NHS Community Pharmacy
Advanced Services
Overview

• New Medicine Service (NMS)
• Flu Vaccination Service
• Community Pharmacist Consultation Service (CPCS)
• Hypertension Case-finding
• Appliance Use Review (AUR)
• Stoma Appliance Customisation (SAC)
• Hepatitis C testing service
• Questions, comments and next steps
New Medicine Service (NMS)
The challenge of non-adherence

- Estimates vary on the frequency of non-adherence:
  - Between 33% and 50% of medicines for LTCs are not used as recommended
  - 20-30% don’t adhere to regimens that are curative or relieve symptoms
  - 30-40% fail to follow regimens designed to prevent health problems

- It has been suggested that increasing the effectiveness of adherence interventions may have a far greater impact on the health of the population than any improvement in specific medical treatments
- About 15 million people in England have a long-term condition (LTC)
- Treatment and care for people with LTCs is estimated to take up around £7 in every £10 of total health and social care expenditure
Non-adherence to new medicines

- Research shows that 10 days after starting a new medicine:

  - 7% of patients had completely stopped taking the medicine (completely non-adherent)
  - 30% of patients still taking the medicine were non-adherent
  - 45% of non-adherence was intentional (the remainder was unintentional)
  - 61% of patients expressed a substantial and sustained need for further information
  - 66% of patients still taking their medicine reported at least one problem with it

New Medicine Service

• Provides early support to patients to maximise the benefits of prescribed medication

• Proof of concept research shows that an intervention by a pharmacist can help to improve patients’ adherence

• In the research, patients who used the service experienced fewer medicines problems and made less use of other NHS services, saving money and GP time

• The cost of the service is offset by savings created by community pharmacy medicines procurement
The evidence for the NMS

The cost effectiveness of a telephone-based pharmacy advisory service to improve adherence to newly prescribed medicines (2008)

- Aimed to assess the cost effectiveness of pharmacists giving advice via telephone, to patients receiving a new medicine for a chronic condition in England
- At 4-week follow up, non-adherence was significantly lower in the intervention groups compared to control (9% vs 16% respectively)
- Number of patients reporting medicine-related problems was significantly lower in the intervention group compared to the control (23% vs 35% respectively)
- Intervention group patients also had more positive beliefs about their new medicine

Understanding and Appraising the New Medicines Service in the NHS in England (2014)

- A randomized controlled trial and economic evaluation with qualitative appraisal published comparing the effectiveness and cost-effectiveness of the NMS in community pharmacies in England
- The NMS launched in 2011 was effective at improving patients’ adherence to their new medicine at 10 weeks follow up, by about 10%
- There was no overall increased cost to the NHS of providing NMS as intervention costs were absorbed by reduced subsequent NHS contact costs
- NMS increased health gain at a cost per QALY well below most accepted thresholds for technology implementation, usually about £20,000 to £30,000 in the UK

The cost effectiveness of a telephone-based pharmacy advisory service to improve adherence to newly prescribed medicines
Understanding and Appraising the New Medicines Service in the NHS in England (2014)
Potential benefits of NMS

• It’s all about *helping patients* to get the most from their newly prescribed medicine
• Improved patient adherence
• Increased patient engagement with their condition and medicines
• Reduced medicines wastage
• Reduced hospital admissions due to adverse events from medicines
• Increased Yellow Card reporting
NMS – outline service spec

- Three stage process
  1. Patient engagement (day 0)
  2. Intervention (approx. day 14)
  3. Follow up (approx. day 28)

- Opportunity to provide healthy living advice at each stage
NMS – conditions covered by the service

• Follows the prescribing of a new medicine for:
  - asthma or COPD
  - diabetes (type 2)
  - Hypertension
  - Hypercholesterolaemia;
  - Osteoporosis;
  - Gout;
  - Glaucoma;
  - Epilepsy;
  - Parkinson’s disease;
  - Urinary incontinence/retention;
  - Heart failure;
  - Acute coronary syndromes;
  - Atrial fibrillation;
  - Long term risks of venous thromboembolism/embolism;
  - Stroke / transient ischemic attack; and
  - Coronary heart disease
NMS – Patient engagement

