Pharmacy Best Thomas Bisset



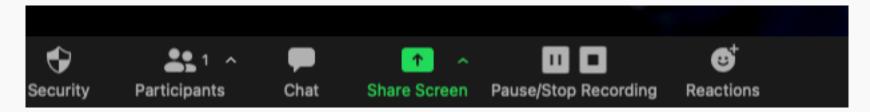


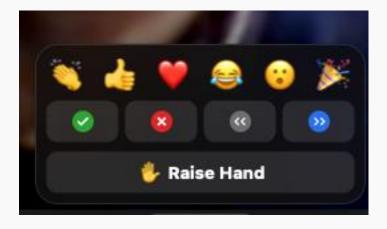
- 7:15 Welcome and introductions
- 7:20 Community Pharmacy Pressures
- 7:35 The NHS Recovery Plan
- 7:50 Pharmacyfirst: Relaunch
- 8:15 Community Pharmacy Consultation Service
- 8:35 **Questions**

Pharmacy BEST June 2023

Housekeeping

- Introductions
- Mute
- Questions

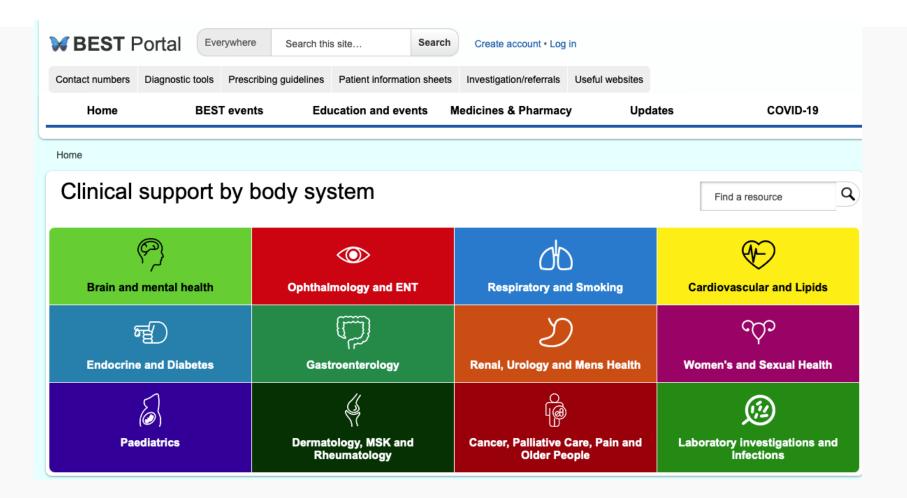




Pharmacy BEST: Aims & Objectives

- Barnsley Education Support & Training
 - Best.barnsleyccg.nhs.uk
 - Help Pharmacies deliver quality services
 - Align with ICB Barnsley place plans
 - Help Barnsley patients access healthcare in the appropriate place, at the appropriate time from the appropriate person

BEST website



https://best.barnsleyccg.nhs.uk

NHS Mail

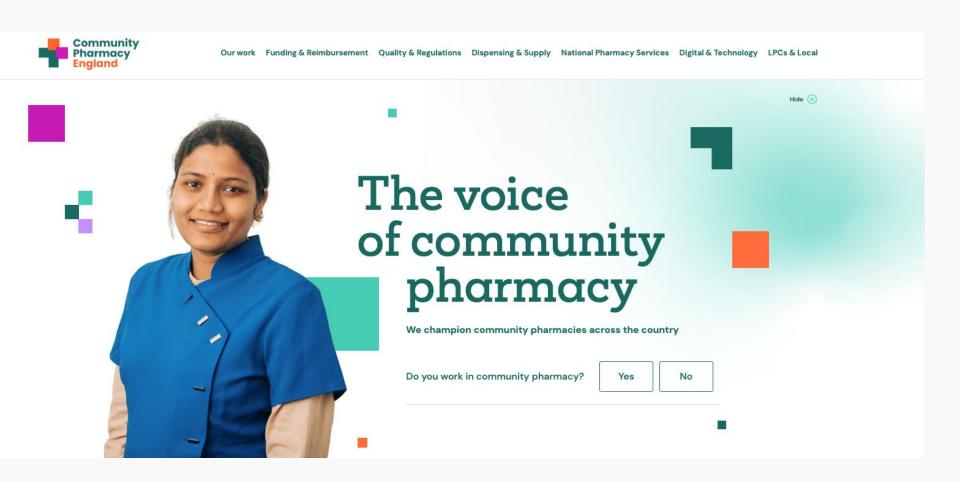
- Make sure NHS mail is accessible at all times the pharmacy is open
- Use shared mailbox
- Pharmacy.ODS@nhs.net
- Process for dealing with queries
- Use as a means to message surgeries and clinical pharmacists
- Check regularly

