



PSNC's service development proposals

Summary for community pharmacy contractors





Introduction: NHS Challenges and Pharmacy

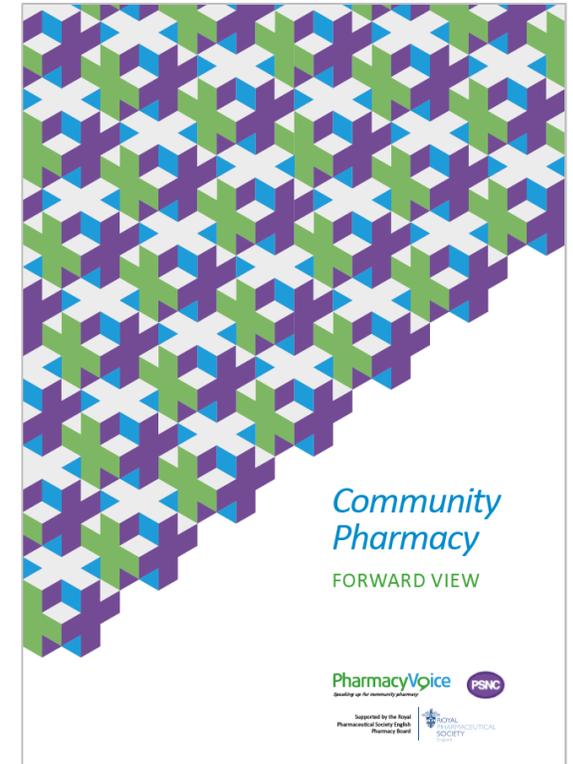
- The NHS is facing severe financial and demand challenges
- The need to make financial savings led to the imposition of pharmacy funding cuts in October 2016
- Community pharmacy would like to do much more to help patients and to reduce pressures on the NHS
- PSNC has put forward proposals for how this could be achieved practically, through changes to the Community Pharmacy Contractual Framework (CPCF)



How could pharmacy help?

Community Pharmacy Forward View (CPFV)

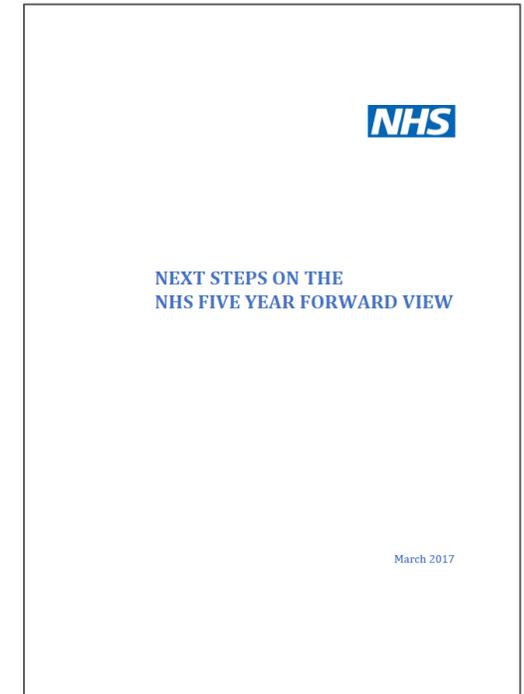
- In 2015 the national community pharmacy organisations published a shared vision: the CPFV
- This set out how the three core functions of community pharmacy should be to act as:
 - The facilitator of personalised care for people with long-term conditions
 - The trusted, convenient first port of call for episodic healthcare advice and treatment
 - The neighbourhood health and wellbeing hub





Consideration of NHS Priorities

- As well as meeting community pharmacy's objectives, any proposals put to NHS England also needed to meet the objectives of the NHS
- Key relevant NHS objectives include to:
 - Reduce avoidable hospital admissions and visits to GPs
 - Get the most value out of medicines prescribed on the NHS
 - Support people with long-term conditions to self-care
 - Support safe transfer of care between healthcare settings (eg after discharge from hospitals)
 - Tackle health and wellbeing inequalities





Revising the CPCF

- PSNC has developed proposals for a revised contractual framework that supports implementation of the Community Pharmacy Forward View
- PSNC considered how pharmacy could help with NHS priorities
- Also the need to meet a key Murray Review* priority:

The existing Medicine Use Reviews (MURs) element of the pharmacy contract should be redesigned to include on-going monitoring and regular follow-up with patients as an element of care pathways

**The Community Pharmacy Clinical Services Review was a report commissioned by the Chief Pharmaceutical Officer to help inform him about the future provision of clinical pharmacy services. It was carried out by Richard Murray, Director of Policy at the King's Fund.*



The PSNC Proposals: the Care Plan

- PSNC's ultimate proposal for the development of CPCF services, to support people with long-term conditions, is the commissioning of a **Community Pharmacy Care Plan (CPCP)** service
- The full CPCP service may not be appropriate for all people with a long-term condition and a move to provision of such a service would need to be undertaken in a managed way, via a transitional framework

