Department of Health & Social Care

NHS England and NHS Improvement

PSNC

The Community Pharmacy Contractual Framework for 2019/20 to 2023/24: supporting delivery for the NHS Long Term Plan

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Foreword

Soon after becoming the Secretary of State for Health and Social Care, I set out my ambition to unlock the huge potential within community pharmacy. I outlined that I wanted to see the clinical skills of the teams that work in pharmacies better utilised and to make best use of the accessibility of the 11,500 pharmacies throughout England. I am now delighted to set out this landmark 5-year settlement for the Community Pharmacy Contractual Framework (CPCF) which, from October 2019, will expand and transform the role of community pharmacies and embed them as the first port of call for minor illness and health advice in England.

Community pharmacies are a vital and trusted part of our NHS. We need to draw on your expertise, your experience, and the invaluable human connection you have with your communities. Through this deal I expect to see community pharmacies further integrated within local primary care networks, doing more to protect public health and taking on an expanded role in urgent care and medicines safety.

This deal sets out a clear future vision for community pharmacy, a vision which NHS England & NHS Improvement and the Pharmaceutical Services Negotiating Committee fully support and are committed to delivering in partnership with us. I invite and encourage community pharmacy and other primary care contractors to work with me to deliver integrated and accessible community health services for all and to help people live happier, healthier lives for longer.

MATT HANCOCK

Summary

1. This agreement between the Government, the NHS and the Pharmaceutical Services Negotiating Committee (PSNC) describes our joint vision for how community pharmacy will support delivery of the NHS Long Term Plan. The deal:

- Commits almost £13 billion to community pharmacy through its contractual framework, with a commitment to spend £2.592 billion in each of the next five financial years. This significant investment, compared to original government plans, recognises the contribution that community pharmacy has committed to making towards the delivery of the NHS Long Term Plan;

- Is in line with the GP contract, providing 5-year stability and reassurance to community pharmacy. This should allow businesses to make long term business decisions and to discuss investment with banks and suppliers;

- Builds upon the reforms started in 2015 with the introduction of the Quality Payments Scheme to move pharmacies towards a much more clinically focused service;

- Confirms community pharmacy's future as an integral part of the NHS, delivering clinical services as a full partner in local Primary Care Networks;

- Describes new services which will immediately be offered through community pharmacy as well as a programme to develop evidence-based additions to those services. Foremost amongst the new services is the new national NHS Community Pharmacist Consultation Service, connecting patients who have a minor illness with a community pharmacy which should rightly be their first port of call;

- Underlines the critical role of community pharmacy as an agent of improved public health and prevention, embedded in the local community;

- Recognises that an expanded service role is dependent on action to release pharmacist capacity from existing work. The deal rationalises existing services and commits all parties to action which will maximise the opportunities of automation and developments in information technology and skill mix, to deliver efficiencies in dispensing and services that release pharmacist time;

- Continues to prioritise quality in community pharmacy and to promote medicines safety and optimisation; and

- Underlines the necessity of protecting access to local community pharmacies through a Pharmacy Access Scheme.

- Commits to working on a range of reforms to reimbursement arrangements to deliver smoother cash flow, and fairer distribution of medicines margin and better value for money for the NHS.

A Clinical Future in a New Context

2. Community pharmacists are highly trained healthcare professionals in whom the NHS has made significant investment. They are passionate about providing high quality services to their patients. We know that community pharmacists have the potential to play a greater role in clinical service delivery, helping people to stay well. Whilst the supply of medicines remains an ongoing and critical part of what community pharmacy provides, this deal signals the beginning of a fundamental shift towards clinical service delivery, focussed initially on minor illness and the prevention and detection of ill health. This will not be an overnight transformation, but contractors should be in no doubt where the future of quality community pharmacy lies. We will support you, offering a range of training to ensure that you have the skills and confidence to undertake these new roles. An outline of how we have agreed to develop services within the Community Pharmacy Contractual Framework (CPCF) is provided at Annex A.

3. The NHS Long Term Plan described the development of local Primary Care Networks (PCNs). This was supported by a five-year settlement with GPs. Across England, GPs have established the general practice core of PCNs serving 30-50,000 patients and appointed a clinical director for each. Over 2019/20, we expect to see a building and cementing of wider relationships with their partners to deliver integrated care, and by April 2020, we expect to see the network agreement for each PCN reflecting this. Community pharmacy will be a key partner in local PCNs and this is recognised in various places in this deal.