Community Pharmacy South Yorkshire



info@CPSY.org.uk

PSNC: Now Community Pharmacy England



Pressures in Community Pharmacy

- Workforce
- Stock Shortages
- Workload

Regulation Changes:

- procedure for introducing or changing rest breaks;
- •creating and using business continuity plans to deal with temporary closures;
- •the use of local hours plans that give participating pharmacies in an area temporarily reduced opening hours;
- •the options for 100-hour pharmacies to reduce their total weekly opening hours (subject to requirements); and
- •other regulatory amendments, including revised procedures for changing core and supplementary opening hours.

cpe.org.uk/our-news/cpcf-2023-24-and-regulations-imposed-changes/

Stock Shortages

- Use NHS mail to communicate between pharmacy and practice to request alternative prescriptions.
- Community Pharmacists to specify a recommended alternative that is available for dispensing when making a request.
- Make it clear in the email/communication heading that this is a request for an alternative and
- indicate the urgency of the request.
- PCN pharmacists could refer to local formularies and work with the community pharmacist to identify a suitable available formulary item if the alternative proposed is non-formulary.
- Appreciation that the stock situations are highly variable and that even if an item is showing as in stock it may not actually be delivered to the pharmacy (for example due to wholesaler workforce issues/van break downs etc).
- Register for and use the Specialist Pharmacy Services (SPS) Medicines Supply Tool
- Pharmacy contractors to ensure that all staff are made aware and all pharmacists are following
- national Serious Shortage Protocols (SSPs) when they are published.
- Report all stock and pricing issues to the PSNC

Stock Shortages







Dear Thomas Bisset

About the medicines supply tool

You're receiving this email because you have an account with the SPS website that enables you to access the online Medicines Supply Tool. The tool provides up-to-date information about medicine supply issues. You can use it to search for information on medicine supply issues by drug class, issue severity, or by new, ongoing, or resolved. You can also check when a medicine is expected to be back in stock.

Tool content is populated and maintained by the DHSC and NHSE CMU Medicines Supply teams.

This email is a regular push service from the tool. It details new issues that have been added or updated this week. These update emails are sent every Thursday evening or Friday morning.

New issues this week

Shortages:

Clomid 50mg tablets

Ethinylestradiol 20microgram / Drospirenone 3mg (Eloine) tablets

Mucogel oral suspension

Updates to continuing issues this week

HRT Overview

www.sps.nhs.uk



The first stop for professional medicines advice

About · Log in · Register



Guidance Events Podcasts Planning Training Publications Tools Q Search

Recommended across the site

Using clopidogrel with proton pump inhibitors (PPIs)

Avoid the combined use of clopidogrel with omeprazole or esomeprazole due to a significant interaction. Other PPIs are considered safe with clopidogrel.

Rabeprazole · 22 May 2023

Tools

Medicines tools help guide practice in specific areas including medicines monitoring, medicines supply, and filling medicines compliance aids.

Using solid oral dosage form antibiotics in children

Crushing or dispersing whole solid dosage forms or opening capsules is an "off-label" use. This includes use for Group A streptococcal infections.

Phenoxymethylpenicillin · 7 December 2022

Switching

Our advice on switching between medicines covers switching between antidepressants as well as a range of other common medicines switches.