An infographic describing a patient's pathway through the care plan service is available on the PSNC website





The PSNC Proposals: the Care Framework

- PSNC has also developed proposals for a revised CPCF: **the Universal Community Pharmacy Care Framework**
 - elements of the framework would be applicable to all patients
 - it would provide a transitional framework to support the eventual introduction of a CPCP service
 - implementing this would also need to be phased over an agreed time period
 - **It will also require a completely new funding structure...**
 - **...which should support local commissioning of medicines optimisation services**





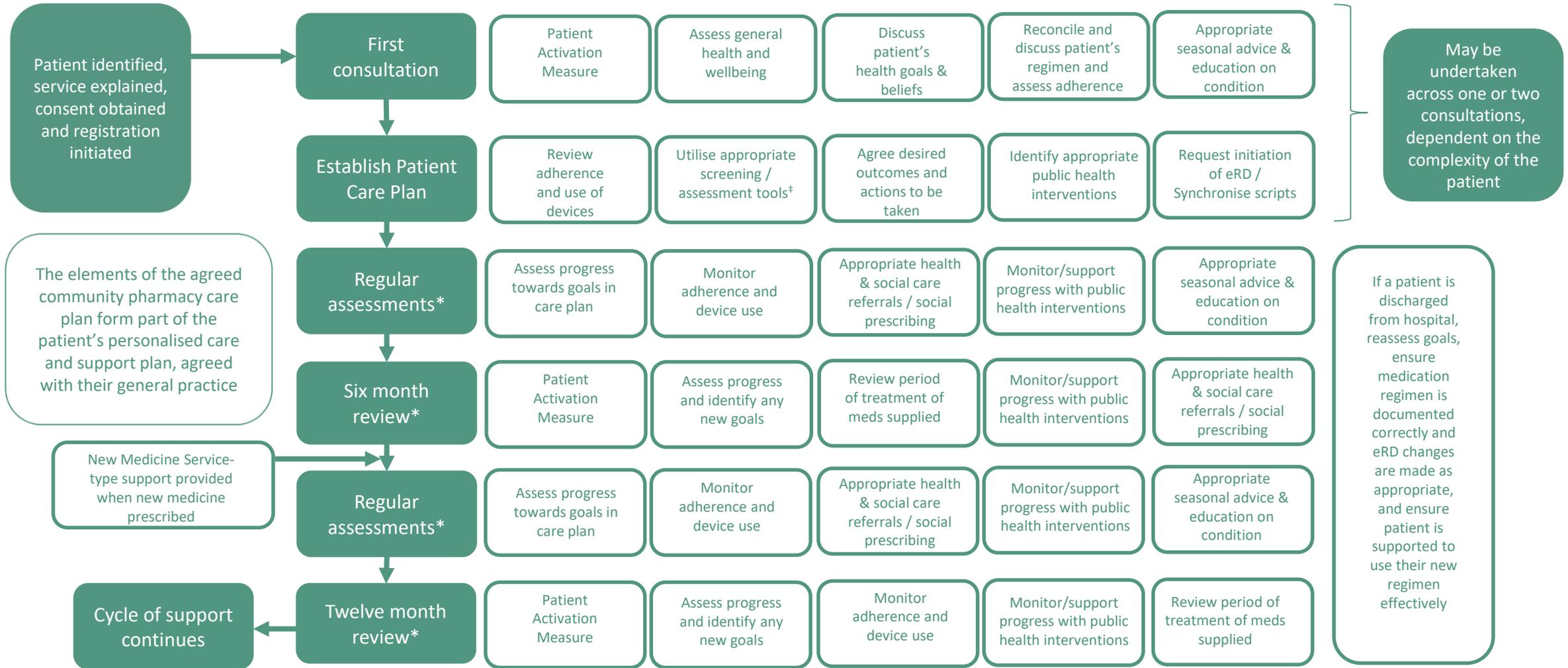
The Community Pharmacy Care Plan

- This is a service designed to offer regular pharmacy support for people with long-term conditions who could benefit from more support to help them to manage their conditions
- Pharmacies would help these people to get the best outcomes from their medicines and to stay healthy, through consultations
- This would involve conversations to help monitor adherence, decide on patient goals and offer public health advice

A detailed pathway is illustrated on the next slide, or a summary infographic is available on the PSNC website



Illustrative CPCP service patient pathway



eRD – the NHS electronic Repeat Dispensing service

* Consultations usually occur when the patient is due to collect their next set of eRD prescriptions; patient's need for individual eRD items is checked before each supply. Domiciliary consultations would be necessary for some patients.

