Community Pharmacy Arden

Pharmacy First Service Update Webinar

22nd February 2024

7.30-9.00pm

+ ICB general update + information on launch of Smoking Cessation Service from our acute trusts to community pharmacies

Community Pharmacy Arden

Agenda

This webinar will be hosted by Fiona Lowe (CO) and Eva Cardall (Engagement and Support Officer) from Community Pharmacy Arden and Arran Konkon (CPCL) and Georgia Denmark (Project Lead for the LTP) from the ICB

Pharmacy First Service 7.30-8.30pm – Eva Cardall and Arran Konkon

1. The key messages around PFS
2. Myth Busting
3. The view from pharmacy
4. Practice and PCN engagement
5. Questions

ICB Update 8.30-8.45 – Arran Konkon

Smoking Cessation Service (National) 8.45-pm-9.00pm – Georgia Denmark

Close – Fiona Lowe

Community Pharmacy Arden

The Key Messages

Community Pharmacy Arden

Pharmacy First Service – the key messages

Provision

- ✓ Provided during all opening hours
- ✓ In cases of disruption to service availability you must contact the DoS team and inform local surgeries.
- ✓ Being signed up means providing all three strands of the service

IT and equipment required

- ✓ Have a consultation room meeting the ToS requirements, with access to IT equipment for record keeping on an NHS-assured clinical IT system
- ✓ Contemporaneous recording on to IT system
- ✓ Equipment – otoscope – see buying advice in Annex C of service specification
- ✓ Otoscope supply problems mean if you don't have one you have until 1st April before you must provide this part of the service

Process and notes

- ✓ Standard operating procedure, including the process for escalation (The 'Annex D' contacts still apply – are in Services Guide)
- ✓ Notes recorded in pharmacy entry will appear in patient's clinical records so record carefully

Community Pharmacy Arden

Myth Busting

Community Pharmacy Arden

Myth #1 : PFS is only available to people living in England

FALSE! – Any person physically within England can access the Clinical Pathways as a walk-in service or be referred through NHS 111 or other

The specification doesn't have any exclusions relating to residency, GP, address, NHS number. It includes all people who could otherwise access urgent care centres

You do not need to be :

- **Living in the England – can put 'Address not specified'**
- **Registered with a GP**
- **Have an NHS number – you must search for the patient on PDS once using their date of birth and name but then you can manually enter an unregistered patient**

Community Pharmacy Arden

Myth #2: The only equipment required is an otoscope

TRUE! The only equipment (aside from IT and consultation room) that is required in the specification is an otoscope (see Annex C)

However, tongue depressors may be necessary for determining the outcome of the sore throat clinical pathway. A light from phone or alternative is fine to see inside the throat.

Thermometers may help in determining if patient meets the gateway criteria, but are not required within the service spec

Community Pharmacy Arden

Myth #3: We won't get paid for a lot of referrals

FALSE – In almost all cases, except where patient is non-contactable or consultation could not be provided, the service is claimable

CPCS data provides us with a look at 'lost referrals', those that could have been claimed or completed but were left unactioned or inaccurately 'rejected':

GP-CPCS Data Feb 23-Jan 24 inclusive

- **9219 referrals made to pharmacies**
- **6907 completed**
- **661 never progressed and remain on system as outstanding**
- **1651 dropped (rejected)**
  - **Of these dropped 816 were uncontactable**
  - **The remaining 835 had potential for claim, largely through provision of safety netting advice.**

Provision of **safety netting advice** is better care and is eligible for service fee

Community Pharmacy Arden

Myth #3: We won't get paid for a lot of referrals

What triggers the £15 payment

Urgent repeat medicine supply – previously CPCS (referral only)

YES
Claim made in all circumstances where pharmacist has had a consultation with the patient regarding the supply, this includes:
- Supply made or not
-Referral to third party (including pharmacy)
-OTC product purchased.
-Advice given
-EPS token is available
-Item unavailable.

NO
Claim cannot be made where the patient is non-contactable or when the consultation is not provided.

Minor illness referral – previously CPCS (referral only)

YES
Claim can be made in all circumstances where pharmacist has had a consultation with the patient, this includes:
- self-care advice given
- OTC product purchased
- referral to local schemes
- Referred to an appropriate prescriber
- patient referred into Clinical Pathway (one claim is generated in total)
- **when the patient is contacted but refuses to undergo a full consultation but receives safety netting advice**

NO
Claim cannot be made where the patient is non-contactable or when the consultation is not provided.

