting the NHSmail gateway criterion:

- status may change, ahead of the PQS declaration period.
 - E.g. if there are only two personal NHSmail accounts linked to the shared NHSmail account and one of these becomes inactive, ahead of the PQS declaration date, the contractor may then show as not meeting the NHSmail gateway criterion.

Check the report in early 2020, in the weeks leading up to the PQS declaration period, to ensure you are still meeting this gateway criterion.

Quality criteria

- Pharmacies who pass all of the gateway criteria on the day of their declaration will receive a PQS payment if they meet and claim for one or more of the domains specified.
- **6** quality domains 2019/20
- Must achieve **all** the aspects relating to each domain in order to claim payment for each domain
- If you complete all 6 domains, you can achieve the following income from the PQS:
 - non PCN Lead pharmacy: Max 100 points
Minimum £6,400, Maximum £12,800
 - PCN Lead pharmacy: Max 110 points
Minimum £7,040, Maximum £14,080

What's it worth?

Domain	Points value	Financial Value
1.Risk Management and patient safety	30	£1920 - £3840
2.Medicines safety audits	25	£1600 - £3200
3.Prevention	25	£1600 - £3200
4.PCNs	22.5 PCN lead	£1440 - £2880
	12.5 non-PCN lead	£800 - £1600
5.Asthma	5	£320 - £640
6.Digital enablers	2.5	£160 - £320

Non PCN Lead pharmacy: Max 100 points:
Financial Value: Minimum £6,400, Maximum £12,800

PCN Lead pharmacy: Max 110 points
Financial Value: Minimum £7,040, Maximum £14,080

Domain 1: Risk Management and patient safety

30 Points £1920 - £3820



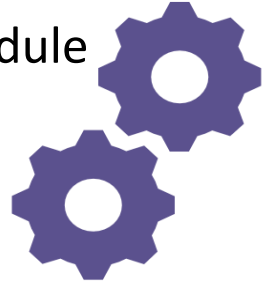
Contractors must meet **all five** of the quality criteria listed below

1. Complete the CPPE Risk Management training course and e-assessment (80% staff)
2. Update the previous Risk Review and record risk minimisation actions taken (if not previously completed then complete a full risk review)
3. Complete the CPPE Sepsis online training and e-assessment with risk mitigation and risk review entry (80% staff)
4. Complete the CPPE online training and e-assessment on LASA errors (80% staff)
5. Complete a New Safety Report including a focus on LASA errors (template PSNC)

Domain 2: Medicines Safety audits

25 points £1600- £3200

- Audits: complementing GP Quality Outcomes Framework (QOF) Quality Improvement (QI) module
- 3 Audits to complete
- Each Audit must be performed for **3 consecutive months**
- 29th November 2019: **LATEST** date by which you must start these audits in order to finish in time for declaration: **Start sooner rather than later.**
- Resources available on PSNC website/ PharmOutcomes to support audit



Contractors must meet **all three** of the quality criteria listed below:

- 1. Lithium audit:** if no patients on lithium: then do MXT if no MXT: do Amiodarone: no Amiodarone: do Phenobarbital
 - If no patients on ANY of the above then make declaration and claim payment. Results will be validated through NHSBSA.
- 2. Valproate audit:** all girls & women of childbearing potential who have had valproate dispensed from the pharmacy
- 3. NSAIDs and gastro-protection audit:** Implement previous findings and re-audit

Domain 3: Prevention

25 Points £1600-£3200



Must meet **all five** of the quality criteria listed below:

1. Pharmacy MUST achieve **HLP level 1** (Complete self-assessment for HLP) Will become Terms of Service as from 1st April 2020
2. All patient-facing staff must be **Dementia Friends** on day of declaration (resources available on PSNC)
3. Complete **dementia friendly environment standards checklist** and formulate an action plan/ demonstrable changes must be evident
4. 1st October 2019 – 31st Jan 2020: hold discussions with all people with **diabetes re. annual foot and eye checks**: Check and record if diabetic patients have had foot checks (all) eye checks (over 12yrs): signpost if not
5. Work towards a reduction in volume of Sugar Sweetened Beverages sold by the pharmacy (10% or less by volume in litres of all beverages sold) (achieve by 31st March 2020)

Domain 4: Primary Care Networks

12.5points £800 - £1600

ONE quality criterion:

On the day of declaration:

- All pharmacies within a PCN area can demonstrate agreement on a lead (Single channel of communication)
- All pharmacies within a PCN have agreed a collaborative approach to engaging with their PCN

The PCN lead must declare:

1. that they are the appointed Pharmacy Lead for that PCN;
2. the name of the PCN;
3. that they have notified this to the LPC in which the PCN lies;
4. that they have evidence of having started the engagement process with the PCN, as outlined above.

It is possible to obtain all details today, ready to claim the payment for this domain: you will need:

- Name of PCN lead
- Name of PCN leads pharmacy
- PCN leads ODS code

Domain 5: Asthma

5 points £320 - £640

One Quality Criterion:

Need to be able to demonstrate review and referral of following clients:

- Patient's receiving more than 6 Short-acting bronchodilators WITHOUT corticosteroid inhaler over a 6 month period must be referred to a Health professional for asthma review

AND

- Children aged 5-15 years receiving pMDI must have a spacer device and/ or a personalised asthma action plan

Use PharmOutcomes resource to record and refer

Domain 6: Digital Enablers

2.5 Points £160 -£320

TWO CRITERIA

1. Must update NHS 111 Directory of Services (DoS) profile between 1 October 2019 and 30th November 2019.
 - Via Dos Profile updater <https://dos-profile.service.nhs.uk/#/index>
 - Use NHS Mail address to log in
 - This ensures accuracy of DoS profile for NHS111 referrals
2. Must access SCR between 1st October and the day of your declaration
 - You must enter a patients SCR (with consent) to qualify