‡ e.g. STOPP/START, ACT, CAT, Frailty/Falls/Independent living assessment, Pain score

The Universal Community Pharmacy Care Framework



- The Care Framework describes some more gradual changes that could be made to the services that pharmacies offer
- These are summarised on an infographic on the PSNC website
- Not all patients would need all of the elements...
- ... but all pharmacies would offer these services to eligible patients who could benefit from them
- PSNC would like to see a phased introduction of the elements of the Framework





Care Framework Objectives

The proposed Care Framework includes suggestions for areas such as:

- Clinical safety
- Transfer of care
- New medicines
- Clinical effectiveness
- Patient experience

Some examples are set out on the next slide.

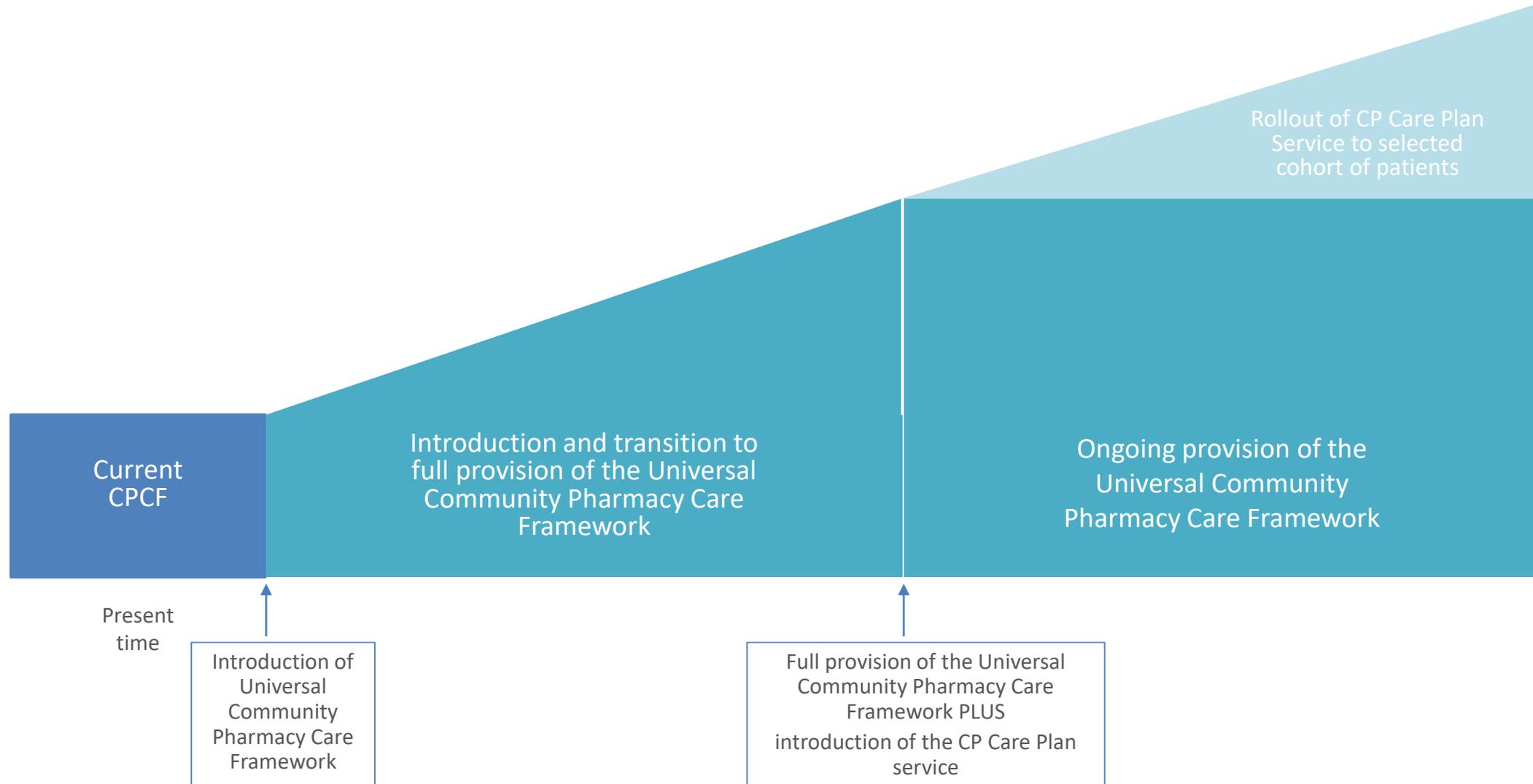




Examples of Care Framework Elements

- Clinical Safety:
 - Provide a clinically safe dispensing service - the community pharmacist clinical check provided under our professional obligations [Dispensing service]
 - A review of medicines returned by patients for disposal, to identify issues which need to be addressed with the patient [Prompted by return of POM meds for disposal]
- Transfer of Care
 - Medicines reconciliation post-discharge from hospital (where appropriate data is shared with the pharmacy) [Triggered by referral/information provision]
 - MUR or NMS-type support where required by the patient [Triggered by referral/information provision]
- New Medicines Use
 - The current New Medicine Service could be repurposed as an Essential Service (potentially with a review of the eligible conditions, e.g. addition of depression, and the need in all cases for the follow up (3rd) stage) [Triggered by the dispensing of a new medicine]

