

Community Pharmacy Contractual Framework (CPCF) Year 3 Including Pharmacy Quality Scheme (PQS)

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Community Pharmacy West Yorkshire

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Introductions



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Agenda

- Introduction
- CPCF – Hypertension Case Finding
- Q+A
- PQS overview
- Q+A
- Summary and close



Introduction

Check in – Mentimeter - Type One word which best describes day to day life in your pharmacy last week.

Pressures Survey – complete so that CPWY is aware of the issues that you are currently facing.

Wellbeing support – is available for pharmacy teams- free and confidential.

<https://vimeo.com/556212187/d114a846fd>



The Community Pharmacy Hypertension Case-Finding Advanced Service – a brief overview

Alison Hemsworth
Head of Services
Community Pharmacy West Yorkshire



Temperature Gauge Poll questions

Have you signed up for this service?

If you haven't signed up yet is there a reason?

If you have signed up when do you plan to start?

Have you already delivered the service?

If so how is it going?



Background

- Cardiovascular disease (CVD) is one of the leading causes of premature death in England
- Affects 7 million people and accounts for 1.6 million disability adjusted life years
- ~5.5 million people have undiagnosed hypertension in England
- CVD is a key driver of health inequalities and accounts for around 25% of the life expectancy gap
- Early detection of hypertension is vital
- Evidence that community pharmacy can provide a key role in detection and subsequent treatment of hypertension



Policy context

- NHS Long Term Plan (LTP) commitment for community pharmacy, working with others, to provide opportunities for the public to check on their health through tests for high BP.
- NICE guideline NG136 sets out the criteria for the diagnosis and management of hypertension in adults
- Ambulatory blood pressure monitoring (ABPM) is the clinically preferred method for diagnosing hypertension
- Part of 5-Year CPCF agreed to test a model for detecting undiagnosed CVD in community pharmacy and pilot in 2020/21 through PHIF
- Pilot commenced in December 2020



Poll Question?

Have you read the service specification for this service?

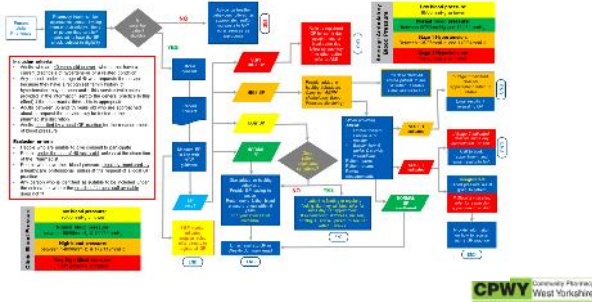


Service Description

- The service is an [Advanced service](#)
- It commenced on 1st October 2021
- Two stages:
 - Stage 1 - identify people at risk of hypertension – 'Clinic check'
 - Stage 2 - 24-hour ambulatory blood pressure monitoring (ABPM)
- Contractors must be able to provide both stages
- Currently only provided by pharmacists
- PSNC [FAQs](#)



Service description – service pathway



Poll Questions

Are you aware of the [PSNC briefing](#) that can help you have relevant conversations with your GP practices?

Do you need any other tools to help you discussions with GPs?



What has CPWY been doing?

- Specific workplan in draft
- Linking in with Leeds CCG CVD Strategy Group and the Hypertension Task and Finish Group
- Have offered the same support to other place based systems
- Once we start to receive sign up data we will compare that with hypertension prevalence data to ascertain if there are areas where more community pharmacies are needed to ensure the effectiveness of this service.
- Presented about this service at the AHSN CVD Management in Primary Care events



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Hypertension

The policy background

Is atrial fibrillation detection part of the hypertension case-finding service specification?

No. Irregular pulses may be detected during the service, including by the BP meter if it has this functionality. However, detection of atrial fibrillation is not a part of the service.

Service description

Q. Can trainee pharmacists provide this service?

No. Currently only pharmacists can provide the service.

Hypertension

Prior to service commencement

My pharmacy has an exemption from NHS England and NHS Improvement on the requirement to have a consultation room. Can I therefore provide the service from a designated area in the pharmacy or outside my pharmacy?
No. It is a requirement of the service specification for pharmacies to have a consultation room which meets the requirements in the Terms of Service to provide the service.

If a pharmacy does not have a consultation room, but has access to an appropriate room twice a week are they still ineligible for the service?
Yes. It is a requirement of the service specification for pharmacies to have a consultation room on the pharmacy premises which meets the requirements in the Terms of Service to provide the service.

Q. Are there any additional requirements to consider beyond those of the Terms of Service for our consultation room?
Yes, the consultation room should also comply with the following requirements:

- when measuring blood pressure, the patient must be able to rest their arm on a table / bench at a suitable height; and
- it must have IT equipment accessible within the consultation room to allow contemporaneous records of the consultations provided as part of this service to be made.