PharmOutcomes support for PQS

- Log into PharmOutcomes: access tool by clicking on **‘Services’** tab
- Two services currently listed under the title ‘Pharmacy Quality Scheme – Quality criteria’ to support the asthma domain:
 1. patients > six short-acting bronchodilator inhalers dispensed without any corticosteroid inhaler within a 6 month period
 2. children (5-15) who have not been prescribed a spacer device and/or do not have a personalised asthma action plan.
- Tool : records patient details/ who have consented to be referred to their GP practice: automatically referral sent to patient’s GP practice

- The following audits/frameworks will be available on PO shortly:
 - Lithium audit
 - Methotrexate audit
 - Amiodarone audit
 - Phenobarbital audit
 - Valproate safety audit
 - NSAID audit
- Available now on PO under Assessments tabs:
 - Dementia-friendly environment
 - PQS assessment framework

PQS activity time line

Activity start Date	ACTIVITY	End date
30th September 2019	Claim Aspiration payment on MYS	1st November 2019
1st October 2019	Update NHS Website profile	30 November 2019
	Start Diabetes foot/ eye checks 1st October 2019	31 January 2019
	update NHS 111 DoS profile	30 November 2019
	Access SCR	By the day of declaration
1st November	Suggested start date for Lithium audit	Run audit for 3 months
1st November	Suggested start date for Valproate audit	Run audit for 3 months
29th November 2019	Final date to start 3 month Lithium audit / alternative patient safety audit	29th November 2019
	Final date to start 3 month Valproate audit	29th November 2019
	Aspiration payment paid	
10th January 2020	Suggested start date for NSAID audit	
1st February 2020	Final date to start NSAID audit	Run audit for 2 weeks (4wks <10 clients)
3rd February 2020	Claim PQS payment	28th February 2019
31st March 2020	Final Date SSB must be met if claimed in PQS declaration	
1st April 2020	Payment of PQS	

PQS declaration/ claim

■ HOW:

All claims **must** be submitted through the MYS (manage your services) portal

- MYS platform accessed through NHSBSA website
- Use your NHS mail address (username) and password (same as NHS mail password) to access

■ WHEN:

- Make a declaration between 9am on **3rd February 2020** and **11.59pm on 28th February 2020** on the NHSBSA MYS application.
- Payment will be made to contractors on 1st April 2020.

■ WHAT:

- Contractors will be required to declare that on the day of making their declaration that they:
 - Meet the gateway criteria
- AND
- Meet the domains they are claiming payment for (except if they plan to meet the Sugar Sweetened Beverage (SSB) quality criterion by 31st March 2020).

ONCE SUBMITTED: CANNOT BE ALTERED

Will receive email confirmation of submission: KEEP A COPY

PQS Aspiration Payment

- **Payment must be claimed between 30 September 2019 and 1 November 2019.**
- Contractors to indicate via MYS (manage my services) which domains they intend to achieve before the end of the declaration period in February 2020.
- A pharmacy must have claimed at one or both of the review points in 2018/19 to be eligible.
- Maximum number of points that can be claimed is **70%** of their average number of points achieved across the two review points in the 2018/19 QPS. Value of the point is set at £64.
If you achieved the maximum payment last year ,then 70% of this is equivalent to £4480.
- The aspiration payment will be reconciled with payment for the 2019/20 PQS on 1 April 2020.
- Aspiration payments made to contractor on 29 November 2019

Manage My Services: MYS

- Need a personal NHSmail account to register for MYS.
- Complete an authorisation form to gain access to MYS
- Register via the NHS BSA website
- Once enabled for MYS: email sent to NHS mail account click 'get started'
- Can access MYS on NHSBSA website through personal NHSmail address & password or through Smartcard.
- Use MYS to manage submissions for the NHS Flu Service, CPCS and PQS by clicking on the relevant tabs.
- Claim PQS aspiration payment from 9am 30th Sept 2019 to 11:59pm 1st Nov 2019
- Claim Community Pharmacy Consultation Service (CPCS) £900 supplementary payment if ready to provide CPCS by 1st Dec 2019
- Claim CPCS £600 if ready by 15th Jan 2020.

NHS Business Services Authority

BETA This is a prototype for a new NHS service. Please submit your [feedback](#)

[Dashboard](#) | [Summary](#) | [Sign out](#)

Manage submissions

FE319
HESWOO INVESTMENTS LTD
29 BESSINGBY GATE, BRIDLINGTON, EAST
YORKSHIRE, YO16 4RB

Summary | Unpaid items (0) | Disallowed items (0) | Paper prescription request

Flu claim | Pharmacy quality scheme | Reports | Manage users

Community Pharmacist Consultation Service

0 Unpaid items

Items with missing information

- 0 EPS items
- 0 Paper prescription items

Submissions and payments

Period	Status	Action
September 2019	Not started	Start submission
August 2019		View

Missed a submission? Contact the helpdesk on 01924 334249 or via email @ nhsbsa_mys@nhs.net for help.

QUIZ

- Quiz sheets on tables
- 5 – 10 mins to answer
- Feedback from the room

QUIZ: (on tables)

1. Pharmacy Quality Scheme Quiz
2. There will be no review point as there has been in previous schemes, but you are required to make a declaration on the NHSBSA (MYS application) by 11.59pm on what date?
3. There are **four** gateway criteria which contractors **must** meet on the day of making their declaration. Although the gateway criterion doesn't itself earn a payment, how many of the four gateway criteria do you need to achieve before receiving any PQS payment?
4. On the day of the declaration, what percentage of registered pharmacy professionals (Pharmacists and Technicians), working at your pharmacy, must have completed satisfactorily the CPPE risk management and CPPE sepsis training and assessment plus the CPPE reducing look-alike, sound-alike (LASA) errors e-learning and assessment?
5. On the day of the declaration your pharmacy must have completed a lithium audit, aligned with requirements of the NPSA alert on lithium and a valproate safety audit for girls and women of child bearing potential who have had valproate dispensed from the pharmacy. How many **consecutive** months must these audits run for?
6. On the day of the declaration, how many patient facing staff must be Dementia Friends (Alzheimer's Society)?
7. On the day of the declaration, your pharmacy must have achieved that the sales by the pharmacy of Sugar Sweetened Beverages (SSB) account for no more than what percentage, by volume in litres of all beverages sold (or must declare that they will be meeting this criterion by 31st March 2020)?
8. On the day of the declaration, what information do you need to submit regarding your PCN lead?
9. When will you receive your PQS payment?

