

Clinical Services Opportunities

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CPWY Community Pharmacy West Yorkshire

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Aims of the session

Introduction

Key services in detail:

- ❖ DMS
- ❖ NMS
- ❖ Hypertension Case Finding
- ❖ CPCS

Holistic Care and maximising the 'value' of the patient

- ❖ Not seeing the patient as one service

Looking ahead to the future

- ❖ Smoking Cessation advanced service

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Introduction

- ❖ Why Services?
- ❖ What's wrong with dispensing loads of items?
- ❖ I don't have time
- ❖ I don't have the staff
- ❖ Its not a lot of money



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DMS – Did you know that....

Funding

A setup fee of £400 was agreed to cover the costs of preparing to provide the service, principally training staff and putting in place a standard operating procedure for the service. Any pharmacy on the pharmaceutical list on 1st February 2021 automatically received this payment on 1st April 2021.

Contractors providing the full service will be paid a fee of £35.

Where only part of the service can be provided, in certain circumstances defined in the 'Drug Tariff', contractors will be paid a partial payment:

Stage 1:	£12
Stage 2:	£11
Stage 3:	£12

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DMS – positive factoids

- ❖ 2274 in Q3 (1703 if exclude DSPs)
- ❖ In Q3 21/22 second highest number of referrals in England
- ❖ 98% of WY pharmacies received at least 1 DMS (range=0-1011; average = 32; median = 23) between Feb 21 and 6th May 2022
- ❖ **522 unplanned 30 day readmissions prevented across ICS since service commenced**

Data at Quarter 3 2021/2022

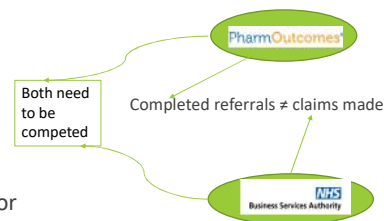


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DMS – negative factoids

- ❖ 27% of referrals remain uncompleted
- ❖ Feb 22 1226 referrals made:
 - ❖ 518 full claims
 - ❖ 79 stage 1 only
 - ❖ 75 stage 1 & 2 only
 - ❖ 1 stage 1 & 3 only
- ❖ Loss of income of between £11 - £1817 for just one month!



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DMS – How do I make it happen better in my pharmacy?

- ❖ Have a process in place to check Pharmoutcomes and NHS Mail
- ❖ Referrals come from far afield – don't just assume it's the Hospital down the road
- ❖ Ensure whole team is trained (Virtual Outcomes online Training Package is FREE to LPC Contractors)
- ❖ Don't forget that these patients might be eligible for other services (see slide 21)
- ❖ What process do you have in place to track the patient?

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NMS – did you know that.....

- ❖ All completed NMS provided by a contractor that fall below the 10% target will be paid at £20 each;
- ❖ Once a contractor reaches the 10% target all completed NMS (including those which fall below the 10% target) will be paid at £25 each;
- ❖ Once a contractor reaches the 20% target all completed NMS (including those which fall below the 20% target) will be paid at £26 each;
- ❖ Once a contractor reaches the 30% target all completed NMS (including those which fall below the 30% target) will be paid at £27 each;
- ❖ Once a contractor reaches the 40% target all completed NMS (including those up to the maximum target) will be paid at £28 each.

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NMS – positive factoids

- ❖ 30,703 at Q3 2021/22 (29,273 if exclude DSPs)
- ❖ Actual claims Q3 totalled £793,463 in income to average of 443 contractors
 - ❖ Equals average of £1791 per contractor per quarter
- ❖ In Q3 21/22 second highest number of interventions in England
- ❖ 53% of all pharmacies in WY consistently provided NMS in Q3 21/22



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NMS – negative factoids

- ❖ NMS/item proportion was 17% less than national average in Q3
- ❖ 5.5% of WY contractors have never claimed for an NMS
 - ❖ Based on 1 NMS a day at lowest payment band (£20) that's a potential loss of £151,380 across WY

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How do the numbers work?

