

Northwest Community Pharmacy Webinar - Pharmacy First and Wider Service Delivery Support

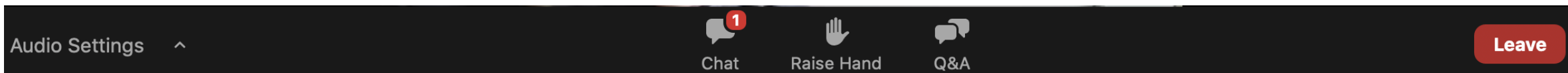


England

Collaboration between Northwest NHS
England, Local Pharmaceutical Committees
and Integrated Care Board

26 June 2024

Housekeeping: Using Zoom Webinars



If you have a question, click on the chat icon in the tool bar and a window opens on the screen. Type in your message and the presenter will either respond during the webinar or your question will be answered during the Q&A at the end.

The intention is to answer all questions at the end today.

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Presenters / Panellists

- Stephen Riley (NHSE NW Deputy Regional Chief Pharmacist - Pharmacy Integration)
- Pam Soo (Community Pharmacy Clinical Lead - Cheshire and Mersey ICB)
- Louise Gatley (Chief Officer, HSHK LPC and Director of Services, CPGM)
- Andrew and Tee Weinronk (Contractors Weinronk pharmacy)
- Amul Mistry (Pharmacy Manager, Well Pharmacy)
- Suzanne Austin (Pharmacy Services Manager, Community Pharmacy Cheshire and Wirral)
- Adam Irvine (CEO, Community Pharmacy Cheshire and Wirral)



Webinar Overview

- Pharmacy First overview and developments
- Pharmacy First service rejections review
- Service delivery from a contractor and pharmacist perspective
- Service delivery tips from the LPC
- Q&A Panel



Northwest Community Pharmacy Webinar– Pharmacy First and Service Update

Stephen Riley

NHSE NW Deputy Regional Chief

Pharmacist

Pharmacy Integration



Pharmacy First and Hypertension Case Finding Services Data

National pharmacy team have developed an operational report which is being shared with ICBs. At national level:

- 96.5 % of pharmacies actively delivering Pharmacy First Service
- 90.9% of pharmacies actively delivering Blood Pressure Service
- 64.2% of pharmacies actively delivering Contraception Service
- Since January 2024 580,000 Clinical Pathway consultations have been delivered

Northwest Data:

- Since January 2024 over 221,000 patients have been supported via Pharmacy First (minor illness, urgent medicines and clinical pathways)
- The Northwest has highest referral rate to Pharmacy First from GP practice
- Northwest pharmacies are delivering over 200 BP checks per 100,000 patient population.

Pharmacy First Service

Pharmacy First is a development of the former Community Pharmacist Consultation Service (CPCS) with the addition of 7 new clinical pathways.

This means the full service will consist of three elements:

Pharmacy First - Clinical pathways

- new service element

Pharmacy First - Referrals for minor illness

- Former CPCS
- Referral via 111, GP or UEC settings

Pharmacy First - Urgent repeat medicines supply

- Former CPCS
- NB Not from general practices but from NHS 111 and UEC settings

- Community pharmacy contractors must provide all 3 elements of the service
- Distance Selling Pharmacies (sometimes called internet or online pharmacies) cannot do the otitis media pathway (because they can only do remote consultations so cannot use otoscopes)
- **General practices cannot refer patients to pharmacies for urgent medicines supply using Pharmacy First but should refer appropriate patients for the other two elements (clinical pathways and minor illness)**

Pharmacy First Conditions

Clinical Consultation pathways*

Condition	Age range
Sinusitis	12 years and over
Sore throat	5 years and over
Acute otitis media	1 to 17 years
Infected insect bite	1 year and over
Impetigo	1 year and over
Shingles	18 years and over
Uncomplicated UTI	Women 16 to 64 years

