



# Services Information Evening

27<sup>th</sup> September 2023



# Agenda

**Introduction 7 pm**

**PART 1 – Essential Service –DMS**

Discharge Medicine Essential  
Service

**PART 2 –Advanced Services**

Flu and Covid vaccinations 23/24

CPCS Advanced Service

Common Conditions Service

NMS

**Comfort Break 7.50-8.00 pm**

Hypertension

Smoking Cessation Service

Contraception Service

Virtual Outcomes

Deregistration and DoS

**Q&A 8.40 pm**

**Part 3 Arran Konkon – CPCL 8.50  
pm**

IP Pathfinder and pilots

**9:10 Close**

# Introduction – The plan for the evening

As per agenda we are going to share updates and may be a few reminders around the new / newish national services.

We will cover the key components of the service requirements, how to make the most of them and how they might be measured.

We will have a Q&A session at the end as we have a packed agenda to try and cover as much as possible in one go. Please put any questions in the chat.

Resource links will be available, and everything will be on our website.

We welcome feedback on the session and resources and input into the video tutorials that we are developing for you.

# Part 1 & 2 Essential and Advanced Services



# Discharge Medicine Service

# DMS

**Question: How is this service different from the rest of the services we will speak about tonight?**

It is an ESSENTIAL SERVICE, the rest of what we will discuss are ADVANCED SERVICES, which are optional to register for. Participation in DMS is not optional.

# DMS<sup>10</sup>

Discharge Medicine Service is an essential service.

Service spec says that every referral must be accepted with **72 hours**.

It does not say that you don't have to do it if you don't accept the referral within the time-scale. Payment is due for each completed stage but can only be claimed once when referral is completed to whatever final stage.

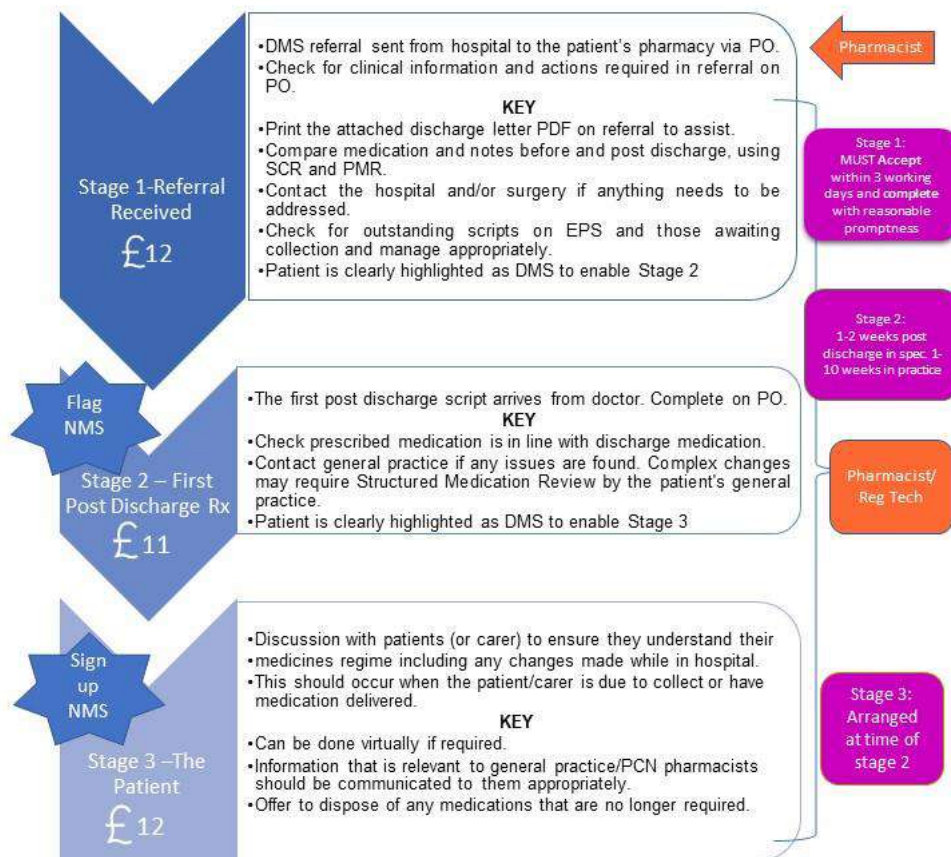
Of all our services, this is undoubtedly the one with the biggest percentage of lost potential claims.

A high proportion of DMS referrals also contain **NMS opportunity**

## DMS Quick Guide

**Discharge Medicine Service (DMS)** is an **essential service** aimed to reduce the risk of avoidable medication-related harm associated with hospital discharge. Contractors must be set up to provide this service, ensure team members are competent to deliver the service and have a Standard Operating Procedure (SOP) for the service in place. **Referrals will be received via PharmOutcomes (PO) and completed on PO using attached PDF** and the claim for each stage submitted on Manage Your Service (MYS) by 5<sup>th</sup> of the following month.

It is a **three stage process** for which part-payment can be made per stage in the specific situations of patient moving area or being uncontactable as detailed in The Drug Tariff (1) Actions required at each stage are further detailed in The Toolkit (2) and Guidance on NHS Regulations 2020(3).



### References

1. [NHS Electronic Drug Tariff Part VIA. Payment for Essential Services. 14 NHS Discharge Medication Service \(England only\)](#)
2. [Toolkit for pharmacy staff in community, primary and secondary care](#)
3. [Guidance on the National Health Service \(Charges and Pharmaceutical and Local Pharmaceutical Services\) \(Amendment\) Regulations 2020 | NHS](#)



# DMS continued

## What can we do about lost claims?

The service spec states service must be claimed in the month it is completed and marked as such on PhO.

If you have 'all but finished' a service in months gone by you can mark it as completed and then claim within the month you do this.

API will be applied to this service from end of Q4 so that any completed services will automatically transfer to MYS

Any other DMS that is lost in the process at a stage, even if very old, it needs to be closed down and marked as completed and claimed within the month it is marked as completed.

# DMS Data

Month	Complete (£35)	Incomplete (£12-£23)	Total
April	13	1	14
May	8	2	10
June	4	1	5
July	6	2	8
August	9	5	14
September	23	4	27
October	13	4	17
November	22	8	30
December	17	13	30
January	60	20	80
February	32	13	45
March	85	34	119
<b>Total</b>	<b>292</b>	<b>107</b>	<b>399</b>

Table 1. Combined DMS claim data for HW and CPA on NHSBSA<sup>12</sup>

Estimated number of viable\* referrals from referring hospital trusts was 1537 in CW and 218 in HW for April 22-March 23. Of these 1,755 referrals 292 were completed to stage 3 and 107 were completed to stage 1 or 2 and then claimed.

