

Pharmacy Best

Thomas Bisset



Barnsley Clinical Commissioning Group



BARNSELY LPC
Represent Support Lead

7:15 Welcome and introductions

7:20 **Community Pharmacy Consultation Service**

7:35 **Audits**

7:45 **Pharmacy Quality Scheme 2022-23**

8:05 **Hypertension Case Finding Service – Referrals
from Surgeries**

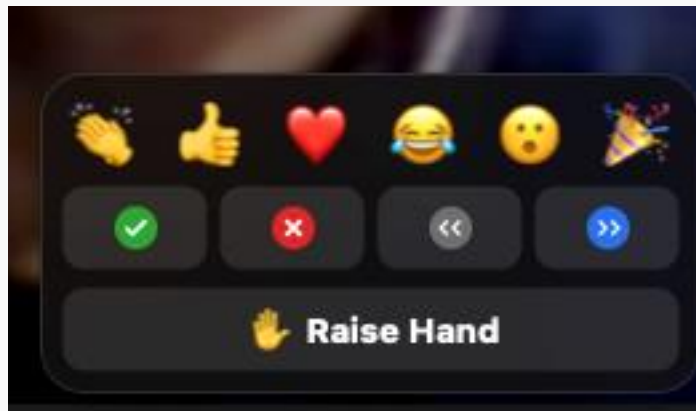
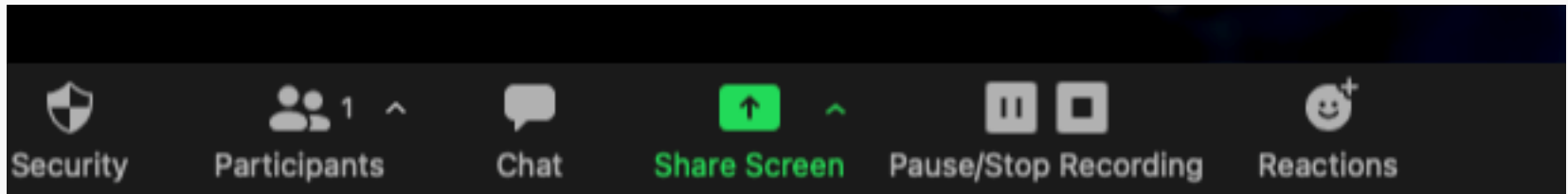
8:25 **Primary Care Networks**

8:40 **Questions**

Pharmacy BEST
November 2022

Housekeeping

- Introductions
- Mute
- Questions



Pharmacy BEST: Aims & Objectives

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

BEST website


BEST Portal Everywhere Search [Create account](#) • [Log in](#)













[Contact numbers](#) [Diagnostic tools](#) [Prescribing guidelines](#) [Patient information sheets](#) [Investigation/referrals](#) [Useful websites](#)

[Home](#) [BEST events](#) [Education and events](#) [Medicines & Pharmacy](#) [Updates](#) [COVID-19](#)

Home

Clinical support by body system

 Brain and mental health	 Ophthalmology and ENT	 Respiratory and Smoking	 Cardiovascular and Lipids
 Endocrine and Diabetes	 Gastroenterology	 Renal, Urology and Mens Health	 Women's and Sexual Health
 Paediatrics	 Dermatology, MSK and Rheumatology	 Cancer, Palliative Care, Pain and Older People	 Laboratory investigations and Infections

<https://best.barnsleyccg.nhs.uk>

Community Pharmacy Consultation Service

- NHS 111
- GP Roll out plan
- Pharmacyfirst

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.

GP – CPCS: Warm Handover

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
- Patient sign-posted
- Patient escalated
- Reason not listed
If Other please specify

GP – CPCS: Warm Handover

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
- Patient sign-posted
- Patient escalated
- Reason not listed
If Other please specify

Sign-posted where?

- Non-urgent: GP
- Non-urgent: NHS 111
- Non-urgent: non-GP (nurse, dentist, physio etc.)