QUIZ

There will be no review point as there has been in previous schemes, but you are required to make a declaration on the NHSBSA (MYS application) by 11.59pm on what date?

- Declaration must be made between 9am on 3rd February 2019 and 11.59pm on the 28th February 2019.

There are **four** gateway criteria which contractors **must** meet on the day of making their declaration. Although the gateway criterion doesn't itself earn a payment, how many of the four gateway criteria do you need to achieve before receiving any PQS payment?

- All of them, which are:
 - You **must** be offering the New Medicine Service and/or NHS community pharmacy seasonal influenza vaccination service.
 - You **must** be able to send and receive NHSmail from your shared NHSmail account, which must also be linked to **2** live accounts.
 - Update your NHS website profile in respect of opening hours (including Easter Sunday 2020 and bank holidays up to the Spring Bank Holiday 2020), services and facilities) The update must be done by 23.59 on 30 November 2019.
 - 80% of registered pharmacy professionals (Pharmacists & Technicians) must have achieved level 2 safeguarding for children and vulnerable adults, in the previous 2 years.

On the day of the declaration, what percentage of registered pharmacy professionals (Pharmacists and Technicians), working at your pharmacy, must have completed satisfactorily the CPPE risk management and CPPE sepsis training and assessment plus the CPPE reducing look-alike, sound-alike (LASA) errors e-learning and assessment?

- 80%

QUIZ

On the day of the declaration your pharmacy must have completed a lithium audit, aligned with requirements of the NPSA alert on lithium and a valproate safety audit for girls and women of child bearing potential who have had valproate dispensed from the pharmacy. How many **consecutive** months must these audits run for?

3 consecutive months, meaning the absolute latest date these can be started is 1 December 2019.

On the day of the declaration, how many patient facing staff must be Dementia Friends (Alzheimer's Society)?

All patient facing staff

On the day of the declaration, your pharmacy must have achieved that the sales by the pharmacy of Sugar Sweetened Beverages (SSB) account for no more than what percentage, by volume in litres of all beverages sold (or must declare that they will be meeting this criterion by 31st March 2020)?

10% by volume in litres of all beverages sold.

On the day of the declaration, what information do you need to submit regarding your PCN lead?

PCN lead name, name of the pharmacy where they work and the ODS code for the pharmacy where they work.

When will you receive your PQS payment?

Payment for the PQS 2019/20 will be reconciled with the Aspirational payment and will be paid to contractors on 1st April 2020.

Any Questions





Community
Phar+macy
Humber

Lunch

Opportunity to engage with event sponsors

Return promptly for a 13:15 pm start

When you return, please find the table which is indicated on your name label by LETTER.



Community
Phar+macy
Humber

The NHS Community Pharmacist Consultation Service (CPCS)

Karen Murden

Pharmacy Services Lead Community Pharmacy Humber

Usha Kaushal

IUC Lead Pharmacist Integrated Urgent Care NHS 111 (YAS)

What is CPCS ?

Community Pharmacy Consultation Service

Patients who ring NHS 111 may be referred for a consultation with the Community Pharmacist



What would patients be referred for?

- 1. Urgent supply of repeat medication
- 2. Low acuity conditions (minor illnesses)

How is the referral sent ?

Via PharmOutcomes (when log in to services, referrals appear at top above recent provisions).

Also sent to NHS shared mailbox as a back up

Important someone in pharmacy can access these all day, every day you are open including weekends, bank holidays etc.

Presentation overview

- Introduction
- Overview of the service and patient flow
- Registration to provide the service
- IT and record keeping
- Funding and payment claims
- Getting ready to provide the service
- Training and development (CPPE)
- Q&A

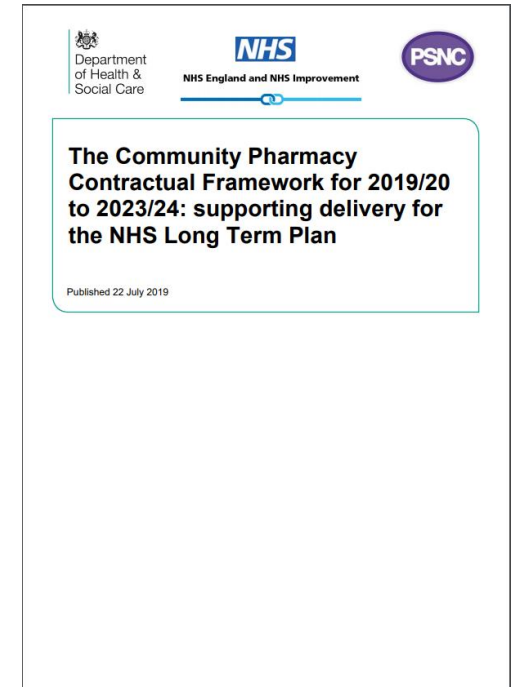


Introduction

The CPCS is the most important service development within the 5-year CPCF agreement and first clinical service.

It is an Advanced service

The service commences on **29th October 2019**



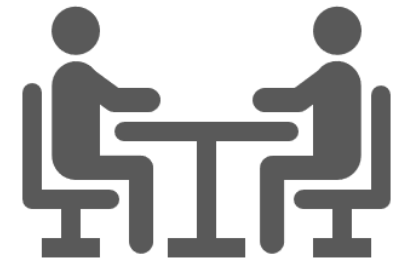
Introduction

- The new service brings together the learning from the NUMSAS and DMIRS pilots into one service
- In the pilots, patients liked the service and valued the consultation in a confidential environment



Introduction

- Patients will be referred from NHS 111, following an assessment by a call advisor, when they would previously have been directed to a GP
- This releases capacity in other areas of the urgent care system such as A&E and general practices.
- Onward referrals may be necessary to other urgent care services or the patient's own GP
- The referral is for an **assessment** by the pharmacist