4. Most importantly, we expect to see collaboration within PCNs in the delivery of clinical services, as described in more detail below. A programme of PCN test beds are to be established, which alongside the Pharmacy Integration Fund (PhIF), should be a mechanism to drive integrated delivery models and fund the development of arrangements that could be rolled out nationally through the CPCF. The advent of PCNs will require contractors to collaborate in a way that they will not have done in the past, both with other partners but also with each other, to deliver the best outcome for patients.

Urgent Care

5. The NHS Long Term Plan and the five-year framework for the GP Contract have set out an ambition to develop the role of community pharmacy in managing demand for urgent and primary medical services, including through new ‘pharmacy connection schemes’. This deal delivers a new NHS Community Pharmacist Consultation Service (CPCS) which will take referrals to community pharmacies from NHS 111 initially, with a rise in scale with referrals from other parts of the NHS to follow. The CPCS will relieve pressure on the wider NHS by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient and effective service to meet their needs.

This will continue to be supported by the NHS Help Us Help You Pharmacy Advice campaign.

6. Two strands of the new CPCS service will be rolled out nationally in October 2019, with referrals to community pharmacies being made from NHS 111 for minor illness and urgent medicines supply. This new CPCS will replace the current NHS Urgent Medicine Supply Advanced Service (NUMSAS) as well as local pilots of the Digital Minor Illness Referral Service (DMIRS). Community pharmacy contractors signing up promptly to provide the CPCS will be supported financially in 2019/20 to help them to transform their business model (see Guaranteed Investment; page 14) and following those transitional payments the new service will operate with a simple, harmonised fee of £14 per completed consultation. The CPCS provides the opportunity for community pharmacy to play a bigger role than ever this winter as an integral part of the NHS urgent care system. Implementation planning for the new service has already begun.

7. Development of the CPCS will take place over the five-year period. The piloting of DMIRS and NUMSAS through the PhIF has enabled us to introduce a well tried, tested, safe and sustainable service into the CPCF. It has also enabled us to demonstrate the value that community pharmacy can add. We want to build on this model to ensure that any further services are fully evaluated before their introduction at a national scale.

8. Formal referral to community pharmacies from GP practices (the next planned stage in the development of the wider CPCS) is already being piloted in sites across England and could be introduced nationally as early as April 2020. Referrals from NHS 111 online, Urgent Treatments Centres, and possibly A&E are the further planned extensions if PhIF pilots are positively evaluated. The potential volume of referrals is not certain at this stage, but the GP Forward View suggested that around 20 million appointments in general practice alone do not require a GP.

9. We will review the payment model at the end of 2020/21. This review will take account of potential volume efficiencies, review fee structures, as well as the operation and optimisation of all elements of the referral process and service provision. This will be informed by ongoing evaluation of the CPCS in operation

10. NHS England and NHS Improvement and Health Education England will work to deploy PhIF funding in support of the CPCS, to facilitate the continuing development of pharmacists' skills thus ensuring services are as safe as possible. These will be made available in parallel with the service rollout. Subject to a value for money procurement outcome, the PhIF will also be deployed to deliver the requisite IT functionality over 2019/20 and 2020/21.

Prevention

11. We have been clear, we want to put prevention at the heart of the NHS. Through the Healthy Living Pharmacy (HLP) Framework, the majority of community pharmacies are already proactively delivering a wide range of interventions to support people's health and wellbeing. Reflecting the priority we attach to public health and prevention work, by April 2020 being a Level 1 HLP will become an essential requirement for community pharmacy contractors. This will require all community pharmacies to have trained health champions in place to deliver interventions on key issues such as smoking and weight management as well as providing wellbeing and self-care advice, and signposting people to other relevant services.

12. We will agree and extend the reach of the mandated annual health campaigns that community pharmacies take part in, as far as possible aligning them to the use of the equivalent campaigns in general practice as part of effective integration across PCNs. We will discuss with Public Health England how we might make better use of digital assets to deliver and use evaluation to measure the impact and efficacy of these campaigns.