GP – CPCS: Warm Handover

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
- Patient sign-posted
- Patient escalated
- Reason not listed
If Other please specify

Escalated where?

- Urgent appointment with GP
- Urgent NHS111 Clinical Hub on 111*7
OUT OF HOURS ONLY
- Urgent to 999
- Urgent NHS walk-in
- Urgent A&E

GP – CPCS: Warm Handover

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

GP – CPCS: Warm Handover

Reports, Letters & Reminders



Basic Provision Record



GP Notification Form - Referrals
for low acuity/minor illness

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

Audits

Workforce Survey

Clinical Audit

Have you completed the mandatory workforce survey?

There is a mandatory requirement to complete the 2022 Community Pharmacy Workforce Survey, managed by Health Education England (HEE), **by 30th November 2022.**

The NHS Business Services Authority sent an email to contractors on 6th October 2022 containing a link to the survey.

<https://psnc.org.uk/our-news/have-you-completed-the-mandatory-workforce-survey-yet/>

Mandatory national audit announced

- PSNC and NHS England have agreed that the 2022/23 national clinical audit will focus on valproate, with the aim of reducing the potential harm caused by taking valproate during pregnancy.
- **The audit must be completed by all community pharmacy contractors as this is part of their NHS contractual requirements by 31st March 2023**

PQS 2019/20 Valporate Audit Results

Of the 12,068 patients who agreed to participate in the audit:

- 675 (5.6%) said that they had not been provided with advice and information in line with the [MHRA Drug Safety Update 2018](#) concerning the potential impact on an unborn child;
- 10.6% did not have a copy of the [Patient Guide](#);
- 11.1% did not have a copy of the [Patient Alert Card](#); and
- 4,374 (36.2%) women advised they did not have highly effective contraception in line with the Pregnancy Prevention Programme and of these, 1,159 (26.5%) were referred/signposted back to their GP or specialist to discuss contraception.

Pharmacy Contract 2022-23 and 2023-24

- Contractors will benefit from a relative uplift to the Drug Tariff as £100m in excess margin earned by the sector in previous years is written off.
- DHSC has also committed to reviewing the implementation of the Price Concessions system.
- The Transitional Payment is also protected, with up to £70m per year being allocated in recognition of the pressures on the sector.
- An independent economic review will take place in advance of the next CPCF negotiations – this will help us to press Government and the NHS to follow good practice in economic regulation and to make more evidence-based funding decisions.

Pharmacy Contract 2022-23 and 2023-24

- A Pharmacy Contraception Service will have a phased launch as an Advanced service, over 2022 and 2023.
- Extensions to the CPCS and to the NMS will be introduced, all developments to these existing services be modest.
- Contractors can take part in Pharmacy Quality Schemes in both years, whose scope has been reduced to reflect the workload and capacity constraints, including the impact of the late start in Year 4.
- The service specifications for the Blood Pressure Check Service and Smoking Cessation Service will be amended to allow delivery by pharmacy technicians, helping pharmacies to make best use of their skill-mix.

Pharmacy Quality Scheme

Contractors must claim payment for the PQS 2022/23 during the declaration period which is **between 9am on Monday 6th February 2023 and 11.59pm on 3rd March 2023.**

Contractors must have evidence to demonstrate meeting the gateway criteria and the domains that they have claimed for **by the end of 31st March 2023.**

Pharmacy Quality Scheme

Gateway Criteria

NMS

Patient Safety Report

Pharmacy Quality Scheme

Band	Band 3	Band 4	Band 5	Band 6
Annual Items	30,001-60,000	60,001-150,000	150,001-230,000	230,001+
Points	58	60	63	65
@ £67.50	£3,712.50	£4,050	£4,252.50	£4,387.50
@ £135	£7,425	£8,000	£8,505	£8,775

