

# Essex LPC Newsletter

November 2016

Issue 4



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## **Contract Imposition**

You will know by now that many of the contract changes initially raised in the DH/NHS England letter in December 2015 have now been imposed. Work continues to challenge this imposition, and to ensure that any future changes are negotiated satisfactorily.

We will be working over the coming months to ensure that you have every opportunity to take up the services and schemes that are being offered in the new arrangements: remember this is your chance to get some of your money back!

We would also like to see as many of you as possible at the forums and contractor events throughout the year. We have listened to feedback and comments on these and are working with industry sponsors to review the educational content, while still recognising that these are primarily LPC meetings to discuss our own local issues.



Much has been written and said about the financial impacts the changes will have on contractors, particularly those with lower dispensing volumes, and no doubt you will have been calculating the likely impact of this on your own pharmacies. Please remember that Essex LPC is here to support you if you are struggling, we have expertise in some areas and if we can't help you we may have access to someone who can.

## **Pharmacy Access Scheme (PhAS)**

The Pharmacy Access Scheme (PhAS) offers some cushioning against the funding cuts, although full uptake of the Quality Payment Scheme (QPS) is required for all the benefits to be realised.

The criteria for PhAS are that a pharmacy is not in the top 25% nationally by dispensing volume, that the pharmacy is a "bricks and mortar" pharmacy (not a distance-selling pharmacy), and that it is at least a mile by road from the next nearest pharmacy. This was intended to ensure that pharmacies serving more vulnerable communities would have a degree of protection, but this has not been the case universally as many out-of-town supermarkets and

shopping centres meet the criteria, many smaller pharmacies in deprived urban areas do not.



The updated list of pharmacies that are eligible for the PhAS at [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/565518/PhAS\\_list\\_03\\_11\\_16.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/565518/PhAS_list_03_11_16.pdf) NB this is the current definitive list, there are other versions which contain errors. Pharmacies on this list do not need to take any further action.

There is also provision for “near miss” reviews. This is for pharmacies who are just under the one-mile distance (0.8 to 1 mile) OR where there is an unusual geographical feature (steep hill, collapsed bridge, long term road closure) AND where the pharmacy serves a population in the top 20% for deprivations according to the Index of Multiple Deprivation.

Essex LPC is happy to hear from any pharmacist who thinks they would like to pursue a “near miss” review, we have had to let some colleagues know that they would not qualify, but we are also working up review documentation for some that stand a good chance of success.

## Quality Payment Scheme

Another change in the contract for 2017/8 is the Quality Payment Scheme, which has been compared to a “QOF for pharmacies.” While perhaps it is not quite that it is at least an opportunity to get back some of the money that has been taken out of contractors’ funding.

Much detail is still emerging, but in brief the Quality Payment Scheme will pay pharmacies £64 per “point” subject to meeting certain criteria (see separate list) up to a maximum of 100 points, or £6,400. However, if the uptake and achievement is not 100% the money allocated will be redistributed to those who **have** achieved points, up to a maximum of £128 per point. In other words, if you achieve 100 points and not everybody else does you could get up to £12,800.



Essex LPC are aware that this is going to be a key theme throughout 2017/8, and we will endeavour to support all contractors to achieve the maximum points. So far:

We have already started planning our first training workshops for 7th February (see article below) and have been discussing training

needs with a range of providers.

We have met with colleagues at the Local Medical Committee (LMC) to discuss communications with GP practices, with particular regard to the clinical effectiveness criterion to refer asthma patients who have had more than 6 bronchodilators in 6 months. We will be meeting with the Practice Managers’ group in December.

We had already approached PharmOutcomes regarding a reporting and tracking module, this is also being discussed on a wider scale.

We have already been working closely with NHS Digital and their partners at North East London Commissioning Support Unit regarding Summary Care Record access and regular Electronic Prescription Service updates, and will also be working with them to ensure NHS mail access is made a bit more straightforward.

We have circulated the NHS Choices “how to” guide written by Penny Skellern in 2015, and will continue to ensure the advice remains up to date.

One other piece of work we have done is to look at the resource implications for meeting Quality Payment Scheme requirements. Naturally this will be subject to a lot of variation depending on pay levels (this is based on total costs to the employer of Pharmacist £200 per day, Registered Technician £150 per day, other staff £100 per

day); whether your staff are confident accessing on-line learning or not; how much they understand about the contractual changes, and; whether you expect them to complete training and assessments in their own time (think about that one!)

