



Community Pharmacy NHS Advanced Services



Overview

- New Medicine Service (NMS)
- Flu Vaccination Service
- Community Pharmacist Consultation Service (CPCS)
- Hypertension Case-Finding Service (Blood pressure check service)
- Smoking Cessation Service (SCS)
- Appliance Use Review (AUR)
- Stoma Appliance Customisation (SAC)
- Hepatitis C Testing Service
- Pharmacy Contraception Service (PCS) – commissioned from early 2023
- Questions, comments and next steps





New Medicine Service (NMS)



NMS



- Provides early support to patients to maximise the benefits of newly prescribed medicines
- Proof of concept research shows that an intervention by a pharmacist can help to improve patients' adherence
- In the research, patients who used the service experienced fewer medicines problems and made less use of other NHS services, saving money and GP time

[Ref: The cost effectiveness of a telephone-based pharmacy advisory service to improve adherence to newly prescribed medicines](#)

[Ref: The New Medicine Service Evaluation](#)



NMS – outline of the service

- Three stage process:
 1. **Patient engagement** (day 0)
 2. **Intervention** (typically between 7-14 days after patient engagement)
 3. **Follow up** (typically between 14 and 21 days after the initial intervention)
- Opportunity to provide healthy living advice at each stage



NMS – conditions covered by the service

Follows the prescribing of a new medicine for:

- Acute coronary syndromes
- Asthma and COPD
- Atrial fibrillation
- Coronary heart disease
- Diabetes (Type 2)
- Epilepsy
- Glaucoma
- Gout
- Heart failure
- Hypercholesterolaemia
- Hypertension
- Long term risks of venous thromboembolism/embolism
- Osteoporosis
- Parkinson's disease
- Stroke / transient ischemic attack
- Urinary incontinence/retention

In 2023, subject to a positive evaluation of an ongoing pilot, the above list of conditions will be expanded to include patients who are newly prescribed an antidepressant



NMS – patient engagement

- Recruitment by the pharmacy team
- Referral by a general practice prescriber
- Referral following a Structured Medication Review
- Referral post discharge from hospital



NMS – Intervention

- Intervention (typically between 7-14 days after patient engagement)
- Face to face in a consultation area, over the phone or via video
- Semi-structured interview technique to:
 - assess adherence
 - identify problems
 - identify the patient's need for further information and support
- Pharmacist provides advice and support
 - agrees follow up
 - agrees solution(s)
 - refers to GP practice (only where absolutely necessary)



NMS – Follow up

- Follow up (typically between 14 and 21 days after the initial intervention)
- Face to face in a consultation area, over the phone or via video
- Semi-structured interview technique to:
 - assess adherence
 - identify problems
 - identify the patient's need for further information and support
- Pharmacist provides advice and support
 - Patient adherent / non-adherent
 - Provide more advice and support or
 - Refer to GP practice (using nationally agreed NMS Feedback form)



Communicating with GP practices



- Pharmacy contractors are required to contact the patient's GP practice **only** if an issue is identified during the NMS where the pharmacist believes the patient's prescriber should be informed
- National NMS Feedback Form designed by GPC England/PSNC/NHS Employers
- Referrals will only be made when absolutely necessary

NHS New Medicine Service
Feedback Form

NHS

To: _____ Date: _____

Patient name: _____ DOB: _____ NHS number: _____
Patient address: _____

This patient was recently enrolled on the NHS New Medicine Service following the prescribing of: _____

I am writing to inform you of a matter that has arisen during provision of the service which requires your consideration:

☐ Potential drug interaction(s)
☐ Potential side effects/adverse drug reaction preventing use of medicine
☐ Patient reports not using medicine any more
☐ Patient reports never having started using medicine
☐ Patient reports difficulty using the medicine – issue with device
☐ Patient reports difficulty using the medicine – issue with formulation
☐ Patient reports lack of efficacy
☐ Patient reports problem with dosage regimen
☐ Patient reports unresolved concern about the use of the medicine
☐ Other (see comments below)

Further information / comments / possible action:

I have advised the patient that, where appropriate, the practice will contact them regarding this matter after considering the above information. Please provide any necessary feedback to me on the outcome.