13. In 2019/20, we will fund the introduction of Hepatitis C testing in community pharmacies for people using needle and syringe programmes to support the national Hepatitis C elimination programme, which we propose introducing. This is likely to be a time-limited service.

14. We will also use the PhIF and PCN Testbed programme to test a range of additional prevention and detection services, which if found to be effective and best delivered by community pharmacy, could (with appropriate training) be mainstreamed within the CPCF over the course of the settlement period. These could include:

- a model for detecting undiagnosed cardiovascular disease (CVD) in community pharmacy and referral to treatment within PCNs, complementing the CVD service specification in the new GP PCN contract;

- the introduction of stop smoking support for those beginning a programme of smoking cessation in secondary care and referred for completion in community pharmacy;

- where supported by robust research, evaluation and training, using opportunities in the patient pathway to make further use of point of care testing around minor illness which could support efforts to tackle antimicrobial resistance;

- implementation of any recommendations from the ongoing review of vaccination and immunisation;

- the routine monitoring of patients, for example, those taking oral contraception, being supplied under an electronic repeat dispensing arrangement; and

- activity complementing the content of forthcoming PCN service specifications, for example, on early cancer diagnosis and in tackling health inequalities.

Medicines Optimisation and Safety

15. The optimisation of the use of medicines is a key priority for pharmacists across the healthcare system, in line with the World Health Organisation's ambition to see a 50% reduction in the level of severe, avoidable harm related to medications over the next five years. Over the period covered by this deal, the role of community pharmacy will be further developed to support medicines safety. We will introduce a medicines reconciliation service to ensure that changes in medicines made in secondary care are implemented appropriately when the patient is discharged back into the community. Over the settlement period we will also look to expand the New Medicine Service to include further indications and conditions where it is shown that this will add demonstrable value.

16. There is good evidence that enhanced Structured Medication Reviews (SMRs) are more clinically effective for patients than the current Medicines Use Review (MUR) service within the CPCF. MURs will therefore be phased out by the end of 2020/21 and the funding for this service recycled into the CPCF to fund other service developments. Contractors will be able to provide up to 250 MURs during 2019/20 (contractors who have already provided 200 MURs as part of the interim funding arrangements for Half 1 2019/20 can therefore provide an additional 50 MURs in 2019/20, those that have not will be able to make up the full 250 by the end of the financial year) and 100 in 2020/21. Guidance will be provided about the targeting of those reviews. The MUR service will be replaced for patients by enhanced SMRs carried out by clinical pharmacists working within PCNs as part of the new GP contract arrangements as they arrive from 2019/20.

17. We will also test a new service to improve access to palliative care medicines. This will be piloted via the PhIF before its introduction into the CPCF if evaluated successfully.

Quality - the new Pharmacy Quality Scheme

18. This deal recognises the success of the Quality Payments Scheme (QPS) which continues for the next five years at its current value of £75 million under a new name, the Pharmacy Quality Scheme (PQS).

19. Over the last two years, the scheme has laid the foundations for a shift to a service focus for community pharmacy, incentivising:

- NHS mail rollout for the exchange of confidential patient information;
- access to the NHS Summary Care Record (SCR);
- improved community pharmacy profiles for the NHS 111 Directory of Services (DoS) to facilitate referral; and
- improved pharmacy profiles on NHS.UK (previously NHS Choices) with opening times, facilities and service information.

20. It has also delivered significant wider benefits. For example, over 70,000 patient facing staff in community pharmacies are now Dementia Friends and over 74,000 are trained in child oral health in support of National Smile Month. Nearly 8,000 additional pharmacies have become HLPs (taking the total to over 9,500 pharmacies) and over 12,500 patients with asthma were identified as being at high risk of harm and referred back to their GP practice. Representing a huge effort in community pharmacy, these achievements and others will deliver real benefits to patients.

21. To ensure the move to service provision is successful and to facilitate successful integration into PCNs, requirements around NHSmail, SCR and DoS will become Essential terms of service for community pharmacy contractors. There is already almost universal delivery of these following previous incentivisation, and they will remain in the PQS for 2019/20 until they become Essential terms of service by April 2020. Terms of service will also be updated to include that all pharmacies must be able to process electronic prescriptions from April 2020. There are other improvements to the terms of service we will work together to progress.