**This represents a 23% completion rate.**

\* Viable refers to referrals that have not been rejected by pharmacy or retracted/delayed by hospital

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# Flu and Covid Vaccinations

# Flu and Covid (1,2,3)



- **What's different this year with flu?**

- Reimbursement per vaccination: £9.58 + cost of vaccination including VAT <sup>2</sup>
- 50-64 years cohort removed
- Confusion over starting dates
- Eventually confirmed as September 11th
- Approved IT system (Sonar / PharmOutcomes) required to make clinical records and link to MYS
- NHSE West Midlands have PharmOutcomes for all contractors for Flu – if have new Fcode – may need to check that they have allowed you access. [England.pharmacy-westmidlands@nhs.net](mailto:England.pharmacy-westmidlands@nhs.net)

# Flu and Covid (1,2,3)

- **And with covid-19 vaccination?**

- Reimbursement per vaccination: £7.54 + cost of vaccination including VAT<sup>3</sup>
  - **Plus £10 per patient in care home vaccinated between 11/09 and 22/10**
  - **Plus £200 for each completed care home by 22/10**
  - **Plus £5 acceleration patient for all other eligible patients vaccinated between 11/09 and 31/10**
- The ambition was to have more sites so all who applied who met the criteria would be accepted.
- The date for COVID-19 vaccinations was a contentious issue and was brought forward to 11<sup>th</sup> September, with coadministration encouraged where possible.
- Covid-19 site approval process has not resulted in all sites being approved by the 11<sup>th</sup> September
- 18<sup>th</sup> September is when national booking system on NHS.uk, NHSApp and 119 phone number opened – may reported issues.
- Some ICBs have local monies – check and make sure claim these

# Flu and Covid continued

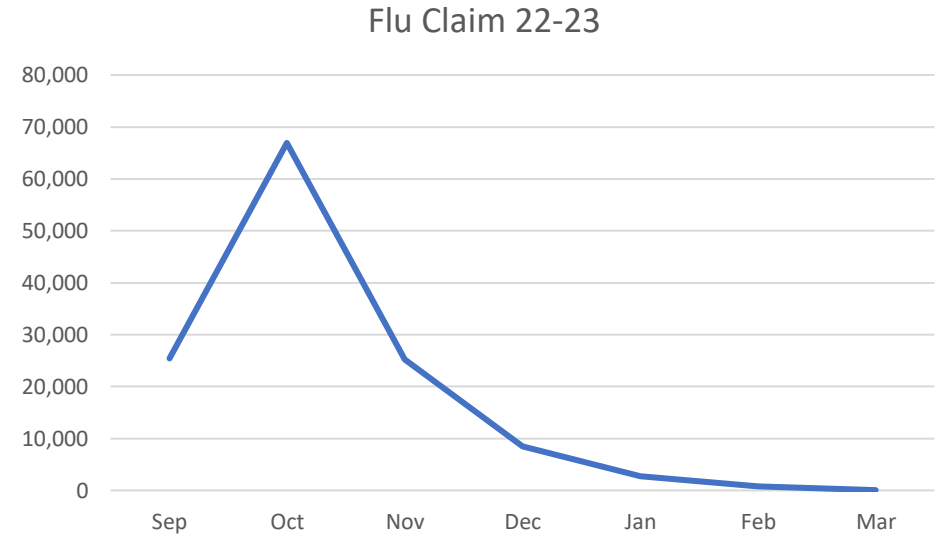
## What's the ambition?

- Maintain 22-23 figures if possible as cohort reduced.

Season	Flu claim
2022-2023	129,550
2021-2022	120,655
2020-2021	70,362

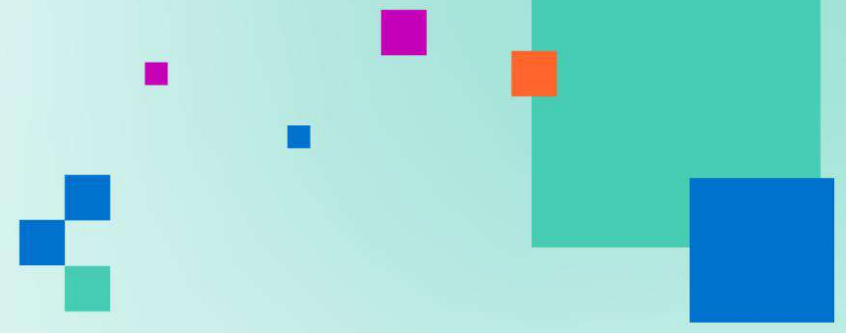
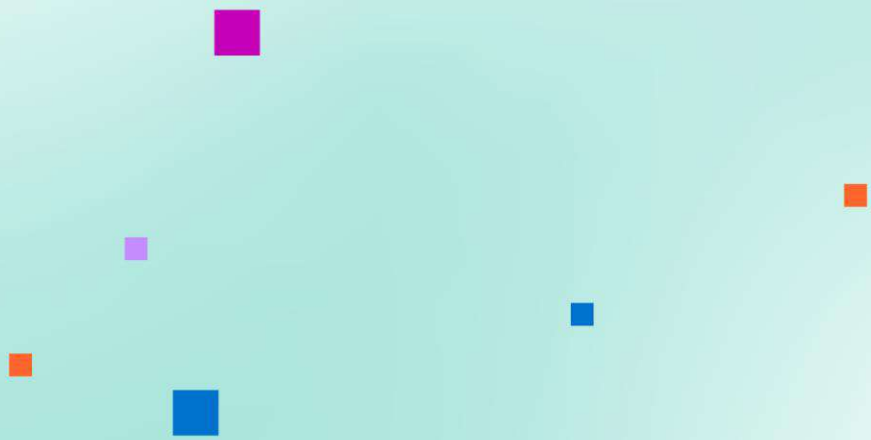
Table 2. Combined Pharmacy influenza vaccinations across CPA and CPHW <sup>4</sup>

- By how much does 50-64 removal from cohort reduce the opportunity?
- Impact of co-administration
- In 2022-23
  - By 2<sup>nd</sup> February ~17,824,442 flu vaccinations had been administered to eligible adults in England.
  - 5,655,206 of these were 50-64 years old (some eligible for medical reasons and other) ~32%
  - The lost cohort therefore represents about 20% of vaccinated patients.



Graph 1: Combined Pharmacy influenza vaccinations across CPA and CPHW per month 22-23 season <sup>4</sup>

CPCS



# CPCS<sup>6</sup>

- Quick quiz
  1. List all the places CPCS referrals can now come from
  2. How do referrals come to pharmacy?
  3. What was previous target for GP-referrals into pharmacy?
  4. How are GPs now being measured for referrals into pharmacy?
- Must have an approved IT provider set up and payment set up for CPCS referrals<sup>7</sup>. LPCs across the country spent a lot of time chasing this to avoid interruption to established service pathways.