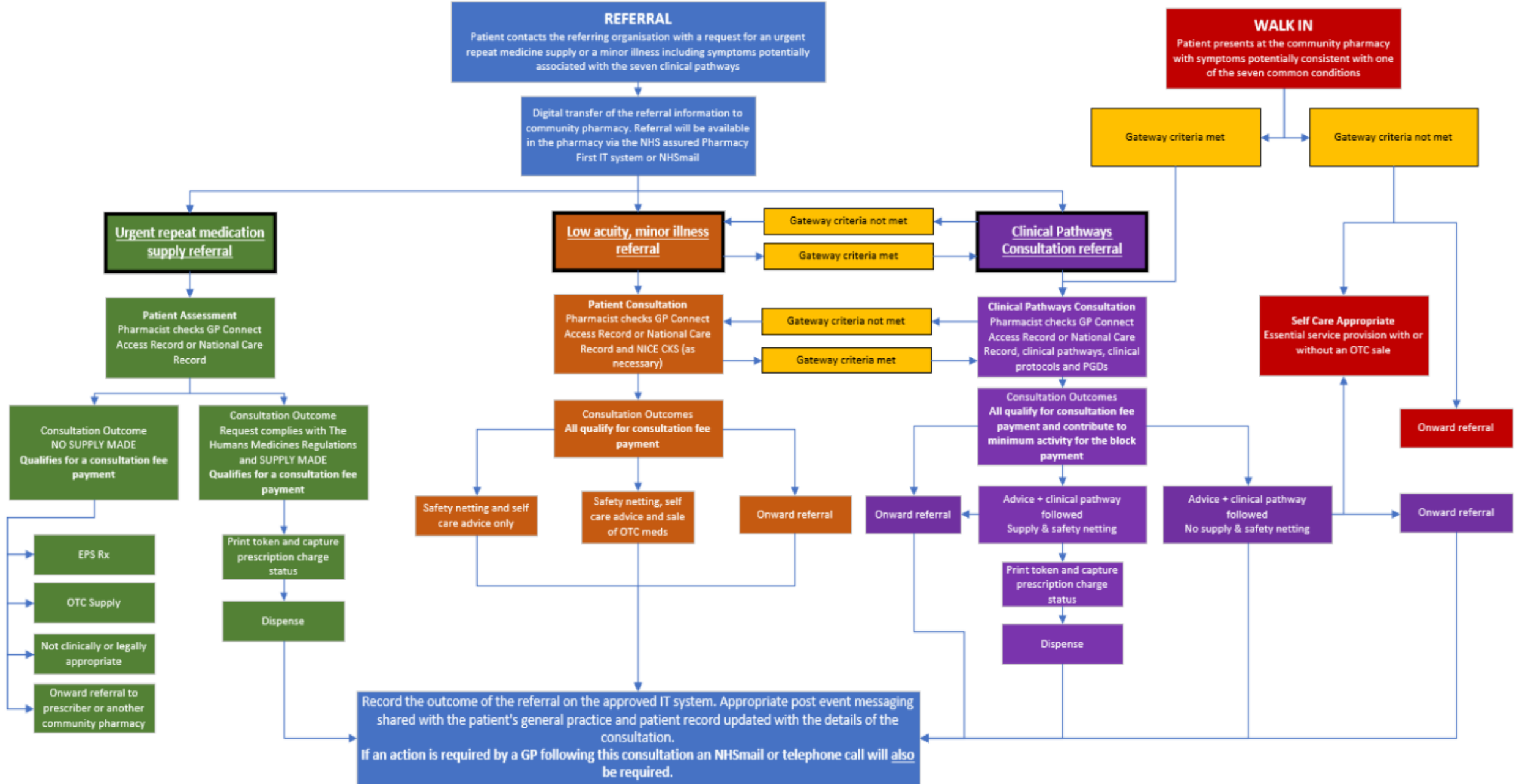
Minor illness consultations – Common Conditions

This is not an exhaustive list, Community pharmacies can receive referrals for anything considered a minor illness.