Pharmacy Quality Scheme

- Initial details of the Pharmacy Quality Scheme (PQS) 2022/23 were released on 22nd September 2022, as part of the **arrangements for the Community Pharmacy Contractual Framework (CPCF) in 2022/23 and 2023/24.**
- On 5th October 2022, full details of the PQS requirements were published as a **Drug Tariff Determination.**

Pharmacy Quality Scheme

- Domain 1 - Risk management and safeguarding
- Domain 2 - Respiratory
- Domain 3 - Healthy living support
- Domain 4 - Prevention
- Domain 5 - Addressing unwarranted variation in care

Domain 1 - Risk management and safeguarding

- By the end of 31st March 2023, all registered pharmacy professionals working at the pharmacy on the day of the declaration must have satisfactorily completed, within the last two years, the **CPPE sepsis online training** and passed the **e-assessment**.
- By the end of 31st March 2023, all registered pharmacy professionals working at the pharmacy on the day of the declaration must have satisfactorily completed the **CPPE risk management guide** and passed the **e-assessment**.

Domain 1 - Risk management and safeguarding

The risk review must include:

- managing the risk of missing sepsis identification;
- missing red flag symptoms during over the counter (OTC) consultations; and
- minimising the risk of transmission of COVID-19.

Domain 2 - Respiratory

- By the day of the declaration the pharmacy contractor must be able to evidence that pharmacy staff have offered the NMS, with the appropriate inhaler technique check, to all patients presenting with a prescription for a new inhaler where patients would benefit from this service, especially those switched from a metered dose inhaler (MDI) to a dry powder inhaler.

Domain 2 - Respiratory

- By the end of 31st March 2023, all patient-facing pharmacy staff working at the pharmacy on the day of the declaration have been trained on the reasons why used, unwanted and expired inhalers should be returned to the pharmacy for safe disposal and the adverse effects on the environment when inhalers are disposed of in domestic waste.

Domain 2 - Respiratory

Between 10th October 2022 and the day of the declaration, the pharmacy can evidence that they have:

- checked that all children aged 5 to 15 prescribed a press and breathe pressurised MDI for asthma have a spacer device, where appropriate, in line with [NICE TA38](#); and
- referred children aged 5 to 15 with asthma to an appropriate healthcare professional where this is not the case.

PharmOutcomes – Asthma referral service

- From 10th October 2022, contractors will be able to access an asthma referral service on PharmOutcomes for the ‘Use of a spacer in patients aged 5-15 years’ criterion, the ‘Personalised Asthma Action Plans (PAAP)’ criterion and the ‘Referrals for patients using three or more short-acting bronchodilator inhalers with any corticosteroid inhaler in six months’ criterion.

Pharmacy Quality Scheme **PQS**
Quality criteria

Quality criterion
Asthma referrals Oct 22

Domain 2 - Respiratory

- By the day of the declaration, the pharmacy can show evidence that patients with asthma, for whom three or more short-acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a six-month period have, since the last review point, been referred to an appropriate healthcare professional for an asthma review.

Domain 3 – Healthy Living Support

- By the end of 31st March 2023, all non-registered patient-facing pharmacy staff who provide health advice working at the pharmacy on the day of the declaration must have satisfactorily completed, within the last four years (between 1st April 2019 and end of 31st March 2023), the All Our Health bitesize training and assessments on **Adult Obesity** and **Childhood Obesity** to gain a broader understanding of the causes and effects of obesity.

Domain 3 – Healthy Living Support

- By the end of 31st March 2023, all registered pharmacy professionals working at the pharmacy on the day of the declaration must have satisfactorily completed, within the last four years (between 1st April 2019 and end of 31st March 2023), sections one and three of the **CPPE Weight management for adults: understanding the management of obesity e-learning** and **e-assessment**.

Domain 3 – Healthy Living Support

The weight management action plan should include, but should not be limited to, a list of local and national support or exercise groups that the person could be referred to (as appropriate) and support materials/tools they could use, for example, NHS materials such as [**Better Health, Let's do this**](#) and the [**NHS website**](#) (contractors should note that neither exercise groups or “Let’s do this” should be recommended on their own, but in conjunction with other support, because exercise on its own has been shown not to lead to weight loss).