Clinical Pathways consultations) – new element (both self-referral and referral)

YES
Claim can **always be made for a referred patient** once a consultation has taken place

Claim can be made for a self-referred patient if the gateway point into the Clinical Pathway is reached.

NO
Claim cannot be made for a patient for a self-referred patient if the gateway point into the Clinical Pathway is not reached.

Claim cannot be made where the patient is non-contactable or when the consultation is not provided.

Community Pharmacy Arden

Myth #4: If a referral is inappropriate, I should reject it and tell the patient to go straight back to the GP

FALSE – Rejection is the last resort and should be reserved for cases where a consultation could not be completed, mainly where patient is not contactable

Clinical judgement should be used to determine the best course of action, but in most cases providing the consultation through Minor Illness with notes detailing the reasoning.

It is IMPERATIVE to use the back-office phone number to contact the GP surgery to let them know the outcome and that the patient will need further help from them. These have been emailed to all pharmacies

The ICB feedback form is useful to document inappropriate referrals so that learnings can be shared. Arran to share link

Community Pharmacy Arden

Myth #5: If I cannot do a referral, I can just click a button and send it to another pharmacy

FALSE! You can refer onwards but you need to download the referral template and email the referral to the alternative pharmacy via nhsmail

It is important you have confirmed that they can offer the service that you were unable to provide (otoscope exam or an emergency supply provision etc)

If the referral has been sent by a local surgery, consider how you have communicated with them regarding your service availability

Community Pharmacy Arden

Myth #6: My pharmacy only needs to do 1 Clinical Pathway consultation in February and 5 in March.

FALSE: 1 in February is the minimum number of CLINICAL PATHWAY consultations to get the £1000 monthly payment and 5 in March is the minimum number to get the £1000 monthly payment etc.

Five total CLINICAL PATHWAY consultations must be provided by end of March 2023 to keep the £2000 set up payment

Provision of Contraception and Hypertension service in a bundle with PFS is due to become a requirement to receive the monthly £1,000 Pharmacy First payment by 31st March 2025

Month	Minimum number of clinical pathway consultations
February 2024	1
March 2024	5
April 2024	5
May 2024	10
June 2024	10
July 2024	10
August 2024	20
September 2024	20
October 2024 onwards	30

Community Pharmacy Arden

Myth #7: If 111 send a referral for Minor Illness but patient needs urgent supply then I have to reject it and get a new one resent

FALSE! This is how this should be sent. If the patient reported symptoms from not having medication, then protocol dictated that it needed to be seen as a minor illness by the pharmacist

Once pharmacy has assessed the symptoms described by the patient on the Minor Illness consultation, they then need to manually input a referral for Urgent Supply. The same process as is used for NHSmail referral entry

Speak to your IT provider if unsure but do not contact 111 to ask for another to be sent

Community Pharmacy Arden

Myth #8: 111/UTCs shouldn't send urgent supply requests when GP surgeries are open

FALSE, referring a patient back to their GP surgery because it is open is not going to be best solution for most patients.

The most likely alternative is that patient spends at least few hours waiting to see a doctor in the UTC to get a prescription issued by them as they cannot get access to their GP.

As Coventry UTC starts to use Pharmrefer and PFS we may see a larger number of Urgent Medicine Requests coming to pharmacies on weekdays.