Pharmacist Name: _____ Telephone: _____
Pharmacy Address: _____

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Communicating with GP practices

- GPC England advised that pharmacists should refer to the practice, rather than suggesting patients make an appointment with their GP
- This approach allows the GP practice to determine how they want to deal with the issue raised in the Feedback Form



Referrals from GP practices

- NHS guidance for Primary Care Networks (PCNs) on the provision of Structured Medication Reviews (SMR) includes referrals being made to the NMS
- Proactive call in guidance published by NHS England to support PCN clinical pharmacy teams with implementation of the SMR and optimisation service requirements in the Network Contract Directed Enhanced Service Specification for 2022/23 to work with community pharmacies to connect patients appropriately to the NMS
- Active role for both GPs and PCN clinical pharmacists to promote, refer and set expectation with patients

[Ref: NHS England website, Structured medication reviews and medicines optimisation](#)

[Ref: Network Contract Directed Enhanced Service – contract specification 2022/23 – primary care network requirements and entitlements](#)



Referrals from hospitals

- The Discharge Medicines Service (DMS) became a new Essential service within the Community Pharmacy Contractual Framework in February 2021
- NHS Trusts can refer patients who would benefit from extra guidance around newly prescribed medicines for provision of DMS
- There is a 2022/23 Commissioning for Quality and Innovation (CQUIN) target for hospitals to encourage referrals for DMS

Flu Vaccination Service



Flu Vaccination Service

- Anyone aged 18 and over in any of the NHS identified at-risk groups is eligible to access the service
- If patients are not eligible for a free NHS flu vaccination, then many pharmacies also offer a private flu service where the patient can pay for a vaccination



Communicating with GP practices

- Pharmacies must send a notification to GP practices of patients who have been vaccinated in the pharmacy, so medical records can be updated
- Sent on the same day as vaccination or on the following working day
- A national GP Practice Notification Form is available, however, generally electronic notifications are now sent to the patient's GP practice

NHS Community Pharmacy Seasonal Influenza Vaccination Service - Notification of administration of flu vaccination to Patient's GP Practice		
To (GP practice name)		
Patient name		
Address		
Patient DOB	NHS number (where known)	
This patient was administered a seasonal influenza vaccination on: / /		
To ensure that your records are complete, you may find it useful to record this as: Seasonal influenza vaccination given by pharmacist SNOMED CT: 955691000000108		
Eligible patient group (please only tick one box, to indicate the reason the patient was initially identified as being eligible)	<input type="checkbox"/> Aged 50-64 (not in a clinical at-risk group)	<input type="checkbox"/> Chronic respiratory disease
	<input type="checkbox"/> Aged 65 or over	<input type="checkbox"/> Chronic kidney disease
	<input type="checkbox"/> Chronic heart disease	<input type="checkbox"/> Chronic neurological disease
	<input type="checkbox"/> Chronic liver disease	<input type="checkbox"/> Immunosuppression
	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Pregnant woman
	<input type="checkbox"/> Asplenia / splenic dysfunction	<input type="checkbox"/> Carer
	<input type="checkbox"/> Person in long-stay residential care home or care facility	<input type="checkbox"/> Morbid obesity (BMI ≥ 40)
	<input type="checkbox"/> Household contact of immunocompromised individual	<input type="checkbox"/> Learning disability
	<input type="checkbox"/> Employed through Direct Payment or Personal Health Budget	<input type="checkbox"/> Hospice worker
	<input type="checkbox"/> Frontline Health & Social care worker	
Additional comments (e.g. any adverse reaction to the vaccine and action taken/recommended to manage the adverse reaction)		
Pharmacy name		
Address		
Telephone		

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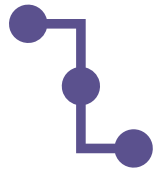
Community Pharmacist Consultation Service (CPCS)



CPCS



- The service commenced in October 2019
- It aims to relieve pressure on the wider NHS by connecting patients with community pharmacy
- It is part of a series of steps to get the public to view pharmacy as their first port of call for healthcare needs
- It can deliver a swift, convenient and effective service to meet patient needs