Domain 3 – Healthy Living Support

It should also include details of how to refer people to the **NHS Digital Weight Management Programme** for those with hypertension and/or diabetes or available Local Authority funded tier 2 weight management services (where the individuals meet the criteria for referral).

NHS Digital Weight Management Programme

Welcome - NHS Digital Weight Management Programme Pharmacy Referral Site

pharmacy.wms-pre.mksu.org

NHS NHS Digital Weight Management Programme Pharmacy Referral Site

Welcome

Welcome to the NHS Digital Weight Management Programme Pharmacy Referral Site.

All NHS community pharmacies are able to refer eligible patients into the NHS Digital Weight Management Programme. To find out more about the programme and eligibility criteria, please visit: <https://www.england.nhs.uk/digital-weight-management/>

This should take about 10 minutes to complete.

[Start](#)

[Accessibility statement](#) [Contact us](#) [Cookies](#) [Privacy policy](#) [Terms and conditions](#)

© 2021 Crown copyright

00:07 / 12:14

09:27 22/10/2021

Domain 3 – Healthy Living Support



Online support for a healthy lifestyle



Take the first step in managing your weight today

If you are living with obesity and have diabetes or high blood pressure, or both, you could benefit from the 12-week free NHS Digital Weight Management Programme.

It can be hard to keep healthy and active but this free programme can help you develop healthier eating habits, be more active and lose weight - **Available on your smartphone, tablet or computer.**

Speak to us today and find out how the programme could benefit you.

Domain 4 - Prevention

Antimicrobial Stewardship

- Pharmacy staff must have reviewed their practice to include two TARGET leaflets;
- **Treating your infection – Urinary Tract Infection (UTI)**; and
- **Treating your infection – Upper Respiratory Tract Infection (RTI)**