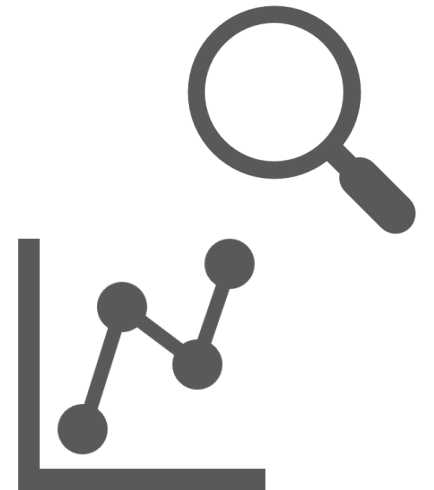
Introduction

- The service is a critical step in enabling community pharmacy to become a more service orientated healthcare provider within the NHS.
- Implementing this service well has high importance /strategic importance to
 - Patients
 - NHS (our commissioner)
 - Other healthcare professionals
 - Community pharmacy



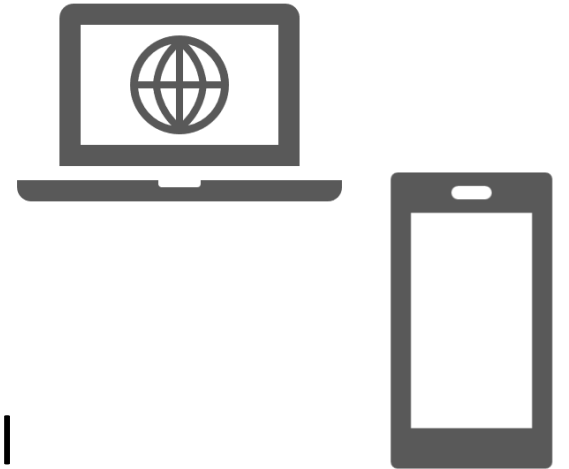
Development of the service

- the course of the 5-year CPCF, the service will be monitored and evaluated
- The range of symptom types included in the service will be reviewed.



Other CPCS pilots

- Current GP CPCS pilots
- Online access for urgent medicines supply via CPCS is currently being tested across the north west via 111 Online
- A future pilot of a minor illness online pathway via 111 Online is under consideration
- These will be evaluated before consideration of national roll out



Service prerequisites

- Consultation room
- From 1st April 2020, the pharmacy must have IT equipment accessible within the consultation room
- NHS Summary Care Record (SCR) access
- Shared NHSmail account:
nhspharmacy.location.pharmacynameODScode@nhs.net
- Up to date Directory of Services (DoS) details
- Access to the CPCS IT system provided by NHSE&I (PharmOutcomes)
- SOP including key contact details
- Update to your business continuity plan



The Directory of Services and CPCS

- DoS is a web-based database of health and social care services, e.g. GPs, pharmacies, A&E
- Every pharmacy has
 - one DoS entry for its core/standard service provision
 - extra entries for other services such as CPCS
- DoS integrates with NHS Pathways – the clinical assessment tool used by NHS 111 call advisers – to give access to real time information about services
- Its critical that information about your pharmacy on DoS is correct (including bank holidays). Use DoS Profile updater.



NHS 111 Patient Journey

- Patient calls NHS 111
- Call adviser assessment - gathers information to identify specific clinical skills and timescale needed by the patient
- Call advisers are non-clinical
- An automatic search is done of DoS to locate an appropriate service in the patient's area that offers the clinical skills needed within the timeframe required.