22. The PQS for 2019/20 recognises that there will be only 5 months in which to deliver £75 million to community pharmacy. It is set out in full at Annex B. It includes important new requirements.

(a) Preparation for engagement with local PCNs; recognising the effort required from community pharmacy

(b) Activity complementary to the GP contract's Quality and Outcomes Framework (QOF) quality improvement (QI) module on prescribing safety: lithium safety audit and audit of advice on pregnancy prevention for women taking valproate

(c) A repeat of an audit of the use of NSAIDs, to ensure appropriate changes are embedded into practice

(d) Discussions with all patients with diabetes who present from 1 October 2019 to 31 January 2020 to check they have had annual foot and eye checks, with referrals as appropriate

(e) A reduction in the total volume of Sugar Sweetened Beverages (SSB) sold by the pharmacy to 10% or less of all beverages sold by 31 March 2020

(f) Completion of training and an assessment on look-alike, sound-alike (LASA) errors; update of the previous safety report in line with LASA training; and demonstrable evidence of implementation of actions identified in the patient safety report

(g) Update the previous risk review and record mitigations to the previous risk and any subsequent changes identified

(h) Sepsis online training with risk mitigation

(i) Dementia Friendly environment standards checklist completion

23. In future, we want to give community pharmacy contractors better warning of the requirements of PQS; this is now facilitated by a five-year CPCF settlement. We have therefore agreed, prospectively, some of the features of the 2020/21 PQS. These include the completion of suicide prevention training by pharmacy staff and audits focused on inhaler technique and anticoagulation. Further details on these points will be published in due course and we encourage contractors to make early progress on these wherever possible, to support delivery in 2020/21.

Access

24. Access to NHS pharmaceutical services is good in England. Maintaining this remains an important priority for Government. To continue to protect access to local physical NHS pharmaceutical services, in areas where there are fewer pharmacies, we will maintain a Pharmacy Access Scheme (PhAS) within the CPCF. The scheme will continue in its current design with the current funding level of £24 million per annum to be maintained until 31 March 2020. From 1 April 2020 we intend to introduce an updated and improved scheme that is more responsive to changes within the market and takes into account the shift in funding from dispensing to clinical services.

Guaranteeing Investment

25. Funding of £2.592 billion will be available through the CPCF for each of the next five years, giving community pharmacy five-year funding clarity and certainty for the first time. Outside of the CPCF, NHS England and NHS Improvement will continue to deploy the PhIF in a complementary way to support delivery. The Government expects that the level of funding for dispensing will reduce, by an amount to be agreed, over the course of the settlement as new technology and transformation is enabled. Any funding released will be recycled to fund further service provision by community pharmacy. Within the settlement period we will review the funding model and the balance between spend on dispensing and new services within the CPCF as part of creating the capacity and funding necessary to deliver the wider shift towards a greater emphasis on service delivery.

26. The detailed deployment of resources within the overall CPCF funding envelope will be confirmed on an annual basis. In line with the Government announcement made in 2016, the Establishment Payment will continue to be phased out. MURs will cease by the end of 2020/21. Together, these changes create the headroom to reinvest in new services as set out in Table 1. In addition, for 2019/20 and 2020/21, a monthly transitional payment will be available to contractors to support preparations for a more service-based role, paid at a level linked to prescription volume. Alongside incentive payments through the PQS, it recognises pressures in relation to the engagement with local PCNs, implementing new working practices and staff training to support new services, as well as ongoing change such as the move to universal HLP status, preparation for Serious Shortage Protocols (SSPs) and introduction of the new Falsified Medicines Directive. In 2019/20, a supplement to the transitional payment will be available to pharmacies signing up to provide the new CPCS by 1 December 2019 (worth £900), or by 15 January 2020 (£600).

27. In 2019/20, £10 million of the overall funding envelope will also be set aside as a contingency for paying a fee of £5.35 per item for any necessary supply in accordance with SSPs. Should this contingency not be needed, it will be paid to contractors in the transitional payments from February 2020 to ensure that the full £2.592 billion funding is paid in-year.