Domain 4 - Prevention

elearning.rcgp.org.uk

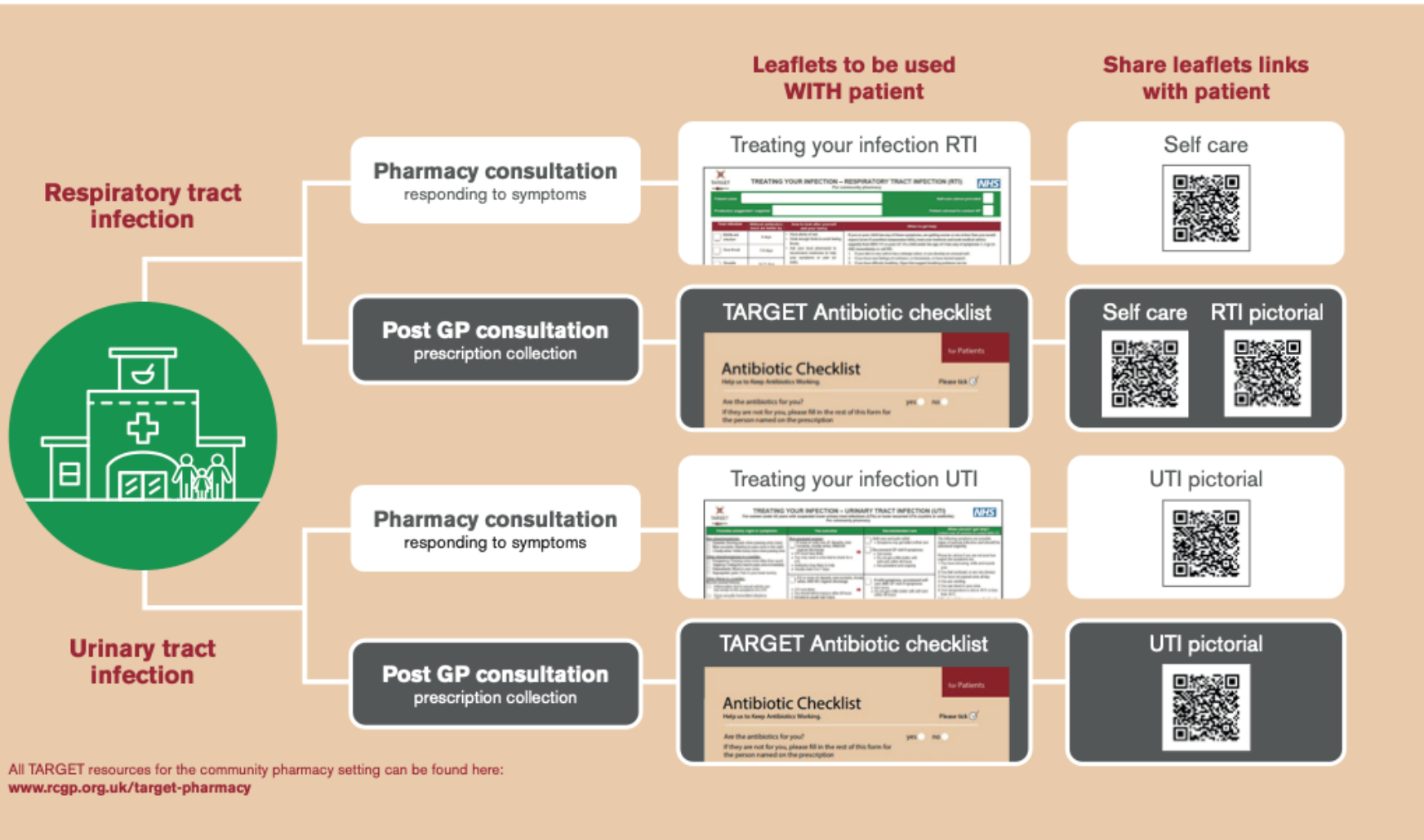


Table of contents

- **Overview**
- How to use pharmacy resources
- TARGET Antibiotic checklist
- Community pharmacy counselling checklist
- UTI Women Under 65 Leaflet for community pharmacies
 - UTI pharmacy leaflet HTML
- RTI leaflet for community pharmacies
 - RTI pharmacy leaflet HTML
- Other TARGET leaflets that can be used in community pharmacy

COMMUNITY PHARMACY FLOWCHART

A guide for when to use which TARGET resource for the management of Respiratory tract infection (RTIs) and Urinary tract infections (UTIs) in patients presenting in community pharmacy.



All TARGET resources for the community pharmacy setting can be found here:
www.rcgp.org.uk/target-pharmacy

Domain 4 - Prevention

- By the end of 31st March 2023, the contractor must confirm that all patient-facing staff that provide advice on medicines or healthcare working at the pharmacy on the day of the declaration have satisfactorily completed the **Let's Communicate Cancer E-learning (BOPA)** Module 1 and have completed the **quiz on Module 1**, which is available on the elfh website.

Domain 5 – Addressing unwarranted variation in care

- As soon as possible after 16th January 2023 and by the end of 31st March 2023, the contractor must have updated NHS Profile Manager* if they routinely hold the 16 palliative and end of life critical medicines listed below and can support local access to parenteral haloperidol.

Domain 5 – Addressing unwarranted variation in care

The action plan must include:

- an awareness of any locally commissioned services for palliative care including any on call and delivery arrangements;
- a list of community pharmacies stocking the 16 critical medicines for palliative/end of life care in their area and noting the ability to check the Directory of Services (DoS) to find pharmacies stocking these medicines;
- details of where parenteral haloperidol can be accessed locally, e.g. through any local commissioning arrangements; and
- awareness of other support services that may be useful for patients/relatives/carers.

