

**NHS Community Pharmacist
Consultation Service
webinar for
pharmacy contractors and their teams**

16th September 2019



Webinar overview

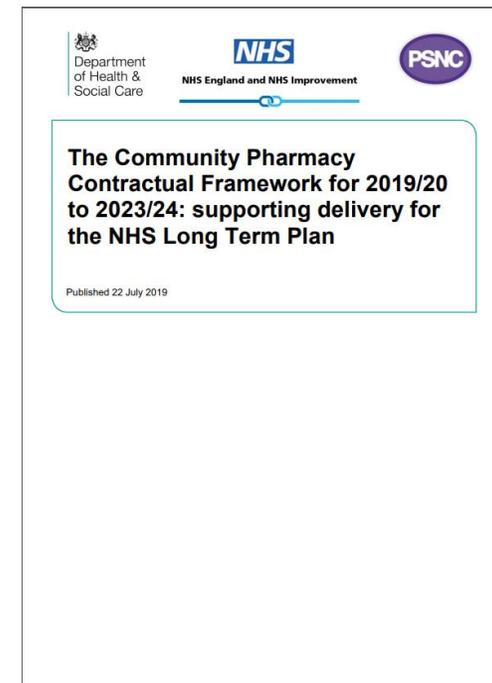
- Context and introduction
- Overview of the service and patient flow
- Registration to provide the service
- IT and record keeping
- Training and development
- Funding and payment claims
- Getting ready to provide the service
- Q&A
- Summary

Your presenters: Anne Joshua, Rob Proctor, Claire Adamson,
Alastair Buxton



Introductory comments

- The 5-year CPCF sets out a clear vision for community pharmacy services, in line with proposals in the Community Pharmacy Forward View
- Implementing this service well has importance/strategic importance to:
 - Patients
 - NHSE&I, DHSC and HMT
 - Other healthcare professionals
 - Community pharmacy
- We are working with partners via the Urgent Care Delivery and Implementation Group (UCDIG) to support implementation of the service



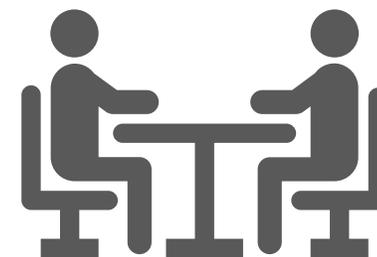
Introduction

- The NHS Community Pharmacist Consultation Service (NHS CPCS) is the first clinical service of the new 5-year Community Pharmacy Contractual Framework to be mobilised
- It is an Advanced service where patients contacting NHS 111 are referred to a community pharmacist for a consultation regarding lower acuity conditions or urgent repeat prescriptions
- The new service brings together the learning from the NUMSAS and DMIRS pilots into one service



Introduction

- Patients will be referred from NHS 111, following an assessment by a call advisor, when they would previously have been directed to a GP
- This releases capacity in other areas of the urgent care system such as A&E and general practices, freeing up capacity for the treatment of patients with higher acuity conditions
- Onward referrals may be necessary to other urgent care services or the patient's own GP



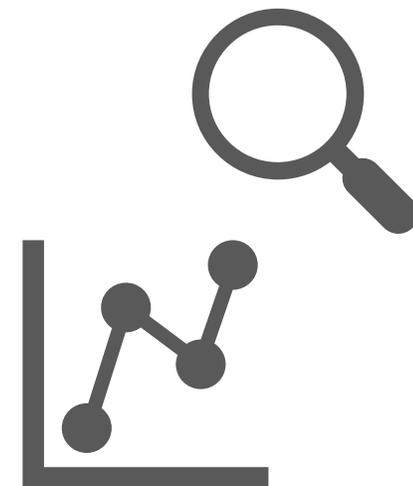
Introduction

- The service commences on 29th October 2019
- In the pilots, patients liked the service and valued the consultation in a confidential environment
- The service will support:
 - the integration of community pharmacy into the urgent care system
 - increasing patient awareness of the role of community pharmacy as the ‘first port of call’ for low acuity conditions and for medicines access and advice
 - patients to self-manage their health more effectively