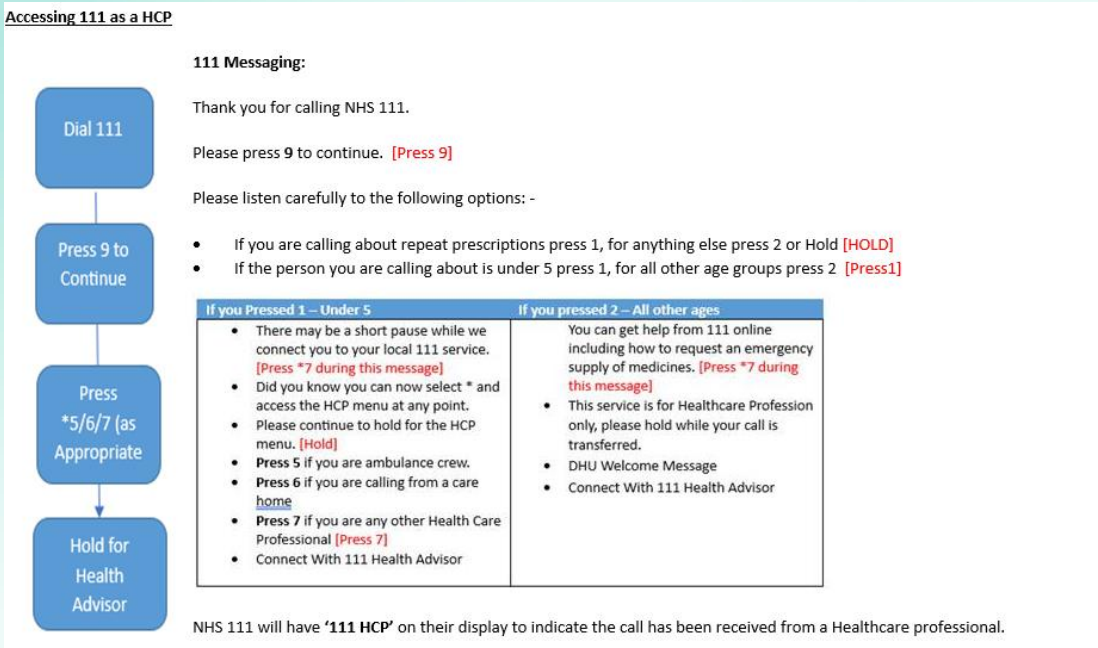
Community Pharmacy Arden

Myth #9: If there is a problem with a OOH/111 referral, the patient should phone them back to sort it out

FALSE, you should use the information in the Annex D regarding healthcare professional contact details for both OOH provider and 111

In CW the OOH provider is Practice Plus Group – contact details in Annex D

For 111, this escalation chart is also included in Annex D



Accessing 111 as a HCP

Dial 111

Press 9 to Continue

Press *5/6/7 (as Appropriate

Hold for Health Advisor

111 Messaging:

Thank you for calling NHS 111.

Please press **9** to continue. [Press 9]

Please listen carefully to the following options: -

- If you are calling about repeat prescriptions press 1, for anything else press 2 or Hold [HOLD]
- If the person you are calling about is under 5 press 1, for all other age groups press 2 [Press1]

If you Pressed 1 – Under 5	If you pressed 2 – All other ages
• There may be a short pause while we connect you to your local 111 service. [Press *7 during this message] • Did you know you can now select * and access the HCP menu at any point. • Please continue to hold for the HCP menu. [Hold] • **Press 5** if you are ambulance crew. • **Press 6** if you are calling from a care home • **Press 7** if you are any other Health Care Professional [Press 7] • Connect With 111 Health Advisor	You can get help from 111 online including how to request an emergency supply of medicines. [Press *7 during this message] • This service is for Healthcare Profession only, please hold while your call is transferred. • DHU Welcome Message • Connect With 111 Health Advisor

NHS 111 will have **'111 HCP'** on their display to indicate the call has been received from a Healthcare professional.

Community Pharmacy Arden

Myth #10: I should leave a referral open indefinitely if the patient is uncontactable

FALSE: You should leave a referral open for 24 hours and then shut it down unless it has been arranged for the patient to attend later.

Equally, don't be tempted to reject it after a few hours if the patient is not contactable or hasn't tried to make contact

History of unactioned referrals
CPCS Feb 2023-Jan 2024
661 – left unactioned from this 12-month period, which is over 7% of all patients referred.
They don't disappear, they remain forever in the unactioned numbers of service history.

Community Pharmacy Arden

Myth #11: I'm going to be spending a lot of time doing consultations that don't meet gateway and therefore don't attract any payment.

Mainly FALSE but a bit TRUE also! Remember we have the £1000 monthly payment for service provision and national PFS Clinical Conditions walk-in campaign will drive up demand for pharmacist time

Patients may have an expectation that they speak to the pharmacist in a consultation room irrespective of a member of support staff being able to offer them appropriate advice

Support staff may want to ask your advice on something that turns out to be straightforward

This is all Business As Usual and the pharmacist needs to be perceived as accessible when appropriate and/or when requested.