However, a rough calculation assuming gateway criteria are met but no Quality Payment Scheme criteria you should allow (factoring in time, travel and training expenses, lost productivity, updating and maintaining records etc)

£1000 minimum to meet Healthy Living Pharmacy L1 self- assessment criteria, PLUS  
£300 per pharmacist  
£300 per registered technician  
£250 per non-registered patient-facing member of staff

## Hold the Date: 7th February - Quality Payment Scheme training carousel

We have been reviewing all the training options to meet Quality Payment Scheme criteria, and identifying on-line and distance-learning resources where these are available: However we are aware that people have different learning styles, that on-line doesn't work for everyone and that some criteria will require face-to-face training.

We are therefore using our Spring Conference day, Tuesday 7th February 2017, as a Quality Payment Scheme training carousel. This will be,

as usual, at the Best Western Ivy Hill, and will feature as much face-to-face training and practical support as we can to help you meet the QPS criteria.

As several criteria require your support staff to be trained we hope to run sessions throughout the afternoon and early evening: This is to allow you to release staff in shifts if necessary and to ensure support staff who wouldn't normally attend an evening event can still access the training.

We are still working on the details but can already confirm that L2 safeguarding training will be provided with CPPE along with local expertise, the Alzheimer's society will be providing dementia friends and dementia champion training, there will be further Summary Care Record face-to-face sessions, support for Health Champions to meet the Healthy Living Partnership L1 specification and other workshops according to demand!



We also have some employment law workshops, so you will be able to make sure any efficiencies you are planning are within the law, and that you are meeting all your other obligations as an employer. This may be particularly important if you are looking to change staff working patterns or duties as a result of the funding cuts.

At this stage we would ask that you make a note in your new 2017 calendar, and start identifying which staff will need training.

## NHS Urgent Medicines Supply Advanced Service (pilot) NUMSAS(p)

Another small crumb of comfort being offered to pharmacy contractors is the Urgent Medicine Supply Advanced Service (pilot). Details have just been released, but in brief this will be a National Advanced Service (pilot) which will pay a consultation and administration fee for the urgent supply of medicines.



There are several conditions attached to the service, not least that patients will have to be referred by NHS111, that the administration and paperwork is quite extensive, and the remuneration (£10 consultation fee, £2.50 administration fee, £1.50 supply fee for the first item, £0.50 for additional items) is not anything you could retire on, and it is only a pilot until March 2018 at this stage. However, we anticipate many pharmacies will want to offer this service as you won't want your patients being directed elsewhere by NHS111, and as the Pharmaceutical Needs

Assessment reviews start next year.

The NUMSAS (p) is being rolled out gradually, the date given for East of England is January 2017, however you can register your interest on NHSBSA website from 1st December.

Full details at

[www.england.nhs.uk/wp-content/uploads/2016/11/numsas-service-specification.pdf](http://www.england.nhs.uk/wp-content/uploads/2016/11/numsas-service-specification.pdf)

## Meanwhile back in the old contract...

The old contractual requirements still haven't gone away!

We are working with some of the pharmacies that have been sent the full CPAF (Community Pharmacy Assurance Framework) documentation to complete, and support has also been offered to those who have been advised of contract monitoring visits.

We would also like to remind you that there are some contract specifications that you need to meet each year, and if you haven't done so yet you might want to work out how to fit these in (along with everything else!)

This includes the Information Governance toolkit (remember this is published), completion of a clinical audit determined by the pharmacy and the annual community pharmacy patient questionnaire. So far there has not been an audit agreed by NHS England, so you don't need to complete one (unless something is

announced in the next 3 months.)

And despite all the focus on community pharmacy at the DH, the approved particulars for the pharmacy leaflet have still not been updated SO we are still facing the conundrum of a leaflet that meets the approved particulars but is not of any practical value to patients vs a leaflet that contains information that is useful to patients but does not meet the requirements in the approved particulars. Four year anniversary coming up...



## Witnessed Destruction of Controlled Drugs

NHS England now have procedures in place if you need to have a witnessed destruction of expired controlled drug stock, and a copy of the form is available in the "contractor support" section of the website (which we are updating a bit!) You need to complete the form and return it to [england.ea-cdao@nhs.net](mailto:england.ea-cdao@nhs.net) rather than to a named person.

One requirement on the form is a current T28 exemption certificate- This is the exemption that allows you to process waste and is issued by the environment agency.



You can register for this online at:

[www.gov.uk/guidance/register-your-waste-exemptions-environmental-permits](http://www.gov.uk/guidance/register-your-waste-exemptions-environmental-permits)

## Pharmaceutical Needs Assessments for March 2018

Yes, we can't believe they are coming round again already...

Essex County Council and Southend-on-Sea Borough Council have already started discussing 2018 Pharmaceutical Needs Assessments (PNAs) with a view to work starting in January 2017. Thurrock may also have considered this, we will be asking them early in the New Year. Essex County Council will produce theirs "in house," Southend are using the same team as in 2015.