CPCS



- It connects patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy
- Referrals come from NHS 111 (telephony and online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services and in some cases, patients are referred via the 999 service
 - In March 2023, referrals will also be accepted from Urgent and Emergency Care settings
- Since November 2020, general practices can refer patients for a minor illness consultation via CPCS, once a local referral pathway has been agreed



CPCS



- **In June 2022, more than 118k people received CPCS;** these are patients who might otherwise have gone to see a GP
- The CPCS provides the opportunity for community pharmacy to play a bigger role than ever within the urgent care system
- Community pharmacy teams are not permitted to actively promote CPCS to patients as NHS England's intention is that the service is only used by patients for urgent cases
- It is therefore unlikely that GP practice teams will see this service being advertised by community pharmacies



Ref: NHS England website, High street pharmacists treat thousands more people for minor illnesses. 6th October 2022

Communicating with GP practices

- If a community pharmacist does make an urgent supply of a medicine or appliance under the CPCS, they are required to notify the patient's GP practice on the day the supply is made or on the following working day

NHS Community Pharmacist Consultation Service - Notification of supply to patient's general practice

To (GP practice name)	
Patient's details:	
Name	
Address	
Date of birth	/ / NHS number
This patient was provided with an emergency supply at this pharmacy on: / /	
Details of medicines or appliances supplied:	Quantity:
Additional comments (e.g. patient's reason for requesting an emergency supply)	
Medication or appliances have been supplied to this patient following an assessment of their needs with the information available to the pharmacist at the time. If you wish to flag to urgent and emergency care providers that it is inappropriate for a patient to be referred for urgent supplies of medicines, please consider the use of a Special Patient Note (SPN).	
Pharmacy name	Telephone
NHSmall address	
Address	

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NHS Community Pharmacist Consultation Service - Notification of low acuity/minor illness consultation to patient's general practice

To (GP practice name)	
Patient's details:	
Name	
Address	
Date of birth	/ / NHS number
Following a low acuity/minor illness referral to the pharmacy, this patient had a consultation with a pharmacist at this pharmacy on: / /	
Support has been given to the patient following an assessment of their needs with the information available to the pharmacist at the time.	
Details of support or advice provided and any additional information for the general practice:	
Details of any medicines or appliances supplied:	
	Quantity:
Pharmacy name	Telephone
NHSmall address	
Address	

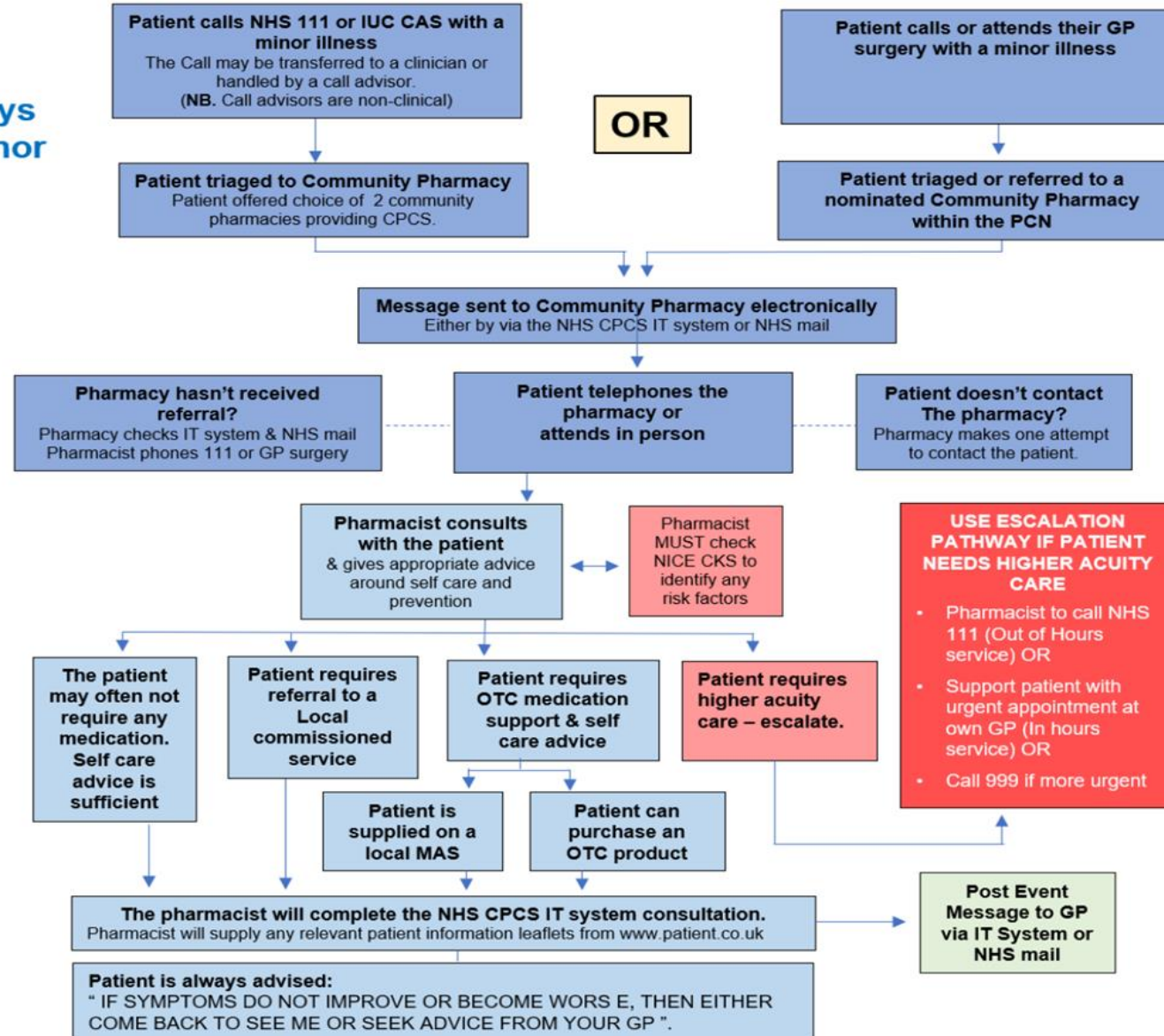
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GP referral pathway to CPCS