Acne, spots, and pimples	Allergic reaction	Ankle or foot pain or swelling	Athlete's foot	Bites or stings, insect, or spider	Blisters
Constipation	Cough	Cold and flu	Diarrhoea	Ear discharge or ear wax	Earache
Eye, red or irritable	Eye, sticky or watery	Eyelid problems	Hair loss	Headache	Hearing problems or blocked ear
Hip, thigh, or buttock pain or swelling itch	Knee or lower leg pain	Lower back pain	Lower limb pain or swelling	Mouth ulcers	Nasal congestion
Pain and/or Frequency passing urine	Rectal pain	Scabies	Scratches and grazes	Shoulder pain	Skin, blisters or rash
Sleep difficulties	Sore throat	Teething	Tiredness	Toe pain or swelling	Vaginal discharge
Vaginal itch or soreness	Vomiting	Wound problems – management of dressings	Wrist, hand, or finger pain or swelling		

- Each clinical pathway has [inclusion & exclusion criteria](#)
- Any referred patient that falls out of the criteria for a clinical pathway could be managed via the minor illness route

NHS Pharmacy First Service Overview



Post Event Messaging

- It is a requirement of the SLAs to send post event messages following service delivery to the patient's GP practice
- In PharmOutcomes messages are usually sent atomically via email where there is a validated email address
- If there is no validate email the pharmacy is required to send the notification via another route (e.g. attach to alternate email or print and post)
- As per the communication on 24 June 2024, NHSE has become aware of a technical issue leading to a backlog of messages that have not been sent via email to some GP practices.
- Work is ongoing between the NHS national / regional team, ICBs and LPC colleagues to support the management of historic messages.
- Going forward it is imperative that if a pharmacy is notified that the post event message could not be sent automatically:
 - The notification is sent via an alternative message to the GP practice
 - This is confirmed on the PharmOutcomes system by clicking the "Sent Manually" option within the system.
- **Please note that if clinical information needs to be urgently communicated to a GP practice or patient requires a referral for a consultation with another clinician there should be a locally agreed pathway to support this. Post event messaging should not be relied upon to relay this information.**

Pharmacy First Transforming Digital Pathways

NHS England is significantly improving the digital infrastructure between general practice and community pharmacy to support the launch of Pharmacy First and the expansion of the Blood Pressure Check Service and Pharmacy Contraception Service:

Improve **referrals** to community pharmacy services

(DoS, Profile Manager, nhs.uk, NHS111 online and 111 telephony pathways)

Streamline digital referrals from general practice to community pharmacy

(Booking and Referrals Standard)

Provide pharmacies with appropriate **access to patient's GP record**

(GP Connect Access Record)

Send structured information to more **easily update the patient's GP record** following a community pharmacy consultation

(GP Connect Update Record)

Streamlining referrals from General Practice to Community Pharmacy

We are introducing a new standard for interoperability called the Booking and Referrals Standard (BaRS). The standard sets out the required information and rules for digitally transferring a referral for a patient between healthcare services.

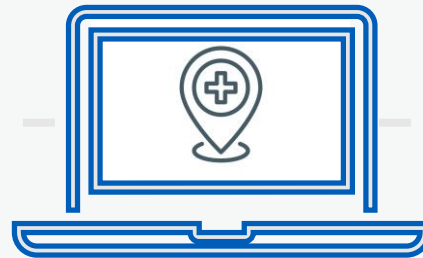
This is an important step to deliver the vision that referrals can flow between any healthcare IT system enabling healthcare professionals to receive a standardised set of information.

How will BaRS be used for Pharmacy First?

- BaRS will initially support general practice referrals for Pharmacy First (minor illness and clinical pathway).
- Standardises and streamlines the way referrals are sent by general practice team and received by Community Pharmacy.
- Enables joined up digital patient journeys.
- The direction of travel is to expand BaRS, enabling all referrals into arrive into pharmacy workflows in the future.



