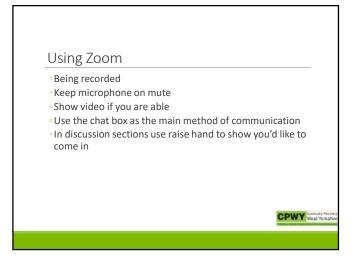
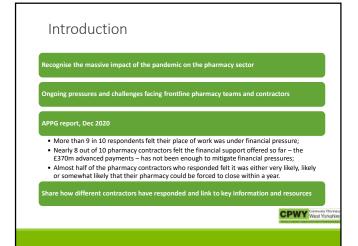
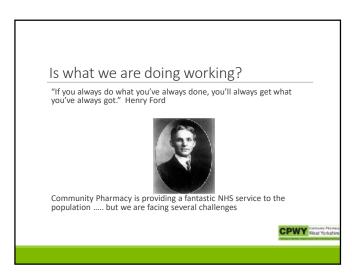
CPWY Connect Reset, Reform, Recover Ruth Buchan CEO Community Pharmacy West Yorkshire

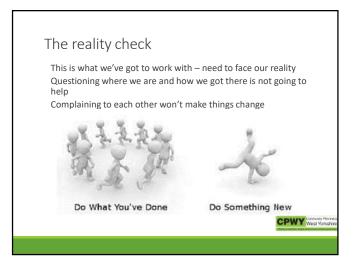








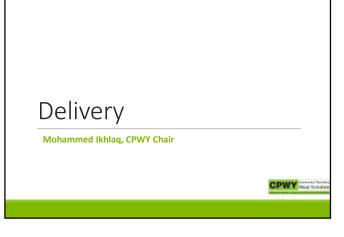






Time to hear from some other contractors about the changes they have made







- Delivery is not an NHS service and pharmacies are not obliged to delivery (outside of pandemic delivery requirements)
- Split new and existing patients introduce
- changes with new patients first as this is easier
- Efficient deliveries
- One delivery a month per patient
- Cluster deliveries by locality / specify the day for deliveries in that locality
- Introduce a minimum number or items to qualify for a delivery
- Delivery is a private service and pharmacies can charge for deliveries
- If changing policy must inform those impacted Safer to introduce for new patients only
- Charge for redelivery
- Discuss with patients to get their agreement





Patient message following request for prescription be delivered cies are not obliged to deliver medicines and is at the discretion of the pharmacy. You

Ask a friend or relative to collect your medicines rom the pharmacy.

Multi-compartment Compliance Aids (MCA)

Ashlev Cohen, Committee Member CPWY



Approach to MCAs – key points

The decision to supply medicines in an MCA is that of the pharmacy; not the prescriber, patient or carer.

The supply of medicines in MCA for any other reason than under the Equality Act reasonable adjustment constitutes a private service, the cost of which may be charged to the patient.

The evidence-base indicates that MCA should not automatically be the intervention of choice for all patients.

Do not routinely request 7-day scripts for MCA patients – ensure there is a rationale for the request

Discuss the MCA issue with local GP practices to increase understanding. In your discussions with GPs etc use the facts – some things are not in your





Approach to MCAs – key points

- Patients who have a disability that falls under the Equality Act 2010 qualify for a
 "reasonable adjustment" to the way their medication is supplied. This may include free
 MCA dispensing, but it could also be any other reasonable adjustment such as large print
 labels, medicine reminder charts, winged bottle tops et al.
- Professional liability for inappropriate, inaccurate or unsafe MCA dispensing lies with the pharmacy even if the initiation request for MCA was made by a prescriber. Safe and appropriate for patient and check medicines integrity. UK Medicines Information (UKMi) Medicines Compliance Aid database makes recommendations on the suitability of transferring solid dose formulations from the manufacturers' original packaging into MCAs
- Need to be mindful that if you are changing your MCA offer this needs to be managed appropriately. It is less contentious to introduce a policy for new patients rather than amending supply for existing patients. If reviewing existing MCA provision ensure that you record the rationale for the change and discuss with the patient.
- Can't just say no need to make a decision based on an individual patient assessment to assess patients who fall under the Equality Act 2010 and to make 'reasonable adjustments' where necessary as to how medication is dispensed.



Approach to MCAs – resources

CPWY website - Dispensing

<u>MDS Contractor Guide</u> Summarises the key points regarding MDS and addresses the common queries that we receive relating to MDS.