- GPs can refer patients to community pharmacies to receive a CPCS consultation for minor illness
- Unlike NHS 111, GPs cannot refer patients for an urgent supply of a medicine or appliance
- There must first be local discussions to agree how the referral pathway will work
- Discussions will involve pharmacy owners, the PCN and the member general practices, the NHS and the Local Pharmaceutical Committee



CPCS NHS 111 & GP referral Pathways for Low acuity, minor illnesses



NHS CPCS Service Overview

Pharmacy teams must check for referrals on an appropriate regularity

Throughout the day so that patients are not missed.

If there is an IT failure, the referral will also be on NHS mail.

Minor illness patients must pay for their OTC medication. Where a local commissioned Minor Ailments Service is commissioned, the patient may be referred into the service.

Use the escalation pathway:

- Pharmacist to call NHS 111 (if GP unavailable).
- Support the patient with urgent appointment at own GP (in hours)
- Call 999

You must manage the onward referral by contacting the relevant service yourself, on behalf of the patient.

Emergency Supply

- Referrals will only be made to pharmacies that >30 mins opening time remaining.
- If the patient doesn't contact the pharmacy, make one attempt to contact them.
- Call – Assess the request and ask for the patient or representative to attend if necessary.
- Check the EPS tracker to confirm if an EPS prescription is available for the medicine in question.
- A referral for a medicine out of stock must be forwarded via NHS Mail to another pharmacy with stock.
- A token must be printed only if a supply is made and the patient is exempt from charges.
- Record a non-supply on the CPCS IT system.

patients referred following a consultation at NHS 111 or GP surgery

Referral will be available via either NHS CPCS IT system or NHS Mail

NHS CPCS referral Minor Illness

NHS CPCS referral Emergency supply

The patient may call the pharmacy, or present in person

Patient Consultation
Check SCR & NICE CKS
(as necessary)

Patient Assessment
Check SCR
(as necessary)

Options available to the pharmacist

Self care advice only

Sale of OTC meds

Referral to local commissioned Service

Escalate

Supply

Print token

Dispense

Record

No Supply

EPS Rx

OTC Supply

Not appropriate

Out of stock

Options available to the pharmacist

Record the outcome of the referral on the NHS CPCS IT System. Submit £14 claim for each NHS CPCS completion on monthly basis via MYS portal. Retain Emergency Supply tokens in the pharmacy for post payment verification (if required)