General practice triages patient to Pharmacy First



General practice use Directory of Services to offer the patient a choice of a local pharmacies



General practice refers patient to their chosen pharmacy



Patient contacts pharmacy and is provided with appropriate care

Information sent in BaRS referrals to Community Pharmacy

BaRS enables general practice systems to provide structured referrals into community pharmacy, using a consistent common dataset to ensure that pharmacy have all the information they need.

BaRS referral messages contain the following content (blue text denotes mandated fields):

Booking and Referral Standard dataset



Person demographics – name, DoB, gender, ethnicity, NHS number, address, preferred contact method, telephone number, email address



Clinical summary – clinical narrative



General Practice – GP name, practice address and identifier (ODS)



Legal information, including consent for information sharing



Referral details – date of referral, service of the referrer, e.g. GP practice, ODS code, referral type e.g. Pharmacy First, contact details of referrer, person referral reference, journey ID, ODS code of where the referral is to be sent.



Presenting complaints or issues

Benefits for community pharmacy

Community pharmacy teams will be able to receive Pharmacy First clinical pathways and minor illness referrals from general practice directly into assured Pharmacy First IT systems, unlocking the benefits of integrated referrals:



Saving time – reducing burden

- Improve patient safety – encourages formal referrals as opposed to informal signposting.
- Referral information appears in assured Pharmacy First IT system workflow, no need to copy and paste from emails/PDFs.
- Increase visibility – reduced likelihood of referrals being missed.

Improve patient experience

- Provides consistent, structured information pharmacy teams need to see patients who attend for a Pharmacy First (clinical pathways and minor illness) consultation.
- Reduce the need for patients to repeat information.

Actions for Community Pharmacy

To support safe and appropriate Pharmacy First referrals from general practice to community pharmacy.

Community Pharmacy teams

- ✓ Confirm which IT system your community pharmacy uses to receive Pharmacy First referrals.
- ✓ Refer to your chosen IT system supplier for:
 - specific guidance on system functionality.
 - training, and
 - standard operating procedures.
- ✓ Ensure all relevant community pharmacy staff complete training and know how to use your IT system functionality.
- ✓ Support staff to understand the 7 clinical pathways and criteria and minor illness conditions pathways
- ✓ Develop local processes to enable pharmacy teams to triage, complete PDS checks, assess/complete consultations and manage/prescribe medications.



Community Pharmacy PCN Engagement Roles

Funding has been provided for 2024 – 2025 to establish community pharmacy PCN engagement leads:

- Funding is managed via Integrated Care Boards
- £1040 per PCN per ICB
- Resource would be an average of 8 hours per quarter

Key expectations of the role:

- Support regional implementation and delivery of the pharmacy PCARP aspects
- Develop channels of engagement between community pharmacy and PCNs
- Support relationship development and strengthening between GP practice and community pharmacy