# CPCS

- Service Specification on [NHS England website](#)
- Sign up [NHSBSA website](#)
- Claimed by API from digital record on approved IT provider to MYS monthly claim

## Essential equipment

- Consultation room with IT equipment allowing for contemporaneous recording of consultation
- From 1<sup>st</sup> April 2022 pharmacies became responsible for choosing their own IT system, under a provider pays model. [link](#)

## Essential activity

- Engage with local practices and/or PCNs.
- Provide service throughout opening hours
- Be provided by pharmacist

# CPCS

## Biggest Opportunities with current referrals

- If a patient needs to be referred on or back, don't reject the referral, complete the consultation **and then refer back**. If you have a conversation with a patient referred in about their condition, it can generally be considered as a consultation so record it as such to get paid.
- Where patient is not contactable, **make sure you close down the referral after a set period** (depending on reason for referral, generally the following day). If referral remain as 'accepted' this reflects poorly on pharmacy as reasons for this cannot be determined.
- What other ways do you think we could achieve more within our current referral numbers?

# GP-CPCS focus

## **Problem: my local surgeries don't want to engage with this service**

Do they know what services you offer in addition to GP-CPCS and how you can help their workload, with BP measurements etc

If you let us know the surgery and PCN and we can do some (more) engagement work

## **Problem: my surgery say they have new staff who don't know what do to**

We are running 30min webinars on **GP-CPCS Process for Reception Teams** straight on the following dates:

## **Problem: my surgery says they struggle with telling patients about GP-CPCS**

We are running 30min webinars on **GP-CPCS Conversations with Patients** straight after the webinar above on the following dates:

## **Problem: we don't have capacity to deal with referrals**

We will try to support you with the issues you are facing so please contact us. Please remove the service from your DoS if a temporary issue or de-register completely on MYS if you don't have capacity going forwards.

# CPCS from other routes

Our data from May 2023 from GP-CPCS referrals showed 1226 claimed referrals which would have been transferred through API to MYS

The NHSBSA data showed a total CPCS claim of 3824 referrals which is a total of all referrals, this means that 2,598 referrals came from a combination of:

- NHS 111 (by telephone or on-line), or - 999 service (majority)
- A primary care out-of-hours service
- A UEC setting (e.g. an ED, UTC, UCC) – very few from this route currently as **IT system funding for referrals is not consistent and process poorly embedded**, the LPC has been working on improving this route

# GP-CPCS Data Dive

- In May 2023, there were 1651 referrals made from GP surgeries into community pharmacies, of these:
  - 1226 were completed and claimed 74%
  - 100 remain unactioned 6%
  - 325 were dropped (closed down by pharmacy) 20%
- In May 2022 there were 954 referrals made from GP surgeries into community pharmacies, of these
  - 625 were completed and claimed 66%
  - 87 remain unactioned 9%
  - 250 were dropped 25%

# CPCS – National snapshot

- CPCS funding sits within the Global Sum
- It is therefore important to know where we sit against the national average for claims per pharmacy.
- In May 2023
  - Pharmacies in CPA and CPAHW claimed an average of 12 CPCS per pharmacy
  - Nationally an average of 14 CPCS were claimed per pharmacy
- The LPC is working to increase our numbers, much of this however comes down to local relationships between pharmacies and GPs.



# Common Conditions Service (CCS)

# CCS

- What do we know about CCS?
  - The seven conditions it will cover: earache, sore throat, sinusitis, impetigo, shingles, infected insect bites and uncomplicated UTIs in women.
  - The training will be similar to some of that required for Extended Care so there is opportunity to get ahead of this workload by registering for Extended Care<sup>8</sup>. [link](#)
- When will it start?
  - We don't yet know exactly when it will start, we think Q4 23/24

The conditions in blue are covered under the Midlands Extended Care Services currently. Note – earache is only in selected pharmacies, not open registration.



# CCS continued

- How is it being funded?
  - On 9<sup>th</sup> May the £645 million investment into CCS, PCS and Hypertension Case Finding Service were announced. Outside of the Global Sum.
- How will it link in with CPCS?
  - We believe it will become integrated with CPCS.
- Is it mandatory?
  - No, it will be an advanced service BUT we think it will be mandatory if you wish to stay listed as CPCS provider.

# CCS

Extended Care Services currently available in the Midlands will underpin some of the conditions in the CCS. Remember – if you don't complete a seven day follow up, no payment is made. The figures below show the number of claimed services in Q1 23/24 for Extended Care

## Tier 1: UTI Consultations

Row Labels	Number of Patients Seen
Staffordshire and Stoke-on-Trent	2091
Black Country	1269
Birmingham and Solihull	990
Leicester, Leicestershire and Rutland	852
Shropshire, Telford and Wrekin	576
Derby and Derbyshire	530
Nottingham and Nottinghamshire	521
Coventry and Warwickshire	442
Herefordshire and Worcestershire	386
Lincolnshire	225
Northamptonshire	160
<b>Grand Total</b>	<b>8042</b>

## Tier 1: Acute Bacterial Conjunctivitis – under 2 years

Row Labels	Number of Patients Seen
Staffordshire and Stoke-on-Trent	114
Leicester, Leicestershire and Rutland	77
Shropshire, Telford and Wrekin	59
Black Country	57
Birmingham and Solihull	53
Derby and Derbyshire	48
Nottingham and Nottinghamshire	31
Northamptonshire	26
Herefordshire and Worcestershire	26
Coventry and Warwickshire	17
Lincolnshire	13
<b>Grand Total</b>	<b>521</b>




The figures below show the number of claimed services in Q1 23/24 for Extended Care for Tier 2 services. Remember – if you don't complete a seven day follow up, no payment is made.

### Tier 2: Impetigo

Row Labels	Number of Patients Seen
Staffordshire and Stoke-on-Trent	94
Leicester, Leicestershire and Rutland	61
Black Country	49
Derby and Derbyshire	49
Birmingham and Solihull	39
Nottingham and Nottinghamshire	31
Shropshire, Telford and Wrekin	30
Herefordshire and Worcestershire	15
Coventry and Warwickshire	14
Lincolnshire	10
Northamptonshire	8
<b>Grand Total</b>	<b>400</b>

### Tier 2: Infected Bites

Row Labels	Number of Patients Seen
Staffordshire and Stoke-on-Trent	393
Leicester, Leicestershire and Rutland	349
Birmingham and Solihull	279
Derby and Derbyshire	261
Black Country	229
Shropshire, Telford and Wrekin	206
Nottingham and Nottinghamshire	170
Coventry and Warwickshire	123
Herefordshire and Worcestershire	99
Northamptonshire	93
Lincolnshire	66
<b>Grand Total</b>	<b>2268</b>



# New Medicines Service (NMS)

# New Medicines Service (NMS)

- [CPE](#)
- Service Specification on [NHS England Website](#)
- Sign up [NHSBSA website](#)
- Claiming by manual entry on MYS end of month.