Domain 5 – Addressing unwarranted variation in care

- Cyclizine solution for injection ampoules 50mg/1ml;
- Cyclizine tablets 50mg;
- Dexamethasone solution for injection ampoules 3.3mg/1ml;
- Dexamethasone tablets 2mg;
- Haloperidol tablets 500 mcg;
- Hyoscine butylbromide solution for injection 20mg/1ml;
- Levomepromazine solution for injection ampoules 25mg/1ml;
- Metoclopramide solution for injection ampoules 10mg/2ml;
- Midazolam solution for injection ampoules 10mg/2ml;
- Morphine sulfate oral solution 10mg/5ml;
- Morphine sulfate solution for injection ampoules 10mg/1ml;
- Morphine sulfate solution for injection ampoules 30mg/1ml;
- Oxycodone solution for injection ampoules 10mg/1ml;
- Oxycodone oral solution sugar free 5mg/5ml;
- Sodium chloride 0.9% solution for injection ampoules 10ml; and
- Water for injections 10ml.

Hypertension Case Finding

HOW'S TH TICKER?

**Get your
blood pressure checked.**

**We're in your local area doing
free blood pressure checks, no
appointments needed.**

Keep an eye out for times and locations on our leaflets or
Barnsley Council's social media channels.

Getting your blood pressure checked is quick, easy and could save your life!

You can get your blood pressure checked at:



Your GP



Your local pharmacy



Or you can buy a blood
pressure monitor and do it
regularly yourself at home.

Visit: nhs.uk/conditions/high-blood-pressure-hypertension

Feedback

- *We had a Teaching Assistant have his blood pressure checked with you and was referred to the Pharmacy, he did so and was rushed to hospital due to his blood pressure being well over 200!!!*
- *He spent the night in hospital, had tests done and was discharged with medication to take and a follow up appointment with his GP.*
- *He returns to work today with his blood pressure around 138 and feeling great!!!!*
- *Although he never felt unwell, he expressed his gratitude that this was picked up and he has been able to receive treatment to improve his blood pressure.*

Counselling checklist for DOACs

Counselling points	Sign
Explanation of an anticoagulant (increases clotting time and reduces risk of clot formation) and explanation of indication for therapy	
Differences between DOAC and warfarin (if applicable for patients converting from warfarin to DOAC therapy <u>or</u> offering choice of anticoagulation agent) <ul style="list-style-type: none"> No routine INR monitoring Fixed dosing No dietary restrictions and alcohol intake permitted (within national guidelines) Fewer drug interactions 	
Name of drug: generic & brand name	
Explanation of dose: strength & frequency	
Duration of therapy: indefinitely for AF	
To take with food (dabigatran and rivaroxaban). Not required for apixaban or edoxaban	
Missed doses: <ul style="list-style-type: none"> Edoxaban and rivaroxaban can be taken within 12 hours of missed dose, otherwise omit the missed dose Apixaban and dabigatran can be taken within 6 hours of missed dose, otherwise omit the missed dose 	
Extra doses taken: obtain advice immediately from pharmacist/GP/NHS Direct (111)	
Importance of adherence: short half-life and associated risk of stroke and/or thrombosis if non-compliant	

Counselling points	Sign
Common and serious side-effects and who/when to refer: symptoms of bleeding/unexplained bruising. Avoidance of contact sports. <ul style="list-style-type: none"> Single/self-terminating bleeding episode – routine appointment with GP/pharmacist Prolonged/recurrent/severe bleeding/head injury – A&E Major bleeds managed/reversed by supportive measures, Prothrombin Complex Concentrate (PCC), and availability of antidote	
<ul style="list-style-type: none"> Drug interactions and concomitant medication: avoid NSAID's. Always check with a pharmacist regarding OTC/herbal/complimentary medicines 	
Inform all healthcare professionals of DOAC therapy: GP, nurse, dentist, pharmacist i.e. prior to surgery	
Pregnancy and breastfeeding: potential risk to foetus – obtain medical advice as soon as possible if pregnant/considering pregnancy. Avoid in breastfeeding	
Storage: dabigatran <u>must</u> be kept in original packaging – moisture sensitive. All other DOAC are suitable for standard medication compliance aids/ dosette boxes if required	
Follow-up appointments, blood tests, and repeat prescriptions: where and when <ul style="list-style-type: none"> Issue relevant patient information AF booklet/leaflet and anticoagulant patient alert card 	
Give patient opportunity to ask questions and encourage follow up with community pharmacist (NMS – New Medicine Service)	