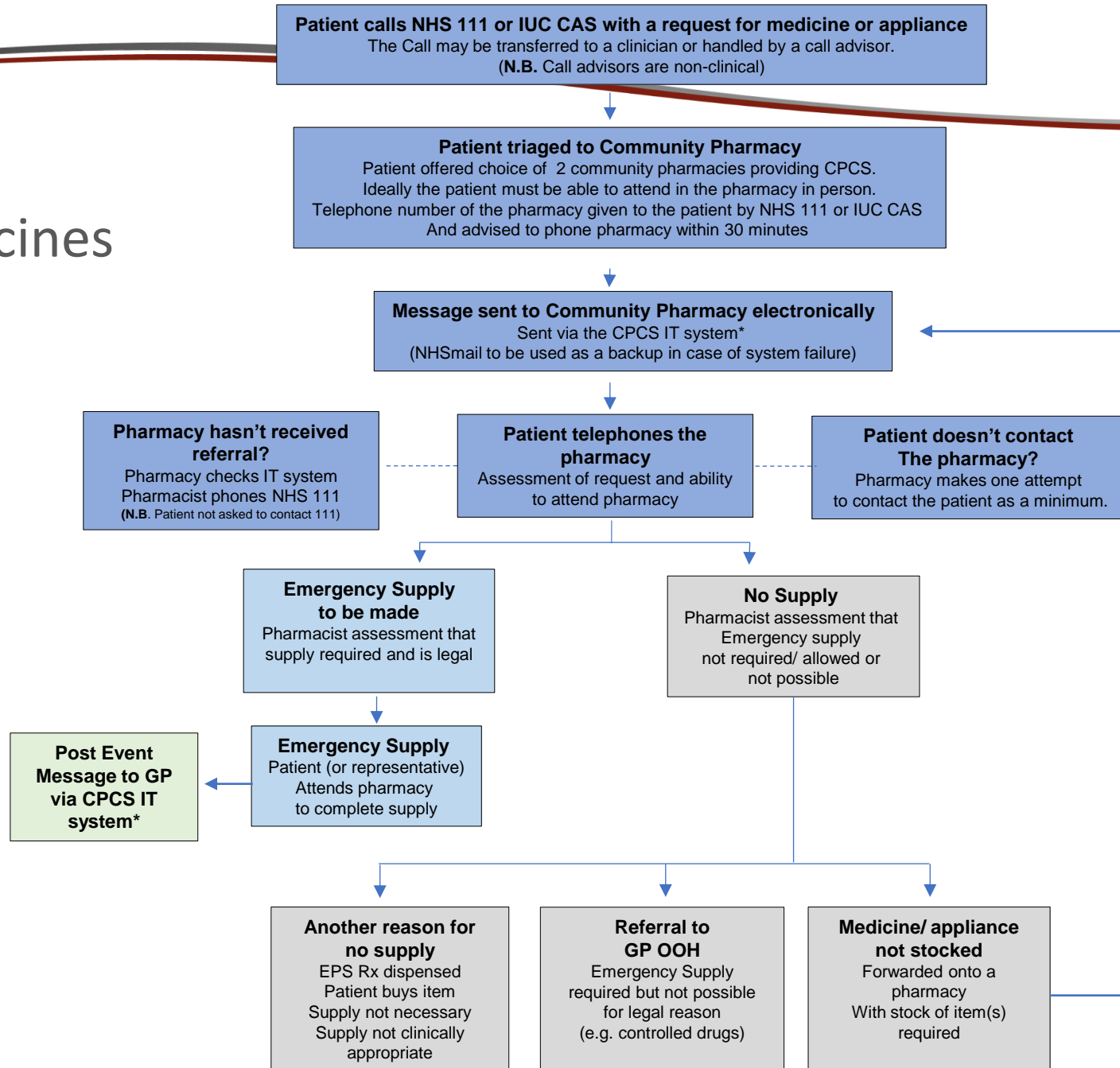
NHS 111 Patient Journey

- DoS will automatically identify when a pharmacy is due to close and will not select a pharmacy that is due to close within 30 minutes of sending a referral
- However, if a patient can wait until your pharmacy is open, the referral may be sent when your pharmacy is closed for you to process once the pharmacy is open
- Referrals from NHS 111 will not contain medication details as the call advisors are not clinically trained
 - e.g. call advisers will not identify if the request is for a Controlled Drug



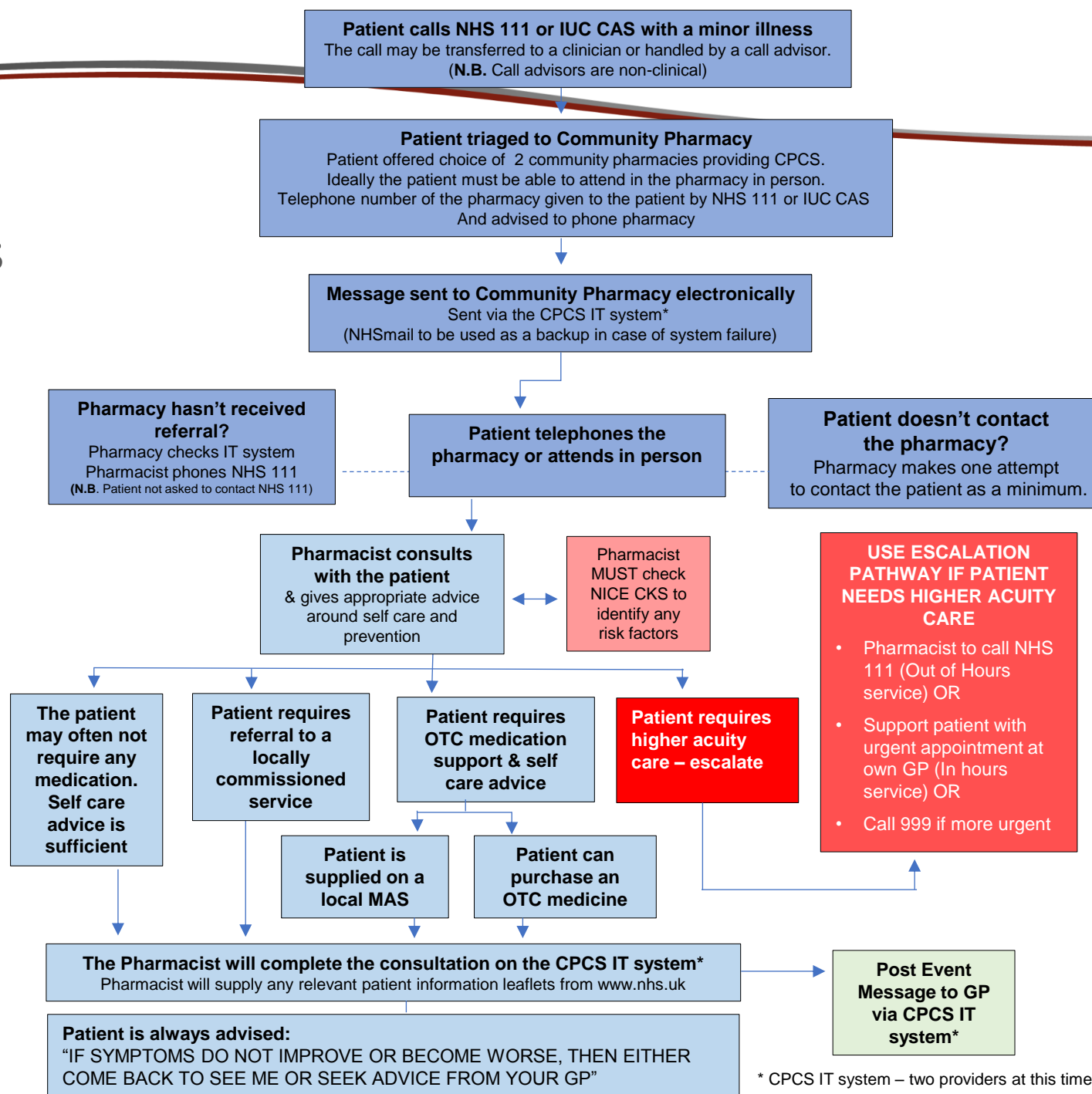
CPCS

Urgent medicines patient flow



* CPCS IT system – two providers at this time (PharmOutcomes and Sonar)

CPCS Minor illness patient flow



* CPCS IT system – two providers at this time (PharmOutcomes and Sonar)

Reporting incidents and governance of the service

- The pharmacy should report any incidents related to the referral process or operational issues with respect to the service to the NHS 111 provider and any local IUC CAS via the local health professionals' line
- The pharmacy is required to report any patient safety incidents in line with the Clinical Governance Approved Particulars for pharmacies
- NHS 111 will send a log of all issues to CCG to be datixed.