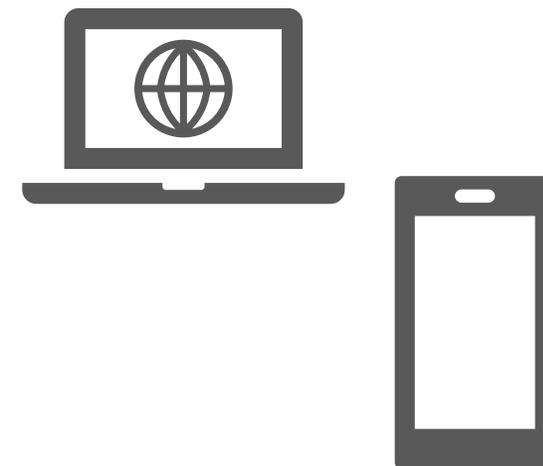
Development of the service

- Over the course of the 5-year CPCF, the service will be monitored and evaluated
- The range of symptom types included in the service will be reviewed to consider expansion, if safe, effective and it will improve patient experience
- By 2020/21, the learning from the GP CPCS pilots will be evaluated and a decision taken about whether to include “streaming” from general practice into the NHS CPCS



Other CPCS pilots

- Online access for urgent medicines supply via NHS CPCS is currently being tested across the north west via 111 Online
- A future pilot of a minor illness online pathway via 111 Online is under consideration
- These will be evaluated before consideration of national roll out



Our shared aim...

Dr Bruce Warner, Deputy Chief Pharmaceutical Officer

“We want community pharmacies to start registering for the consultation service so that we have it up and running across the country for the benefit of patients this winter.

“It represents a major step change in the service the NHS provides to patients and fully uses the clinical skills and expertise local pharmacists have to offer as the ‘go to first’ point of call for people with minor illnesses.

“It’s an exciting time and it establishes community pharmacies as a major clinical provider within the NHS.”



Service prerequisites

- Consultation room
- From 1st April 2020, the pharmacy must have IT equipment accessible within the consultation room
- NHS Summary Care Record (SCR) access
- Shared NHSmail account:
`nhspharmacy.location.pharmacynameODScode@nhs.net`
- Up to date Directory of Services (DoS) details
- Access to NHS CPCS IT system provided by NHSE&I
- SOP including key contact details
- Update to your business continuity plan



The Directory of Services and NHS CPCS

- DoS is a web-based database of health and social care services, e.g. GPs, pharmacies, A&E
- Every pharmacy has
 - one DoS entry for its core/standard service provision
 - extra entries for other services such as NHS CPCS
- DoS integrates with NHS Pathways – the clinical assessment tool used by NHS 111 call advisers – to give access to real time information about services



The Directory of Services and NHS CPCS

- The assessment by the call adviser gathers information that identifies the specific clinical skills and defined timescale needed by the patient
- At the end of the assessment (if an emergency ambulance is not required), an automatic search is carried out on the DoS to locate an appropriate service in the patient's local area that offers the clinical skills needed within the timeframe required



The Directory of Services and NHS CPCS

- DoS will automatically identify when a pharmacy is due to close and will not select a pharmacy that is due to close within 30 minutes of sending a referral
- However, if a patient can wait until your pharmacy is open, the referral may be sent when your pharmacy is closed for you to process once the pharmacy is open
- Referrals from NHS 111 will not contain medication details as the call advisors are not clinically trained
 - e.g. call advisers will not identify if the request is for a Controlled Drug