- ❖ Average Community Pharmacy dispenses about 7000 items per month
- ❖ Any NMS above 7 per month attract a payment of £25 each (10% of the cap/target)
- ❖ Up to £28 once you start to get over 40% of the cap (over 28)
- ❖ For a pharmacy dispensing the average number of prescriptions who undertakes 28 NMS a month (40% of target) that's an additional income (on top of dispensing) of £784/month
- ❖ If every pharmacy in West Yorkshire achieved 90% - that could be an extra £940k of income.
- ❖ The is getting prescribers onboard to ensure any patient prescribed an eligible new medicine is referred for a NMS. CPWY working very hard on this but similar conversations at a PCN/individual contractor level will all help.

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Hypertension – did you know that...

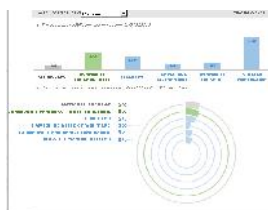
- ❖ The following fees have been agreed for the service:
 - ❖ A set-up fee of £400;
 - ❖ A fee for each clinic check of £15; and
 - ❖ A fee for each ambulatory monitoring of £45.
- ❖ In addition, the following incentive fees across Years 3, 4 and 5 of the CPCF 5-year agreement, will be available. Pharmacies must reach a threshold of ABPM activity to trigger the payment of the incentive fee.
- ❖ An incentive fee of £1,000 was available if 5 ABPM intervention were 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 NHSE&I to incentivise case finding in line with the ambition outlined in the NHS Long Term Plan.
- ❖ DAILY CLAIMS CAN NOW BE MADE ON BSA MYS PORTAL
- ❖ PHARMOUTCOMES PHARMACY AND GP SOLUTIONS COMING IN AUGUST

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Hypertension – positive factoids

- ❖ 1719 BP Clinic Checks at Q3 21/22 (1718 if exclude DSPs)
- ❖ In Q3 21/23 fourth highest in England
- ❖ More recent data:
 - ❖ 63% of WY contractors signed up to deliver service
 - ❖ Numbers of ABPM checks increasing (123 in March 2022)
 - ❖ Activity rates risen from 10% in Jan 22 to 21% in Mar 2022
 - ❖ 8% of contractors have delivered at least 1 ABPM check

Data for BP Clinic Checks Q3 2021/22



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Hypertension – negative factoids

- ❖ BP Clinic check/item was 7% less than national average in Q3
- ❖ ABPM check/item was 91% less than national average in Q3

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Hypertension – how do the numbers work?

- ❖ Pilot data suggested that 1/10 clinic checks lead to a ABPM checks
 - ❖ On that basis every 10th patient you provide the service for could generate a total income of £60
- ❖ Since service was rolled out data suggests that between 2-5% of clinic checks lead to a ABPM check
- ❖ If each pharmacy did 10 clinic checks and 1 ABPM a week that generates £780 per month which is over £400k per month revenue over and above dispensing into WY pharmacies.
- ❖ In some PCNs working with the PCN pharmacy team is helping to find patients eligible for the service. It's quid pro quo because by them helping you to find patients you are helping them to ensure that relevant people are on the hypertension register.
- ❖ RCGP have just published [guidance](#) which encourages GPs to work with CPs to enable patients to have their BP checked as part of COVID-19 recovery plans

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CPCS – did you know that ...

- ❖ When a pharmacy provides the CPCS, they can claim a £14 fee per completed consultation.
- ❖ PSNC have produced a [guide](#) to help contractors understand when a CPCS event is completed.
- ❖ There are a [plethora of resources](#) to use with GP practices when encouraging them to make CPCS referrals.