Choosing equivalent doses of oral benzodiazepines

Temazepam · 25 January 2022

Using chloramphenicol eye products in children under 2 years

Paediatrics · 29 April 2021

Using lipid-lowering medicines during breastfeeding

Simvastatin · 21 April 2023

Using bisphosphonates with proton pump inhibitors (PPIs)

Although no interaction between bisphosphonates and PPIs is documented, the increased risk of fractures when given together should be reviewed and managed

Zoledronic acid · 4 April 2023

Stock Shortages

Price Concessions

Published on: 28th February 2020 | Updated on: 7th February 2023

Report a pricing issue

Report a medicine shortage

January 2023

The Department of Health and Social Care (DHSC) has granted the following list of price concessions for **January 2023.**

The individual updates can be found here:

31st January 2023

30th January 2023

26th January 2023

20th January 2023

19th January 2023

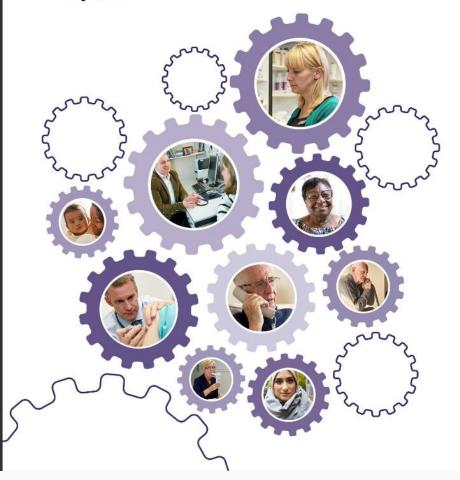
psnc.org.uk/funding-andreimbursement/reimburs ement/price-concessions/





Delivery plan for recovering access to primary care

May 2023



www.england.nhs.uk/publication/delivery-plan-for-recovering-access-to-primary-care/





1	600	Empower patients	•	Improving NHS App functionality	3.01	Increasing self- referral pathways	*	Expanding community pharmacy	
2	<u> </u>	Implement new Modern General Practice Access approach	٠	Roll-out of digital telephony	٠	Easier digital access to help tackle 8am rush	. •	Care navigation and continuity	Rapid assessment and response
3	ál	Build capacity	٠	Growing multi- disciplinary teams	٠	Expand GP specialty training	٠	Retention and return of experienced GPs	Priority of primary care in new housing developments
4	*	Cut bureaucracy	٠	Improving the primary-secondary care interface	٠	Building on the 'Bureaucracy Busting Concordat'		Streamlining IIF indicators and freeing up resources	





Empower patients by rolling out tools they can use to manage their own health, and invest up to £645 million over two years to expand services offered by community pharmacy.

- 1. Enable patients in over 90% of practices to see their records and practice messages, book appointments and order repeat prescriptions using the NHS App by March 2024.
- 2. Ensure integrated care boards (ICBs) expand self-referral pathways by September 2023, as set out in the 2023/24 Operational Planning Guidance.
- 3. Expand pharmacy **oral contraception (OC) and blood pressure (BP) services** this year, to increase access and convenience for millions of patients, subject to consultation.
- 4. Launch Pharmacy First so that by end of 2023 community pharmacies can supply prescription only medicines for seven common conditions. This, together with OC and BP expansion, could save 10 million appointments in general practice a year once scaled, subject to consultation.





Funding technology so patients can monitor long-term conditions from readings patients take in their own homes.

Rolling out existing NHS App functionality to 90% of practices by March 2024

conditions through delivering Pharmacy First and expanding pharmacy oral contraception and blood pressure services. DHSC will consult the sector on this proposed expanded role, it is estimated it could save up to 10 million appointments a year, once scaled up, equivalent to around 3% of all appointments, and give the public more choice in where and how they access care.

'Modern General Practice Access'.

invest in **care navigation training** to help teams direct patients to the right person. Effective care navigation could **direct over 15% of patients to teams that could better help them:** administrative teams, self-care, community pharmacy or another local service.