28. We recognise that the overall quantum of community pharmacy funding is only one consideration for contractors. We are committed to improving the reimbursement arrangements to deliver smoother cash flow, fairer distribution of medicines margin and better value for money for the NHS. Some of these improvements can be introduced shortly, while a further consultation will need to be carried out for others.

29. Further analogous to the GP QOF, to support cash flow and in recognition that we are already some way through 2019/20, for the PQS we will allow community pharmacy contractors to claim an early and advanced ‘aspiration’ payment of up to 70% of their

earning under the QPS in 2018/19, subject to meeting gateway criteria. PQS achievement would then be reconciled and rewarded by the end of the financial year.

Table 1: Outline CPCF Funding Profile to 2023/24

£ millions	2018/19 (Baseline)	2019/20	2020/21	2021/22	2022/23	2023/24
Establishment Payments[1]	164	123	0	0	0	0
Medicines Use Reviews (MURS)	94	59	24	0	0	0
Single Activity Fees (SAF)[2]	*1,315*	*1,315*	*1,315*	*1,315*	*1,315*	*1,315*
Target Retained Medicine Margin	800	800	800	800	800	800
Other activity related payments[3]	97	97	97	97	97	97
Pharmacy Quality Scheme (PQS)	75	75	75	75	75	75
Pharmacy Access Scheme (PhAS)[4]	24	24	24	24	24	24
New Medicines Service (NMS)[5]	23	23	23	23	23	23
NHS Community Pharmacist Consultation Service	-	4	9	13	16	19
Hepatitis C [6]	-	2	2	0	0	0
Unallocated funding for future clinical services to include transition payment in 2019/20 and 2020/21[7]	*-*	*69*	*223*	*245*	*242*	*239*
Total Funding Profile [8]	2,592	2,592	2,592	2,592	2,592	2,592

Footnotes

[1] The precise end date for Establishment Payments requires further discussions between the parties. For the purpose of the table, zero spend has been assumed in 2020/21, although payments may continue to a degree, into 2020/21 although they will definitely have ceased by 2021/22.

[2] For the purpose of the table, a figure of £1,315m has been assumed for SAF throughout - to be confirmed on a year-by-year basis. The level of funding for dispensing will reduce over the course of the settlement as new technology and transformation is enabled. Any funding released will be recycled to fund further service provision by community pharmacy. See paragraphs 30 onwards for details. In addition, further reprioritisation to clinical services will be discussed between the parties.

[3] Other activity related payments: Includes professional fees set out in Part IIIA of the NHS Drug Tariff, in relation to dispensing un-licenced medicines, appliances, controlled drug prescriptions and expensive prescription fees.

[4] PhAS: The scheme will continue in its current design with the current funding level of £24 million per annum to be maintained until 31 March 2020. From 1 April 2020, the intention is to introduce an updated and improved scheme. For the purpose of this table a figure of £24 million has been used throughout. See paragraph 24 for further details.

[5] The share of funding spent on NMS may increase over time, subject to further discussions between the parties over whether more indications and conditions are covered by the service in future years.

[6] Hepatitis C: From 2019/20 funding will be used for the introduction of Hepatitis C testing for people using needle and syringe programmes to support the national Hepatitis C elimination programme. This is likely to be a time-limited service. For the purpose of the table it is assumed to run for 2019/20 and 2020/21. Should the scheme run into subsequent years, it would be funded from the amounts in the row "Unallocated funding for future clinical services " at the bottom of the table. See paragraph 13 for further details.

[7] The agreed programme of activity over the next five years is set out in Annex A. In the first two years some of the unallocated funding will be paid as a transitional payment to support preparations for a more service-based role, paid at a level linked to prescription volume. It recognises pressures in relation to the engagement with local PCNs, implementing new working practices and staff training to support new services, as well as ongoing change such as the move to universal HLP status, preparation for SSPs and introduction of the new Falsified Medicines Directive. £10m will also be set aside as a contingency to fund the fees for supply against SSP in 2019/20, should that be required, with any unused funding paid in the transitional payments in February and March 2020, to ensure the full funding envelope is delivered in-year. See paragraphs 26 and 27 for further details.

[8] Totals may not sum due to rounding.

