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Local Pharmaceutical Committee

New Pharmacy Contract, Primary Care Network and CPCS

Engagement Evening

Written by Dr Lisa Manning



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Welcome!

- Objectives
 - Overview of Funding
 - New Terms of Service
 - Pharmacy Quality Scheme
 - Community Pharmacist Consultation Service
 - Future Services
 - Primary Care Networks
- Housekeeping
- Any Questions: Email DrLJManning@Hotmail.com



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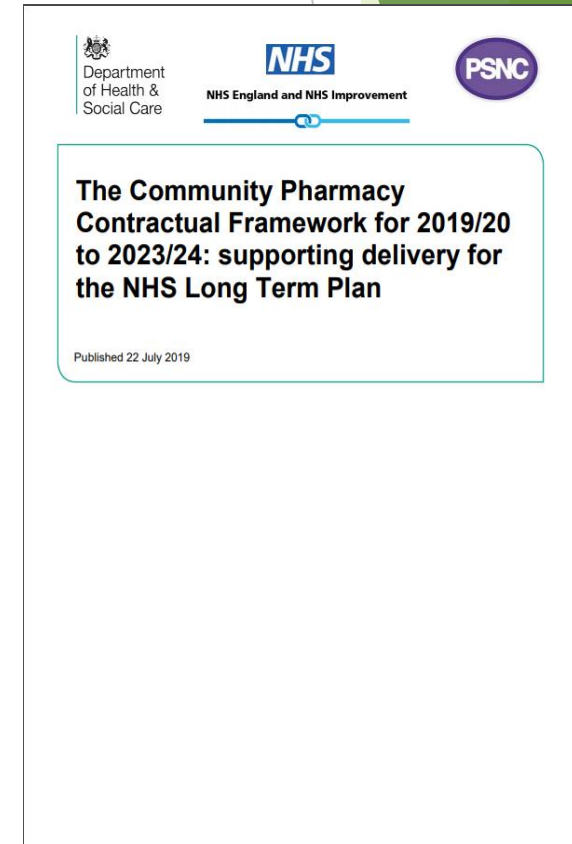
- **New Community Pharmacy Contractual Framework**



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Summary of the deal

- £13 billion investment over 5 years
- £2.592bn a year
- Funding protected from further cuts
- Sets out a clear vision for our services – in line with pharmacies ambitions in the Community Pharmacy Forward View
- Annual Review points to ensure full global sum is utilised.





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Negotiations: Political Context

- Further cuts had been planned in 2018/19 and 2019/20 – an average £6k per contractor further removed nationally.
- NHSE&I Board paper released in June stated:

Material financial pressures that have been absorbed within the commissioner sector financial position for 2018/19 include ... the loss of the savings expected from DHSC's renegotiation of community pharmacy fees that DHSC did not secure."

Removal of "up to" funding envelope important
EP and MUR removal gave an easy mechanism
Not a strong negotiating position



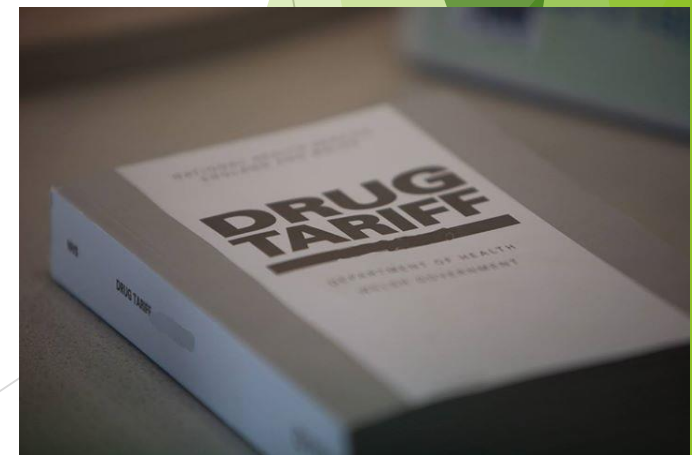


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October Drug Tariff

- Many aspects remained unchanged e.g. Single Activity Fee, NMS, Pharmacy Access Scheme etc.
- Pharmacy Quality Scheme – Payment end March / early April
- CPCS fee will be set at £14.00
- Serious Shortage Protocol fee will be set at £5.35