Hypertension

BP meters to be used in the service

Q. We have a BP monitor described as recommended by NICE but it is not validated by the British and Irish Hypertension Society. Can we use this for the clinic service?

No. Blood pressure monitors used to provide the service must be validated by British and Irish Hypertension Society.

What do contractors need to do to provide the service?

Q. The service specification is endorsed as a 'DRAFT', can we use this service specification to initiate the service?

Yes. The final specification is making its way through the NHSE&I approval process, but the service can be started using the draft service specification.

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Hypertension

Patient eligibility to receive the service

Q. If a patient's practice requires the patient to monitor their blood pressure over a period of seven days, can we provide the clinic check part of the service to support the patient?

No, such checks are not within the scope of the service.

Providing the service

Q. Can I provide the service off-site?

Yes, but only in agreement with your NHSE&I regional team. Potential patients may be targeted and the service could be provided in other settings outside the pharmacy such as areas not designated part of the pharmacy within supermarkets or large stores or in community locations such as community centres, sports grounds and places of worship.

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Hypertension

Funding and claiming payment

Q. If a patient does not complete the 24-hour ABPM check for any reason (the machine reported an error, or the patient could not tolerate the device) and the customer declines another check, can we still claim for the service?

Yes. If the patient was fitted with the ABPM device and its use and functioning explained, where the patient subsequently does not complete the 24-hour monitoring and does not wish to try again, then a service fee for ABPM can still be claimed for provision of the service. The service claim will need to include a flag to confirm the service was incomplete.

Withdrawal from the service

Q. Can we temporarily switch off the service if we need to due to heavy workload, e.g. holiday times, flu season?

While the pharmacy contractor must seek to ensure the service is available throughout the pharmacy's core and supplementary opening hours, where a contractor needs to temporarily suspend the service, they will need to update their service availability on the service profile of the NHS website. They should also inform their GP practices of the temporary suspension and provide some indication of when the service will recommence.

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Pharmacy Quality Scheme

Phil Wiles

Contractor Support

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PQS Highlights

Gateway Criteria

- Minimum of 20 NMS before 5th Jan 22
- Safety report and demonstrable learnings from the CPPE LASA e-learning
- Risk review

Domains

- 6 Domains to be completed by 25th February 22 (final day of declaration period)
- PCN Domain – Flu Vaccination to be completed by 31st Dec 21

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PQS Value

Pharmacy Dispensing 60001-150000 items

£6,775 to £13,550

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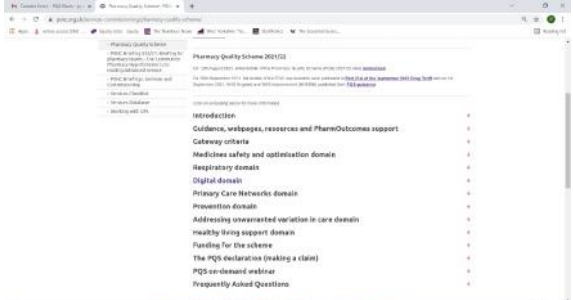
Role of PSNC

- Contractors should refer to **PSNC Website** for full details of the scheme and supporting templates.
- <https://psnc.org.uk/services-commissioning/pharmacy-quality-scheme/>
- Recently released - **PQS: Action and Evidence Portfolio Workbook**



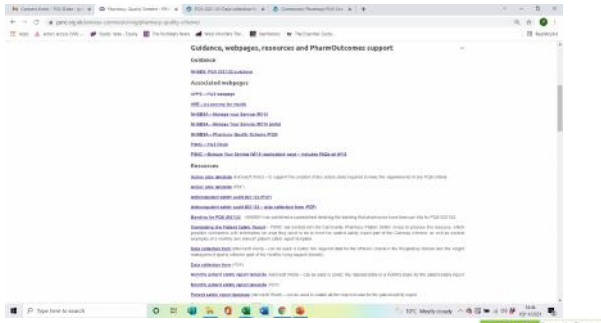
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Role of PSNC



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Role of PSNC



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Role of PSNC

Data collection form - PQS 2021/22

Outline the actions using a 5 star rating approach and then add three up to give you the total for each question. The total will need to be added to the Manage Your Service (MYS) application when contractors make a declaration for a PQS payment.

