

Services
Update
12th January
2023

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Engagement and Support
Officer




COMMUNITY PHARMACY

ARDEN

Representing Community Pharmacies
in Coventry and Warwickshire

Topics

1. a) GP-CPCS – Surgery side
b) GP-CPCS – Pharmacy side
2. New Medicine Service (NMS)
3. Blood Pressure Service (BPS)
4. Discharge Medicine Service (DMS)
5. Other Services and Projects



I don't mind interruptions but talk quickly, if you have something to ask or add, just speak up!

1 a) GP-CPCS – Surgery side

Our PCNs have a total YTD referral target 26,802. They are achieving 24% of this YTD with wide range of success.

IFF data suggests higher numbers have been achieved – we are looking into this discrepancy.

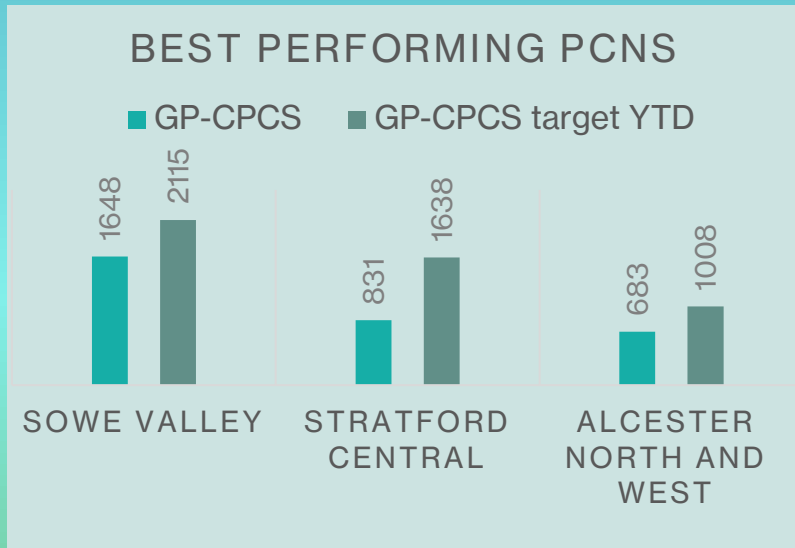


Chart 1: Best Performing PCNs YTD

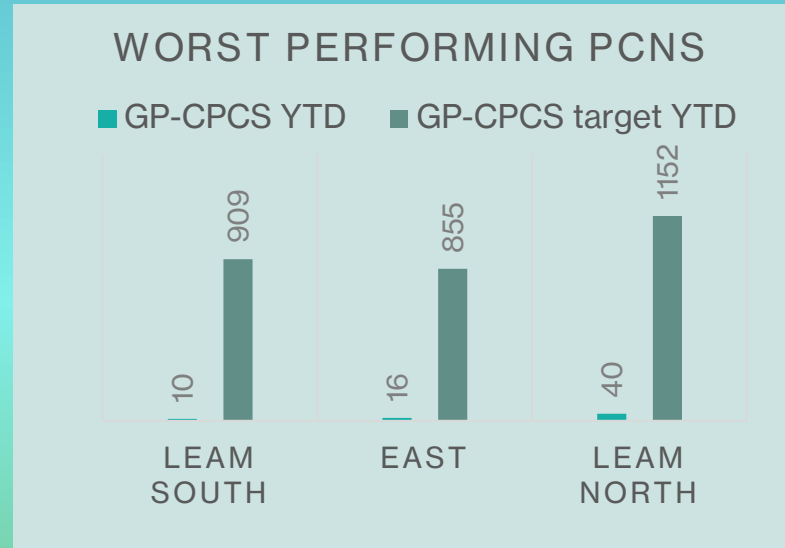


Chart 2: Worst Performing PCNs YTD

How will the CPA try to increase surgery referral numbers?

1. Using weekly figures and monthly dashboard to target intervention
2. Contacting PCN leads, arranging meeting to assist with understanding of system and any issues as they arise
3. Provide simple one-page guides to the process and differences between CPCS and PGD services

Month	GP-CPCS
April	379
May	545
June	683
July	804
Aug	684
Sep	630
Oct	721
Nov	711
Dec	1165
Total	6322

Table 1: GP-CPCS referrals made 22-23

1 b) GP-CPCS – Pharmacy side

In December we had 1165 referrals. The number of dropped calls were 196, 17%. As a whole our dropped call rate sits at 21% YTD. 969 referrals were claimable for the month of December 2022

At pharmacy level the data would be hugely improved and dropped calls reduced if we could reduce this 'presenting complaint' from referrals

Presenting Complaint	Number of referrals YTD
Reason left blank/other reason	3274
Cold or flu	195
Cough	352
Ear discharge/ear wax/ear ache	408
Eye sticky or watery	162

Table 2: Top five Presenting Complaints 22-23

What's the CPA's plan to improve completion numbers?