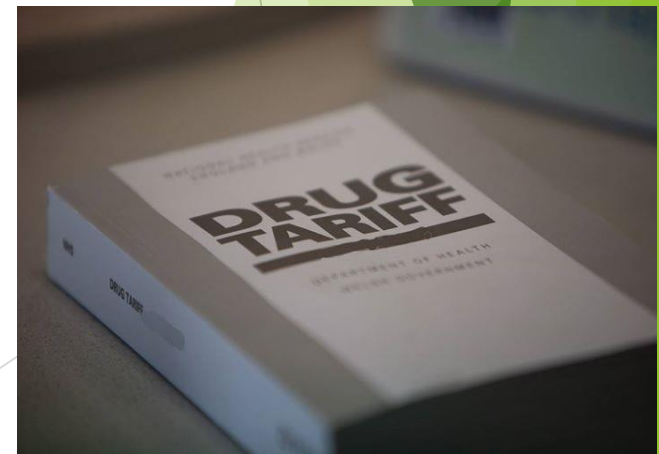


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October Drug Tariff

- Transitional Payments will ensure full 2.592bn is delivered
- Monthly Transitional payment is based on items dispensed in the months from 1st Oct, as follows:
 - 0 - 2,500 £100.00
 - 2,501 - 5,000 £700.00
 - 5,001 - 19,167 £780.00
 - 19,168+ £833.33
- This will be reviewed and adjusted
- **To help contractors prepare for a more service-based role and engage with Primary Care Networks**





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Reimbursement Changes

- PSNC and Government are committed to improving the current reimbursement arrangements
- To deliver smoother cashflow and fairer distribution of margin.
- This will cover Category M, Category A, discount deduction etc.
- Detailed discussions will start in Autumn



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What does this mean for your businesses?

- Difficult financial situation remains, and huge challenges lie ahead.
- The deal means **major changes for all pharmacy businesses.**
- Through annual reviews PSNC will stress costs and manageability
- Specific challenges will be around:
 - dispensing efficiencies
 - freeing up pharmacists' time
 - wider use of clinical workforce
 - branch viability and consolidations
 - coming together locally in PCNs
 - working closer with GPs
- **NOW IS THE TIME TO ADAPT!!!** – To be a service led profession , about quality , about the local population via PCNs





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Contract Terms of Service Changes



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Terms of Service

- New Terms of Service requirements from 1st April 2020:
 - Healthy Living Pharmacy Level 1
 - Consultation room (meets approved particulars , urge IT capabilities)
 - NHSmail
 - Summary Care Records access
 - NHS 111 Directory of Services
 - NHS.UK pharmacy profile updating
 - Pharmacy professionals are Level 2 Safeguarding trained
- All pharmacies must be able to use EPS



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Quality: the Pharmacy Quality Scheme

- Pharmacy Quality Scheme replaces Quality Payment Scheme- about maximising income
- Makes more of 'Quality' rather than 'payments'
- Incentives have an annual value of £75m
- Some quality criteria grouped into bundles/domains for payment e.g patient safety
- Could claim advance Aspiration payment of up to 70% of QPS earnings from 2018/19
 - Payment on 29th November





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Gateway Criteria

1. Offering Flu Vaccination Service and/or NMS
2. Active shared premises NHSmail mailbox, with two linked accounts (increased to 10 that can be linked)
3. Update NHS website profile between 1st October and 30th November
4. Level 2 safeguarding status for 80% of pharmacy professionals





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Quality Domains

- The Pharmacy Quality Scheme is now split into 6 domains or bundles:
 1. Risk management and safety
 2. Medicines safety audits (which complement the GP equivalent QOF module)
 3. Prevention
 4. Primary Care Networks (PCNs)
 5. Asthma
 6. Digital enablers
- **New: The **whole** domain must be completed to be able to meet it, unlike previous schemes**





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Quality – PQS Quality Criteria

- **Risk Management and Safety Composite Bundle (30 points, min. £1920)**
 - CPPE Risk Management training and assessment
 - update the previous risk review and record risk minimisation actions taken
 - CPPE sepsis online training and assessment with risk mitigation and risk review entry
 - CPPE online training and assessment on LASA errors
 - New safety report including a focus on LASA errors





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Quality – PQS Quality Criteria