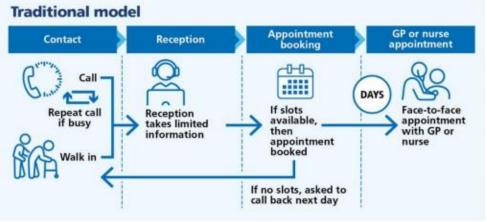
Expanding Community Pharmacy Services (subject to consultation)



- Introduce new Pharmacy First Service and expand 2 existing services
- Will require new funding
- If agreed with PSNC, will launch before end of 2023.
- Will allow pharmacists to supply prescription-only medicines without need to visit a GP.
- Expanding BP checks with new funding for a further 2.5 million in Community Pharmacy
- Expansion of Community Pharmacy oral contraception service
- Investment to significantly improve digital infrastructure between General Practice and Community pharmacy.
- Greater Flexibility in how CPh contractors deploy staff from 2026 newly qualified pharmacists are independent prescribers
- VAT changes to benefit services carried out by certain pharmacy staff
- Revision of standards on responsible and superintendent pharmacists
- o Pharmacy technicians administer and supply meds under PGDs
- Widen pharmacy hub and spoke arrangements
- Possible reclassification of medicines currently prescription only







Modern General Practice Access model Care navigation Timely assessment Contact and response and continuity Local services Call Captures Navigator request directs in online HOURS requests to most appropriate service/team and handles admin response by broad practice team (overseen by GP)

Better digital telephony – NHSE supports transition to digital if practices commit by 1 July 2023 NHSE recommends PCNs use same provider, ICBs may want Places or whole system to do so

Simpler online requests, consultation, messaging and booking tools available to general practice by July 2023. ICBs work with PCNs to decide on which best suit shift to Modern GP Access model.

Faster navigation, assessment and response. Investment in new National Care Navigation training for up to 6.500 staff from May 2023. Using HEE's care navigation competency framework.

Pharmacyfirst Revisited

- Service can be carried out by any member of the pharmacy team
- Product List
- Over labelling
- Consultation Form



Newsletters in April and May from News.BarnsleyLPC with details of the changes

Minor Ailments Service PharmacyFirst - August 2019

Barnsley PharmacyFirst Minor Ailments Service August 2019 Stage 1 - Registration

Barnsley PharmacyFirst Minor Ailments Service August 2019 Stage 2 - Consultation

Other Services

BCCG On Demand Availability of Specialist Drugs Service

BCCG Payment Not to Dispense

Flu vaccine stock and appointment availability

Over Labelling Claim for OTC or P Medicines

Conditions

- Allergies
- Earache
- Eczema
- Scabies
- Vaginal thrush
- Head lice (From August 2019 pharmacists will provide enhanced guidance and support and will only be able to supply the Nitty Gritty combs or Bug Buster Kits for the treatment of head lice.)

Your pharmacy team can also offer you additional advice, guidance and support personal to you for a whole range of common, minor health concerns for which you can buy treatments over the counter.

They have a private consultation area available where they will discuss your symptoms and they can offer practical advice personalised to you.

A list of pharmacies involved in the scheme is available on the Barnsley CCG website. Search for Pharmacyfirst.

www.barnsleyccg.nhs.uk











Call into participating pharmacies displaying this symbol



Don't wait for a doctors appointment

Go straight to your pharmacy i

PF BCCG JUNE 2019.V3.



Through the Pharmacyfirst service you can get extra advice, guidance and support for a range of common, minor short-term health conditions. Your pharmacy team will be able to offer you a cost-effective range of treatments to manage your condition. For some conditions, you may also be able to receive free treatments from your pharmacy if you are eligible for free prescriptions.

From August 2019, in line with national NHS guidance, your doctor, nurse and pharmacist will not generally give you a prescription for, or supply free of charge, medicines which can be bought over the counter for common, minor, short-term health conditions.

If you do pay for your prescriptions, then the cost of the medicine should be much less than the current prescription charge.

Your local pharmacy team play a key role in advising you on common, minor health concerns and if your symptoms suggest it's more serious, they'll ensure you get the care you need. They can offer the enhanced Pharmacyfirst service giving you personalised advice on what treatments might be best for you and how long you can expect your symptoms to last.