- Recruitment by the pharmacy team
- Referral by a general practice prescriber
- Referral following a Structured Medication Review
- Referral post discharge from hospital
NMS – Intervention

• Intervention typically day 7 – 14
  – Face to face in a consultation area, over the phone or via video
  – Semi-structured interview technique to:
    • assess adherence
    • identify problems
    • identify the patient’s need for further information and support
  – Pharmacist provides advice and support
    • agrees follow up
    • agrees solution(s)
    • refers to GP (only where absolutely necessary)
NMS – Follow up

• Follow up typically between 14 and 21 days after the Intervention stage
  – Face to face in a consultation area or over the phone
  – Semi-structured interview technique to:
    • assess adherence
    • identify problems
    • identify the patient’s need for further information and support
  – Pharmacist provides advice and support
    • Patient adherent
    • Patient non-adherent
      • Provide more advice and support or
      • Refer to GP (using nationally agreed NMS Feedback form)
Communicating with GP practices

- Pharmacy contractors are required to contact the patient’s GP only if an issue is identified during the NMS where the pharmacist believes the GP should be informed.
- National NMS Feedback Form designed by GPC/PSNC/NHS Employers.
- Referrals will only be made when absolutely necessary.
Communicating with GP practices

• GPC advised that pharmacists should refer to the practice, rather than suggesting patients make an appointment with their GP
• This approach allows the practice to determine how they want to deal with the issue raised in the Feedback Form
Referrals from General Practice

- **NHS guidance** for Primary Care Networks (PCNs) on the provision of Structured Medication Reviews (SMR) includes referrals being made to the NMS
- Proactive call in guidance published by NHS England and NHS Improvement to support PCN clinical pharmacy teams with implementation of the SMR and optimisation service requirements in the [Network Contract Directed Enhanced Service Specification for 2020/21](#) to work with community pharmacies to connect patients appropriately to the New Medicine Service
- Active role for both GPs and PCN clinical pharmacists to promote, refer and set expectation with patients
Referrals from Hospitals

- From 1st January 2021, the Discharge Medicines Service (DMS) was added to the Community Pharmacy Contractual Framework (CPCF) as a new Essential service.
- Hospitals will be able to refer patients who would benefit from extra guidance around newly prescribed medicines for provision of the DMS at their community pharmacy.
- Referring patients to their community pharmacy following discharge from hospital for DMS and NMS can:
  - help address many of the problems that arise with new medicines following discharge
  - contribute to the Quality, Innovation, Productivity and Prevention (QIPP) challenge
  - Support the optimisation of medicines use.
Flu Vaccination Service
Flu Vaccination Service

- The service was first commissioned nationally in 2015/16
- Anyone aged 18 and over in any of the NHS identified at-risk groups is eligible to access the service
- If patients are not eligible for a free NHS flu vaccination, then many pharmacies also offer a private flu service where the patient can pay for a vaccination
Communicating with GPs

- Pharmacies must send a notification to GP practices of patients who have been vaccinated in the pharmacy, so medical records can be updated.
- This is sent on the same day as vaccination or on the following working day.
- A national GP Practice Notification Form has been agreed by PSNC, NHSE&I, Public Health England and the Department of Health and Social Care and this is to be used in hard copy.
- However, generally electronic notifications are now sent to the patient’s GP practice.
NHS Community Pharmacist Consultation Service (CPCS)
CPCS

• The service commenced on 29th October 2019
• It connects patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy
• Referrals come from NHS 111 (and NHS 111 online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services and in some cases patients referred via the 999 service
• Since 1st November 2020, general practices can refer patients for a minor illness consultation via CPCS, once a local referral pathway has been agreed
CPCS