- Medicines Safety Audits complementing the GP Quality Measures (25 points, min. £1600)
 - Lithium
 - Valproate
 - Repeat of the NSAIDs and gastro-protection audit
- Asthma (5 points, min. £320)





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Quality – PQS Quality Criteria

- Prevention Composite Bundle (25 points, min. £1600)
 - HLP level 1 (self-assessment)
 - ALL patient-facing staff are Dementia Friends
 - dementia friendly environment standards checklist
 - discussions with all people with diabetes re. annual foot and eye checks
 - reduction in volume of Sugar Sweetened Beverages sold by the pharmacy (10% or less)





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Quality – PQS Quality Criteria

- Primary Care Networks (12.5 points, min. £800; extra 10 points for pharmacy PCN leads £1440)
 - demonstrate that pharmacies in a PCN area have agreed a collaborative approach to engaging with their PCN and agreed a PCN Lead
- Digital enablers:
 - NHS 111 DoS profile and SCR access (2.5 points, min. £160)





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Quality - PQS declaration and guidance

- Declaration period:
9am 3rd Feb - 11.59pm 28th Feb 2020
- PSNC Briefings 041/19
- NHSE&I guidance is now published
Search “Pharmacy Quality Scheme guidance”
on england.nhs.uk)
- Keep abreast of the LPC tracker
- Visit psnc.org.uk/PQS for more information

The image shows a document titled "PSNC Briefing 041/19: The Pharmacy Quality Scheme 2019/20". The document is dated September 2019 and is published by PSNC (Pharmacy Services and Commissioning). The document provides information about the Pharmacy Quality Scheme (PQS) for the 2019/20 financial year. It states that the scheme was announced in July 2019 and is an updated version of the previous scheme. The document also provides information about the review period, the gateway criteria, and the NMS and NHSE&I guidance. The document is 11 pages long and includes contact information for PSNC.

PSNC PHARMACY
The Heart of our Community

Services and Commissioning

September 2019

PSNC Briefing 041/19: The Pharmacy Quality Scheme 2019/20

In July 2019, a new Pharmacy Quality Scheme (PQS) was announced for the 2019/20 financial year; this scheme was formerly known as the Quality Payments Scheme (QPS). This PSNC Briefing is an updated version of PSNC Briefing 029/19 following further discussions between PSNC and NHS England and NHS Improvement (NHSE&I), which provides updated and new information on the Scheme. The requirements of the PQS 2019/20 will also be published in the October 2019 Drug Tariff.

The review period
There will be no review point as there has been in previous schemes. Contractors will be required to make a declaration between 9am on 3rd February 2020 and 11.59pm on 28th February 2020 on the NHS Business Services Authority (NHSBSA) [Manage Your Service \(MYS\) application](#). Contractors will be required to declare that on the day of making their declaration, that they meet the gateway criteria and that they meet the domains they are claiming payment for (except if they plan to meet the Sugar Sweetened Beverage (SSB) quality criterion by 31st March 2020).

NHS England and NHS Improvement guidance
NHSE&I will be publishing guidance to provide more information on the PQS 2019/20; this will be available on the NHS England website. PSNC will alert contractors once the guidance is published through our normal communication channels.

The gateway criteria
There are **four** gateway criteria which contractors must meet on the day of making their declaration for a PQS 2019/20 payment. As per previous declarations, passing the gateway criteria will not, in and of itself, earn a payment for the pharmacy.

1) **Advanced services**
On the day of the declaration, contractors must be offering at the pharmacy the New Medicine Service (NMS) and/or the NHS community pharmacy seasonal influenza vaccination service.

If a contractor is declaring that they provide the Flu Vaccination Service and/or NMS at the pharmacy to meet this gateway criterion, they should ensure that either or both of these services are listed on their NHS UK profile.

2) **NHSEmail**
On the day of the declaration, pharmacy staff at the pharmacy must be able to send and receive NHSEmail from their shared premises specific NHSEmail account, which must have at least two live linked accounts.

Each pharmacy's designated mailbox owner can add and remove personal NHSEmail addresses to or from a pharmacy's shared premises NHSEmail account as required. If your pharmacy does not have a shared NHSEmail account or two live linked accounts, [PSNC's NHSEmail page](#) contains further guidance.