Community Pharmacy Arden

Myth #11: I'm going to be spending a lot of time doing consultations that don't meet gateway and therefore don't attract any payment.

To manage workload with the seven conditions, there are two important things to consider:

1. **Clarity within team on who meets the gateway for walk-in patients**
2. **Organising consultations such that data input is not started until you have fully ascertained that gateway has been met.**

1. Clarity within team on who meets the gateway

Acute Sinusitis
Suitable for: 12 years +
Symptoms
Pain, swelling and tenderness around your cheeks, eyes or forehead, Blocked nose, Reduced sense of smell, Green-yellow mucus, Sinus headache, Fever, Toothache
OTC Management
Most sinusitis will resolve within 2-3 weeks with pain relief and decongestant treatment.

UTI
Suitable for Women 16-64
Symptoms
Pain or a burning sensation when passing urine, Needing to pass urine more often than usual, Urine that looks cloudy
OTC Management
Paracetamol for pain and advice around fluids and rest.

Acute Sore Throat
Suitable for 5 years +
Symptoms
Dry and painful throat especially when swallowing, Swollen neck glands
OTC Management
Most cases are viral and resolve within a week. Patient can use pain relief, lozenges and anaesthetic spray to ease symptoms.

Shingles
Suitable for over 18s
Symptoms
Tingling or painful feeling in an area of skin, Headache, Feeling generally unwell
A rash (normally only on one side of body) which progresses to blisters.
OTC Management
No treatment available OTC

Infected Insects Bites
Suitable for 1 year +
Symptoms
Red and swollen around bite, Skin hot to touch, Painful
OTC Management
Most cases can be treated with oral antihistamines and topical hydrocortisone.

Acute Otitis Media
Suitable for 1-17 years old
Symptoms
Pain inside ear, Discharge, Itchiness and irritation around ear, Feeling pressure within ear
Small children may rub and pull ear, be off food and be restless
OTC Management
Majority will recover without antibiotics and may just require pain relief

Impetigo
Suitable for 1 year +
Symptoms
Red sores or blisters, Sores or blisters quickly burst and leave crusty, golden-brown patches.
OTC Management
Can be treated with hydrogen peroxide 1%

1. Clarity within team on who meets the gateway

Acute Sinusitis
Suitable for: 12 years +
Symptoms
Pain, swe… …ed sense of smell, Gr…
OTC Ma…
Most sinu…

PFS Referral
When patient has had symptoms for ten or more days with no improvement.

UTI
Suitable for Women 16-64
Symptoms
Pain or … …sual, Urine that loo…
OTC Ma…
Paraceta…

PFS Referral
When symptoms are not mild and do not indicate thrush (discharge)

Acute Sore Throat
Suitable for 5 years +
Symptoms
Dry …
OTC…
Mos… …sthetic spray…

PFS Referral
Where patient meets at least 4 of the 5 criteria – fever, pus on tonsils, inflamed tonsils, onset in the last 3 days and no cough.

Shingles
Suitable for over 18s
Symptoms
Tingli… …unwell
A rash…
OTC M…
No tre… …able OTC

PFS Referral
All cases of suspected shingles

Infected Insects Bites
Suitable for 1 year +
Symp…
Red a…
OTC M…
Most…

PFS Referral
48 hours post-bite and redness and swelling surrounding bite spreading

Acute Otitis Media
Suitable for 1-17 years old
Symptoms
Majority will recover without antibiotics and may just require pain relief

PFS Referral
Refer all cases 1-17 years old for ear examination

Impetigo
Suitable for 1 year +
Symptom…
Red sores… …rown patches.
OTC Mar…
Can be treated with hydrogen peroxide 1%

PFS Referral
All cases of suspected impetigo

Community Pharmacy Arden

2. Organising consultations such that data input is not started until you have fully ascertained that gateway has been met.

For walk-in consultations we won't get payment unless they meet the gateway.
If it is considered that the Clinical Pathway is a possible outcome then we should hold the discussion with the patient in the consultation room or via video link

Using flow charts as a guide within our conversation with the patient we can clearly ascertain if they do meet the gateway and are not excluded from the pathway.

At this point we should then start to input the information
If they do not meet the gateway, then we still carry on with the essential service of providing over the counter advice.