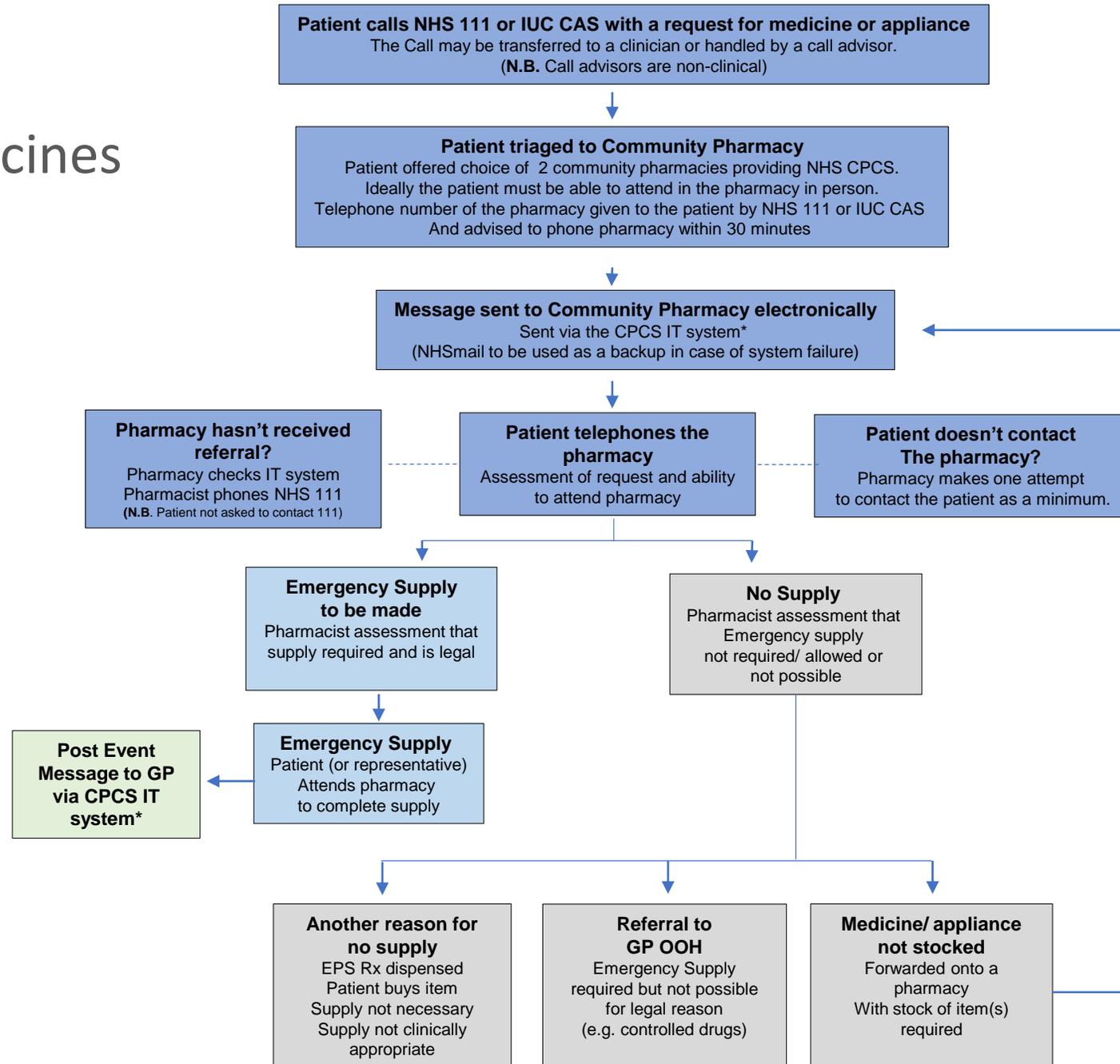
The Directory of Services and NHS CPCS

- It is critical that the information on DoS is accurate to allow NHS 111 to refer patients appropriately to community pharmacies
- Contractors can ensure their DoS information is up-to-date by using the DoS Profile Updater
- This should include Bank holiday opening hours