Enabling Transformation and New Technology

30. Technology will transform the supply of medicines and delivery of pharmacy services just as it is transforming the wider NHS and economy. This is primarily an opportunity, not a threat; it is also an inevitability. We will have wider discussions on how community pharmacy can be clear with its IT suppliers what functionality it will require as the sector evolves.

31. A new and expanded role for community pharmacy will require the sector to adopt new and different ways of working. In particular, we need dispensing to become more efficient to free pharmacists up to provide new services, working at the top of their clinical licence in a way that is both more rewarding professionally but also adds maximum benefit for patients.

32. To help achieve this, we have agreed that with the support of PSNC, the Government will:

- pursue legislative change to allow all pharmacies to benefit from more efficient hub and spoke dispensing, enabling increased use of automation and all the benefits that that brings. As part of this we will agree with PSNC which models will allow the whole sector to benefit fairly;

- explore and implement greater use of original pack dispensing to support efficient automation

- propose legislative changes that will allow for better use of the skill mix in pharmacies and enable the clinical integration of pharmacists; and

- explore the impact of changes to funding and fee structures, including for different types of prescription, and whether these could support the market to move towards more efficient dispensing practices, while increasing the clinical and public health content of any patient interactions.

We will implement any changes over the course of the settlement period.

33. It remains the case that the funding delivered through the CPCF is still supporting more pharmacies in some places than may be necessary to ensure good access to NHS pharmaceutical services. It is recognised that some pharmacy contractors, particularly those with other branches of their own or a competitor's pharmacy closely located, could consider it commercially beneficial to consolidate. To support contractors who may be considering this option, we want to strengthen the protections offered to pharmacies

wishing to consolidate under Regulation 26A of the NHS (Pharmaceutical and Local Pharmaceutical) Regulations 2013 whilst maintaining fair and open competition and access to NHS pharmaceutical services. As part of this exercise we will look to remove any unnecessary administrative requirements to reduce the regulatory burden on service providers. For example, looking at current prescription endorsing requirements to examine whether these could be simplified and ceasing routine opening hours and complaint declarations. We will also make administrative improvements within the Drug Tariff and update other elements of the underpinning contractual framework such as 'approved particulars'.

34. In 2020/21 we will also seek to introduce revised terms of service to reflect the different way in which people use and access online services and the way these services are provided. We will continue to protect patients' free choice of which community pharmacy they wish to dispense their prescriptions.

Review and Development

35. We are committed to working in partnership with the PSNC to develop and implement the new range of services that we are seeking to deliver in community pharmacy. This will include jointly reviewing the evaluations of any pilots and planning for the phasing in of new national services, within the overall funding envelope, cognisant of capacity and costs. In addition, we agree to joint annual reviews of the CPCF in order to ensure and show value for taxpayers and the NHS, and continued progress against the direction of travel set out in this document.

36.There is also a range of legislative changes that will need to be made throughout the 5-year period and updates to the PQS to support the changes we foresee. We will therefore develop a joint work programme which sets out timelines for the various changes to the contractual framework and negotiate on an annual basis, in the Autumn, any changes to be made to the CPCF and announced, so contractors can be adequately prepared for their implementation each April.

Annex A – Key Elements of the Service Development Plan

YEAR 1 – for 2019/20

Urgent Care

- Introduce the Community Pharmacist Consultation Service with referrals from NHS 111 (this replaces the NHS Urgent Medicine Supply Advanced Service as well as local pilots of the Digital Minor Illness Referral Service).

- Pilot the Community Pharmacist Consultation Service with referrals from GP practices.

- Planning to commence pilot of the Community Pharmacist Consultation Service with referrals from NHS 111 Online

Prevention

- Introduce a Hepatitis C testing service in pharmacies for any patients using needle and syringe programmes.

- Planning to commence pilot of case finding for undiagnosed cardiovascular disease

- Planning to commence pilot of stop smoking referrals from secondary care.

- Planning to commence pilots for point of care testing in community pharmacy, where activity to be piloted is supported by robust research and evaluation, to support efforts to tackle antimicrobial resistance.

Medicines Optimisation and Safety

- Commence the phasing out of Medicines Use Reviews.

YEAR 2 – for 2020/21

Urgent Care

- Conclude piloting of the Community Pharmacist Consultation Service with referrals from GP practices and commission this service nationally if the pilot has demonstrated value for money.