Hypertension Case-Finding Service (Blood Pressure Checks Service)



Hypertension Case-Finding Service

- Early detection of hypertension is vital
- Evidence that community pharmacy can provide a key role in detection and subsequent treatment of hypertension
- Estimated 5.5 million people have undiagnosed hypertension across the country
- Community pharmacy engagement has the potential to improve outcomes and reduce the burden on general practices
- Levels of detection have fallen over the past few years due to the impact of COVID-19 on routine blood pressure monitoring



Hypertension Case-Finding Service

- The service commenced in October 2021
- The service aims to:
 - Identify people with high blood pressure aged 40 years or older (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management
 - At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements
 - Provide another opportunity to promote healthy behaviours to patients
- Currently, only pharmacists can provide the service, but the service specification is being amended to allow pharmacy technicians to deliver the service to make best use of their skill-mix



Hypertension Case-Finding Service

- Two stages:
 - **Stage 1** - identify people at risk of hypertension – ‘Clinic check’
 - **Stage 2** - 24-hour ambulatory blood pressure monitoring (ABPM)

Clinic Blood Pressure	Low blood pressure: 90/60mmHg or lower
	Normal blood pressure: between 90/60mmHg & 139/89mmHg
	High blood pressure: between 140/90mmHg & 179/119mmHg
	Very high blood pressure: 180/120mmHg or higher

Average Ambulatory Blood Pressure	Low blood pressure: 90/60mmHg or lower
	Normal blood pressure: between 90/60mmHg and 134/84mmHg
	Stage 1 Hypertension: Between 135/85mmHg and 149/94mmHg
	Stage 2 Hypertension: 150/95mmHg or higher