MDS Notification Form Use to inform prescribers that MCA in use and to highlight rational for 7 day provision

<u>Paid Carer Support and MCAs</u>. It is recognised that MCAs are an issue for many community pharmacies and in response to contractor requests Community Pharmacy West Yorkshire has produced this document to assist pharmacies with dealing with requests for MCAs.

<u>7-Day Prescription Guide</u> to assist you in deciding which of your patients may require 7-day

Previous CPWY Connect event on MCA February CPWY Connect Event Presentation - MDS

& 7-Day Scripts



Approach to MCAs – resources

PSNC website - The Equality Act

PSNC Briefing 060/17 Equality Act 2010 a quick reference guide (updated September 2017)
This PSNC Briefing aims to confirm and clarify key aspects of our main guidance below.

 PSNC
 Briefing
 001/16
 Equality
 Act
 2010
 (January
 2016)

 This PSNC Briefing updates "PSNC Briefing 084/13: Equality Act 2010" on the Equality Act
 2010 (incorporating its predecessor legislation the Disability Discrimination Act 1995).
 Act

RPS website

Patient assessment tools currently in use in practice

 ${\color{red}{\sf UEA\,Medication\,Adherence\,Support\,Decision\,Aid}}$

NB Equality Act (2010) historically DDA 1995



Dealing with prescription orders and queries

Amanda Smith, CPWY Vice Chair



Dealing with prescription orders and queries

Impact branded generic prescribing has for patients, the NHS and community pharmacy letter Branded Generics Letter

Encourage eRD to reduce prescription orders

NHS App – can be used to order medicines for most GP practices – and also enables patients to be in charge of their nomination



CPWY West Yorkshin

Income and Efficiency

David Broome, CPWY Treasurer, PSNC Regional Rep



Increasing income

Get what is available – you cannot do anything about the reduced renumerationbut you can make sure you get the most out of PQS and services that you can drive such as NMS

DMS, CPCS not in your control but NMS is

- Increasing income this is possible and within your power
- Do you maximise the number of NMS that you deliver?
- Have you calculated the potential income from NMS?

Advanced service provision- we are judged as a whole by the NHS. MUR was commissioned for 15 years and we only ever delivered 75% of maximum MURs (i.e. 300 per pharmacy average). What message does this give the NHS?



Working effectively and efficiently

Make better use of other team members skills

Ensure PMR system supports team and reduces workload

Don't leave money on the table – endorse correctly, do NMS, submit claims

Make sure you are paid accurately – check payment schedule carefully, consider tools such as Check 43 and Check $\mbox{\rm Rx}$

Don't wait until the end of the year to find out how you are doing – consider requesting management accounts or interim figures from your accountant including a cashflow projection.



Discussion

Any thing to share from other contractors?



Reset and Recover Programme: A Comprehensive and Free Developmental Programme to Reset Your Pharmacy

The Reset and Recover Programme is for Community Pharmacy West Yorkshire contractors, designed and delivered by pharmacy training specialists, Pharmacy Complete. The programme focuses on why we have to change what we do and how we can work differently, as we reintroduce services in a COVID context. More information on the programme is included in this video from Deborah Evans at Pharmacy Complete: https://vimeo.com/447545205/e2fc2f060b. A list of the modules and what they cover can be found in the document below. Reset and Recover Programme: Modules

All modules are now available on demand and can be accessed by clicking on the relevant link below and entering the password. Registration is required to view the modules via these links to ensure we have visibility of who is accessing them.



Engaging with your MP

Engaging with your MP about the issues that you and your pharmacy face can be an effective way of highlighting issues to your MP, getting these issues raised within government and increasing the support for community pharmacy. This support is essential as when paraliament debates an issue that relates to community pharmacy, such as our funding, it is essential that we get as much support as possible.

There is now a tool on the APPG website that allows an individual to easily identify their MP and then send a message (a template is provided) to their MP to seek support for community pharmacy and the All Party Pharmacy Group (APPG).

Use the APPG tool to contact your local MP

Users need to enter a postcode and contact details to identify their local MP and then a template email can be sent asking the MP to support the APPG. The template includes all of the relevant information but can be further personalised if desired.

CPWY and PSNC will continue to carry out a range of activities to brief MPs and peers on current issues within community pharmacy but we know that direct contact by pharmacy contractors and their teams can result in better engagement and response from the MP.

In West Yorkshire we are aware that direct contact with MPs by pharmacy contractors has led to letters to Matt Hanncock, questions in parliament and visits to pharmacies to find out more.