- Commence pilot of the Community Pharmacist Consultation Service with referrals from NHS 111 Online.

- Planning to commence palliative care service pilots.

Prevention

- All pharmacies required to be accredited Level 1 Healthy Living Pharmacies by April 2020.

Medicines Optimisation and Safety

- Introduce a medicines reconciliation service as part of a transfer of care around medicine service.

- Conclude phasing out of Medicines Use Reviews.

YEAR 3 – for 2021/22

Urgent Care

- Commence pilot of the Community Pharmacist Consultation Service with referrals from Urgent Treatment Centres.

- To have concluded palliative care pilots and commissioned this service nationally if pilot has demonstrated value for money.

Prevention

- To have concluded pilot of case finding for undiagnosed cardiovascular disease and commissioned this service nationally if pilot has demonstrated value for money.

- To have concluded pilot of stop smoking referrals from secondary care and commissioned this service nationally if pilot has demonstrated value for money.

- Explore activity to complement the content of forthcoming Primary Care Network service specifications; for example, on early cancer diagnosis and in tackling health inequalities.

Medicines Optimisation and Safety

- Discuss and agree any expansion of the New Medicine Service to other therapeutic areas.

Annex B – Summary of the Pharmacy Quality Scheme for 2019/20

Gateway Criteria

- Advanced Services: Offering NHS community pharmacy seasonal influenza vaccination and/or New Medicine Service.

- Pharmacy staff at the pharmacy must be able to send and receive NHSmail from their shared premises NHSmail mailbox, which must have at least two active linked accounts.

- Update NHS website profile for opening hours (including Bank Holidays), services and facilities and promptly update as information changes to ensure information is accurate for the public.

- 80% of all pharmacy professionals have achieved level 2 safeguarding status for children and vulnerable adults in the last two years.

Quality Criteria

Risk management and safety composite bundle:

- 80% of all pharmacy professionals to have completed the CPPE Risk Management training and assessment.

- 80% of all pharmacy professionals to complete CPPE sepsis online training and assessment. Apply learning to respond in a safe and appropriate way when it is suspected that someone has sepsis. Disseminate alert symptoms to staff, to ensure referral to pharmacist.

- The pharmacy has available, at premises level, an update of the previous risk review that the pharmacy team at the premises had drawn up for a risk in that pharmacy. This update must include a recorded reflection on the identified risk and the risk minimisation actions that the pharmacy team has been taking and any subsequent changes identified as a result of the reflection. The risk review should include the risk of missing sepsis identification as a new risk as part of the review, record demonstrable risk minimisation actions that have been undertaken to mitigate the risk.

Note: Pharmacies that did not claim for the risk management quality criterion previously and wish to claim at the next review point must have two identified risks, including the risk of missing sepsis as above, as part of completion and claiming for this whole composite bundle.

- 80% of all pharmacy professionals to complete CPPE Reducing look-alike, sound a-like errors (LASA) e-learning and assessment.

  A new written safety report (and subsequent actions completed in line with current criterion) at premises level available for inspection at review point, covering analysis of incidents and incident patterns (taken from an ongoing log), incorporating learnings from CPPE LASA e-learning. This should include a review of and subsequent actions where mitigation taken has failed to prevent a LASA incident from occurring, evidence of sharing learning locally and nationally, and actions taken in response to national patient safety alerts. Demonstrable evidence of actions identified in the patient safety report have been implemented.

Medicines safety audits complementing QOF QI:

Lithium audit aligned with requirements of the NPSA alert on Lithium.

- All patients prescribed lithium: To be asked if they have had their lithium levels checked in the last 3 months and other relevant blood tests at appropriate intervals, e.g. for kidney (renal) and thyroid function every 6 months, whether this was/wasn't the case recorded on the PMR, or appropriate form/patient record, and referred as appropriate.

  - Asked whether they understand signs of lithium toxicity, e.g. upset stomach and go through these with the patient if they do not know what they are:

    - Record if they did/didn't know signs of lithium toxicity.

  - Asked whether they know what to do if they miss one or more doses:

    - Record if they did/didn't know the appropriate action when they missed dose(s) and whether this advice was provided.