- Aims to relieve pressure on the wider NHS by connecting patients with community pharmacy
- Part of a series of steps to get the public to view pharmacy as their first port of call for healthcare needs
- Can deliver a swift, convenient and effective service to meet patient needs
- Since launch, an average of 10,500 patients per week have been referred for a consultation with a pharmacist following a call to NHS 111; these are patients who might otherwise have gone to see a GP
- The CPCS provides the opportunity for community pharmacy to play a bigger role than ever within the urgent care system
CPCS

- Community pharmacy teams are not permitted to actively promote CPCS to patients as NHSE&I’s intention is that the service is only used by patients for urgent cases.
- It is therefore unlikely that GP practice teams will see this service being advertised by community pharmacies.
If a community pharmacist does make an urgent supply of a medicine or appliance under the CPCS, they are required to notify the patient’s GP on the day the supply is made or on the following working day.
GP referral pathway to CPCS

• GPs can refer patients to community pharmacies to receive a CPCS consultation for minor illness
• Unlike NHS 111, GPs cannot refer patients for an urgent supply of a medicine or appliance
• There must first be local discussions to agree how the referral pathway will work
• Discussions will involve pharmacy contractors, the Primary Care Network (PCN) and the member general practices, the NHS and the Local Pharmaceutical Committee (LPC)
CPCS NHS 111 & GP referral Pathways for Low acuity, minor illnesses

Patient calls NHS 111 or IUC CAS with a minor illness
The Call may be transferred to a clinician or handled by a call advisor.
(NB. Call advisors are non-clinical)

Patient triaged to Community Pharmacy
Patient offered choice of 2 community pharmacies providing CPCS.

Message sent to Community Pharmacy electronically
Either by via the NHS CPCS IT system or NHS mail

Pharmacy hasn’t received referral?
Pharmacy checks IT system & NHS mail
Pharmacist phones 111 or GP surgery

Patient telephones the pharmacy or attends in person

Pharmacist consults with the patient & gives appropriate advice around self care and prevention

Pharmacist MUST check NICE CKS to identify any risk factors

Patient requires higher acuity care – escalate.

USE ESCALATION PATHWAY IF PATIENT NEEDS HIGHER ACUTY CARE
- Pharmacist to call NHS 111 (Out of Hours service) OR
- Support patient with urgent appointment at own GP (In hours service) OR
- Call 999 if more urgent

The patient may often not require any medication. Self care advice is sufficient

Patient requires referral to a Local commissioned service

Patient requires OTC medication support & self care advice

Patient is supplied on a local MAS

Patient can purchase an OTC product

The pharmacist will complete the NHS CPCS IT system consultation.
Pharmacist will supply any relevant patient information leaflets from www.patient.co.uk

Post Event Message to GP via IT System or NHS mail

Patient is always advised:
"IF SYMPTOMS DO NOT IMPROVE OR BECOME WORSE, THEN EITHER COME BACK TO SEE ME OR SEEK ADVICE FROM YOUR GP".
Pharmacy teams must check for referrals on an appropriate regularity.
Throughout the day so that patients are not missed.
If there is an IT failure, the referral will also be on NHS Mail.

Minor illness patients must pay for their OTC medication.
Where a local commissioned Minor Ailments Service is commissioned, the patient may be referred into the service.

Use the escalation pathway:
- Pharmacist to call NHS 111 if GP unavailable.
- Support the patient with urgent appointment at own GP (in hours)
- Call 999

You must manage the onward referral by contacting the relevant service yourself, on behalf of the patient.

NHS CPCS Service Overview

-患者被转诊进行一次咨询
- Referral will be available via either NHS CPCS IT system or NHS Mail
- NHS CPCS referral
- Minor Illness
- NHS CPCS referral
- Emergency supply

The patient may call the pharmacy, or present in person.