Community Pharmacy Arden

The view from pharmacy

Community Pharmacy Arden

‘I love PFS, its brilliant, it means I can finally stop chasing items to stay afloat and provide useful clinical services to the community, it has changed everything’

‘I am concerned about locums not being able to deliver the service’

‘Some patients are so focussed on getting antibiotics, irrespective of whether they are appropriate’

‘I am struggling to get my GP surgery to send me referrals, they say they have concerns about pharmacy availability’

‘ I find it stressful; I don’t know how many referrals I am going to get or what the patient expectation of me will be or if I will be able to fit it all in’

‘I think it is important that we don’t get too bogged down in the ‘quality’ of referral, often it can turn out that we still are the most appropriate healthcare professional to help the patient and if it doesn’t fit a clinical pathway then we help through minor illness pathway instead. Everyone is still learning to navigate the new service’

Community Pharmacy Arden

The IT

Community Pharmacy Arden

The IT

Improvements needed to the digital infrastructure between general practice and community pharmacy

NHSE working with community pharmacy suppliers and general practice IT suppliers to develop and deliver interoperable digital solutions:

- **BaRS** – to streamline referrals
- **GP Connect Access Record: Structured** – to provide additional access to relevant clinical information from the patient's GP-held record
- **GP Connect Update Record** – to share structured updates quickly and efficiently following a pharmacy consultation back into the GP patient record

NHSE working with NHSBSA to enable pharmacy reimbursement and functionality for PGD supply to be recorded via ePACT2 data, or in a parallel dashboard

Community Pharmacy Arden

The IT

Currently minimal viable product.

Next element to go live is **GP connect** update records. (GP IT providers are ready for this, testing currently ongoing for pharmacy systems). Aim is February but this will depend on testing.

GP connect access to records likely to go live after this. Timelines yet to be provided on this will update in due course.

In the interim please **continue to access SCR when required**.

One provider, Pharmoutcomes, now has a triage tool enabled for referral into the Seven Clinical Pathways which should improve referral accuracy

Community Pharmacy Arden

Engaging with GPs and PCNs

Community Pharmacy Arden

Engaging with GPs and PCNs

Training sessions provided at PCN and Place level for practice staff/receptionists. Utilised PLTs but have offered face to face training.

Weekly drop-in sessions created for practice staff.

Comms and training materials sent out to all practices regularly.

Looking to facilitate meetings between PCNs and their local pharmacies.

Community Pharmacy database shared with all practices.

Engagement events to be held with all PCN clinical directors to promote community pharmacy services.

Questions or suggestions?

Coventry and Warwickshire
Integrated Care System

Coventry and Warwickshire ICB Update

What is the ICB?

- **Integrated care boards (ICBs)** are NHS organisations responsible for planning health services for their local population.
- ICBs were legally established on 1 July 2022, replacing clinical commissioning groups (or CCGs), taking on the NHS planning functions previously held by CCGs (as well as absorbing some planning roles from NHS England).
- They manage the NHS budget and work with local providers of NHS services, such as hospitals, GP practices and pharmacies.
- ICBs are in charge of planning to create the health needs of the local population.
- There are 42 ICBs nationally.

Coventry and Warwickshire
Integrated Care System

Community Pharmacy Clinical Lead

- Lead on all things Community Pharmacy from an ICB perspective.
- Bring Community Pharmacy voice to discussions.
- Work closely with relevant stakeholders to promote Community Pharmacy services.
- Facilitating local relationships between pharmacies and practices.
- Support with community pharmacy queries and issue resolution.
- Provide training on Community pharmacy services to other healthcare providers.

Coventry and Warwickshire
Integrated Care System

Building local relationships

- Key aspect of ensuring services can run smoothly and benefit all patients.
- Knowing your local surgeries and other healthcare providers.
- Meeting regularly to discuss joint ways of working and smoothing out processes.
- Having key points of contact to resolve issues.
- How can we help?:
  - Back office phone numbers to surgeries.
  - Act as an escalation point.
  - Facilitate meetings between Community pharmacies and other MDT members.

Coventry and Warwickshire
Integrated Care System

Current Key workstreams

- Pharmacy first – Go live/post go live surveillance.
- IP pathfinder programme- go live expected Spring 2024.
- Smoking cessation service- Due to go live 26th Feb 2024.
- UEC CPCS.
- Oral contraception service.
- Hypertension case finding service.