  - Asked if they understand how to prevent toxicity, e.g. adequate fluid intake especially if exercising heavily:

    - Record whether they did/didn't know how to prevent toxicity and whether this advice was provided.

- Provided with general healthy living advice.
- Monitored for interactions (OTC and prescription medicines) with lithium:
    - Record whether patient was taking or had taken medicines OTC which interact with lithium with/without the advice of a pharmacist or doctor.
    - Record whether patient was given advice not to take OTC medicines, including herbal remedies or supplements, without speaking to a doctor or a pharmacist.

If the pharmacy has no patients prescribed lithium, complete a safety audit of patients prescribed phenobarbital, methotrexate or amiodarone as alternatives, in line with the QOF QI.

Valproate safety audit: An audit of the provision of advice on pregnancy prevention for girls and women of childbearing potential taking valproate:

- Ensure that all girls and women of childbearing potential who have presented a prescription for valproate, during a specified 3-month period, have been advised on the risks of taking valproate in line with all the requirements as detailed in MHRA Drug Safety Update 2018, including the potential impact on an unborn child, have been provided with a Patient Guide and have seen their GP or specialist to discuss their treatment and the need for contraception. This intervention should be recorded on the PMR, or appropriate form/patient record.
- Report the number of patients dispensed a prescription for valproate who are old enough to become pregnant and been provided advice and information in line with the MHRA Drug Safety Update 2018

NSAID audit:

- Contractors should implement, into their day-to-day practice, the findings and recommendations from the previous clinical audit on NSAIDs prescribed for those 65 years and above without gastroprotection, undertaken as part of the Quality Payments Scheme for the February 2019 review point. The findings and recommendations from the audit will be published in a report by NHS Specialist Pharmacy Service (when this will be published is still to be confirmed). The pharmacy must then repeat the audit of NSAIDs and gastro-protection for all patients 65 years and over, including notifying the patient's GP where professional concerns are identified, sharing their anonymised

data with NHS England, and incorporating any learning from the re-audit into future practice.

Note: Pharmacies that did not claim for the NSAID audit quality criterion previously and wish to claim at the next review point as part of completion and claiming for this whole composite bundle must complete the audit for the first time and complete the other elements as described above.

Submission of information to NHS England should be reported on the MYS application as part of all above audits.

Prevention composite bundle:

- The pharmacy is a Healthy Living Pharmacy level 1 (self-assessment).
- All patient-facing staff are Dementia Friends.
- The pharmacy has completed a specified dementia-friendly environment checklist and created an action plan which includes making some demonstrable recorded changes to the environment in line with the checklist, as appropriate.
- Check all patients with diabetes who present from 1 October 2019 to 31 Jan 2020 have had annual foot and eye checks (retinopathy) – please note, eye checks are only for patients with diabetes aged 12 or over. Make a record on the PMR or appropriate form/patient record and signpost/refer as appropriate. The total number of patients who have had this intervention, the number that have not had one or either check in the last 12 months and where they have been appropriately signposted/referred should be recorded and reported as part of this criterion.
- The sales by the pharmacy of Sugar Sweetened Beverages (SSB) account for no more than 10% by volume in litres of all beverages sold. The pharmacy must have either achieved this by the review point or declare that they will be meeting this by 31 March 2020.

Primary Care Networks:

- Demonstrate that pharmacies in a PCN area have agreed a collaborative approach to engaging with their PCN, including agreement on a single channel of communication, e.g. by appointing a lead representative for all community pharmacies in the PCN footprint to engage in discussions with the PCN.

Asthma:

- The pharmacy can show evidence that asthma patients, for whom more than 6 short-acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6 month period, have since the last review point been referred to an appropriate health care professional for an asthma review; and can evidence that they have ensured that all children aged 5-15 prescribed an inhaled corticosteroid for asthma have a spacer device where appropriate in line with NICE TA38 and have a personalised asthma action plan. Refer to an appropriate healthcare professional where this is not the case.

Digital enablers:

- NHS 111 DoS profile – Update the pharmacy's NHS 111 DoS profile via DoS updater, including opening hours for Bank Holidays, and promptly update as information changes, to ensure information is accurate for the public.

- Demonstrable access to SCR.

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