NHS CPCS

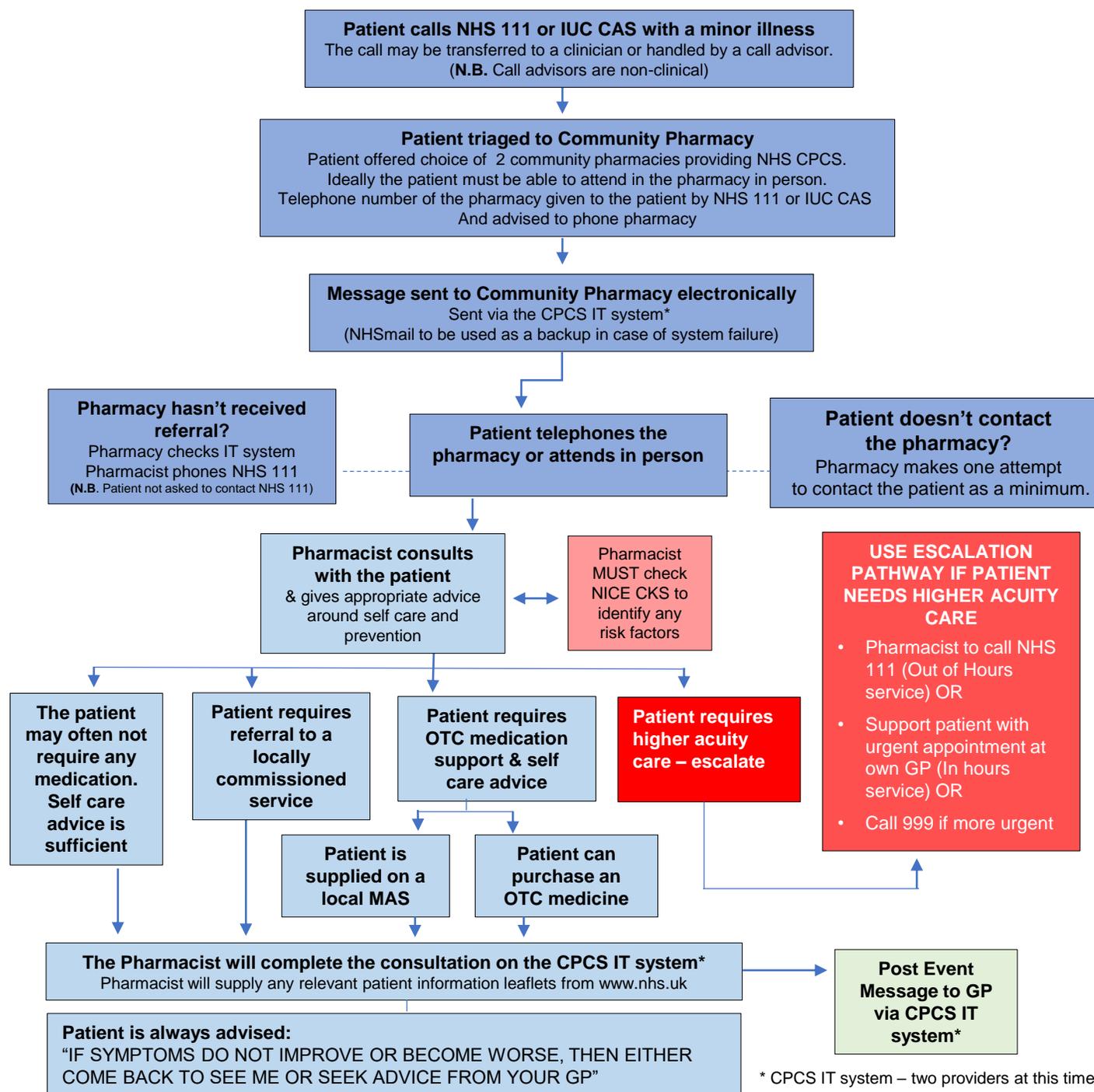
Urgent medicines patient flow



* CPCS IT system – two providers at this time (PharmOutcomes and Sonar)



NHS CPCS Minor illness patient flow



* CPCS IT system – two providers at this time (PharmOutcomes and Sonar)



Registration to provide the service

- Previous registrations for NUMSAS or DMIRS will not carry forward
- The NUMSAS and DMIRS services will cease on 28th October and the NHS CPCS starts on 29th October 2019
- Registration is via the NHSBSA Manage Your Service (MYS) portal
- Pharmacies not currently using MYS will need to register
 - see details on the PSNC website
- Contractors which have multiple pharmacies can use a bulk registration approach



Registration to provide the service

- Registration for the NHS CPCS opened on 2nd September 2019
- It includes a declaration for the pharmacy contractor regarding their readiness to provide the service

BETA This is a prototype for a new NHS service. Please submit your [feedback](#)

[Dashboard](#) > NHS Community Pharmacist Consultation Service registration stage 1 of 3

[Sign out](#)

NHS Community Pharmacist Consultation Service Registration

Register for this service

Declaration

DECLARATION

1. I am registering to provide the NHS Community Pharmacist Consultation Service from this pharmacy.
2. I confirm that I have read the service specification and will be able to comply with its requirements and deal appropriately with any NHS CPCS referrals from the service commencement date (29th October 2019).
3. I am claiming the NHS CPCS Transition payment and understand that I am committing to provide the NHS CPCS until 31st March 2020, unless exceptional circumstances prevent the pharmacy from providing the service. Where I withdraw from service provision prior to 31st March 2020 and NHS England do not believe exceptional circumstances apply, they may reclaim all or part of the NHS CPCS Transition payment.

