PSNC

Services update

August 2022

*How to maximise your pharmacy income and ensure your patients are being supported through delivery of nationally commissioned services*

* DMS service - *Essential*
* Smoking Cessation Service - *Advanced*
* Hypertension Case finding service - *Advanced*
* GP CPCS – *Advanced*

**Discharge Medicines Service (DMS) – Essential Pharmacy Service - Urgent for actioning**



The Discharge Medicines Service (DMS) became a new Essential service within the Community Pharmacy Contractual Framework (CPCF) on 15th February 2021. From 15th February 2021, NHS Trusts will identify patients who will benefit from the DMS and, subject to the patient consenting to a referral, they will send a referral to the pharmacy via a secure electronic system, e.g. Refer to Pharmacy, PharmOutcomes or NHSmail. In Devon, the trusts use PharmRefer to send referrals directly to your PharmOutcomes system. However, you may also receive referrals from trusts outside of Devon, which may come into you via one of the other routes; these should also still be logged on your PharmOutcomes system (shown in reports as ‘ITK’).

**Important to note:** you are still currently required to claim for service provision via your MYS system; this is a separate, manual data entry. Please note that there is a bespoke report that is available on your reports page to support MYS returns. It pulls all data into one report in a format aligned with the MYS pages. The guide to using this is here chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://outcomes4health.org/o4h/guides/dms/PharmOutcomesUserGuideDMSReporting\_v1.pdf. We are expecting PharmOutcomes to be directing claims for service into MYS in the very near future but for now you will have to enter the data manually.  If you don’t enter it you won’t be paid so don’t miss out on the available remuneration.

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We have reviewed the DMS data and there are **426 outstanding referrals** that have been sent to community pharmacy in Devon since April 2021 which have **not been actioned.** Please be reminded that this is an **essential service that you must provide**. Stage 1 must be completed **within 72 hours of receipt.**

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**Actions required**:

* If you have any referrals older than 72 hours on your system, please **reject them selecting the reason why from the drop down box,** so you can start afresh. This will tidy up your PharmOutcomes Outstanding Records (My provisions) section and we can begin to report more accurately going forwards.
* When a new referral comes in, please open the referral and either select ‘Complete now’, ‘Accept’ or ‘Return (unable to complete)’ as soon as possible.

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| --- | --- | --- | --- |
| **Stage** | **Description of process** | **Timescale** | **Responsibility** |
| **1) A discharge referral is received by the pharmacy** | The electronic referral is received by the pharmacy and the following actions are undertaken: | As soon as possible, but **within 72 hours of receipt** (excluding hours of the days on which the pharmacy premises are not open for business). Section 8,7 of the [NHS England guidance on the regulations](https://www.england.nhs.uk/publication/guidance-on-the-national-health-service-charges-and-pharmaceutical-and-local-pharmaceutical-services-amendment-regulations-2020/) provides more information on this timing requirement. |  |
| a)       check for clinical information and actions contained within the referral which need to be undertaken. Details of what to look for are outlined in the DMS toolkit; | Pharmacist |
| b)      compare the medicines the patient has been discharged on and those they were previously taking at admission; | Pharmacist/ Pharmacy Technician |
| c)       where necessary, raise any issues identified with the NHS Trust or the patient’s general practice, as appropriate; | Pharmacist/ Pharmacy Technician |
| d)      make appropriate notes on the PMR or other appropriate record, including to ensure pharmacy staff are alerted to the need to conduct stages 2 and 3 of the service, when the first prescription is received or at first contact with the patient/carer; and | Pharmacist/ Pharmacy Technician |
| e)      check any prescriptions for the patient, previously ordered, in the dispensing process or awaiting collection to see if they are still appropriate. Particular attention should be paid to electronic repeat dispensing prescriptions as these could be pulled down from the system sometime after the patient has been discharged from hospital. | All relevant members of the pharmacy team |

**This service will support patient safety and reduce hospital re-admissions. You will also be missing out on being able to claim remuneration by not actioning referrals.** The remaining stages of the process and more detail on the service can be found on the PSNC website – [click here](https://psnc.org.uk/national-pharmacy-services/essential-services/discharge-medicines-service/)

**Smoking Cessation Service – Advanced Pharmacy Service**

The Smoking Cessation Service officially commenced on 10th March 2022, however since this is an **Advanced** **service**, contractors are free to choose if they will provide the service and when they will start providing it. This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. This service will sit alongside any Locally Commissioned Smoking Cessation Services contracted in your area and does not replace them, you can provide both. You can also sign up if you do not already provide a locally commissioned service.