How the two service proposals fit together





Negotiations and Next Steps

- The proposals are initial ideas for discussion with DHSC and NHS England and will evolve as those conversations happen
- Substantive discussions on the proposals and negotiations for 2018/19 funding have not yet begun
- PSNC has discussed the ideas with pharmacy bodies and LPCs
- There would be many challenges for contractors if the NHS chooses to implement these or other similar ideas...
- ...but PSNC is seeking a phased introduction of any changes and will offer guidance for contractors





Supplementary slides

Please note: these slides give some further detail on PSNC's thinking about the Universal Community Pharmacy Care Framework, but these are only initial ideas and will all be the subject of negotiations



Universal Community Pharmacy Care Framework



- Clinical safety
 - Provide a clinically safe dispensing service – offering the community pharmacist clinical check provided under our professional obligations [Dispensing service]
 - Review medicines returned by patients for disposal, to identify issues which need to be addressed with the patient [Prompted by return of POM meds for disposal]



Universal Community Pharmacy Care Framework



- Transfer of care
 - Manage medicines reconciliation post-discharge from hospital (where appropriate data is shared with the pharmacy) [Triggered by referral/information provision]
 - Offer MUR or NMS-type support where required by the patient [Triggered by referral/information provision]
- New medicines
 - The current New Medicine Service could be repurposed as an Essential Service (potentially with a review of the eligible conditions, e.g. addition of depression, and need in all cases for the follow up (3rd) stage) [Triggered by the dispensing of a new medicine]

Universal Community Pharmacy Care Framework



- Clinical effectiveness
 - Comply with the community pharmacy Antibiotic Guardian Pledges, including checking suitability of antibiotic prescribing to avoid anti-microbial resistance [Triggered by self care support request/script]
 - Challenge polypharmacy and identify potential gaps in prescribing using specific indicators, e.g. selected STOPP/START indicators [Triggered by script content]
 - Challenge prescribing of medicines of low clinical value (on an identified list) and support CCGs' work on promoting self-care and removing prescribing for minor illness [Triggered by script content]
- Patient experience
 - Check the suitability of the current prescribed dosage forms or devices for the individual (focus on use of medicines/devices) at least once a year [Triggered by first disp & on a planned basis]



Universal Community Pharmacy Care Framework



- Patient activation and support
 - Discuss adherence with individuals in a specified cohort of patients at least once a year (understanding of, beliefs about and recognised need for their medicines) [Planned provision]
 - Measure Patient Activation Level via PAM for a specified cohort of patients at least once a year and share with GP (and supports future provision of the care plan service) [Planned provision]
 - Provide healthy living advice / public health interventions and signposting / care navigation to all patients, as appropriate [Triggered, planned and opportunistic provision]
- Cost & System Effectiveness
 - Ascertain the patient's need for a repeat medicine at each dispensing (as per the current eRD requirements) [Dispensing service]
 - Check cost effectiveness of the medicine – challenging the prescribing of specific medicines or groups of medicines, e.g. specials, in line with national or local guidance [Triggered by script content]



Potential phased transition approach

		Yr1				Yr2				
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Clinical and Accuracy Check	Dispensing	Essential Service								
Review of medicines returned for disposal	Triggered	Notified	Early Adopter		Essential Service					
Transfer of care / Post-discharge support	Triggered	Notified	Essential Service							
NMS	Triggered	Notified			Essential Service					Notification may be shorter if slippage on start
Antibiotic Guardian / AMR	Dispensing	Early Adopter			Essential Service					
Challenging polypharmacy / identifying gaps	Triggered	Notified			Essential Service					To allow training
Challenging prescribing of meds of low clinical value	Triggered	Notified	Early Adopter		Essential Service					MUR shifts
Dosage form / device check	Regular	Notified	Early Adopter		Essential Service					MUR shifts
Adherence check and education	Regular	Notified	Early Adopter		Essential Service					MUR shifts
PAM measurement	Regular	Notified	Early Adopter				Essential Service			MUR shifts
Healthy living advice/public health interventions	Triggered	Essential Service								
Check need for dispensing of all repeat scripts	Dispensing	Notified	Essential Service							
Cost-effective medicines substitution	Triggered	Notified			Essential Service					Requires legislation change if GPs not to be involved
Community Pharmacy Care Plan	Engaged	Developed			Notified	Early Adopter				

Separate Discussion/More development/Timeline for Integrated Urgent Care, Self-care