We hope there will be less work than the last review, as the geographical area each PNA covers has remained the same. At the moment this is for your information only, but please be prepared to submit information about your pharmacy when the work starts in earnest in the spring.

## Sustainability and Transformation Plans

At the time of writing two of the three Sustainability and Transformation Plans (STP) affected Essex have been published.

The Mid and South Essex plan is overseen by the Success Regime and can be seen at <http://www.successregimeessex.co.uk/>

The Suffolk and North Essex plan is at <http://www.neessexccg.nhs.uk>

Both plans have some common themes relevant to community pharmacy, including more referral of urgent care to community pharmacy and a bigger focus on self-care and prevention. Colleagues in Mid-Essex will be sent "A Parent's Guide to common childhood illnesses and wellbeing" with this newsletter to support that aim, further copies are available from the LPC office on request.

Neither plan seems to consider the role of community pharmacy in supporting people with long term conditions, in order to improve capacity in other primary and secondary care provision and urgent care.

Both make reference to social care capability and capacity, but again the role of community pharmacy in supporting this is not specifically identified.

There is an opportunity to comment on the plans before final sign-off, we will be submitting comments from the LPC along with further comments on the North Essex Urgent Care proposals, however contractors should familiarise themselves with the plans (there are summaries for those with short attention spans!) and comment back as appropriate.

The Hertfordshire and West Essex STP is expected imminently. There had been a proposal for West Essex to become part of the Central Midlands NHS England team for STP "oversight," however it has been confirmed, following some constructive joint working with Essex LMC, that primary care contracts including Pharmacy will remain with the East team.

## Seasonal Flu- a quick update

We are pleased to report that community pharmacies in Essex have already administered more 'flu vaccines this season than in the whole of the previous year, and that uptake in the population is higher in almost all eligible groups. Many GP practices will have finished their dedicated flu clinics now, and you may find they are more amenable to referring patients to you if they were not before. You may also wish to target pregnant women, particularly those who were not pregnant, or didn't know they were pregnant, at the start of the vaccination season. The levels of 'flu circulating in the community are still very

low, which is not uncommon at this point in the year, and it does seem to be turning a bit more wintry.



We still strongly recommend that you use Pharmoutcomes to record your vaccine administration as it gives us (and Public Health England) a much more up-to-date idea of numbers than waiting for NHSBSA reporting, provides a robust audit trail if there are any issues regarding GP notification and produces your NHSBSA claim report for you at the end of the month.



## Dates for The Diary

### **Tuesday 24<sup>th</sup> January 2017**

South East Essex Forum Meeting

Start: 7pm

### **Thursday 26<sup>th</sup> January 2017**

South West Essex Forum Meeting

Start: 7pm

### **Tuesday 31<sup>st</sup> January 2017**

Mid Essex Forum Meeting

Start: 7pm

### **Wednesday 1<sup>st</sup> February 2017**

North East Essex Forum Meeting

Start: 7pm

### **Thursday 2<sup>nd</sup> February 2017**

West Essex Forum Meeting

Start: 7pm

### **TUESDAY 7th FEBRUARY 2017**

**CONTRACTORS' DEVELOPMENT EVENT**

**Quality Payment Scheme Training Carousel**

**Venue: Best Western Ivy Hill, Margaretting, Nr Chelmsford**

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Please visit [www.essexlpc.org.uk](http://www.essexlpc.org.uk) for events taking place

Domain	Criteria	Number of review points at which it can be claimed	Points at any one review point	Total points over the two reviews points
Patient Safety	Production of a written report that demonstrates evidence of analysis, learning and action taken in response to near misses and patient safety incidents, including implementation of national patient safety alerts and having shared learning	One	20	20
Patient Safety	80% of registered pharmacy professionals have achieved level 2 safeguarding status for children and vulnerable adults within the last two years	Two	5	10
Patient Experience	Results of patient experience survey from the last 12 months published on the pharmacy's NHS Choices page	One	5	5
Public health	Healthy Living Pharmacy level 1(self-assessment)	One	20	20
Digital	Demonstration of having accessed the summary care record and increase in access since the last review point	Two	5	10
Digital	NHS111 Directory of Services entry up to date at review point	Two	2.5	5
Clinical Effectiveness	Asthma patients dispensed more than 6 short acting bronchodilator inhalers without any corticosteroid inhaler within a 6 month period are referred to an appropriate health care professional for an asthma review.	Two	10	20
Workforce	80% of all pharmacy staff working in patient facing roles are trained 'Dementia Friends'	Two	5	10
			Total number of points	100