* **ADVANCED NHS Service** –
  + Patient referred to you from NHS trust to continue their smoking cessation treatment started whilst in hospital
* **LOCALLY COMMISSIONED service –**
  + Patient may be signed up as walk in or at their own request

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NHS Trusts across Devon are gearing up to potentially go live with the service in October 2022. Currently we do not know for definite how they will send referrals to you, but the minimum requirement is NHS Mail and it is likely this is the route they will use. We have been reviewing the sign up of pharmacies in Devon and now have **57 Devon pharmacies** signed up. We do have gaps in areas of the county, particularly around the North, Mid and East Devon areas -

Pharmacies providing this service will be eligible for the following payments:

* **A set-up fee of £1,000** (which will be paid following registration on MYS to provide the service, having declared the pharmacy is ready to provide the service and relevant staff have undertaken the essential training specified in section 3 of the service specification and passed the e-assessments, where applicable).
* For **each patient**, a fee for:
  + the first consultation of **£30**;
  + each interim consultation of **£10**; and
  + the last consultation of **£40** (the last consultation may be at any point from and including the 4-week review up until the 12-week review).

N.B. The service must currently only be provided by a pharmacist, due to the current rules on exemptions for VAT, but DHSC is working with HM Revenue & Customs to explore whether those rules can be amended to allow support staff to provide the service in the future. Where stop smoking services are commissioned locally, they can frequently be provided by support staff, with clinical supervision from the pharmacist.

If you are interested in providing this service, contractors must notify NHS England by registering through the NHS Business Services Authority’s (NHSBSA) [**Manage Your Service (MYS) application**](https://services.nhsbsa.nhs.uk/nhs-prescription-services-submissions/login).

You can find further information on the Smoking Cessation Service on the PSNC website here - <https://psnc.org.uk/national-pharmacy-services/advanced-services/smoking-cessation-service/>

**Hypertension Case Finding Service – Advanced Pharmacy Service**

There is a Pilot in Plymouth still ongoing with a number of GP practices sending text messages to patients advising them to attend the pharmacy to have a check carried out. However, this information is relevant to all pharmacy contractors signed up to provide the service.

The service has two stages –

* The first is identifying people at risk of hypertension and offering them blood pressure measurement (a ‘clinic check’).
* The second stage, where clinically indicated, is offering 24 hour ambulatory blood pressure monitoring (ABPM). The blood pressure test results will then be shared with the patient’s GP to inform a potential diagnosis of hypertension.

Contractors opting to provide the service **must undertake both stages of it, where clinically required, i.e. it is not possible to just undertake clinic BP readings and not ABPM.**

One of our pharmacists describes the way in which he has been able to engage patients:

*“At first, I would do the clinic check and only if ABPM was indicated would I then explain the ABPM monitoring stage, which would sometimes come as a bit of a shock ‘add on’ that people wouldn’t necessarily be keen on. Now, when I first engage with the patient, I explain the whole service including potentially requiring ABPM up front. This has really helped with patients following through with the second stage if necessary.”*

If a patient refuses an ABPM you could instead offer to sell them an at home monitor, where they can carry out a number of checks at home. We have uploaded a ‘Home Blood Pressure Monitoring’ form on the website that can be given to the patient to record their data and share back with their GP.

The following fees have been agreed for the service:

* A set-up fee of **£440**;
* A fee for each clinic check of **£15**; and
* A fee for each ambulatory monitoring of **£45**.

In addition,

* **An incentive fee of £1,000** will be available if 5 ABPM intervention are provided in 2021/22;
* Followed by a **payment of £400** in the subsequent years if the pharmacy reaches the thresholds for those years (15 ABPM interventions will be required in 2022/23 and 20 in 2023/24).