How do I know if I can use the Pharmacyfirst Scheme?

The Pharmacyfirst scheme is available in participating pharmacies across Barnsley to anyone registered with a Barnsley GP practice.

What about children?

Children can be treated for certain conditions depending on their age and what medicines are available. Some medicines can only be given to younger children on prescription. Sometimes the pharmacist will need to see your child to make sure the right advice or treatment is given.

How do I know which pharmacy to go to?

The pharmacies offering this service will display a Pharmacyfirst sticker in their window. You can find a list of these pharmacies by visiting www.barnsleyccg.nhs.uk/pharmacyfirst

What conditions are included?

All the minor health conditions are listed on the back of this leaflet.



Will I always receive medicine?

No, because you may not require any. If this is the case the pharmacist will give you advice on how best to treat your symptoms.

If it is appropriate the pharmacist will give you the right medicine. This medicine is only for you and should not be used for anyone else.

The pharmacist will also tell you the best way to take the medicine and other ways to help manage your symptoms. If the pharmacist thinks you need to see your doctor or nurse, the pharmacist will provide you with a referral slip for you to take to your GP. This will indicate to your doctor or nurse that you have been to the pharmacy and the reason you have been referred to them.

What should I do if my symptoms don't improve?

It is important that if your symptoms haven't improved after the time your pharmacist has advised, or you start to feel a lot worse, you should:

- Go back to the pharmacy for further advice
- Call NHS 111, or
- Contact your GP or iHEART Barnsley GP service

Product List

- Over labelling
 - Part of Pharmacy First
 - Stand Alone Service

Other Services

BCCG On Demand Availability of Specialist Drugs Service

BCCG Payment Not to Dispense

Flu vaccine stock and appointment availability

Over Labelling Claim for OTC or P Medicines

Consultation form

Community Pharmacy Consultation Service

- NHS 111
- NHS 111 on line
- GP Roll out plan
- A&E from April

- SY ICB CPCS support
- laura.richardson42@nhs.net

GP-CPCS

- Different from Pharmacyfirst
- Can refer into Pharmacyfirst from CPCS
- CPCS good and less good practice
- Changes to referral pathways
- Support from ICB for pharmacies and surgeries
 - laura.richardson42@nhs.net

GP-CPCS

- The purpose of the GP CPCS is to reduce the burden on general practices by referring patients needing advice and treatment for certain low acuity conditions from a GP practice to a community pharmacist.
- Its aim is to make sure that patients have access to the same levels of care, close to home and with a self-care emphasis
- It's estimated that 6% of all GP consultations, which is 20.4 million appointments per year, could be safely transferred to a community pharmacy.
- There's good evidence to suggest that the advice given by community pharmacists, as part of a consultation about symptoms of minor illnesses, will result in the same outcome as if the patient went to see their GP or attended an emergency department.

Consultation outcome Consultation outcome Appropriate advice given only

- Appropriate advice given and sale of a medicine

 Appropriate advice given and referral made to MA
- Appropriate advice given and referral made to MAS Dependent on local commissioning
- Appropriate advice given and referral made to a local PGD service

Dependant on local commissioning

- Patient sign-posted
- Patient escalated
- Reason not listed

 If Other please specify

Consultation outcome
Consultation outcome
Appropriate advice given only
Appropriate advice given and sale of a medicine
Appropriate advice given and referral made to MAS Dependant on local commissioning
Appropriate advice given and referral made to a local PGD service Dependant on local commissioning
O Patient sign-posted
O Patient escalated
Reason not listed If Other please specify
Sign-posted where?
O Non-urgent: GP
O Non-urgent: NHS 111
Non-urgent: non-GP (nurse,dentist, physio etc.)