Page 1 of 11 info@psnc.org.uk psnc.org.uk 0203 1220 810



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NHS Community Pharmacist Consultation Service



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NHS Community Pharmacist Consultation Service

- Expansion of clinical services , national rollout was from 29th October 2019
- Referrals to pharmacies from NHS 111
- Replaces NUMSAS and local DMIRS pilots
- Received around 700 NUMSAS referrals a month – this will continue for CPCS
- Anticipation that the Minor Illness side will eventually match the numbers of NUMSAS
- NUMSAS NHS 111 online pilot now CPCS online full service continues – only in C&M area but only for emergency meds not MA





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NHS CPCS – What are 111 being told about the service?

- https://www.youtube.com/watch?v=M0IE5iyGd_0&feature=youtu.be





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CPCS: why it's important

- Positions pharmacies as healthy living centres: prevention and treating minor conditions
- Key role at the heart of the NHS
- Must ensure that patients leave having had their query fully dealt with. – advice, treatment, referral onwards
- Must be operational over all opening hours
- Locums must be able to offer the service
- Opportunity to prove our capabilities through the CPCS
- And to make case for further investment in that service as it expands

- MAKE SURE WE DELIVER





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NHS Community Pharmacist Consultation Service

- Follow up calls to no-show patients reduced to one (from three)
- Transitional payment of:
 - £900 if signed up by 1st December 2019; or
 - £600 by 15th January 2020
- You can now register via MYS have 66/78 pharmacies signed up
- Fee of £14 per completed consultation
- To pilot: expansion with referrals from GPs (April 2020) , NHS 111 online MA referrals , Urgent Treatment Centres and possibly A&E





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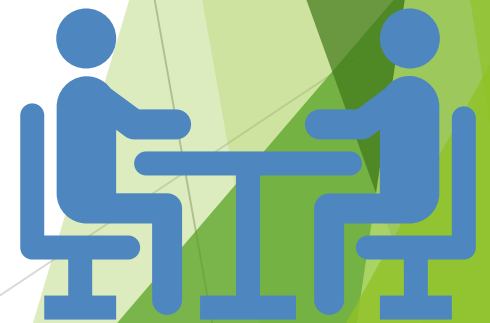
Future Service Developments



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Clinical Services: Medicines Use Reviews

- MURs to be phased out as Structured Medication Reviews carried out by clinical pharmacists working within PCNs are introduced
- Contractors will be able to provide up to
 - 250 MURs during 2019/20 (max. 200 in H1)
 - 100 in 2020/21
- From 1st October 2019/20, 70% of MURs must be for patients taking high-risk meds or post-discharge (link to TCAM referrals) (not Respiratory or CVD)





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Clinical Services: Prevention

- Level 1 Healthy Living Pharmacy an essential requirement by 1st April 2020- (make sure you record advice given as contractual evidence)
- Hepatitis C testing to be introduced in 2019/20
 - open to people using needle and syringe programmes
 - probably commissioned as an Advanced service
 - time limited service
- Data capture for national public health campaigns, exploration of use of digital marketing assets

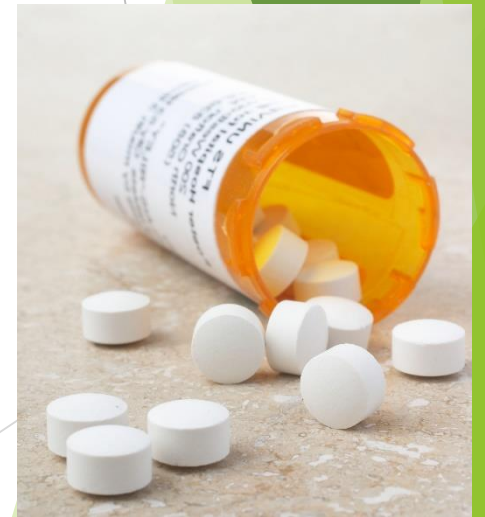




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Clinical Services: Medicines Optimisation

- Medicines reconciliation service to ensure changes in medication made in secondary care are implemented when patient discharged into the community (April 2020)
- Consider NMS expansion to include further conditions (April 2021)
- New service to improve access to palliative care medicines to be piloted (April 2021)





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Future clinical service development

- A range of pharmacy services will be piloted which may, if successful, be commissioned nationally
- The Pharmacy Integration Fund and the PCN Testbed programme are NHS development initiatives that will be used to provide the necessary funding for pilots