Coventry and Warwickshire
Integrated Care System

Coventry and Warwickshire
Integrated Care System

Tobacco Dependency- Community Pharmacy Advanced Smoking Cessation Service (SCS)

Coventry and Warwickshire

22nd February 2024

Coventry and Warwickshire
Integrated Care System

Background

NHS has made a significant new contribution to making England a smoke-free society, by supporting people in contact with NHS services to quit, which includes:

By 2023/24 all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services for Acute, Maternity and Mental Health services

The commitments are designed to:

- Be the NHS's contribution to helping deliver a smoke free generation
- Build on the good work already being delivered and to compliment current Stop Smoking Services
- Focus on both physical and mental health services
- Introduce a level of national direction, but with local development and delivery

Coventry and Warwickshire
Integrated Care System

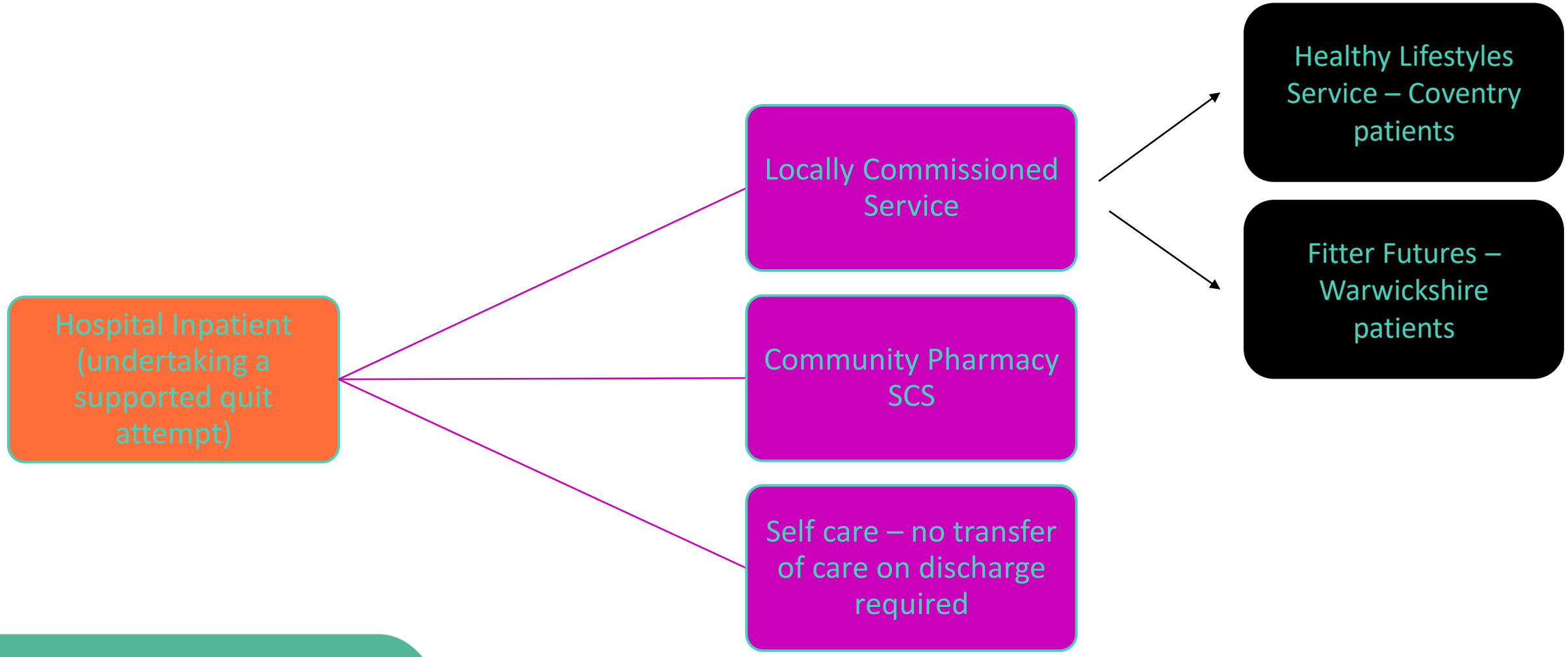
Background - Community Pharmacy Advanced Service Specification – NHS Smoking Cessation Service (SCS)

- This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway

- Smoking cessation programmes already exist in community settings but are variable in their involvement of pharmacy

