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
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
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

Ref: 2022/23 Commissioning for Quality and Innovation
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.
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.
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

**Patient calls NHS 111 or IUC CAS with a minor illness**
- The Call may be transferred to a clinician or handled by a call advisor.
  (NB. Call advisors are non-clinical)

**OR**

**Patient calls or attends their GP surgery with a minor illness**

**Patient triaged to Community Pharmacy**
- Patient offered choice of 2 community pharmacies providing CPCS.

**Message sent to Community Pharmacy electronically**
- Either by via the NHS CPCS IT system or NHS mail

**Pharmacy hasn’t received referral?**
- Pharmacy checks IT system & NHS mail
  - Pharmacist phones 111 or GP surgery

**Patient telephones the pharmacy or attends in person**
- Pharmacist consults with the patient & gives appropriate advice around self care and prevention
  - **Pharmacist MUST check NICE CKS to identify any risk factors**

**Patient doesn’t contact the pharmacy?**
- Pharmacy makes one attempt to contact the patient

**Pharmacist consults with the patient & gives appropriate advice around self care and prevention**

- **The patient may often not require any medication. Self care advice is sufficient**
- **Patient requires referral to a Local commissioned service**
- **Patient requires OTC medication support & self care advice**
- **Patient requires higher acuity care – escalate.**

**Patient is supplied on a local MAS**
- **Patient can purchase an OTC product**
- **The pharmacist will complete the NHS CPCS IT system consultation.**
  - Pharmacist will supply any relevant patient information leaflets from www.patient.co.uk

**Patient is always advised:**
- "IF SYMPTOMS DO NOT IMPROVE OR BECOME WORSE THEN EITHER COME BACK TO SEE ME OR SEEK ADVICE FROM YOUR GP."

**USE ESCALATION PATHWAY IF PATIENT NEEDS HIGHER ACUITY CARE**
- Pharmacist to call NHS 111 (Out of Hours service) OR
- Support patient with urgent appointment at own GP (In hours service) OR
- Call 999 if more urgent

**Post Event Message to GP via IT System or NHS mail**
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.

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**NHS CPCS Service Overview**

- 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.**

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**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

**Options available to the pharmacist**
- Supply
- Print token
- Dispense
- Record
- No Supply
- EPS Rx
- OTC Supply
- Not appropriate
- Out of stock

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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).

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**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.
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)
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
Service pathway

Inclusion criteria:
- Adults who are 60 years old or older, who do not have a current diagnosis of hypertension or a related condition.
- Any patient under the age of 40 who requests the service because they have a recognised family history of hypertension or may be seen under this service (if noted preserved in the information sent to the general practice to discuss the effect).
- Adults between 35 and 60 years old who are approached about or request the service may be deferred at the Pharmacist’s discretion.
- Adults specified by a local GP practice for the measurement of blood pressure.

Exclusion criteria:
- People who are unable to give consent to participate.
- People under the age of 40 years old, unless at the discretion of the pharmacist.
- People who have their blood pressure regularly monitored by healthcare professionals, unless at the request of a local GP practice.
- Any person who does not meet the criteria for the service (e.g., the simplest, but largest cuff available does not fit).

Blood pressure classification:
- Low blood pressure: 90/60mmHg or lower.
- Normal blood pressure: between 120/80mmHg and 150/90mmHg.
- High blood pressure: between 140/90mmHg and 160/100mmHg.
- Very high blood pressure: 160/100mmHg or higher.

Diagnosis:
- Advise on healthy blood pressure.
- Provide BP reading to patient.
- Recommend further blood pressure checks within 6 weeks or refer for a GP consultation.
- If a patient’s blood pressure rises above the threshold, refer for a same-day GP appointment.
- If patient’s blood pressure is stable, refer to their usual doctor.

Follow-up:
- Refer to registered GP for a same-day appointment.
- Local ward team follow-up pathway if no other option identified.

End result:
- Provide advice on healthy behaviours.
- Call local AHP service (Ambulatory Blood Pressure Monitoring).

Referral:
- Normal blood pressure: between 120/80mmHg and 150/90mmHg.
- Low blood pressure: 90/60mmHg or lower.

Stage 1 Hypertension:
- Blood pressure: between 135/85mmHg and 140/90mmHg.

Stage 2 Hypertension:
- Blood pressure: 150/100mmHg or higher.

Offer patient a follow-up appointment with a 1-weekly review.

Low Blood Pressure:
1. If a patient’s blood pressure is below 90/60mmHg, refer to their usual doctor.
2. If a patient’s blood pressure rises above 90/60mmHg, refer for a same-day GP appointment.

Normal Blood Pressure:
1. If a patient’s blood pressure is below 140/90mmHg, refer to their usual doctor.
2. If a patient’s blood pressure rises above 140/90mmHg, refer for a same-day GP appointment.

High Blood Pressure:
1. If a patient’s blood pressure is below 160/100mmHg, refer to their usual doctor.
2. If a patient’s blood pressure rises above 160/100mmHg, refer for a same-day GP appointment.

Very High Blood Pressure:
1. If a patient’s blood pressure is below 180/120mmHg, refer to their usual doctor.
2. If a patient’s blood pressure rises above 180/120mmHg, refer for a same-day GP appointment.
### Inclusion criteria:
- Adults who are 40 years old or over, who do not have a current diagnosis of hypertension or a related condition.
- Any patient under the age of 40 who requests the service because they have a recognised family history of hypertension may be seen under this service (with notes provided in the information sent to the general practice to this effect) if the pharmacist thinks this is appropriate.
- Adults between 35 and 39 years old who are approached about or request the service may be tested at the pharmacist’s discretion.
- Adults specified by a local GP practice for the measurement of blood pressure.

### Exclusion criteria:
- People who are unable to give consent to participate.
- People under the age of 40 years old, unless at the discretion of the Pharmacist.
- People who have their blood pressure regularly monitored by a healthcare professional, unless at the request of a local GP practice.
- Any person who is identified as suitable to be included under the criteria but where the smallest / largest cuff available does not fit.
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

Ref: NCSCT Standard Treatment Protocol for SCS
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.

PRIVATE & CONFIDENTIAL
GP name
GP Practice
GP Address
GP Phone

Dear [GP name],

Re: [Pt name], [Pt Address] Date of Birth

[NHS No.]

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

Upon discharge, [Pt name] was referred to this pharmacy for ongoing support with their quit attempt.

Please update your records with the following: [Select applicable response(s)]

• [Pt name] has been supplied Nicotine Replacement Therapy (NRT) to support their quit attempt.
• [Pt name] has recorded a successful 4 week quit attempt.
• [Pt name] has recorded a successful 12 week quit attempt.

[Pt name] 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: services.team@psnc.org.uk