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CPCS – positive factoids

- ❖ In Q3 2021/22 WY met the national average for CPCS referrals
- ❖ In December 2021 GP CPCS referrals hit an all time high with nearly 1100 referrals
- ❖ 45% of WY GP practices are now actively sending referrals
- ❖ 36% of WY pharmacies had received 3 or more GP CPCS referrals by 31st March 2022

Data for Q3 2021/22



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CPCS – negative factoids

- ❖ Lost income related to this service is getting larger despite the fact that more GPs are making referrals.
- ❖ This is because the rates of dropping and referring back to the GP are rising.
- ❖ In Q3 21/22 nearly 27% less than national average for CPCS/items dispensed

Month	% Completed	% Dropped	% Referred
Sep-21	87%	10%	3%
Oct-21	80%	13%	2%
Nov-21	77%	10%	7%
Dec-21	72%	13%	12%
Jan-22	70%	17%	7%
Feb-22	70%	17%	6%
Mar-22	70%	17%	10%
Apr-22	68%	14%	10%

Month	Potential Income	Income	Lost Income
Sep-21	£6,528	£5,515	£1,013
Oct-21	£7,980	£6,538	£1,442
Nov-21	£11,450	£10,118	£1,332
Dec-21	£11,300	£10,140	£1,160
Jan-22	£11,800	£8,805	£2,995
Feb-22	£14,782	£11,180	£3,602
Mar-22	£19,744	£14,146	£5,598
Apr-22	£21,324	£14,512	£6,812
TOTALS	£115,346	£84,826	£30,520

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How do I make this happen in my pharmacy?


- ❖ Have a process in place so that PharmOutcomes and NHS Mail is checked regularly throughout the day.
- ❖ Ensure the whole team is trained on how to ensure CPCs patients are identified. Virtual Outcomes training is free to all contractors in WY.
- ❖ Form strong communication channels and relationships with the GP practices that your patients use most frequently.
- ❖ Utilise a **SBAR** way of undertaking consultations and feeding back to GP practices.
- ❖ Be clear about any further onward referral pathways e.g. in Leeds soon to be an ENT assessment service in CP.

S = Situation (a concise statement of the problem)

B = Background (pertinent and brief information related to the situation)

A = Assessment (analysis and considerations of options — what you found/think)

R = Recommendation (action requested/recommended — what you want)



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[illegible]

Patients are very often not one service

```
graph LR; A["DMS Referral  
Maximum  
income/patient  
Income £35"] -- "+" --> B["NMS income  
between £20-  
£28"]; B -- "=" --> C["Total maximum  
value of patient  
is now £63"]; B -- "+" --> D["Flu vaccination  
£11"]; D -- "=" --> E["Total maximum  
value of patient  
is now £74"]; D -- "+" --> F["Locally commissioned  
service e.g. inhaler  
check maximum  
income/patient = £17"]; F -- "=" --> G["Total maximum  
value of patient  
is now £91"];
```

The diagram illustrates how a patient's total maximum value is calculated by adding different services over time. It starts with a DMS Referral (Maximum income/patient Income £35). This is added to NMS income between £20-£28, resulting in a total maximum value of £63. Then, a Flu vaccination (£11) is added, resulting in a total maximum value of £74. Finally, a Locally commissioned service (e.g. inhaler check maximum income/patient = £17) is added, resulting in a total maximum value of £91.

DMS Referral
Maximum
income/patient
Income £35

NMS income
between £20-
£28

Total maximum
value of patient
is now £63

Flu vaccination
£11

Total maximum
value of patient
is now £74

Locally commissioned
service e.g. inhaler
check maximum
income/patient = £17

Total maximum
value of patient
is now £91

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Working in the Community

Summary - and next steps

- ❖ Ensure that all referrals and service opportunities are completed and claimed. Over the year:
- ❖ Up to **£254,064** DMS - ensure all DMS referrals are completed! £479 per CP.
- ❖ If all pharmacies did one NMS a day would bring in additional **£1,816,560** or if your pharmacy did one NMS a day that is **£5,200 - £7,280**. If you did 3 a day that is at least **£15,600**.
- ❖ If your pharmacy did 10 clinic checks and 1 ABPM a week that generates £780 per month, **£9,360**.
- ❖ **£45,780** lost CPCS income, **£86** per CP
- ❖ **AND EACH OF THESE SERVICES PROVIDES A CLINICAL BENEFIT TO THE PATIENT**

PharmOutcomes



Treat PharmOutcomes / MYS as your cash register

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