Frequent Users

- The specific wording **'SUPPLIES ONLY TO BE MADE BY THE AUTHORISING PRESCRIBER'** is an alert type prompt for all colleagues across the health care system within Yorkshire & Humber indicating that the patient's GP has concerns about supplies of a particular drug –appears on SCR.
- Special patient notes

Registration to provide the service

- Previous registrations for NUMSAS will not carry forward
- The NUMSAS service will cease on 28th October 2019 and the CPCS starts on 29th October 2019
- Registration is via the NHSBSA Manage Your Service (MYS) portal
- Pharmacies not currently using MYS will need to register
- Multiples can use a bulk register [most are doing this]



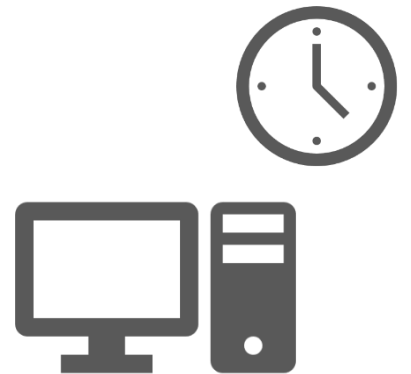
Setting new CPCS DoS entries 'active'

- Once pharmacies are registered to provide the service, the local DoS team will be notified by the national DoS team (who receive regular updates from the NHSBSA)
- CPCS services will then be enabled on DoS and made 'live' on 29th October 2019 at the inception of the service
- At the point of go-live, existing NUMSAS service entries will be switched off (PURMS)
- Following go-live, any pharmacies that subsequently register to provide the service will be made live by the local DoS team - this may take a few days to be completed



Checking for referrals

- PharmOutcomes must be checked regularly during opening hours to pick up referrals in a timely manner
- And the shared NHSmail mailbox must be checked when a pharmacy opens and before it closes each day
- When a pharmacy has received a referral, but not been contacted by the patient
 - **within 30 minutes (urgent medicines) or**
 - **12 hours (minor illness)**the pharmacy must attempt to contact the patient
- If there is no contact from the patient the next day, the referral may be closed



Record keeping

- Where an urgent medicine/appliance supply is made, it must be recorded in:
 - PharmOutcomes
 - the PMR
 - the POM register (if a POM)
- Where a CPCS consultation is for a minor illness, it must be recorded in:
 - the CPCS IT system



Service availability and ongoing provision

- The service must be available throughout the pharmacy's full opening hours (i.e. core and supplementary)
- Temporary withdrawal from the service due to unforeseen circumstances must activate the relevant section in the business continuity plan
- The NHS 111 provider and local IUC CAS must be notified using the NHS DoS provider and commissioner helpline as soon as possible, to stop referrals being made to the pharmacy.
- (Annex C information)



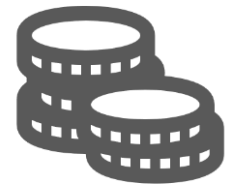
Service availability and ongoing provision

- The local NHSE&I team must also be informed by the pharmacy contractor
- In the event of ongoing or repeated service issues, the local NHSE&I team may request the DoS team to stop referrals to the pharmacy until the issue is resolved / investigated
- Contractors who wish to stop providing the service must notify NHSE&I at least one month in advance via the MYS platform



Funding

- **Transition payment supplement:**
 - **sign up by 1st December - £900**
 - **sign up by 15th January - £600**
 - **commitment to provide the service until 31st March 2020**
 - **withdrawal before this date without good cause may lead to claw-back of some or all of the payment**
- A Consultation fee of £14 will be paid for each completed referral
- No Consultation fee can be claimed where the pharmacist receives a referral, but cannot make any contact with the referred patient



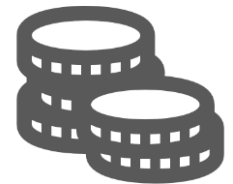
Completed referrals

- For urgent medicines supply, a referral is completed when the pharmacist has a consultation with the patient (by telephone or face-to-face) and
 - confirms no supply is required
 - the patient is given advice
 - the patient purchases the required product OTC
 - the patient is referred on to another healthcare provider
 - an EPS prescription is downloaded and dispensed
 - an item is not available, and the patient is referred to a second pharmacy (both pharmacies can claim a consultation fee in this last scenario)
- For minor illness consultations, a referral is completed when the pharmacist has a consultation with the patient (telephone or face-to-face) and has provided advice to the patient



Reimbursement of medicines/appliance costs

- The cost of medicines or appliances supplied under the CPCS urgent supply provision (NOT the minor illness provision) will be reimbursed using the basic price specified in Drug Tariff
- No other elements of the Drug Tariff in relation to reimbursement of medicines or appliances apply to this service
- An allowance at the applicable VAT rate will be paid to cover the VAT incurred when purchasing the medicine or appliance
- The cost of medicines or appliances supplied via the service will be recharged to Clinical Commissioning Group budgets and all other costs will be paid by NHSE&I



Payment claims

- All payment claims will be managed through the MYS portal
- This will directly link PharmOutcomes to help with the collation and submission of claims at the end of each month
- There is no paper-based claiming process for the service
- Only EPS tokens that record the patient declared exemption need to be created and sent to the NHSBSA as part of the contractor's monthly batch – these should be separated from other tokens, and clearly marked as 'CPCS'
- These will just be used for patient exemption accuracy checking



Promoting the service

- This service must not be actively promoted directly to the public by either the pharmacy contractor or the NHS
- However, promotion of community pharmacy as the 'first port of call' for low acuity conditions will continue, e.g. via the Help Us Help You campaign