Rejected Referrals

Pam Soo

Community Pharmacy Clinical Lead
Cheshire and Merseyside ICB

Louise Gatley

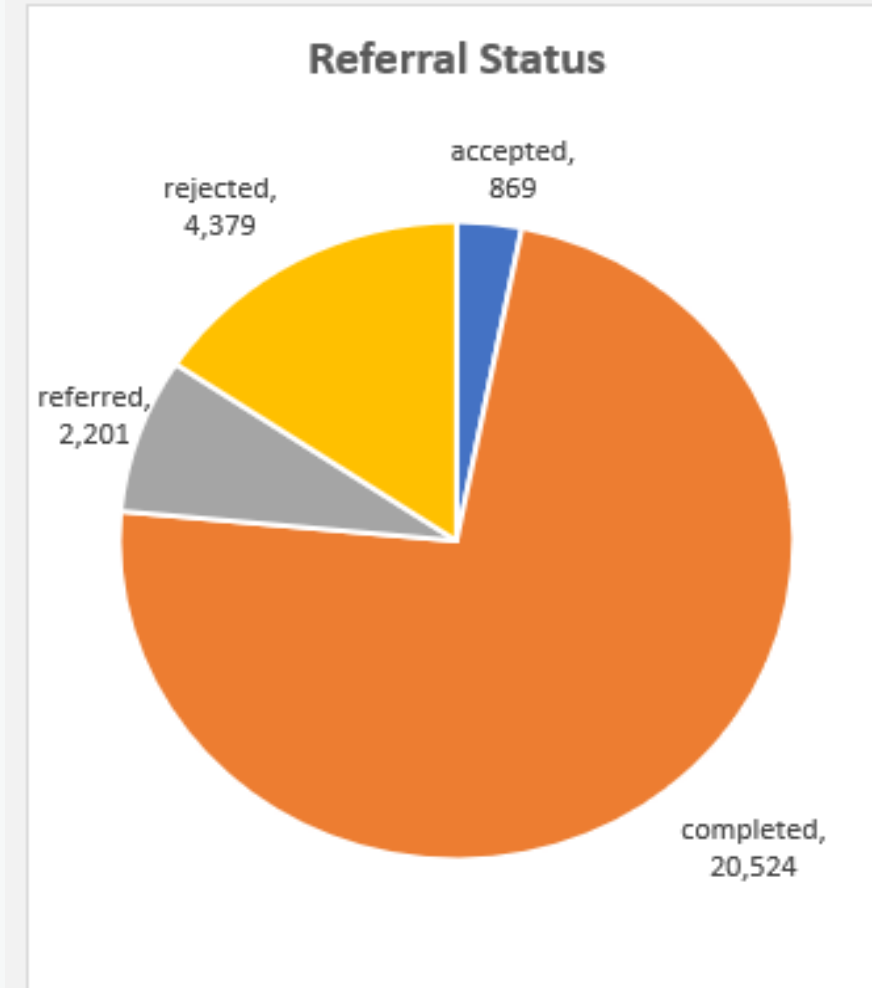
Chief Officer HSHK LPC
& Director of Services CPGM

Rejected Referrals

From data in C&M we can see approximately 20% GP referrals are rejected by the receiving Pharmacy.

Analysis indicated a significant number of referrals from GP practices where the pharmacy has rejected a referral where a consultation could have been completed and claimed.

Analysis of reasons given for rejection indicate that this may not have been the appropriate action and does not reflect how the service was actually delivered and the patient supported.