First name

Surname

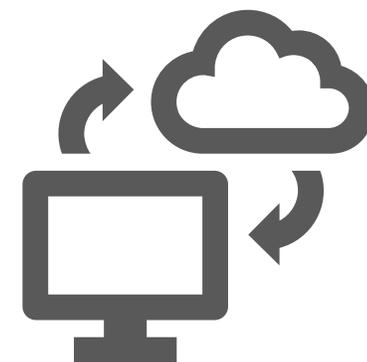
Setting new NHS CPCS DoS entries 'active'

- Once pharmacies are registered to provide the service, the local DoS team will be notified by the national DoS team (who receive regular updates from the NHSBSA)
- NHS CPCS services will then be enabled on DoS and made 'live' on 29th October 2019 at the inception of the service
- At the point of go-live, existing NUMSAS and DMIRS service entries will be switched off
- Following go-live, any pharmacies that subsequently register to provide the service will be made live by the local DoS team - this may take up to 10 days to be completed



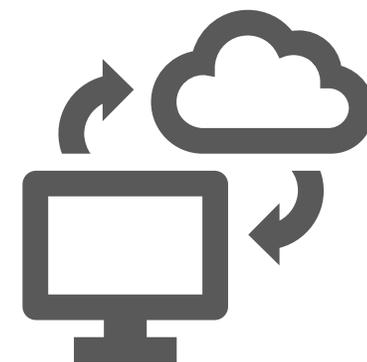
The NHS CPCS IT system

- At present Sonar and PharmOutcomes are accredited to use ITK messaging
- The CPCF agreement document states:
 - ‘Subject to a value for money procurement outcome, the PhIF will be deployed to deliver the requisite IT functionality over 2019/20 and 2020/21.’
- NHSE&I regional teams are working on procurement of this IT functionality



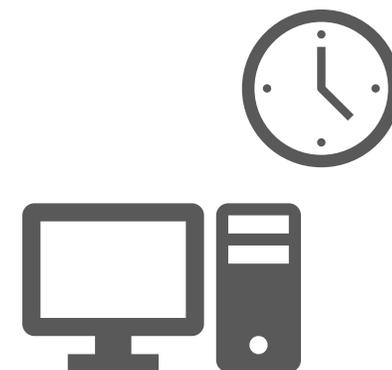
The NHS CPCS IT system

- The systems will support:
 - receipt of referrals from NHS 111
 - maintaining the clinical record of service provision
 - printing EPS tokens (where required)
 - sending post-event messages to patients' general practices
 - payment claims
 - service management and evaluation
- IT equipment in the consultation room required from 1st April 2020
- Purchase of IT systems from April 2021...



Checking the NHS CPCS IT system

- The NHS CPCS IT system must be checked regularly during opening hours to pick up referrals in a timely manner
- And the shared NHSmail mailbox must be checked when a pharmacy opens and before it closes each day
- When a pharmacy has received a referral, but not been contacted by the patient
 - within 30 minutes (urgent medicines) or
 - 12 hours (minor illness)the pharmacy must attempt to contact the patient
- If there is no contact from the patient the next day, the referral may be closed



Record keeping

- Where an urgent medicine/appliance supply is made, it must be recorded in:
 - the POM register (if a POM)
 - the NHS CPCS IT system
 - the PMR
- Where a CPCS consultation is for a minor illness, it must be recorded in:
 - the NHS CPCS IT system



Service availability and ongoing provision

- The service must be available throughout the pharmacy's full opening hours (i.e. core and supplementary)
- Temporary withdrawal from the service due to unforeseen circumstances must activate the relevant section in the business continuity plan
- The NHS 111 provider and local IUC CAS must be notified using the NHS DoS provider and commissioner helpline as soon as possible, to stop referrals being made to the pharmacy