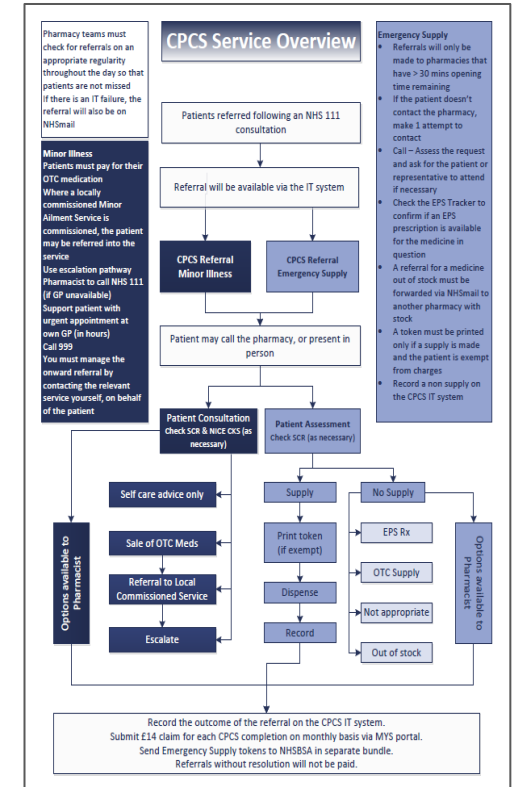
Getting ready to provide the service (Implementation Checklist in toolkit)

1. Read and understand the Service Specification and the Toolkit
2. Make sure you understand the service flow and the role of the community pharmacy in urgent care
3. Create your SOP for the service, including key contact details (templates are available)
4. Ensure you have access to SCR, NHSmail and the CPCS IT system
5. Pharmacists - consider what CPD or refreshing of skills could help you provide the service
 - the CPPE CPCS self-assessment tool can help you do this

Action	Complete
The pharmacy is registered with NHSBSA (via MYS) to provide the service. <i>Note: some multiple pharmacy groups may complete this process centrally, please check your internal communications where appropriate to confirm the process to follow for your pharmacy to register for CPCS.</i>	<input type="checkbox"/>
All pharmacists have read the CPCS service specification and SOP.	<input type="checkbox"/>
All pharmacists are aware of the information within the CPCS toolkit and know where to access this when needed.	<input type="checkbox"/>
Pharmacists are familiar with and feel competent to provide care for patients presenting with referral conditions listed in Annex D of the service specification.	<input type="checkbox"/>
The pharmacy team have a process in place to check for referrals from NHS 111 at appropriate intervals.	<input type="checkbox"/>
The pharmacy team have logon credentials to access the CPCS IT system.	<input type="checkbox"/>
The pharmacy team have access to the pharmacy's NHSmail shared mailbox on every day the pharmacy is open.	<input type="checkbox"/>
Pharmacists and pharmacy technicians can access the NHS Summary Care Record (SCR).	<input type="checkbox"/>
Locums or relief pharmacists are able to readily access the CPCS service specification, SOP and toolkit and have the required logon credentials for the CPCS IT system and NHSmail shared mailbox for the pharmacy.	<input type="checkbox"/>
The DOS helpline number 0300 0200 363 has been added to the pharmacies business continuity plan processes in case of an emergency closure where the service needs to be temporarily disabled.	<input type="checkbox"/>

Getting ready to provide the service

5. All pharmacy team members involved in provision of the service must be appropriately trained on the operation of the service. Consider:
- holding a briefing session for your team
 - providing them with the one-page CPCS Service Overview on how the service will work (Annex A of the Toolkit)
 - discussing as a team how you can work together to make the service a success
 - making sure team members and locums are clear on the daily activity required, such as checking for referrals
 - making sure team members and locums know how to identify a walk-in patient who may have been referred from NHS 111



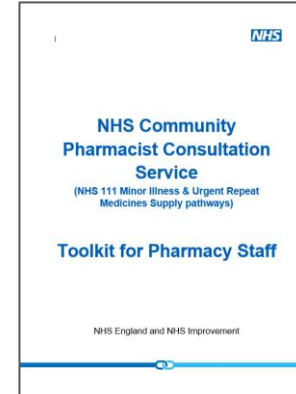
Getting ready to provide the service

5. Consider locums' ability to provide the service when making bookings
 - **it is of critical importance that locum and relief pharmacists are made aware that the pharmacy is providing the service before they work at the premises**
 - **they MUST understand the service specification and SOP, and be able to provide the service**
 - **they need to have SCR access and know how to use the CPCS IT system**
6. Pharmacists – consider registering for the CPD sessions when these are held in your area



Resources for pharmacy teams

- Service specification
- CPCS Toolkit including
 - service overview
 - implementation checklist
- Template SOP
- All resources can be accessed via psnc.org.uk/cpcs



PSNC Pharmaceutical Services Negotiating Committee

PHARMACY The Heart of Our Community

QUICK LINKS Search

PSNC's Work Funding and Statistics Contract and IT Dispensing and Supply Services and Commissioning The Healthcare Landscape LPCs

Home > Services and Commissioning > Community Pharmacist Consultation Service

Community Pharmacist Consultation Service

The NHS Community Pharmacist Consultation Service (CPCS) will launch on 29th October 2019 as an Advanced Service.

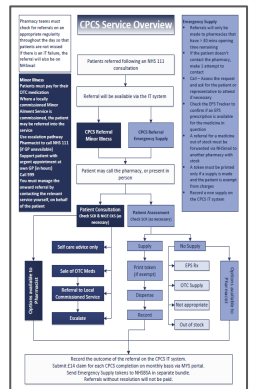
The service, which will replace the NUMSAS and DMRS pilots, will connect patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy.

The CPCS will take referrals to community pharmacy from NHS 111 initially, with a rise in scale with referrals from other parts of the NHS to follow. The CPCS will relieve pressure on the wider NHS by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient and effective service to meet their needs.

The CPCS provides the opportunity for community pharmacy to play a bigger role than ever this winter as an integral part of the NHS urgent care system. This will continue to be supported by the NHS Help Us Help You Pharmacy Advice campaign.