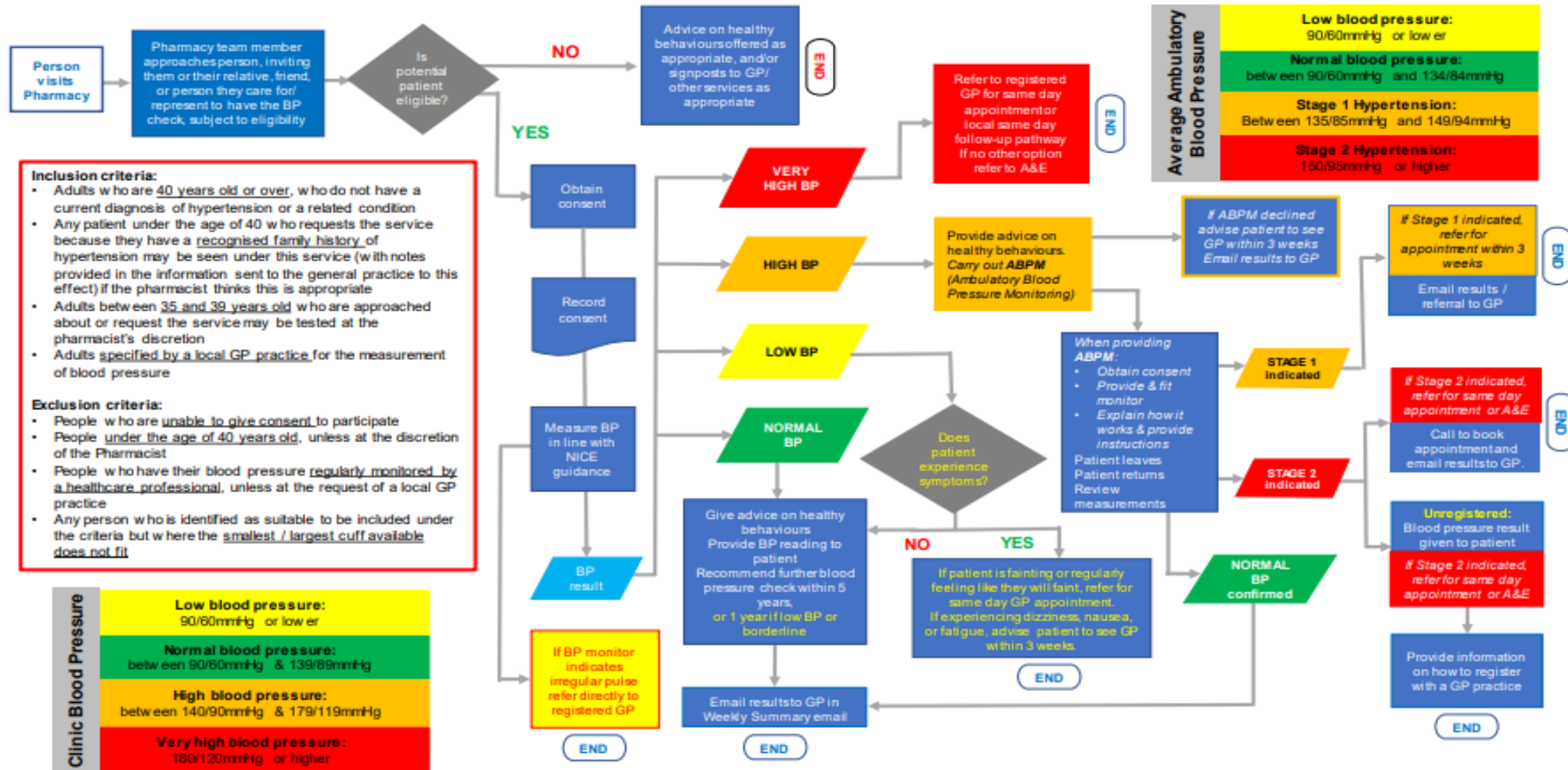
GP practice referrals

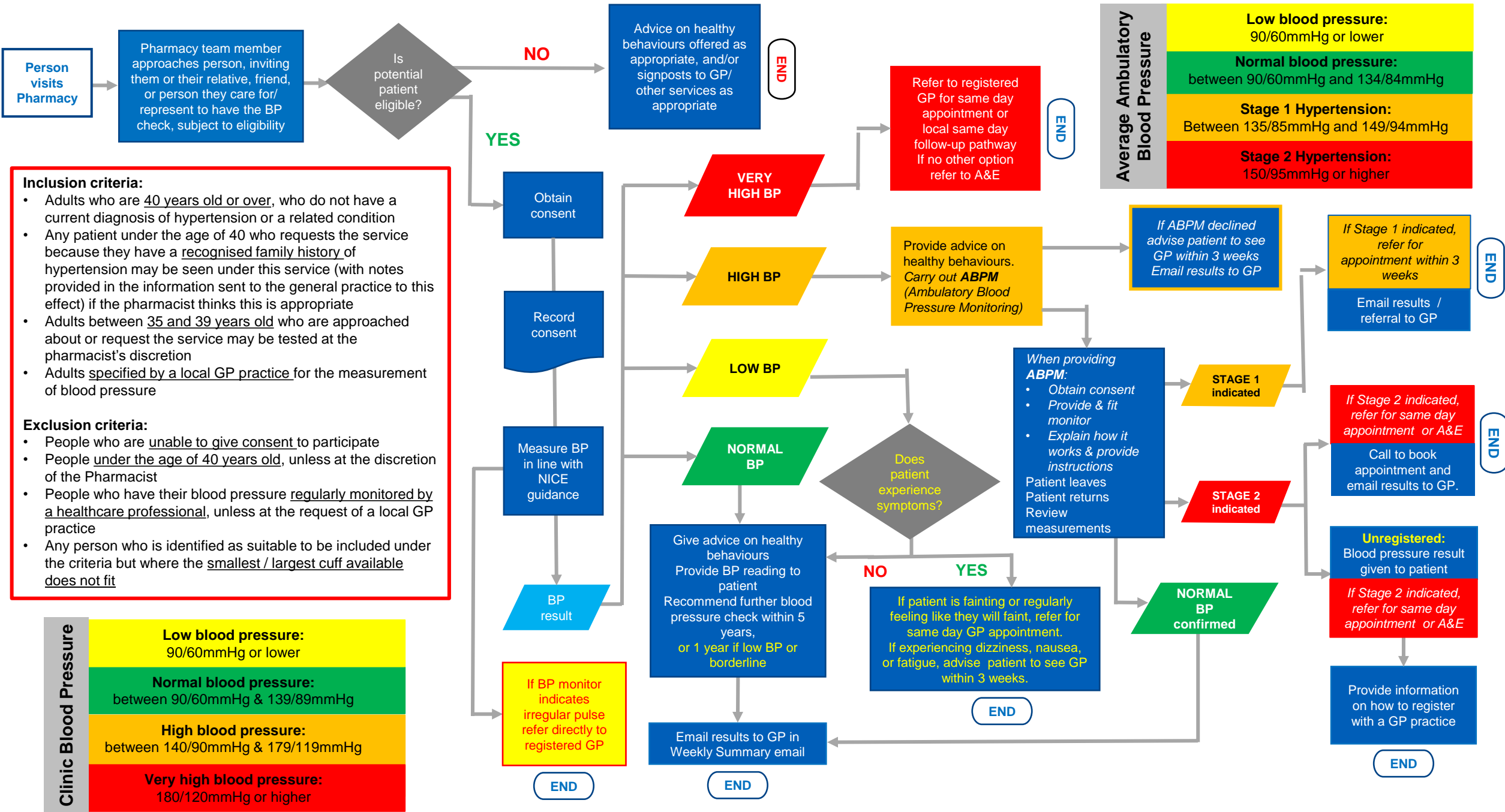
- Can refer patients for both normal BP checks and ABPM
- Need a locally agreed process
- No specific requirements for the process
- ABPM referrals best done electronically
- Template referral form available