1. The LPC now manages its own dashboard meaning that incomplete referrals will be chased each week – inappropriate referral or other reason.
2. Seek to support pharmacies to maintain accuracy of official PGD lists (main issue with surgeries, despite different service)
3. Involve key stakeholders from pharmacies in meetings and dialogue with PCN leads.
4. Discuss 'reason left blank' with referring surgeries

2. NMS

Month	Number NMS claimed	Total Value £	Number of contractors participating	Average nms per contractor
April	3244	86,990	156	21
May	3306	88,582	153	22
June	3423	92,482	152	23
July	3297	88,609	153	22
August	3442	91,374	149	23
September	3404	91,550	155	22
Total	20,116	539,587	153 avg	133

Table 3: NMS across CPA YTD

What CPA's plan to improve numbers?

1. Visit pharmacy with great numbers
2. Engage with pharmacies averaging 0 pcm
3. Circulate one page NMS service guide
4. Recommunicate transition payments and PQS gateway information.

For comparison, LLR claimed 29,774 NMS at £805, 839 by avg of 191 contractors
155 nms/contractor

3. Blood Pressure

Month	BP checks £15	Ambulatory £45	No. of contractors
April	234	7	24
May	554	10	25
June	546	18	30
July	709	29	31
Aug	712	40	35
Sep	1889	31	38
Total	4644 £69,660	134 £6,030	31 avg

Table 4: Blood Pressure Services provided across CPA YTD

Payments
 Set up fee of £440
 £1000 incentive for first year and
 £400 in second year
 Triggered by:
 5 ABPM checks in 2021/22
 15 ABPM checks in 2022/23
 20 ABPM checks in 2023/24

What can the CPA do to support increase in no. of contractors participating?

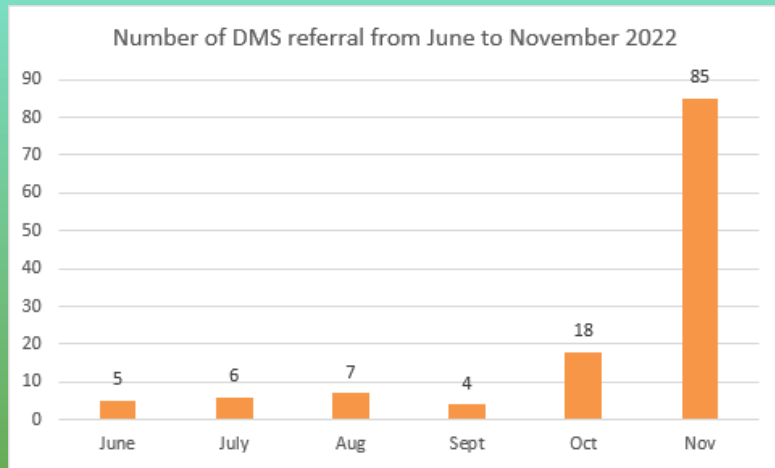
1. Increase awareness of service financial incentives and payments
2. Communicate changes to SS in terms of change of BP thresholds and registered technicians being able to provide service

1008 BP checks carried out by one provider
 They carried out 2 of the Ambulatory checks

Where Blood Pressure measurements are 140/90mmHg or above but less than 180/120mmHg patient should be offered ABPM
 Our current percentage of patients being offered this is 3%

4. Discharge Medicine Service

- We are currently working with Michelle from CSU to drive numbers of referrals from UHCW (started sending increased numbers from late October) GEH and SWFT.
- The integrated referral (not emailed but all through PhO) has made the service much easier for pharmacies.
- We have a one pager guide and associated documents available to support pharmacies with this service.
- NHSBSA have only released figures up to October.
- I will be getting more frequent and more detailed data from next week



This is the data provided to us by on UHCW 24/11. They averaged 4 referrals per day. They reported 4 rejected and 53 pending with 28 completed.

Chart 3: DMS referrals from UHCW

Payment points

Stage 1 Referral received
£12

Stage 2 First post discharge Rx
£11

Stage 3 Discussion with patient
£11

Month	Completed	Uncompleted
April	9	0
May	6	2
June	4	1
July	4	1
Aug	7	2
Sep	18	2
Oct	9	4
Total	57	12

Table 5: DMS referrals made 22-23

5. Other Services and Projects

- ED-CPCS: Currently working on rebooting referrals from UHCW ED to pharmacies.
- Extended Care Services: Tier 1 available to all pharmacies and Tier 2 and then Tier 3 are selected based on number of providers per PCN. The numbers in our PCNs are too low and we are raising this with Gill Hall. Will also look to get regular data to give updates from the next meeting.
- EHC: Warwickshire Contract updated with increase in base payment and some other positive changes including payment for medicines at drug tariff rate.
- Local service contracts: all up to date on our website, records of renewal kept. We will aim to review contracts to improve payments and conditions at renewal stages.
- Regular, and separate to other comms, Service Comms for Pharmacies sent by CPA (frequency tbc)
- Producing one-page quick guides for all services to assist pharmacist with delivery and organisation of services
- Participating in CPM Services Working Group to share ideas and collaborate on common and shared work streams

We have covered

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Thanks for listening!
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