Consultation outcome —	
Consultation outcome	
Appropriate advice given only	
Appropriate advice given and sale of a medicine	
Appropriate advice given and referral made to MAS Dependant on local commissioning	
Appropriate advice given and referral made to a local PGD service Dependant on local commissioning	
O Patient sign-posted	
O Patient escalated	
Reason not listed If Other please specify	
Escalated where?	
Urgent appointment with GP	
OUT OF HOURS ONLY	
Urgent to 999	
O Urgent NHS walk-in	
○ Urgent A&E	

When patient's own GP practice is closed: Pharmacist to call the NHS111 Clinical Hub on 111, then press *7 immediately. (Pharmacist - you MUST tell them you are a Pharmacist AND ask to refer the patient to the nearest appropriate UCC/OOH service either for an appointment if appropriate or for a telephone call back. Where this is not available, you will be advised to inform the patient to self-present to the nearest walk in centre).

OR

For in-hours support only Pharmacist to contact the patient's own GP for an urgent appointment (pharmacist to call and explain reasons for escalation)

OR

CALL 999 if more urgent

Reports, Letters & Reminders



GP Notification Form - Referrals for low acuity/minor illness

Secure email sent on 2021-09-16 08:40:05

Hypertension Case Finding

Improving Care Through Central Support

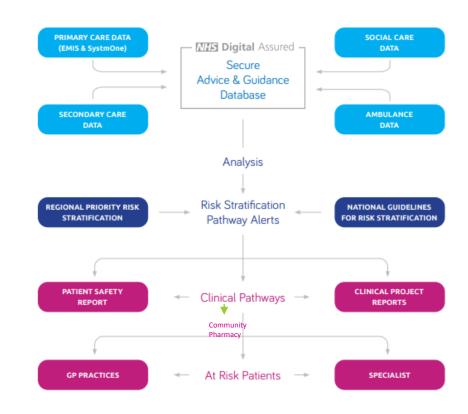
Enables Identification of Target Patients for priority programmes.

Automated Patient
Engagement to invite them for a Community Pharmacy
Review.

Interactive Interface to feed information back to GP system.

The 3 Essential Steps

- 1 Creation of a Centralised Patient Database.
- 2 The Use of AI to identify at risk patients Database to identify at risk patients.
- Efficient deployment of Healthcare resources to reduce reversible risk through standardised clinical pathways and dynamic patient portals.



Community Pharmacy Portal

Dynamic Data Display combining 5 elements:

- Patient Medical & Social Care Record
- 2. Patient Portal Data
- 3. Actions Needed to Optimise the Individuals Diagnosis
- 4. Patient Questionnaires are Key
- 5. Validation of Outcomes



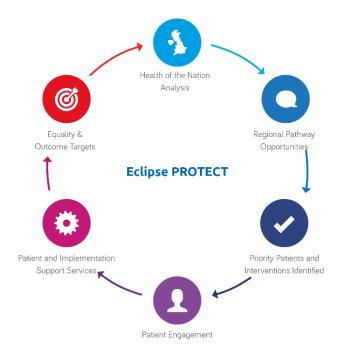
Allowing Enhanced Patient Support Programmes with Community Pharmacy.:

All Barnsley Patients are on a Centralised Eclipse Database.

Priority Patients automatically contacted for Enhanced Support Services

Patients encouraged to access community pharmacy.

Community Pharmacy can undertake tests and share information to support patient care.

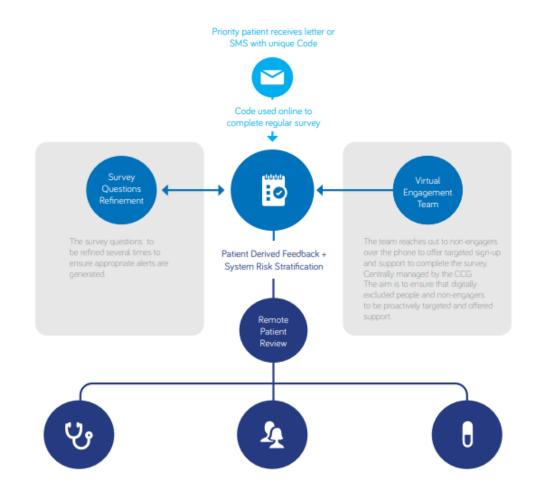


The System
Automatically
Sends SMS
message to High
Risk Patients.

This is through NHS Connect

It enables patients to have a unique code to bring with them to the community pharmacy.