Coventry and Warwickshire
Integrated Care System

Coventry and Warwickshire Pathway



Coventry and Warwickshire
Integrated Care System

Community Pharmacy Advanced Service

- **Requirements for service provision, including premises and equipment**
  - **Pharmacist and now Pharmacy Technician (new update to service spec June 2023)**
  - SOP
  - CO Monitor (calibrated and serviced according to supplier specifications)
  - Consultations
  - Outcomes & Next Steps
  - Consent & Data Sharing

Coventry and Warwickshire
Integrated Care System

Registration and Payment

- £1000 set up >>>>>>READY (**competent advisors/NCSCT, CO monitor**)
- Consultation Fees: Initial £30, interim £10 & final £40
- NRT Reimbursement

- Registration to provide the service – NHSBSA MYS Portal
- **CLAIM via MYS**
- **PharmOutcome API**

Coventry and Warwickshire
Integrated Care System

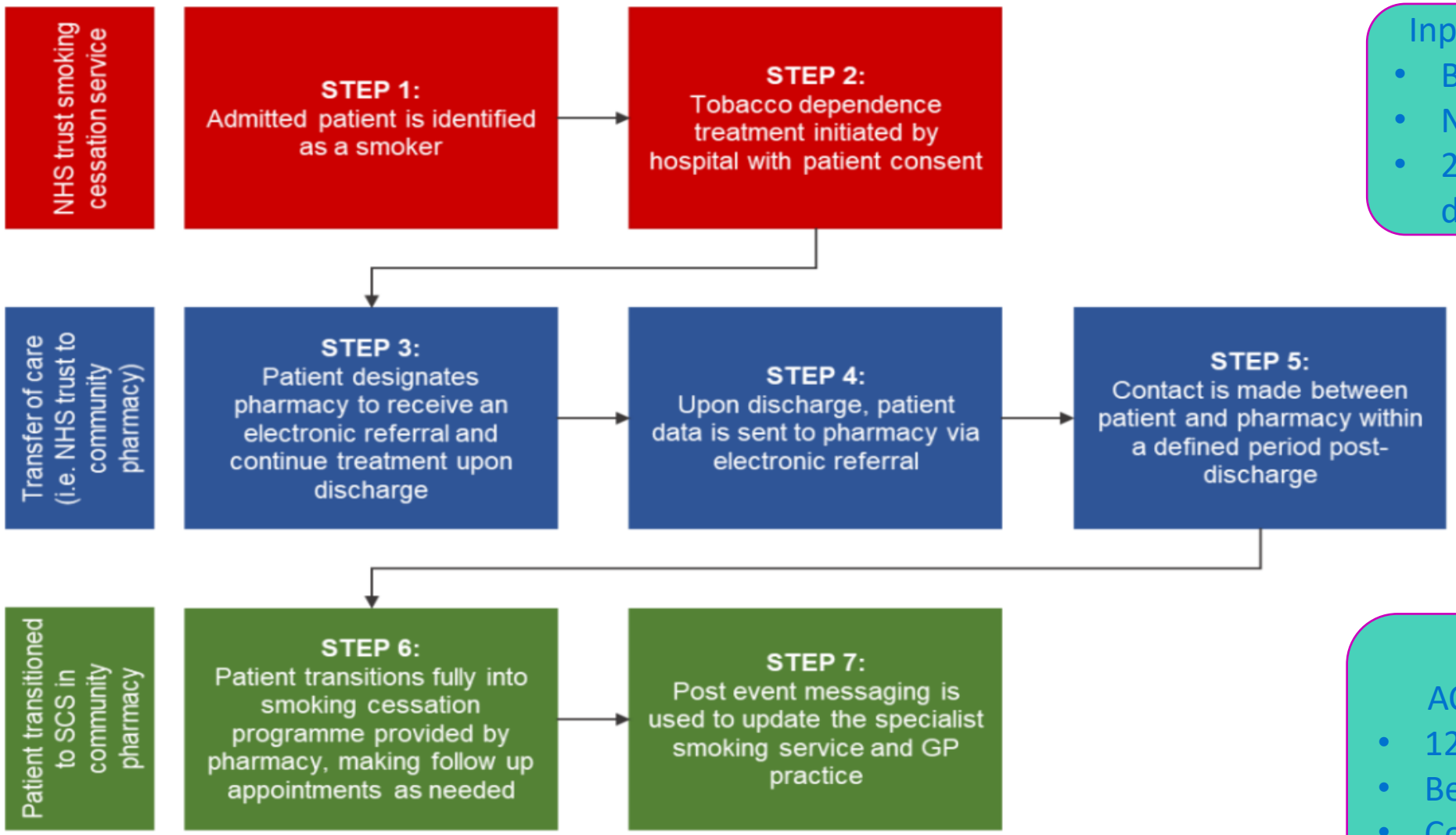
Pharmacy Requirements

- Must have satisfactorily completed the National Centre of Smoking Cessation Treatment (NCSCT) Stop Smoking Practitioner Certification
- Must have completed specialist NCSCT modules to support treatment for people with mental health condition and pregnant women
- Must have completed NCSCT module for e-cigarettes
- Must have read the NCSCT Standard Treatment Programme (STD) to support consultations

Tip : Involve staff members to encourage/support patients, contacting patients & diary management

Coventry and Warwickshire
Integrated Care System

Tobacco Dependency Pathway



Inpatient treatment includes:

- Behavioural support
- NRT during admission
- 2 weeks TTO at point of discharge

ACP treatment includes:

- 12 week support
- Behavioural support
- Continuation of NRT supply

Coventry and Warwickshire
Integrated Care System

Referral Process

Referral via PharmOutcomes

Pharmacy to contact patient within 5 working days to confirm and arrange initial consultation

At least 3 attempts to contact patient

Last attempt must be on fifth working day following receipt of referral to ensure ongoing supply of NRT

If no response, record as Lost to Follow Up

Contact is made with patient, but they decline the referral – record as Confirmed current smoker

Provide LA Community Stop Smoking information

Inform Trust Tobacco Team

Coventry and Warwickshire
Integrated Care System