## Essential training

- Pharmacists that will provide the service must have the necessary knowledge and skills to do so, with them assessing and declaring their competence by completing the NHS self-assessment form

## Essential activity

- Contractors are required to notify general practices within their locality of their intention to provide the service
- Contractors must inform their regional NHS England team of their intention to provide the service; this notification must be made using the NMS Pharmacy Contractor Declaration Form

# NMS

In May 2023, the average contractor across the whole of England claimed 26 NMS.

The average contractor in CPHW claimed 26 NMS

The average contractor in CPA claimed 24 NMS

In May 2023 the average contractor across both CPA and CPHW claimed 6k items. This represents a theoretical average opportunity of 60 NMS

The maximum claim for NMS is 1% of items claimed. A pharmacy doing 10,000 items per month can claim for 100 NMS at the maximum rate of £28 per NMS (range of £20-28)

We spoke to some of our top performers who hit their 1% cap most months and asked them how they do it:

1. pharmacist time is planned in specifically,
2. Most keep paper-based records of these calls action log and a tally chart for each month.
3. Fully Engaged teams who understand the value of the service to both the pharmacy business and the patients and its link with other services (namely DMS)



# Hypertension Case Finding Service

# Hypertension Case Finding Service<sup>11</sup>

- Service Specification on [NHS England website](#)
- Sign up [NHSBSA website](#)
- [Briefing](#)

## Essential equipment

- Consultation room with table/bench appropriate for resting arm and IT within consultation room.
- The pharmacy contractor must ensure they have access to both a blood pressure monitor and an ABPM device

## Essential Training

- Be familiar with the NICE Guideline (NG136) Hypertension in adults: diagnosis and management
- Training in using equipment

## Essential activity

- Engage with local practices and/or PCNs.
- Provide service throughout opening hours
- Be provided by pharmacist or pharmacy technician.



# Hypertension Case Finding Service<sup>11,12</sup>

234 out of 310 pharmacies across CPA and CPHW are registered for this service. In May 2023, 107 contractors claimed for BP checks a total of 3631, only 34 of these made claims for ABPM a total of 181.

This equates to a conversion rate of ~5%

**Pharmacies must have access to an ABPM machine as per service specification**

Unlike NHSBSA, Shape Atlas gives split between routine monitoring and case-finding activity which can help understand pharmacy conversion rate more accurately.

Data on community pharmacies providing the service is now available on the [SHAPE Place Atlas tool](#)

Unlike NHSBSA, Shape Atlas gives split between routine monitoring and case-finding activity which can help understand pharmacy conversion rate more accurately.

# Hypertension Data

Hypertension service data

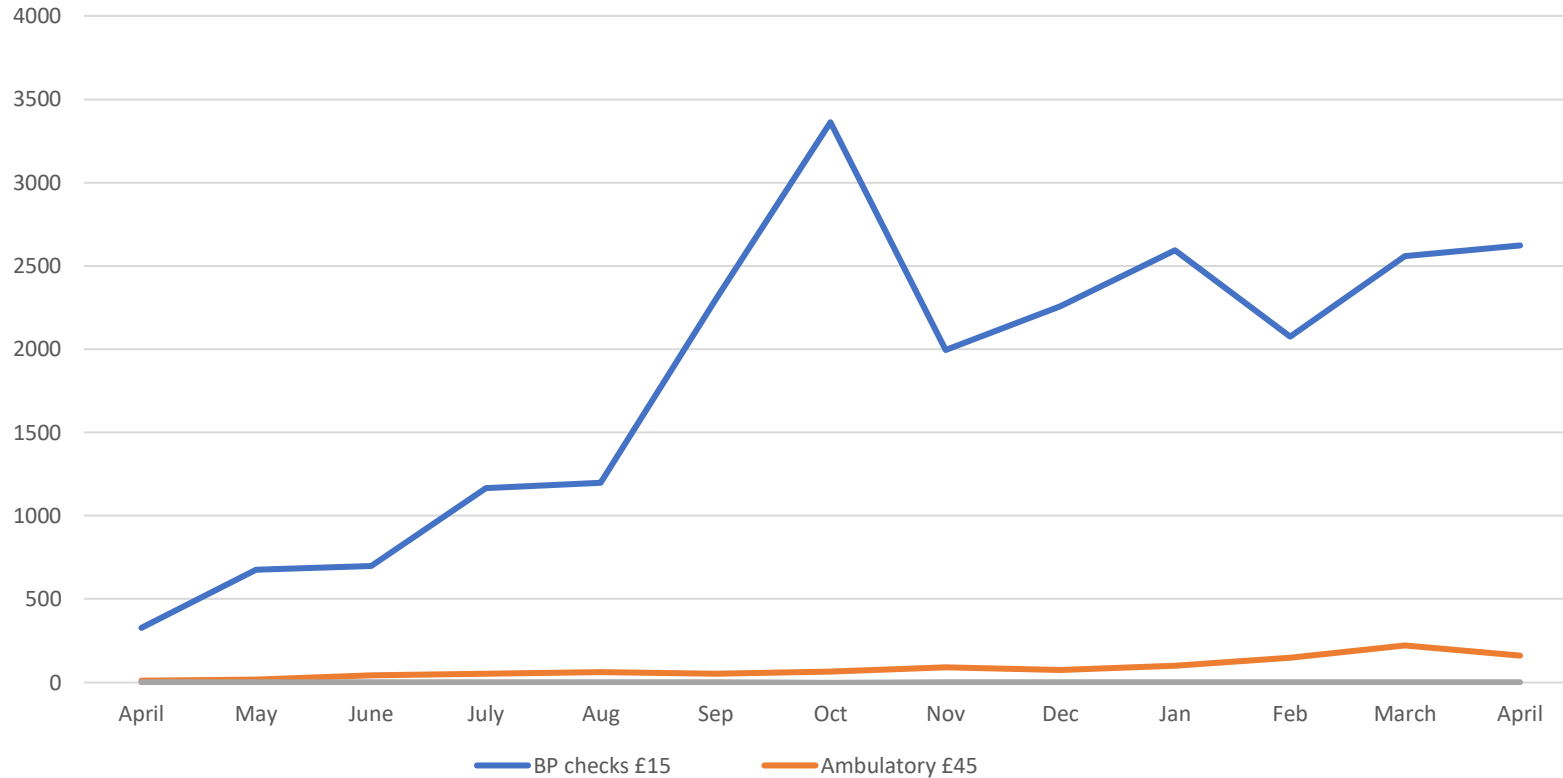


Table 4: Hypertension Services provided across CPHW and CPA 22-23

Month	Total raw conversion rate
April	3%
May	2.4%
June	6.2%
July	4.3%
Aug	5.1%
Sep	2.2%
Oct	1.9%
Nov	4.5%
Dec	3.3%
Jan	3.8%
Feb	7.1%
March	8.7%
April	6.1%
<b>Total</b>	<b>3.8%</b>