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Clinical service development: Prevention services that will be piloted

- Detection of undiagnosed cardiovascular disease eg NHSE BP service in our area
- Point of care testing around minor illness to support efforts to tackle antimicrobial resistance
- Stop smoking referrals from secondary care
- Vaccination and immunisation
- Routine monitoring of patients on repeat medication eg contraceptives
- Support for PCN service specifications , e.g. on early cancer diagnosis and in tackling health inequalities





Summary of the deal

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	Oct 2019 – Mar 2020	Apr 2020 – Mar 2021	Apr 2021 – Mar 2024
Funding	Flat funding of £2,592bn Consulting on changes to reimbursement	Flat funding – review in Oct 2020 Establishment Payment Phased out	Flat Funding – review in Oct 2021 Increase share of funding for clinical services
Pharmaceutical Services	MUR capped at 250 – target PCN pharmacists to start SMRs	MURs capped at 100 & phased out Medicines Reconciliation Service	Palliative care medicines service Scope of NMS expanded Routine monitoring of patients under eRD (e.g. oral contraception)
Consultation service (CPCS)	NHS 111 service introduced in Oct 19 Fee of £14 per intervention	GP referral service due to be introduced	Urgent treatment referrals A&E referrals Point of Care Testing
Public Health	Hep C testing service	HLP Level 1 status becomes mandatory	BP & AF case finding Stop smoking referrals Early cancer diagnosis
Pharmacy Quality Scheme	Prepare to engage with PCNs Prescribing safety Diabetes patient checks	Suicide prevention training Inhaler technique audit Anticoagulation audit	Details to be confirmed
Regulations	Mergers & closures – Hub & Spoke – Original Pack Dispensing – Empower technicians		



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Enabling the changes

- Legislative changes to enable:
 - all pharmacies to benefit from hub and spoke dispensing and increased use of automation
 - better use of skill mix
 - use of original pack dispensing
 - support for owners wishing to consolidate



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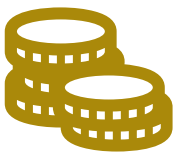
Challenges for pharmacy



- **Workload:** there is a need to make dispensing more efficient to free up staff to provide services instead



- **Premises:** consultation rooms are now vital and more technology will be needed



- **Funding:** flat funding will make changes harder; many pharmacies are under serious financial stress



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CPCF Closing Points

- Pharmacies must adapt to reduce their reliance on dispensing income
- Global sum is flat for the next 5 years- gives stability
- Loss of establishment payments and MUR's are a threat
- There are ways of replacing and enhancing this income through **new services**.
- Maximise income by claiming your PQS
- The CPCS is VITAL to the success of the rest of the 5-year deal



Local Services

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- ▶ **National Services (NHSE)**
 - Community Pharmacy Contractual Framework
 - Public Health Campaigns
 - NMS/MUR/AUR/SAC
 - Community Pharmacist Consultation Service (CPCS) – New
 - The NHS Flu Vaccination Service
- ▶ **Local (NHSE)**
 - CPCS Emergency Supply Service NHS 111 Online
 - Blood Pressure Service
- ▶ **Local Authority**
 - Emergency Contraception
 - Stop Smoking Services
 - Supervised Consumption
 - Needle Exchange
- ▶ **CCG**
 - Palliative Care Service
 - Care at the Chemist
 - Dressing service



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Primary Care Networks (PCNs)

Written by Dr Lisa Manning



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An introduction to Primary Care Networks

<https://youtu.be/W19DtEsc8Ys>



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What are Primary Care Networks

- GP practices joining together as groups of practices working with community service providers and other health and care organisations, including community pharmacies
- The NHS Long Term Plan said that all GP practices should be in a PCN by June 2019
- PCNs are based on GP lists, typically serving populations of around 30,000 to 50,000 patients



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What are Primary Care Networks

- PCNs will typically comprise:
 - 5-6 general practices
 - 9-10 community pharmacies
- They will have teams comprising of a range of staff, e.g. GPs, pharmacists and allied health professionals
 - 100-150 clinicians and wider staff
 - Small enough to give a sense of local ownership
 - Big enough to have an impact across the local population