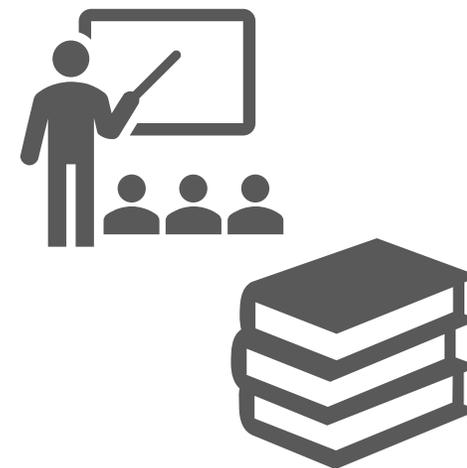
Service availability and ongoing provision

- The local NHSE&I team must also be informed by the pharmacy contractor
- In the event of ongoing or repeated service issues, the local NHSE&I team may request the DoS team to stop referrals to the pharmacy until the issue is resolved
- Contractors who wish to stop providing the service must notify NHSE&I at least one month in advance via the MYS platform



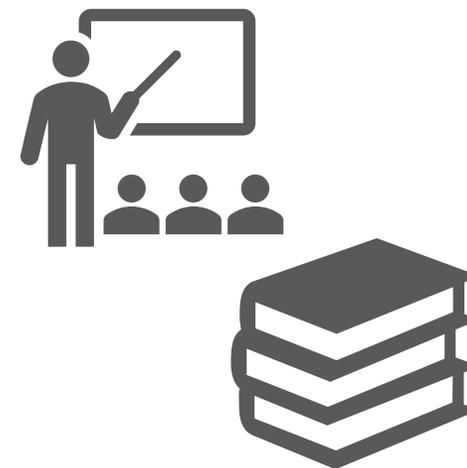
Training and development

- The necessary knowledge and skills to provide the service are core competencies for all pharmacists, but pharmacists will want to ensure that they:
 - are able to explain the service to patients and carers
 - have an up to date understanding of the Human Medicines Regulations
 - are able to communicate with and advise patients appropriately and effectively on low acuity conditions
 - are able to assess the clinical needs of patients, including the identification of red flags
 - are able to act on the referrals received and make appropriate referrals to other NHS services and healthcare professionals



Training and development

- An NHS CPCS self-assessment tool is available from CPPE to help pharmacists to assess their learning needs
- Continuing professional development sessions covering consultation and physical assessment skills will be available through CPPE from October
 - these are not mandatory for service provision
- Health Education England will be commissioning further training in 2020, with funding from the Pharmacy Integration Fund



Reporting incidents and governance of the service



- Feedback on the NHS CPCS should initially be shared with the local NHSE&I contract team who will co-ordinate ongoing review of the service, working with IUC representatives
- The pharmacy should report any incidents related to the referral process or operational issues with respect to the service to the NHS 111 provider and any local IUC CAS via the local health professionals' line
- This feedback may be shared via the local Integrated Urgent Care governance group as part of an overview of the service and its performance



Reporting incidents and governance of the service

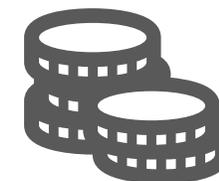


- This feedback may be used to manage how the service integrates with other local urgent care services
- This may include handling patients who use the service inappropriately and dealing with them on a system wide basis
- The pharmacy is required to report any patient safety incidents in line with the Clinical Governance Approved Particulars for pharmacies



Funding

- Transition payment supplement:
 - sign up by 1st December - £900
 - sign up by 15th January - £600
 - commitment to provide the service until 31st March 2020
 - withdrawal before this date without good cause may lead to claw-back of some or all of the payment
- A Consultation fee of £14 will be paid for each completed referral
- No Consultation fee can be claimed where the pharmacist receives a referral, but cannot make any contact with the referred patient



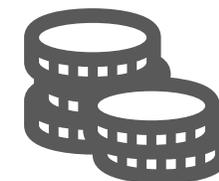
Completed referrals

- For urgent medicines supply, a referral is completed when the pharmacist has a consultation with the patient (by telephone or face-to-face) and
 - confirms no supply is required
 - the patient is given advice
 - the patient purchases the required product OTC
 - the patient is referred on to another healthcare provider
 - an EPS prescription is downloaded and dispensed
 - an item is not available, and the patient is referred to a second pharmacy (both pharmacies can claim a consultation fee in this last scenario)
- For minor illness consultations, a referral is completed when the pharmacist has a consultation with the patient (telephone or face-to-face) and has provided advice to the patient