Table 4: Combined Hypertension conversion for CPHW and CPA 22-23 on NHSBSA<sup>12</sup>



# Smoking Cessation Service (SCS)

# SCS

- Service Specification on [NHS website](#)
- Sign up [NHSBSA website](#)
- PharmOutcome API to claim on MYS

## Essential equipment

1.CO machine suitable for pregnant women with disposable mouthpieces

## Essential training: [NCSCT Pharmacy Training](#)

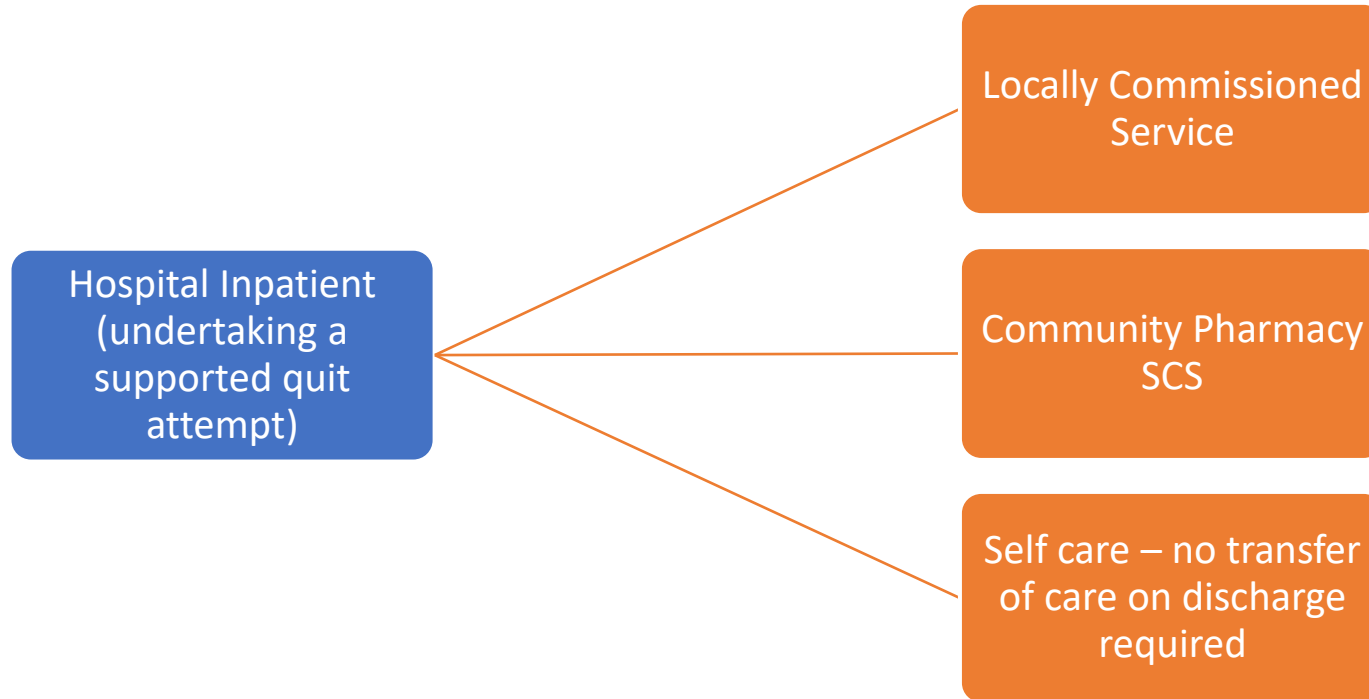
- 1.NCSCT Stop Smoking Practitioner Certification and read the Standard Treatment Plan
- 2.NCSCT additional modules on Mental Health and Pregnancy

## Essential Activity

- Be provided by pharmacist or pharmacy technician.
- Receive referrals throughout opening hours and arrange appointments

# SCS

The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway



# SCS

The big issues are:

- Service launched 18 months ago with very little movement from trusts referring into pharmacy until a few months ago in HW and next month in Arden.
- Pharmacies signed up and where paid £1000 sign up fee which automatic upon signing a declaration on MYS which stated that: Spec could be met, staff were trained and a CO monitor had been purchased.
- We have 100 pharmacies registered across CPA and CPHW, we estimate 20% of these would be able to action a referral currently.
- We are one of a few options for patients and cannot really influence referral rates, with so many pharmacies registered but unable to deliver the service, confidence in those referring from hospitals to community has been low.
- **Please deregister on MYS and remove from your DoS if you cannot provide this service, you can reregister later if it changes and the £1000 will not be claimed back**



# Pharmacy Contraception Service (PCS)

# Pharmacy Contraception Service (PCS)

- Service Specification on [NHS England website](#)
- Sign up [NHSBSA website](#)
- Claimed via API from approved IT provider to MYS

## Essential equipment

- Consultation room **and approved BP machine as per spec.**

## Essential Training

- Training modules on the Centre for Pharmacy Postgraduate Education (CPPE) and/or the Health Education England e-learning as listed in spec

## Essential activity

- Engage with local practices and/or PCNs.
- Provide service throughout opening hours
- Be provided by pharmacist



# Pharmacy Contraception Service (PCS)

- Tier 1: continuation of supply of routine oral contraception initiated in sexual health clinic or GP surgery, via PGDs.
- Tier 2: initiation of oral contraception via a PGD, provide ongoing checks and annual reviews.
- Tier 1 PCS commenced on 24<sup>th</sup> April, but CPE opposed it and did not support it roll out nor were any materials or information provided on their website.
- On 9<sup>th</sup> May the £645 million investment into CCS, PCS and Hypertension Case Finding Service were announced.
- The detail on how this funding will apply to CCS remains unclear and CPE has put information on their website but does not fully support the service roll out until this is clarified.
- Tier 2 is due to commence in October /November 2023 and be combined with Tier 1

# Pharmacy Contraception Service (PCS)

- 74 of 310 pharmacies currently registered
- 4 Claims for this service made in CPA in June 2023 (0 HW) 1 claim was made for this service in CPA May 2023 (0 HW), 0 in April 2023
- Currently there are two approved IT providers for this service for the required API claims:
  - [Pharmacy Manager \(Cegedim\)](#)
  - [PharmOutcomes \(Pinnacle Health\)](#)
- The following fees for Tier 1 have been agreed:
  - A set-up fee of £900 per pharmacy, paid in instalments as follows:
    - £400 paid on signing up to deliver the service via the NHSBSA MYS portal;
    - £250 paid after claiming the first 5 consultations; and
    - £250 paid after claiming a further 5 consultations (i.e. 10 consultations completed).
  - A fee for each consultation of £18.