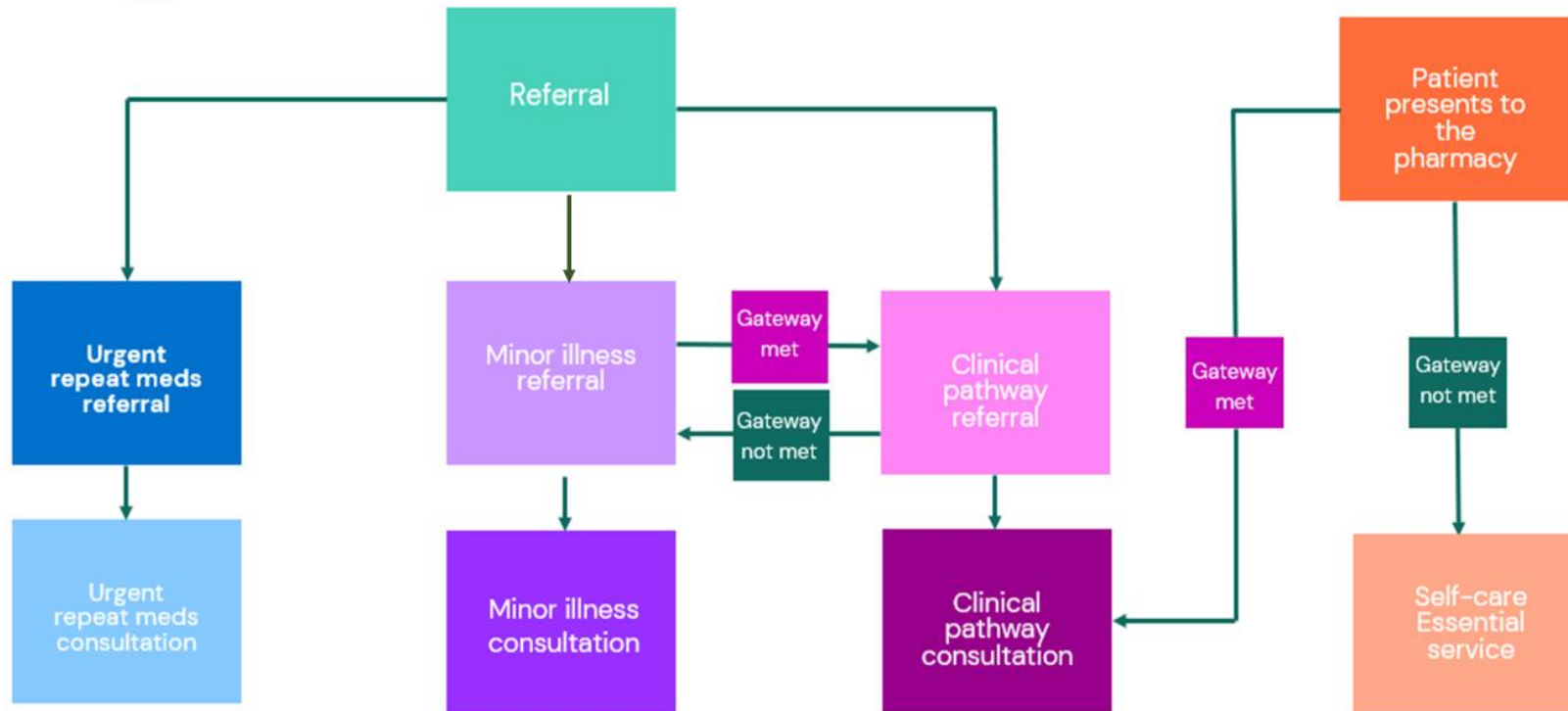
Rejected Referrals



GP Referral Reason	Rejection notes	What the pharmacy did	What the pharmacy could have done	What is the risk to the patient
Sore throat	Enlargement of right lymph node Enlargement of right tonsils, suspected quinsy Breathing difficulty on stairs and being unable to swallow and keeping down medication has been reported	Rejected the referral following a consultation with the patient	Completed the consultation on PharmOutcomes A patient with suspected quinsy should be sent directly to A&E	Rejection messages may not be reviewed on the same day. There is a risk that a patient with a serious condition could be missed
Earache	Ear infection service up to 17 years	Rejected a patient based on the age exclusion for a clinical pathway	Previously under CPCS this patient would have had a consultation with the pharmacist and provided with advice based on NICE CKS – This has not changed with Pharmacy First The patient could have received a consultation, been provided with self-care advice and then either safety-netted or escalated to the GP by phone, based on reported symptoms	Rejection messages may not be reviewed on the same day. There is a risk that an appointment would not have been arranged for the patient
Chicken Pox	Chicken pox not part of service	Rejected a minor illness	Minor illnesses are part of the Pharmacy First service The patient could have had a consultation with the pharmacist and been provided with self-care advice based on NICE CKS The patient could have been either safety netted or escalated to the GP by phone based on reported symptoms	Rejecting the referral could delay the patient obtaining treatment and causes confusion to the patient / parent
Verruca	Not applicable under the minor ailments or pharmacy first service Will provide under the Care at the Chemist service	Rejected a minor illness	Annex D of the service specification contains a list of minor illnesses that a GP can refer for This list is not exhaustive, so any minor illness is in scope, as was the case previously with CPCS Therefore, the patient could have been seen under the Pharmacy First Service with the outcome being an OTC sale or supply via the Care at the Chemist Service	No risk
Headache	Patient cannot pay for OTC treatment	Rejected a minor illness	Patient could be seen under the Pharmacy 1 st service and, if commissioned in your area, supported to access a Minor Ailments Tier 1 Service. The consultation could be completed with advice and safety netting alone as supply of a medication is not a requirement of a completed consultation.	No Risk if advice and safety netting discussed and patient opt decline OTC option.