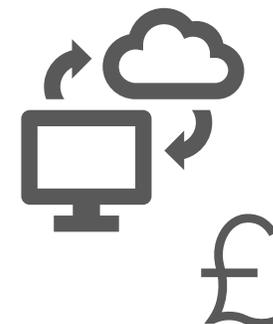
Reimbursement of medicines/appliance costs

- The cost of medicines or appliances supplied under the NHS CPCS urgent supply provision (NOT the minor illness provision) will be reimbursed using the basic price specified in Drug Tariff
- No other elements of the Drug Tariff in relation to reimbursement of medicines or appliances apply to this service
- An allowance at the applicable VAT rate will be paid to cover the VAT incurred when purchasing the medicine or appliance
- The cost of medicines or appliances supplied via the service will be recharged to Clinical Commissioning Group budgets and all other costs will be paid by NHSE&I



Payment claims

- All payment claims will be managed through the MYS portal
- This will directly link with the NHS CPCS IT system to help with the collation and submission of claims at the end of each month
- There is no paper-based claiming process for the service
- Only EPS tokens that record the patient declared exemption need to be created and sent to the NHSBSA as part of the contractor's monthly batch – these should be separated from other tokens, and clearly marked as 'CPCS'
- These will just be used for patient exemption accuracy checking



Promoting the service

- This service must not be actively promoted directly to the public by either the pharmacy contractor or the NHS
- However, promotion of community pharmacy as the ‘first port of call’ for low acuity conditions will continue
- The NHS marketing framework for 2019/20 includes:
 - Consistent language around the offer by all providers
 - A consistent experience for patients in the pharmacy
 - Using the HUHYP posters from February 2019
 - The new HUHYP campaign starts February 2020



Getting ready to provide the service

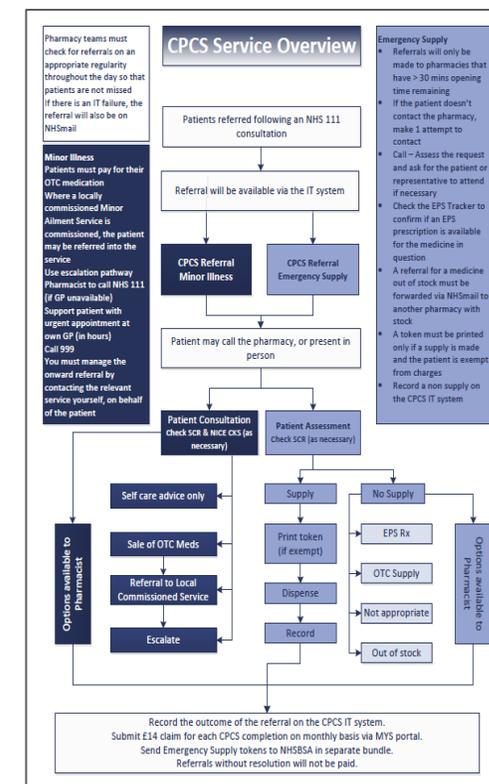
1. Read and understand the Service Specification and the Toolkit
2. Make sure you understand the service flow and the role of the community pharmacy in urgent care
3. Create your SOP for the service, including key contact details (templates are available)
4. Ensure you have access to SCR, NHSmail and the NHS CPCS IT system
5. Pharmacists - consider what CPD or refreshing of skills could help you provide the service
 - the CPPE NHS CPCS self-assessment tool can help you do this

