

CPWY Connect Reset, Reform, Recover

Ruth Buchan
CEO
Community Pharmacy West Yorkshire



Using Zoom

- Being recorded
- Keep microphone on mute
- Show video if you are able
- Use the chat box as the main method of communication
- In discussion sections use raise hand to show you'd like to come in



Introduction

Recognise the massive impact of the pandemic on the pharmacy sector

Ongoing pressures and challenges facing frontline pharmacy teams and contractors

APPG report, Dec 2020

- More than 9 in 10 respondents felt their place of work was under financial pressure;
- Nearly 8 out of 10 pharmacy contractors felt the financial support offered so far – the £370m advanced payments – has not been enough to mitigate financial pressures;
- Almost half of the pharmacy contractors who responded felt it was either very likely, likely or somewhat likely that their pharmacy could be forced to close within a year.

Share how different contractors have responded and link to key information and resources



Is what we are doing working?

"If you always do what you've always done, you'll always get what you've always got." Henry Ford



Community Pharmacy is providing a fantastic NHS service to the population but we are facing several challenges



Our Challenges

Leading to pharmacies being less viable, working harder for less income

Increased workload and patient queries due to new ways of working in other sectors and providing services alongside COVID-19

NHS moving payments from script items to more complex, clinical services – CPCF 5-year plan

Flat funding for 5 years in CPCF

Workforce – finding locums, people leaving community pharmacy

Currently under funded – and this situation may not change

Branded generics and prescribing changes

GPs continue to be the focus of the NHS

Lower margins



What is our response to this?



The reality check

This is what we've got to work with – need to face our reality
Questioning where we are and how we got there is not going to help
Complaining to each other won't make things change



Do What You've Done



Do Something New

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

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Delivery

Mohammed Ikhlaq, CPWY Chair

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West Yorkshire

Medicines Delivery

- 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
 - All household on same day
 - 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 to be delivered
Pharmacies are not obliged to deliver medicines and delivery is at the discretion of the pharmacy. You can:

- Ask a friend or relative to collect your medicines from the pharmacy.
- Contact the pharmacy directly to discuss if they are able to deliver to you and when this would be possible. Please note there may be a charge for the delivery.
- DURING C19 only: Call NHS Volunteer Responders on 0800 196 3646 (8am to 8pm) to arrange support

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Multi-compartment Compliance Aids (MCA)

Ashley Cohen, Committee Member CPWY

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West Yorkshire

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 control.



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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 etc.
- 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.

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Approach to MCAs – resources

CPWY website - Dispensing

[MDS Contractor Guide](#) 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

[Paid Carer Support and MCAs](#) 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.

[7-Day Prescription Guide](#) to assist you in deciding which of your patients may require 7-day prescriptions and will help you in your discussions with GPs.

Previous CPWY Connect event on MCA [February CPWY Connect Event Presentation - MDS & 7-Day Scripts](#)

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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).

RPS website

Patient assessment tools currently in use in practice

[UEA Medication Adherence Support Decision Aid](#)

NB Equality Act (2010) historically DDA 1995

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Dealing with prescription orders and queries

Amanda Smith, CPWY Vice Chair

CPWY Community Pharmacy West Yorkshire

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



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Income and Efficiency

David Broome, CPWY Treasurer, PSNC Regional Rep



Increasing income

Get what is available – you cannot do anything about the reduced remuneration- but 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 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 parliament 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 Hancock, questions in parliament and visits to pharmacies to find out more.



If you do what you've always done, you'll always get what you've always got. If what you are doing is not working, do something else.

— Joseph O'Connor —

AZQUOTES

If you want something in your life, you've never had, you'll have to do something, you've never done.

— JD Houston

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Thank you

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Email info@cpwy.org

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