Rejected Referrals

High-level service overview



A more detailed service pathway diagram can be found in Annex A of the service spec

Rejected Referrals

We can see a difference in completion / rejection percentages between pharmacies and we think this is a result of –

- The pharmacies approach to contacting and reaching out to contact patients initially.
- The pharmacies approach to contacting DNAs and rearranging

This is where the wider pharmacy team can really support patients, and the pharmacist, in arranging suitable appointments and working out the best approach to contacting and supporting patients to attend.

GP referrals **can be completed** if you have contacted the patient and carried out the consultation.

- You **can't complete** if:
 - you are unable to contact the patient or
 - The practice has referred a patient using Pharmacy 1st for a different service e.g. Contraception / Hypertension – in this case please feedback to practice to advise or ask LPC for support if this is a significant concern

Remember, at the time of referral the GP practice has transferred clinical responsibility for the patient to your pharmacy.

If escalation is required and the patient needs to be seen by the GP then it is safer to indicate this on the consultation and, if urgent, also escalate by phone if needed, rather than reject a referral, as rejected referral messages are not always prioritised for review by General Practices.

Pharmacy Contractor Perspective

Andrew and Tee Weinronk
Weinronk Pharmacy



Service Set Up

- Training completed by all pharmacists including otoscope training (and practising using the otoscope)
- PGDs printed and signed
 - use PGD master signing sheet for locums
- Flowcharts laminated and readily available
- Stock available and regular stock checks
 - Unusual items e.g. Otigo, Crystacide, out of stock items e.g. Mometasone
- Target and dermatology leaflets printed
- Supply of tongue depressors, otoscope heads, thermometer covers etc.



Service Delivery

- Consistent delivery - Pharmacist and locum logins in place including MFA!
- Communication
 - Staff – do they know the 7 conditions to look out for to refer
 - GP practices – pharmacy friendly surgeries to drive referrals
- Advertising – Website, Facebook, X, Digital Screens, posters
- GP/NHS111 referrals – both minor illness AND clinical pathways
- Make sure to complete ALL referrals if you have dealt with the patient – only reject referrals if the patient has not been in contact



Service Delivery

- Can use a form for patients to pre-populate their details and their condition to save time and ensure patients are seen in order
- Use self care if appropriate BUT can come back and be seen in 3-5 days if no improvement – delayed prescribing
- Important for AMR and patient's view of the service
- Different to GP service as better access
- If second visit can claim for a second consultation
- Safety Netting very important and record advice given
- New apps being developed – video consultation, booking in patients etc.



Service Delivery

- Escalating back to the GP – needs consistent referral pathway e.g. back door numbers, designated email address?
- GP referrals vital to success of service
 - as numbers of referrals to reach the monthly payment go up, it will be very difficult if not impossible to get the £1000 per month without consistent referrals
 - Rejecting referrals unnecessarily puts GPs off referring to our service and damages our reputation
- Potential for more conditions after the election
 - Important to get the processes streamlined now

Community Pharmacist Perspective

Amul Mistry
Well Pharmacy



Pharmacy First LPC Top tips

Suzanne Austin

Pharmacy Services Manager

**Community Pharmacy Cheshire and
Wirral**

Pharmacy First Top tips

- Visit your surgeries- explain conditions, use CPE resources
- Speak to your LPC representatives
- Checking all referral routes e.g.NHS mail, PO etc
- Engage and train your teams
 - conditions
 - converting walk-ins
- Not just pathway conditions
- CPE Briefing 010.24 Briefing for pharmacy teams

Q&A Panel





Future Webinars

- We are planning a series of further webinars to support you in delivering patient care
- We value your input and views as to what would be of benefit to you
- Please let us know via the post event survey or via you LPC