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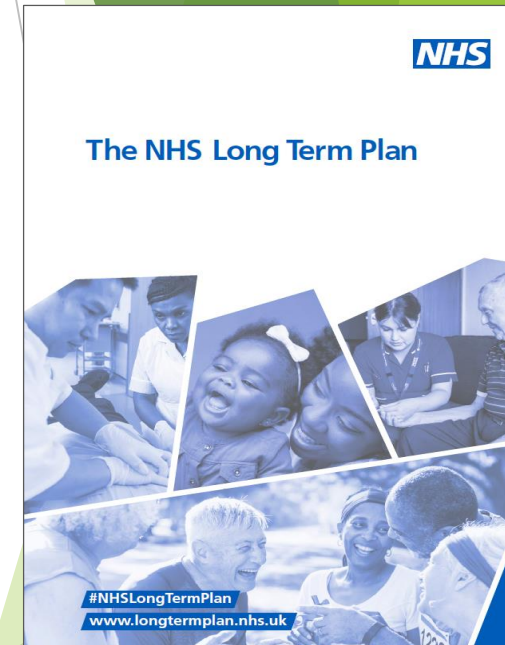
PCNs are at the heart of the NHS Long Term Plan

Aims of the NHS Long Term Plan:

- Everyone gets the best start in life
- World class care for major health problems
- Supporting people to age well

How:

- Developing integrated care systems with primary care networks as the foundation
- Preventing ill health and tackling health inequalities
- Supporting the workforce
- Maximising opportunities presented by data and technology
- Continued focus on efficiency





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• **How will PCN improve primary care?**

- By strengthening and redesigning health and social care by bringing together a range of professionals to work together to provide **enhanced personalised** and **preventative care** for their local community
- By providing the structure and funding for services to be developed locally, in response to the needs of the patients they serve
- By having aligned clinical and financial aims and a unified, capitated budget – making joint decisions on how funding is spent
- By sharing resources, PCNs will be able to employ a broader range of staff, extend services or offer new services



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Clinical Pharmacists

- Around 5-6 full-time Clinical Pharmacists per network
- Key personnel for community pharmacies to engage with
- Key Priorities:
 1. Undertaking medication reviews for patients, including those with dementia, cardiovascular disease and other major conditions
 2. Improving safety, outcomes and value from medicines through a person-centred approach to safe, effective medicines use
 3. Providing care home residents and people with learning disabilities and autism, regular clinical pharmacist-led medicine reviews
 4. Reducing inappropriate antibiotic use



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How can community pharmacies get involved?

<https://youtu.be/uT33lO95xqc>



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How can community pharmacies get involved?

- Your LPC has mapped you to a PCN (or two, so may want to be added to comms group of second PCN)
- LPC has engaged with PCNs and presented what pharmacy can offer and promoted engaging with the PCN pharmacy lead
- Become knowledgeable about PCNs eg read the pack on your tables , visit PSNC website often!
- Start WORKING TOGETHER!
- Your LPC is working to support community pharmacy teams getting fully engaged in PCNs eg setting up communication groups, promoting PCN lead training
- This includes helping to identify a PCN lead community pharmacist
- Consider how you can develop or enhance relationships with local health and care providers, particularly GP practices (especially clinical pharmacists working there)
- Engage in opportunities for local collaborative working, e.g. Walk in my Shoes, if available



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Actions for community pharmacy teams

- Stay up-to-date on the current NHS landscape (check the PSNC and LPC website regularly)
- Know and understand who is in your network
- Decide how you will communicate with each other
- Consider whether you would be willing to act as a community pharmacy PCN lead and length of appointment
- Stay in touch with LPC for regular updates on local activity / developments
- Work through the worksheet on your tables which should give you the evidence to meet the Pharmacy Quality Scheme indicator requirement



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Break Out Session

- Introductions
- What services do you offer in your pharmacies?
- How will you communicate?
 - LPC-facilitated email/WhatsApp?
- Any volunteers for PCN Leads? All candidates will be sent to the relevant PCN pharmacies to vote via email and the results of which will be shared Dec 2019
- What is a lead? How will they ensure they can fulfil the role?
- Must attend PCN meetings
- Must feed back to LPC and PCN pharmacies with timely reports
- How will they engage with the clinical leads ?
- How long will their term of appointment last?
- Do they understand can't make decisions without the agreement from the other pharmacies in the PCN