Community Pharmacy Hypertension Case-Finding Service – Referral form from GP practice to community pharmacy			
To (pharmacy name)			
Patient name			
Address			
Patient DOB		NHS number	
I am referring this patient to you for:			
• Their blood pressure to be measured (clinic check)		<input type="checkbox"/>	
• 24-hour Ambulatory Blood Pressure Monitoring		<input type="checkbox"/>	
Additional comments			
GP name			
GP practice name and address			
Telephone			
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Service pathway





Smoking Cessation Service (SCS)



SCS

- Commissioned from March 2022
- Allows NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required
- Based on the Ottawa Model of Smoking Cessation
- Currently, only pharmacists can provide the service, but the service specification is being amended to allow pharmacy technicians to deliver the service to make best use of their skill-mix



- Pharmacists should follow the consultation structure within the NCSCT Standard Treatment Protocol for SCS, which includes:
 - Undertaking a CO test
 - Provision of behavioural support
 - Supply of nicotine replacement therapy (NRT)
 - This will be initially determined by the details of NRT supplied at discharge from hospital
 - The pharmacy will supply a maximum of two weeks NRT at a time
 - The course length should not exceed 12 weeks treatment from the defined quit date – this includes any treatment supplied to the patient while in hospital and at the point of discharge

NCSCT NATIONAL CENTRE FOR SMOKING CESSATION AND TRAINING



SCS – communicating with GP practices

- The patient's GP practice must be notified of the outcome of the service provision
- The template outlines the data to be shared with a patient's GP practice when they are discharged from the service

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GP name	PharmacyName
GP Practice	PractitionerName
GP Address	Direct Line:
GPPostcode	Email:

Our Ref: Insert
Date: TodayDate

Dear GP name

RE: Pt name, Pt Address Date of Birth
NHS No:

Ptname was identified as a smoker and was offered behavioural support and stop smoking medication whilst an inpatient at the XXXX Hospital.

Upon discharge Ptname was referred to this Pharmacy for ongoing support with their quit attempt.

Please update your records with the following: (select the applicable response)

- Ptname has been supplied Nicotine Replacement Therapy (NRT) to support their quit attempt.
- Ptname has recorded a successful 4 week quit attempt.
- Ptname has recorded a successful 12 week quit attempt.

Ptname has been successful / unsuccessful with their quit attempt and discharged from the service.