Question	Information required for the PQS declaration	Number of patients	Total
1. Patient referred to a GP for a health professional for a specific therapy, in the last 12 months	The most recent referral to a GP has been referred to a healthcare professional for a specific therapy, in the last 12 months		
2. Patient referred to a GP for a health professional for a specific therapy, in the last 12 months	The patient aged 16 years or over with asthma has been referred to a healthcare professional for a specific therapy in the last 12 months		
3. Patient referred to a GP for a health professional for a specific therapy, in the last 12 months	The patient was identified as being under pressure for the first time or changed to a new inhaler device between 01 April 2020 and 31st August 2022 and has been asked to use a spacer or other technique to assist during that time		
4. Patient referred to a GP for a health professional for a specific therapy, in the last 12 months	The patient answered 'no' to the previous question and were offered a spacer or spacer technique to assist during that time		
5. Patient referred to a GP for a health professional for a specific therapy, in the last 12 months	The patient was subsequently provided with a spacer to assist with up-takes, including an inhaler technique sheet		
6. Patient referred to a GP for a health professional for a specific therapy, in the last 12 months	The patient was referred to their general practitioner to discuss their inhaler use during the last 12 months		
7. Patient referred to a GP for a health professional for a specific therapy, in the last 12 months	A consultation was had with the patient and/or their carer on the side and environmental friendly disposal of their inhaler		
8. Patient referred to a GP for a health professional for a specific therapy, in the last 12 months	The patient had their BSI calculated and used environmental friendly disposal of their inhaler		
9. Patient referred to a GP for a health professional for a specific therapy, in the last 12 months	The patient was referred to local authority for food for thought management		
10. Patient referred to a GP for a health professional for a specific therapy, in the last 12 months	The patient was referred to the NHS Digital Weight Management Programme for those with depression and/or diabetes		



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Role of PSNC

Section 1 - All patients

1. Patient's name (For internal use - not to be shared)

2. Date

3. Patient's age

4. Patient's gender Male Female Not confirmed

5. Is the patient a care home resident? Yes No Not known

6. Name of anticoagulant Apiximant Rivaroxaban Subogaban Warfarin Edoxaban

7. Is the anticoagulant supplied in a monitored dosage system / compliance aid? No Yes, one medicine per blister / compartment Yes, multiple medicines per blister / compartment

8. Is the patient prescribed more than one anticoagulant? No Yes, specify: _____
Name of other anticoagulant: _____
What action did you take and what was the outcome? _____

If patients are switching anticoagulant treatments, remind them to return any medicine no longer needed for safe disposal.



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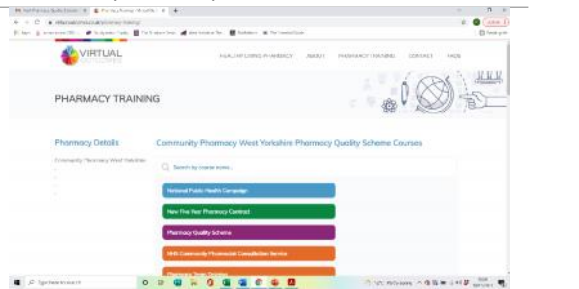
Role of CPWY

CPWY will be assisting contractors by:

- Providing Local information/resources relevant to the scheme
- Supporting PCN Leads to comply with requirements of the PCN Domain
- Alerting Contractors to approaching deadlines via News Digest



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PQS Poll

How far have you got with PQS?

- Not thought about PQS so far
- Plan in place and ready to start
- Started and On track to complete by 25th February
- Completed

Have you used any of the PSNC Resources?

- Yes
- No
- Not looked at PSNC Webpage

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PQS Poll

What is the main Barrier you are facing that hinders progress in completing PQS?

- Pharmacy workload
- Lack of information about PQS
- Too much work involved for rewards
- Staff shortages
- No barriers to completing PQS

Type One word which best describes how you feel about PQS

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PQS Q&A

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PQS Q&A

Q. Will there be a PQS in 2022/23?

Yes, as part of the five-year deal (2019/20 to 2023/24) agreed between PSNC, the Department of Health and Social Care and NHSE&I, the PQS will continue for the next five years (until at least 2023/24).

Q. Can catch-up New Medicine Service (NMS) provisions, count towards the gateway criterion of having claimed for the provision of 20 NMS between 1st April 2021 and 5th January 2022?

Yes.

Q. I have completed a number of the training requirements and e-assessments for a previous PQS. Do I need to complete the training and e-assessments again? No. If team members have previously completed the training and, where applicable, successfully passed e-assessments, they do not need to complete these again.

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PQS Q&A

Q. A number of the gateway and quality criteria state that, on the day of the declaration, all pharmacy professionals working at the pharmacy must have satisfactorily completed the required training and e-assessment (where applicable); does this include locums?

Yes.

Q. When can I make a declaration for a PQS payment?

The window for claiming a PQS payment on MYS is between 9am on 31st January 2022 and 11.59pm on 25th February 2022.

It is important not to miss this deadline as you will not be able to claim a PQS payment if you do.

Q. When will I be paid my PQS payment?

Contractors who meet the Gateway criteria plus at least one domain and submitted their claim within the February declaration window will be paid their PQS payment on 1st April 2022.

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Thank you

PLEASE COMPLETE THE EVENT EVALUATION THAT WILL BE EMAILED TO YOU – LET US KNOW WHAT TOPICS YOU WOULD LIKE US TO COVER!



Do you have any questions?

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