# Resources Available

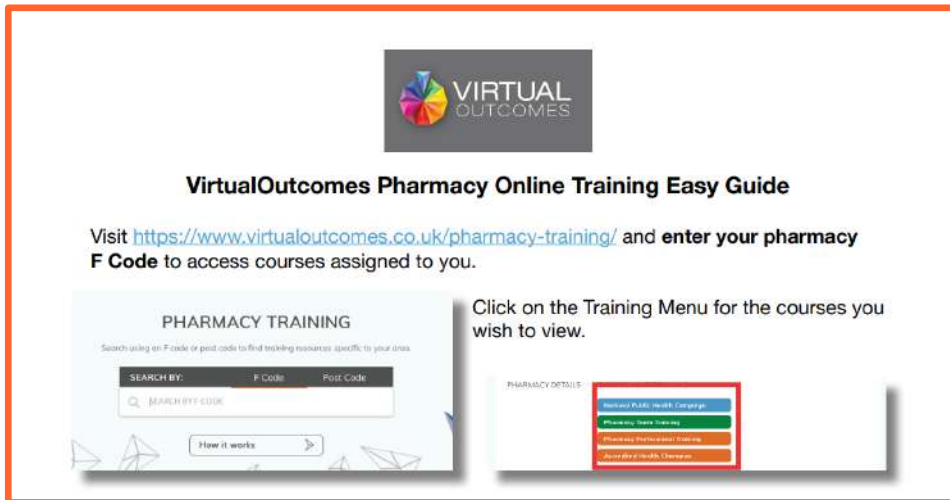
The background is a light teal color with a subtle, wavy pattern. In the upper right corner, there is a cluster of colorful geometric shapes: a large teal rectangle, a blue square, a purple square, an orange square, a small blue square, a small purple square, a small blue square, a medium blue square, and a small teal square. In the lower left corner, there is another cluster of shapes: a purple square, a small orange square, a small purple square, a small blue square, and a medium blue square.

# Virtual Outcomes

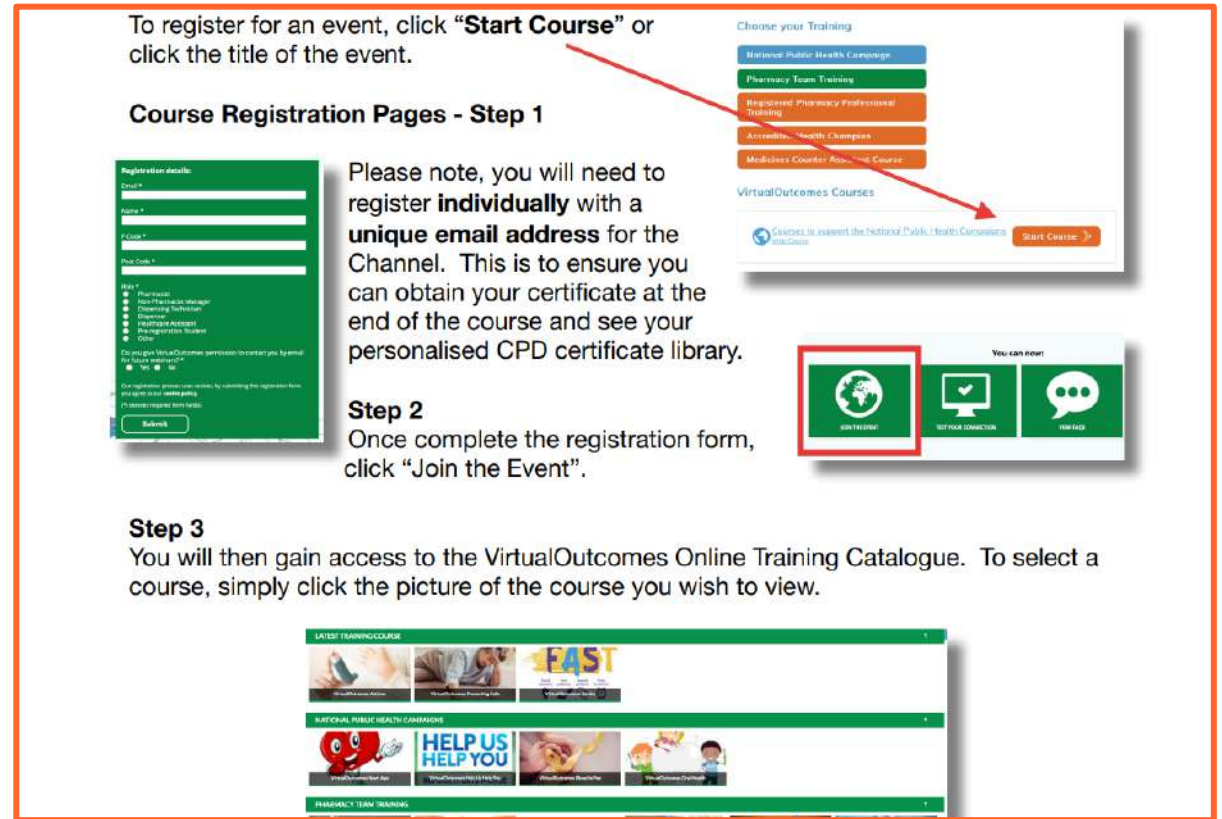
CPA and CPHW fund a subscription to this great resource for all our pharmacies.

Visit

<https://www.virtualoutcomes.co.uk/pharmacy-training/> and enter your pharmacy F Code to access courses assigned to you

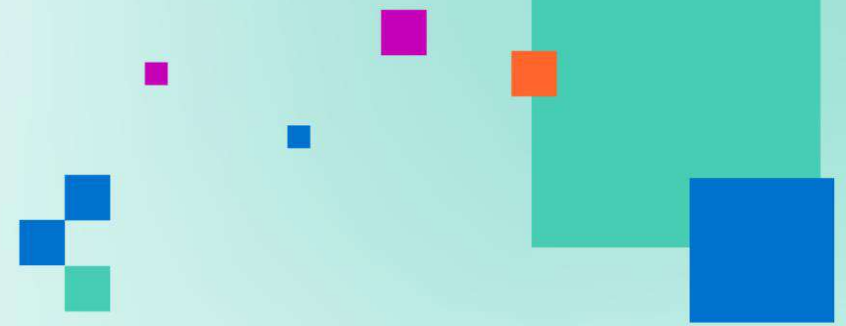
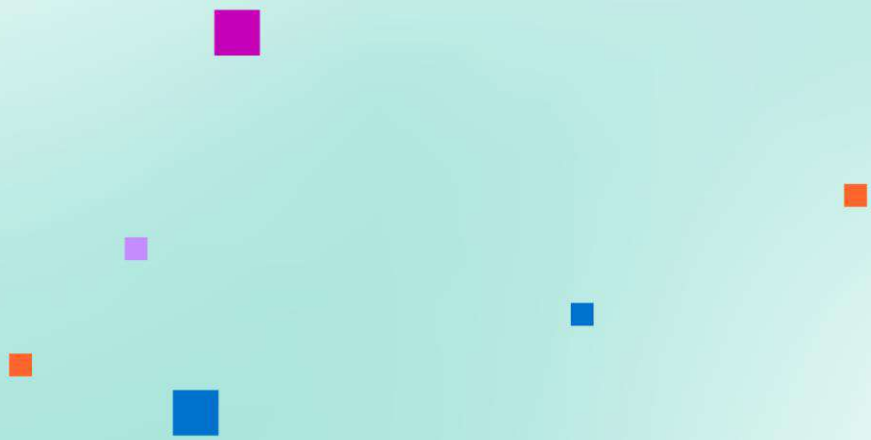