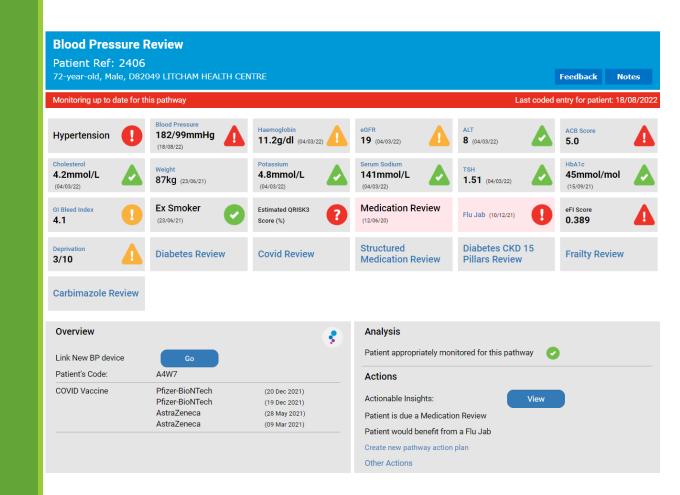
Community Pharmacy can then access secure patient portal for information sharing.



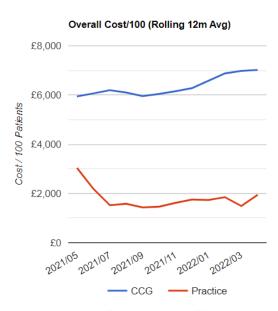
Barnsley Community Hypertension portal

Allows entry of BP data
Integrates with GP
System

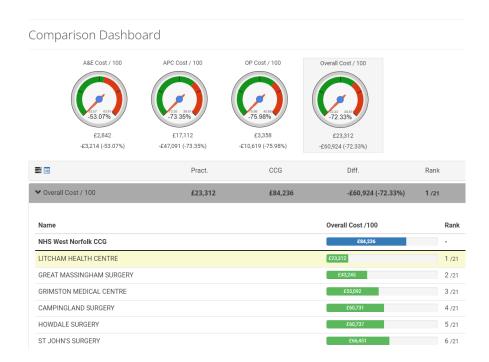
Allows for Identification of actions in relation to the condition.



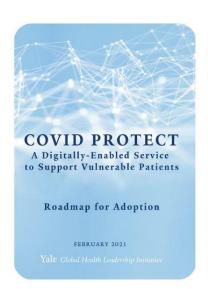
Impact of Proactive Patient Support delivered by Pharmacists



Cost Type: Overall Cost/100 (Rolling 12m Avg)



This Protect
Programme has had National
Recognition
through multiple awards in 2021











Connecting Services and Information Award

APC reports

Clinical Governance

APC Reporting



- · APC Reporting provision successfully entered and saved
- · The following system generated provision report letters are available
- Basic Provision Record
- Barnsley Interface Issue Report >>

Secure email is queued to send

APC Reporting

Date Completed 12-Sep-2018 Issue Identified by: Name Job Title Organisation Issue category and who was involved Issue Category -Issue Involving ☐ Hospital- BHNFT Dispensing Error Prescribing Error ☐ Hospital - SWYFT ☐ Medication Supply Issue ☐ Hospital - non Barnsley Medicines Administration General Practice □ D1 Communication □ Community Pharmacy Other Hospital Communication □ Care/Nursing Home ☐ Formulary Related Care Organisation Community Nursing ☐ Shared Care Issue Summary Care Record □ Other ☐ Other GP Communication Care/Nursing Home ☐ Other Issue Details Patient NHS Number **GP Practice** Date Issue Identified Enter as dd-mmm-yyyy (eg 23-Feb-1989) Issue Identified Action taken and outcome Date Action taken Enter as dd-mmm-yyyy (eg 23-Feb-1989)

NHS Mail

- Make sure NHS mail is accessible at all times the pharmacy is open
- Use shared mailbox
- Pharmacy.ODS@nhs.net
- Process for dealing with queries
- Use as a means to message surgeries and clinical pharmacists
- Check regularly