Referral Process

PharmOutcome Community Pharmacy Receiving Referral Video - https://media.pharmoutcomes.org/video.php?name=NHSSmokingCessationService-CommunityPharmacy

If the patient needs to attend a different pharmacy, data can be transferred to another pharmacy with the patient's consent.

Refer patients onto another Community Pharmacy Advance Service/NHS smoking cessation service provider with patient's consent if pharmacy is unable to support.

Practitioner/Smoking Advisor can make changes to treatment and pick relevant product from drug tariff.

Coventry and Warwickshire
Integrated Care System

Key Actions

- Service folder within your pharmacy – Locums & Relief Staff
- Ensure all pharmacists and pharmacy technicians who will be providing the service have received appropriate training
- Develop and review SOP
- Read latest service specification
- CO Monitors – disposable mouth pieces & calibrate
- CPE (PSNC) SCS Page Checklist – Click Here
- MYS declarations

Pharmacies who may not be ready to support patients should de-register (you can re-register) – MYS Portal

Coventry and Warwickshire
Integrated Care System

Useful Links

- **MLCSU dashboard**: https://medsopt.midlandsandlancashirecsu.nhs.uk/nhs-smoking-cessation-service/
- **CPE (PSNC):** https://cpe.org.uk/national-pharmacy-services/advanced-services/smoking-cessation-service/
- **Service spec:** https://www.england.nhs.uk/wp-content/uploads/2022/03/PRN00178-community-pharmacy-advanced-service-specification-nhs-scs-v2.pdf/
- **NCSCT Standard Treatment Programme** (STP): https://www.ncsct.co.uk/pub_NHS-pharmacy-SCS.php
- **Healthy Lifestyles Services – Coventry**: https://hlscoventry.org/
- **Fitter Futures Warwickshire**: https://fitterfutures.everyonehealth.co.uk/stop-smoking-service/

Community Pharmacy Arden

References

https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-first-service/

https://arden.communitypharmacy.org.uk/

https://www.england.nhs.uk/publication/community-pharmacy-advanced-service-specification-nhs-pharmacy-first-service/

Contact Details

Fiona Lowe
Chief Officer -CPA
fionalowe@nhs.net

Eva Cardall
Engagement and Support Officer -CPA
eva.ahwlpc@gmail.com

Arran Konkon
CPCL - ICB
arrandeep.konkon@uhcw.nhs.net

Georgia Denmark
Project Lead for the LTP
georgia.denmark@nhs.net