Patient Consultation
Check SCR & NICE CKS (as necessary)

- Self care advice only
- Sale of OTC meds
- Referral to local commissioned Service
- Escalate

Patient Assessment
Check SCR (as necessary)

- Supply
- Print token
- Dispense
- Record
- No Supply
- EPS Rx
- OTC Supply
- Not appropriate
- Out of stock

Options available to the pharmacist

Record the outcome of the referral on the NHS CPCS IT System. Submit £14 claim for each NHS CPCS completion on monthly basis via MYS portal. Retain Emergency Supply tokens in the pharmacy for post payment verification (if required).
Hypertension Case-Finding Service
Hypertension Case-Finding Service

- Cardiovascular disease (CVD) is one of the leading causes of premature death in England
- It affects 7 million people and accounts for 1.6 million disability adjusted life years
- Hypertension is the biggest risk factor for CVD
- Top five risk factors for all premature death and disability in England
- 5.5 million people have undiagnosed hypertension in England
- CVD is a key driver of health inequalities and accounts for around 25% of the life expectancy gap
Hypertension Case-Finding Service

• Early detection of hypertension is vital
• Evidence that community pharmacy can provide a key role in detection and subsequent treatment of hypertension
• Community pharmacy engagement has the potential to improve outcomes and reduce the burden on general practices
• Levels of detection are expected to have fallen over the past year due to the impact of COVID-19 on routine blood pressure monitoring
Hypertension Case-Finding Service

- The service commenced on 1st October 2021
- Two stages:
  - **Stage 1** - identify people at risk of hypertension – ‘Clinic check’
  - **Stage 2** - 24-hour ambulatory blood pressure monitoring (ABPM)
GP referrals

- Can refer patients for both normal BP checks and ABPM
- Need a locally agreed process
- No specific requirements for the process
- ABPM referrals best done electronically
- Template referral form available
Inclusion criteria:
- Adults who are 40 years old or over, who do not have a current diagnosis of hypertension or a related condition
- Any patient under the age of 40 who requests the service because they have a recognised family history of hypertension may be seen under this service (with notes provided in the information sent to the general practice to this effect) if the pharmacist thinks this is appropriate
- Adults between 35 and 39 years old who are approached about or request the service may be tested at the pharmacist’s discretion
- Adults specified by a local GP practice for the measurement of blood pressure

Exclusion criteria:
- People who are unable to give consent to participate
- People under the age of 40 years old, unless at the discretion of the Pharmacist
- People who have their blood pressure regularly monitored by a healthcare professional, unless at the request of a local GP practice
- Any person who is identified as suitable to be included under the criteria but where the smallest / largest cuff available does not fit
Appliance Use Reviews (AURs)
AURs

- AURs aim to improve the patient’s knowledge and use of any specified appliance* by:
  - establishing the way the patient uses the appliance and the patient’s experience of such use
  - identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient
  - advising the patient on the safe and appropriate storage of the appliance
  - advising the patient on the safe and proper disposal of the appliances that are used or unwanted

* Specified appliances are listed in Part IXC of the Drug Tariff
AURs

• Any information which the pharmacist or specialist nurse considers necessary for the GP to be aware of, must be forwarded to the patient’s GP (if they are registered with one)
• Any information sent to a patient’s GP must also be copied to any nurse who is practising with the GP and providing relevant primary medical services to the patient, if it is known that there is such a nurse
Stoma Appliance Customisation (SAC)
SAC

- Involves the customisation of a quantity of more than one stoma appliance*, based on the patient’s measurements or a template.
- The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

* Stoma appliances suitable for this service are listed in Part IXC of the Drug Tariff.
Hepatitis C testing service
Hepatitis C testing service

• The Community Pharmacy Hepatitis C Antibody Testing commenced on 1st September 2020
• It is focused on provision of point of care testing for Hepatitis C antibodies to people who inject drugs, i.e. individuals who inject illicit drugs, e.g. steroids or heroin, but who haven’t yet moved to the point of accepting treatment for their substance use
• Where people test positive for Hepatitis C antibodies, they will be referred for a confirmatory test and treatment, where appropriate
Questions, comments and next steps
Further information

- psnc.org.uk/nms
- psnc.org.uk/flu
- psnc.org.uk/cpcs
- psnc.org.uk/hypertension
- psnc.org.uk/aur
- psnc.org.uk/sac
- psnc.org.uk/hep-c

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