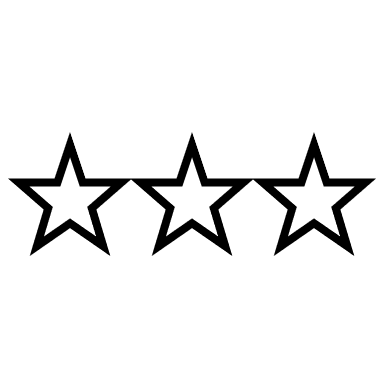
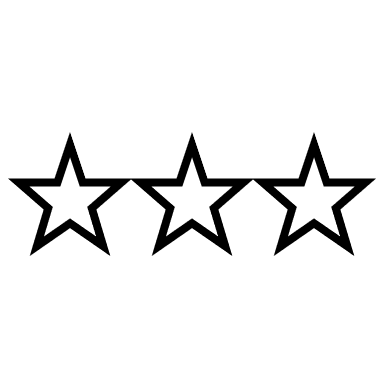
Contractors who sign up after Year 3 must achieve the ABPM activity thresholds specified for the given financial year and will receive £1,000 as a first payment. If a contractor signs up in Year 3 and fails to do 5 ABPMs, they can earn £1000 by doing 15 ABPMs in Year 4. **These incentive payments will be funded separately (i.e. from outside the pharmacy global sum) by NHS England to incentivise case finding in line with the ambition outlined in the NHS Long Term Plan.**

Claims for payments for this service should be made monthly, via the NHSBSA’s [MYS portal](https://services.nhsbsa.nhs.uk/nhs-prescription-services-submissions/login).

An overview of the service, including the SLA and other resources can be found on PSNC website - <https://psnc.org.uk/national-pharmacy-services/advanced-services/hypertension-case-finding-service/>

You can also find these resources and other local information relating to the service on the LPC website - <https://devonlpc.org/advanced-services/hypertension-case-finding-service/>

**GP-Community Pharmacist Consultation Service (GP-CPCS)**

**Top tips**

* **Times**: It is imperative that all pharmacies check and correctly action any outstanding referrals. You will receive referrals via NHS mail, so you need to be checking your inbox VERY REGULARLY. We recommend the following times to optimise catching the referrals more promptly - 10am, 1pm and 4pm.
* **Workflow:** You can print off the referrals and put into a red basket to enter your pharmacist’s workflow. A lot of pharmacies find this helps. Just ensure that you dispose of the patient sensitive data appropriately i.e shred it.
* **Recording**: It is essential that you record the consultation on PharmOutcomes in a timely manner. This closes the loop by sending the outcome notification to the practice, and also triggers payment to your pharmacy for service delivery (*see below*).
* **Payment:** Once you have submitted the form on PharmOutcomes this will auto populate MYS, HOWEVER you **must** ensure that you check and submit the MYS claim in order to generate payment.*To do this, click on the ‘Community Pharmacist Consultation Service’ tab, check your claim, and then hit ‘submit’.* Graphical user interface, text

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* **Designate**: A specific member of staff to check the NHS mail inbox for you (the member of staff cannot consult with patients but they can help with checking the system and even inputting the notes from your consultation onto the PharmOutcomes system).
* **Uncontactable**: If a patient cannot be contacted, then the outcome ‘uncontactable’ should be used. Please record how many times you tried to contact patient.
* **Consultations**: Patient consultations should not be conducted on the shop floor, you are receiving a payment to conduct a consultation with patients and this should be done in the consultation room.
* **Outcomes**: Rather than entering as ‘other’, please try to be specific when recording outcomes. For example - Hay fever please include in the ‘Allergies’ button, UTI should be placed under ‘Pain’ or ‘Frequency when passing urine’.
* **Closures**: It is vital if your pharmacy is closing or has had to close that you inform your surgeries and ask them to stop referring patients. Remember to post on your PCN WhatsApp group your pharmacy is closed so the other pharmacies in your PCN know to expect more foot fall. Please see separate guidance on actions to take if your pharmacy has to close.
* **OTC medicines** – if an OTC product is recommended as an outcome of the consultation and the patient refuses to pay requesting a prescription instead – do not refer them back to the GP. Fill in the PharmOutcomes form correctly, adding to the notes section details of what you advised, and that the patient did not wish to purchase the product recommended. The patient may turn up at the GP practice, but you will already have notified the outcome of the consultation and they will be aware. It will be the patient’s choice to not purchase and to contact their GP. There is an OTC guidance document you can use to help with difficult conversations in the CPCS section of the LPC website.
* **Communication:** Communication is key to the successful running of this service. If you have an issue with referrals then please contact the surgery directly in the first instance. Many PCNs have set up WhatsApp groups which may also help.
* **Locums:** Locums CAN and SHOULD deliver this service. As a qualified pharmacist they should have a minor illness consultation with a patient- you wouldn’t turn someone walking in away because you have a locum!

**When a pharmacy provides the CPCS service, they can claim a £14 fee per completed consultation.**

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