The screenshot shows the 'Virtual Outcomes Pharmacy Online Training Easy Guide' page. At the top is the Virtual Outcomes logo. Below it, the text reads: 'Visit <https://www.virtualoutcomes.co.uk/pharmacy-training/> and enter your pharmacy F Code to access courses assigned to you.' The main content area is titled 'PHARMACY TRAINING' and includes a search bar with 'SEARCH BY: F Code Post Code' and a 'SEARCH BY F CODE' input field. To the right, there is a 'PHARMACY DETAILS' section with a list of training categories: 'National Public Health Campaigns', 'Pharmacy Team Training', 'Registered Pharmacy Professional Training', 'Accredited Health Campaigns', and 'Medicines Country Appointed Course'. A red box highlights this list. Below the search bar, there is a 'How it works' button with a right-pointing arrow.



The screenshot shows the 'Course Registration Pages - Step 1' and 'Step 2' of the registration process. At the top, it says: 'To register for an event, click "Start Course" or click the title of the event.' Below this is the 'Course Registration Pages - Step 1' section, which includes a 'Registration details' form with fields for Email, Name, F Code, and Post Code. To the right of the form is a 'Choose your Training' menu with options: 'National Public Health Campaigns', 'Pharmacy Team Training', 'Registered Pharmacy Professional Training', 'Accredited Health Campaigns', and 'Medicines Country Appointed Course'. Below the menu is a 'VirtualOutcomes Courses' section with a 'Start Course' button. A red arrow points from the 'Start Course' button in the menu to the 'Start Course' button in the 'VirtualOutcomes Courses' section. Below the registration form is a 'Step 2' section with the text: 'Please note, you will need to register **individually** with a **unique email address** for the Channel. This is to ensure you can obtain your certificate at the end of the course and see your personalised CPD certificate library.' Below this is a 'Step 2' section with the text: 'Once complete the registration form, click "Join the Event".' To the right of the text is a 'You can now!' section with three icons: 'CONTACT', 'SET YOUR CONNECTION', and 'START'. Below the registration form is a 'Step 3' section with the text: 'You will then gain access to the VirtualOutcomes Online Training Catalogue. To select a course, simply click the picture of the course you wish to view.' Below the text is a 'LATEST TRAINING COURSE' section with a grid of course thumbnails. The first row includes 'National Public Health Campaigns', 'Pharmacy Team Training', and 'Registered Pharmacy Professional Training'. The second row includes 'National Public Health Campaigns', 'HELP US HELP YOU', and 'Pharmacy Team Training'. The third row includes 'Pharmacy Team Training'.

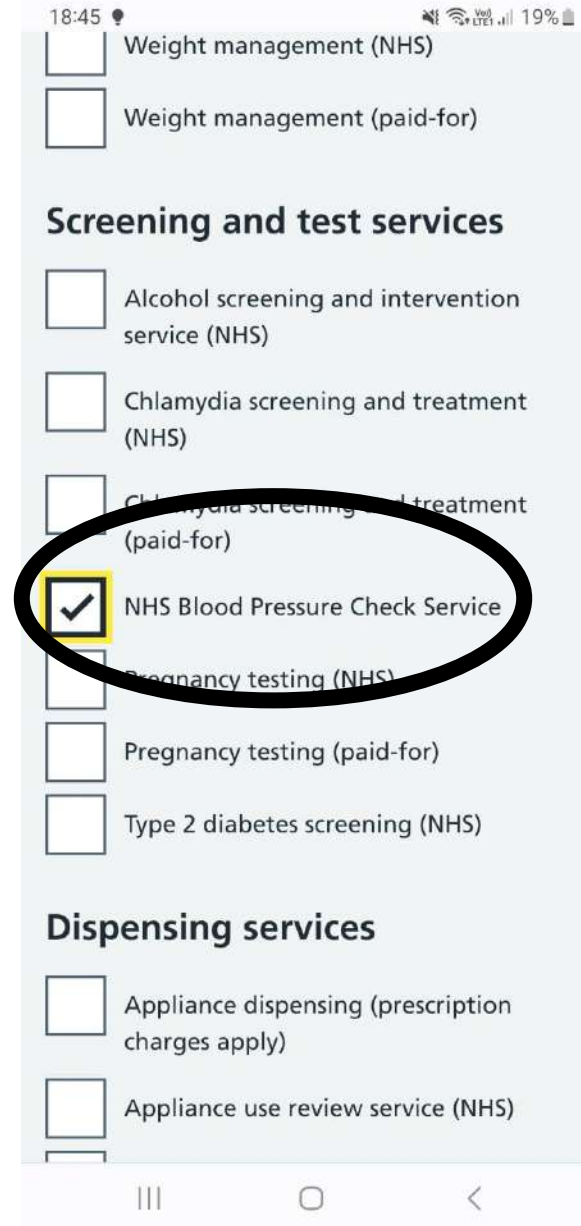
# Deregistration and DoS





1. If you have signed up to an Advanced Service but cannot deliver it then please deregister on MYS [NHSBSA website](#) so that you don't get referrals you cannot action. Notice periods are generally 30 days

2. You can [log into your DoS](#) profile and 'untick' a service, this will prevent referrals from coming to your pharmacy. Remember 30 days is usually required but if you can't provide it during the 30 days it is better that this is done immediately



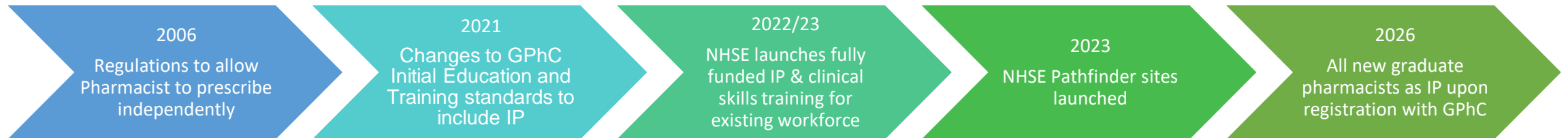
# Services Q&A

# Part 3: IP Pathfinder and Pilots



## Pharmacy Journey to Independent Prescribing

- Pharmacists have been able to prescribe autonomously for any condition within their clinical competence since 2006.
- Unlicensed medicines, and off-label and off-licence within accepted clinical practice and where they accept clinical/legal responsibility for their prescribing decision.
- NHS pharmacists in hospital, general practice and primary care networks have already been prescribing effectively since 2006.
- Extending the ability to prescribe to community pharmacists will have benefits for those with long term conditions, those with an immediate need to support minor illness and people who would not normally access healthcare.
- This will make it easier for the public to access prescription only medicines when clinically appropriate, addressing health issues before they get worse, and preventing the need for further care.