Barnsley LPC Website

- barnsley.communitypharmacy.org.uk

Barnsley LPC Website



[Back to PSNC.org.uk](#) | [Contact Us](#)

- [About Us](#)
- [Training and Events](#)
- [Local Services](#)
- [NHS Contract](#)
- [Resources](#)



BARNSELY LPC Represent Support Lead

LPC Newsletter - Sign up

Join our mailing list to receive updates, newsletters and invitations to events in your area.



[Read More](#)



Primary Care Networks (PCN's)



Barnsley Pharmacies



Barnsley LPC Website

[About Us](#)

[Training and Events](#)

[Local Services](#)

[NHS Contract](#)

[Resources](#)

NHS Barnsley Clinical Commissioning Group (CCG)

Medication Management Service
(MMS)

Pharmacyfirst Scheme

Minor Eye Care Service (MECS)

Specialist Drugs on Demand

Payment to Not Dispense

Advice to Care Homes

Public Health

Supervised Consumption Service

Smoking Cessation

Varenicline PGD

NRT Voucher Scheme

Barnsley Pharmacies providing NRT
& Champix – Updated July 2021

Needle and Syringe Programme

Emergency Hormonal Contraception
(EHC)

**Co-located HCV/OST medication
collection in community
pharmacies**

Barnsley LPC Website

1 Demand

Specialist Drugs on Demand

NHS Barnsley CCG has agreed with certain Pharmacies across Barnsley for them to hold a list of palliative (end of life) care drugs to help support those patients in urgent need of medication, often outside normal pharmacy opening hours

Pharmacies offering the Specialist Drugs on Demand Service

NOTE- Opening hours are subject to change during COVID-19. Please contact individual pharmacies to check most up to date opening hours

Pharmacy Name	NHS Code	Address	Telephone Number	Stock list	Opening hours
---------------	----------	---------	------------------	------------	---------------

Primary Care Networks

- **Which Primary Care Network is my Pharmacy In?**
- Please use the PCN Pharmacy identifier below to check which Primary Care Network your pharmacy is in. If you believe this is not a correct alignment, please let the LPC know by emailing laura.barnsleylpc@gmail.com
- [Primary Care Network \(PCN\) Pharmacy Identifier – Alphabetical by Pharmacy](#)

- **Who is my PCN Community Pharmacy Lead (Representative)?**
- Each of the PCN areas in Barnsley has a community pharmacist working to represent the interests of ALL community pharmacies within the PCN area. Their role is to attend meetings and to share and gather feedback with their pharmacy colleagues. Please see the document below for contact details of your PCN Community Pharmacy Lead.
- [Primary Care Network \(PCN\) Community Pharmacy Representatives – July 22](#)

Questions?

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

Issue Identified by: _____

Name

Job Title

Organisation

Issue category and who was involved _____

Issue Category

- Dispensing Error
- Prescribing Error
- Medication Supply Issue
- Medicines Administration
- D1 Communication
- Other Hospital Communication
- Formulary Related
- Shared Care Issue
- Summary Care Record
- Other GP Communication
- Care/Nursing Home
- Other

Issue Involving

- Hospital- BHNFT
- Hospital - SWYFT
- Hospital - non Barnsley
- General Practice
- Community Pharmacy
- Care/Nursing Home
- Care Organisation
- Community Nursing
- 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)



Thank you |

Future Pharmacy BEST Meetings

2023 dates to be confirmed