Click on a heading below for more information:

- The service specification and Directions
- Toolkit for pharmacy teams
- Template Standard Operating Procedure
- Service implementation
- Registering to provide the service
- Service funding
- IT requirements and support
- Learning and development resources
- Resources for LPCs
- Information for patients
- Frequently Asked Questions (FAQs)
- Further development of the service



Training and development

- The necessary knowledge and skills to provide the service are core competencies for all pharmacists, but pharmacists will want to ensure that they:
 - are able to explain the service to patients and carers
 - have an up to date understanding of the Human Medicines Regulations
 - are able to communicate with and advise patients appropriately and effectively on low acuity conditions
 - are able to assess the clinical needs of patients, including the identification of red flags
 - are able to act on the referrals received and make appropriate referrals to other NHS services and healthcare professionals



Any Questions





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Community Pharmacy Consultation Service CPCS

Debbie Needham / Joanne Lane

CPPE

NHS Community Pharmacist Consultation Service

CPPE

- One national curriculum
- Self assessment framework
- Three learning components
 - Gateway page
 - eLearning programme
 - Face to face skills day

HEE worked with a range of partners from across the pilot sites to develop, refine and test a curriculum

This describes what pharmacists need to know, be able to do and appropriate behaviours for offering this new service

A self-assessment framework was developed by CPPE, HEE, NHS England Pharmacy Integration team, PSNC and the national Declaration of Competence group

This helps pharmacists know that they meet the competences described in the curriculum

The framework is divided into the following sections:

- Knowing yourself, your team and the service
- Applying clinical knowledge and skills

Three learning components

- CPPE offers three different learning components to help pharmacists gain the knowledge and skills needed to demonstrate competence.
- Our approach also offers reflection on behaviours during the face to face component.

This pulls together a range of learning and information resources linked to understanding and providing the service.

It highlights the importance of excellent consultation skills

We will update it regularly

www.cppe.ac.uk/gateway/cpcs

NHS Community Pharmacist Consultation Service

Introduction
external resource
Introduction to the NHS Community Pharmacist Consultation Service

Self-assessment framework
external resource
NHS CPCS self-assessment framework

Book a workshop
NHS Community pharmacist consultation service: clinical assessment - essential skills workshop
Confidence in consultation skills (full day event)

Core and foundation learning
Common clinical conditions and minor ailments

Consultation skills: what good practice looks like

Patient-centred consultations video

Our eLearning programmes are:

- Urgent care: Pharmacy and NHS CPCS
- Clinical history taking
- Documenting in clinical records
- Pharmacy services: delivering quality

Working with medics this day guides and assesses the learners and covers:

- Person centred history taking
- Clinical assessment
- Clinical examination
- Safety netting and referrals

What about Sepsis?

We have developed a new learning programme on Sepsis that forms part of the Pharmacy Quality Scheme

- It is available to all pharmacy professionals across England
- Over 1000 have already completed this learning programme, which has been live for two weeks

Second phase of national delivery,

- At least one event for 24 to 48 people in each region between October and December
- If there is demand, a further event for 24 to 48 between January and March
- These will be booked through the CPPE website in the usual way

Our learning programmes are mapped to the national curriculum

Participants can be assured that they meet the competences described in the self assessment framework

Participants undertake regular self and peer assessment and are supported in reflecting on their practice and learning needs

Thank you

Questions ?



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CPCS Scenarios



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Change Management

Karen Murden

Pharmacy contracts lead
Humber LPC

Coffee Break

15 Mins

Return 3:15pm

A chance to chat and reflect



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Summary of the day Resources / Service Hubs

Janet Clark

Chief Officer
Humber LPC

What's in the resource pack ?

- The Community Pharmacy Contractual Framework for 2019/20 to 2023/24: supporting delivery for the NHS Long Term Plan
- CPCF one page summary
- CPCF Action Plan one page summary
- Contractor timeline
- Contractor completion check list
- PQS one page summary
- MYS one page summary
- NHSmail one page summary
- Community Pharmacy Humber one page summary
- Useful contacts
- NHS CPCS service overview
- CPCS Urgent medicines patient flow
- CPCS Minor illness patient flow
- NHS CPCS self-assessment framework

Resources and support tools

Virtual outcomes: Free online training for community pharmacy teams:

Log in: www.virtualoutcomes.co.uk/pharmacytraining/

Enter pharmacy **F code** to access courses

Virtual Outcomes: current

- CPCF
- CPCS
- PQS (named QPS although course updated to reflect new PQS)
- Accredited Health champion course (charge)
- Sepsis
- Dementia
- Medicines safety audits (Lithium, Valproate, NSAIDS)
- Diabetes foot and eye audit

Virtual Outcomes: Coming soon:

- Hep C screening
- Point of care testing
- Undiagnosed CVD including AF
- Stop smoking referrals

Resources and support tools

CPPE resources: Already highlighted

PharmOutcomes: Currently available

- Asthma audits
- PQS assessment framework
- Dementia-friendly environment checklist

PharmOutcomes Coming soon:

- Audits/frameworks available for:
 - Lithium audit
 - Methotrexate audit
 - Amiodarone audit
 - Phenobarbital audit
 - Valproate safety audit
 - NSAID audit

Service Hubs

Service hubs available to visits today:

- Local enhanced services
- HLP
- CPPE?
- NMS
- Refer to Pharmacy / MUR

Options for signing up to:

- MYS
- CPCS

New contract resources hub

Option to view:

- PharmOutcomes
- Virtual Outcomes
- Humber LPC website
- DOS
- NHS UK profile

Don't forget: Other sources of income: Locally commissioned services – Non-Global sum monies

- Minor ailments service – Pharmacy First
- Emergency hormonal contraception/ sexual health
- Stop smoking
- Needle and syringe exchange
- MRC / domMAR charts
- Supervised consumption
- PODIS
- BP Testing service
- Palliative care medicines
- NHS Health checks
- PURMS
- EL23 : Medicines administration support service (relaunching soon in ERYCCG as the Medicines Support Service)



Other sources of income to consider: NHS Advanced services

NHS Flu Vaccinations [Non-Global sum monies]

NMS (new Medicines Service)

MUR (Medicines use review)

- **Limited time**
- **Limited options**

Evaluation forms

- Feedback regarding todays event
- Feedback regarding how we communicate with you

Contact us: humber.lpc@nhs.net

Visit or website: [Domain name changed July 2019]

<http://www.communitypharmacyhumber.co.uk>

Thank you for coming: Safe Journey Home