## Community Pharmacy Independent Prescribing Programme

**Pathfinder strategic aim:** establish a framework for the future commissioning of NHS community pharmacy clinical services incorporating independent prescribing for patients in primary care.

- **Purpose**
- Recognition that harnessing the skills and workforce capabilities of pharmacist prescribers and enhanced pharmacy technician roles would enable independent prescribers to support patients with access to treatment.
- To support the Fuller Stocktake reports vision for transforming access to services, improving experience for patients with long term conditions and preventing ill health through integration with neighbourhood teams.
- To support and maximise the benefits of Integrated Care Systems established on a statutory footing from 1st July 2022 Under the Health and Care Act (2022) to bring together NHS bodies and local authorities with other local organisations to plan and deliver joined-up health and care services and improve health and wellbeing

### Benefits include

- Improved patient access to healthcare across the system
- Ensuring community pharmacists are working to their full clinical potential
- Supporting General Practice
- Better enables ICB level service delivery planning

# Pathfinder Model Coventry and Warwickshire

- Coventry and Warwickshire have been granted 4 IP Pathfinder sites by NHSE.
- EOI Process has now been completed and under review- Thank you to all those that expressed interest.
- Respiratory model to be used across our ICB.
- Will look to work closely with other healthcare providers to support with prescribing in the following:
  - Patients prescribed non-formulary inhalers
  - COPD rescue packs
  - Children who have not been prescribed a spacer
  - Patients who don't have a written personalised asthma action plan.
  - Patients who have not had an asthma review or inhaler technique check in the past 12 months.
- Community Pharmacists will play a huge part in promoting the service to patients and other HCPs as well as referrals into the service.
- Successful applicants to be notified in the coming weeks.
- DPP training available to all IPs

# Contacts and AGM Details

[eva.ahwlpc@gmail.com](mailto:eva.ahwlpc@gmail.com) [Fionalowe@nhs.net](mailto:Fionalowe@nhs.net)

**Coventry & Warwickshire AGM** – 19<sup>th</sup> October at Holiday Inn Coventry  
(9.30-3.30)

[Arden LPC – Representing Community Pharmacies in Coventry & Warwickshire \(communitypharmacy.org.uk\)](http://communitypharmacy.org.uk)

**Herefordshire & Worcestershire AGM** – 26<sup>th</sup> October at Perdiswell  
Young Peoples Leisure Centre Worcester (9.30-3.30)

[Herefordshire and Worcestershire LPC – The Voice of Pharmacy in Herefordshire and Worcestershire \(communitypharmacy.org.uk\)](http://communitypharmacy.org.uk)

# References

1. <https://www.england.nhs.uk/wp-content/uploads/2023/08/PRN00628-cp-seasonal-influenza-vaccination-as-specification-23-24-august-2023.pdf>
2. <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2023/09/PRN00767-community-pharmacy-es-specification-covid-19-vaccination-programme-1-sept-23-to-31-march-24-v2.pdf>
3. <https://faq.nhsbsa.nhs.uk/knowledgebase/article/KA-03156/en-us>
4. <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2023/09/PRN00767-community-pharmacy-es-specification-covid-19-vaccination-programme-1-sept-23-to-31-march-24-v2.pdf>
5. <https://www.england.nhs.uk/statistics/statistical-work-areas/flu-vaccinations/>
6. <https://www.england.nhs.uk/wp-content/uploads/2019/10/PRN00361-community-pharmacy-advanced-service-spec-nhs-community-pharmacist-consultation-service.pdf>
7. <https://cpe.org.uk/national-pharmacy-services/advanced-services/community-pharmacist-consultation-service/cpcs-it-requirements-and-support/>
8. <https://southstaffslpc.co.uk/services/community-pharmacy-extended-care-suite-of-services/>
9. <https://www.england.nhs.uk/2023/05/patients-to-benefit-from-faster-more-convenient-care-under-major-new-gp-access-recovery-plan/>
10. <https://cpe.org.uk/national-pharmacy-services/essential-services/discharge-medicines-service/>
11. <https://www.nhsbsa.nhs.uk/prescription-data>
12. <https://cpe.org.uk/national-pharmacy-services/advanced-services/hypertension-case-finding-service/>

# CPE Useful Links

1. [Pharmacy Contraception Service - Community Pharmacy England \(cpe.org.uk\)](https://www.cpe.org.uk/pharmacy-contraception-service)
2. [Hypertension case-finding service - Community Pharmacy England \(cpe.org.uk\)](https://www.cpe.org.uk/hypertension-case-finding-service)
3. [Smoking Cessation Service \(SCS\) - Community Pharmacy England \(cpe.org.uk\)](https://www.cpe.org.uk/smoking-cessation-service)
4. [Flu Vaccination Service - Community Pharmacy England \(cpe.org.uk\)](https://www.cpe.org.uk/flu-vaccination-service)
5. [COVID-19 Vaccination Service - Community Pharmacy England \(cpe.org.uk\)](https://www.cpe.org.uk/covid-19-vaccination-service)
6. [New Medicine Service \(NMS\) - Community Pharmacy England \(cpe.org.uk\)](https://www.cpe.org.uk/new-medicine-service)
7. [Community Pharmacist Consultation Service \(CPCS\) - Community Pharmacy England \(cpe.org.uk\)](https://www.cpe.org.uk/community-pharmacist-consultation-service)
8. [Discharge Medicines Service - Community Pharmacy England \(cpe.org.uk\)](https://www.cpe.org.uk/discharge-medicines-service)
9. [Directory of Services \(DoS\) - Community Pharmacy England \(cpe.org.uk\)](https://www.cpe.org.uk/directory-of-services)
10. [Healthy Living Pharmacies - Community Pharmacy England \(cpe.org.uk\)](https://www.cpe.org.uk/healthy-living-pharmacies)