Action	Complete
The pharmacy is registered with NHSBSA (via MYS) to provide the service. <i>Note: some multiple pharmacy groups may complete this process centrally, please check your internal communications where appropriate to confirm the process to follow for your pharmacy to register for CPCS.</i>	<input type="checkbox"/>
All pharmacists have read the CPCS service specification and SOP.	<input type="checkbox"/>
All pharmacists are aware of the information within the CPCS toolkit and know where to access this when needed.	<input type="checkbox"/>
Pharmacists are familiar with and feel competent to provide care for patients presenting with referral conditions listed in Annex D of the service specification.	<input type="checkbox"/>
The pharmacy team have a process in place to check for referrals from NHS 111 at appropriate intervals.	<input type="checkbox"/>
The pharmacy team have logon credentials to access the CPCS IT system.	<input type="checkbox"/>
The pharmacy team have access to the pharmacy's NHSmail shared mailbox on every day the pharmacy is open.	<input type="checkbox"/>
Pharmacists and pharmacy technicians can access the NHS Summary Care Record (SCR).	<input type="checkbox"/>
Locums or relief pharmacists are able to readily access the CPCS service specification, SOP and toolkit and have the required logon credentials for the CPCS IT system and NHSmail shared mailbox for the pharmacy.	<input type="checkbox"/>
The DOS helpline number 0300 0200 363 has been added to the pharmacies business continuity plan processes in case of an emergency closure where the service needs to be temporarily disabled.	<input type="checkbox"/>

Getting ready to provide the service

5. All pharmacy team members involved in provision of the service must be appropriately trained on the operation of the service. Consider:

- holding a briefing session for your team
- providing them with the one-page NHS CPCS Service Overview on how the service will work (Annex A of the Toolkit)
- discussing as a team how you can work together to make the service a success
- making sure team members and locums are clear on the daily activity required, such as checking for referrals
- making sure team members and locums know how to identify a walk-in patient who may have been referred from NHS 111



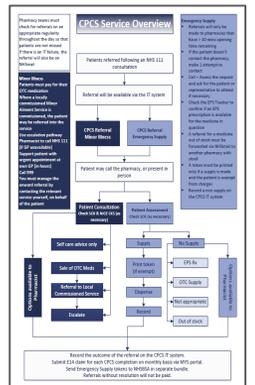
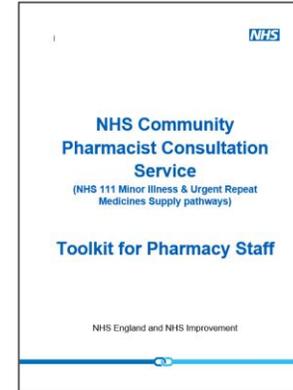
Getting ready to provide the service

5. Consider locums' ability to provide the service when making bookings
 - it is of critical importance that locum and relief pharmacists are made aware that the pharmacy is providing the service before they work at the premises
 - they **MUST** understand the service specification and SOP, and be able to provide the service
 - they need to have SCR access and know how to use the CPCS IT system
6. Pharmacists – consider registering for the CPD sessions when these are held in your area

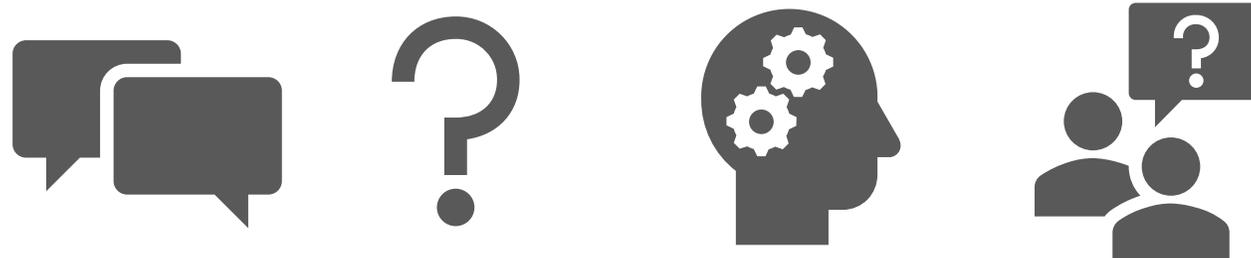


Resources for pharmacy teams

- Service specification
- NHS CPCS Toolkit including
 - service overview
 - implementation checklist
- Template SOP
- All resources can be accessed via psnc.org.uk/cpcs



Questions



Summary

- Implementing this service effectively is important to all of us
- We can only do this effectively through team-working across community pharmacy and the NHS
- Your LPCs will be able to provide local support for service implementation
- We will continue to work together to provide further support materials that you can use in your pharmacy
- Please let us know what else we can do to help you successfully implement the service
 - email suggestions to services.team@psnc.org.uk