Appliance Use Reviews (AURs)



AURs

- AURs aim to improve the patient's knowledge and use of any specified appliance* by:
 - establishing the way the patient uses the appliance and the patient's experience of such use
 - identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient
 - advising the patient on the safe and appropriate storage of the appliance
 - advising the patient on the safe and proper disposal of the appliances that are used or unwanted

* Specified appliances are listed in Part IXC of the Drug Tariff

AURs



- Any information which the pharmacist or specialist nurse considers necessary for the prescriber to be aware of, must be forwarded to the patient's GP practice (if they are registered with one)
- Any information sent to a patient's GP practice must also be copied to any nurse who is practising with the GP and providing relevant primary medical services to the patient, if it is known that there is such a nurse





Stoma Appliance Customisation (SAC)



SAC



- Involves the customisation of a quantity of more than one stoma appliance*, based on the patient's measurements or a template
- The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste

* Stoma appliances suitable for this service are listed in Part IXC of the Drug Tariff





Hepatitis C Testing Service





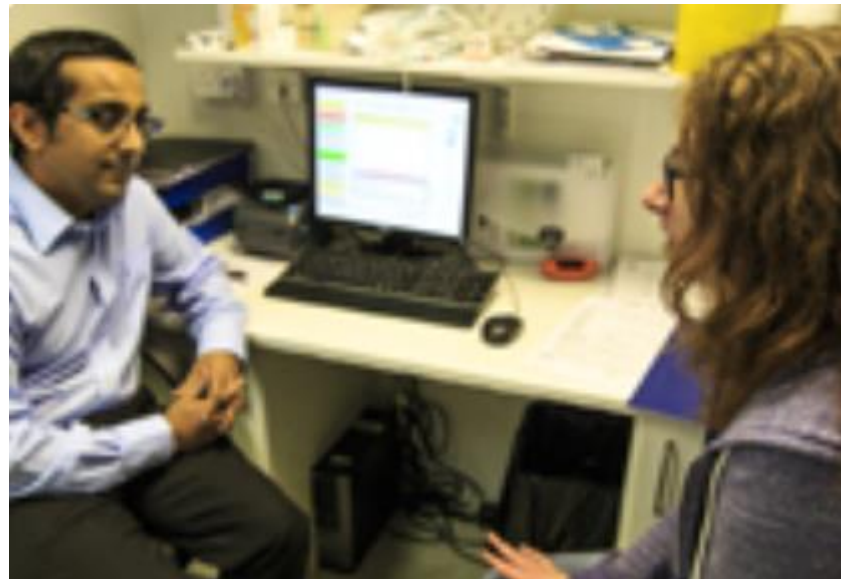
Hepatitis C Testing Service

- The Community Pharmacy Hepatitis C Antibody Testing commenced in September 2020
- It is focused on provision of point of care testing for Hepatitis C antibodies to people who inject drugs, i.e. individuals who inject illicit drugs, e.g. steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use
- Where people test positive for Hepatitis C antibodies, they will be referred for a confirmatory test and treatment, where appropriate





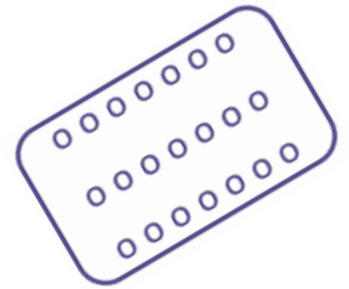
Pharmacy Contraception Service (PCS)



PCS Tier 1



- From early 2023, a Pharmacy Contraception Service Tier 1 will be commissioned
- Initially the service will involve pharmacists providing review and ongoing supply of routine oral contraception that was initiated in general practice or a sexual health clinic
- The supplies will be authorised via a Patient Group Direction (PGD), with appropriate checks, such as the measurement of the patient's blood pressure and body mass index, being undertaken, where necessary



PCS Tier 2

- Subject to a positive evaluation of the ongoing pilot, from 4th October 2023, Tier 2 of the service will be introduced
- This will enable pharmacists to also initiate oral contraception, via a PGD, and provide ongoing clinical checks and annual reviews





Questions, comments and next steps





Further information

- psnc.org.uk/nms
- psnc.org.uk/flu
- psnc.org.uk/cpcs
- psnc.org.uk/hypertension
- psnc.org.uk/scs
- psnc.org.uk/aur
- psnc.org.uk/sac
- psnc.org.uk/hep-c
- psnc.org.uk/pcs
- psnc.org.uk/workingwithgps

Questions or comments on this presentation can be addressed to the Services Team at PSNC:
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