

# LAMBETH, SOUTHWARK & LEWISHAM LPC

## Annual General Meeting

18<sup>th</sup> October 2018



Supporting Pharmacy Contractors

# WELCOME & INTRODUCTIONS

Adenola Olayide

LSL LPC Chair



# OUR MISSION

*‘To ensure contractors’ interests and ability to deliver high quality healthcare services are recognised, maintained and enhanced’*

# AGENDA:

- Borough Teams
- Guest Presentations
- LPC Presentations
  - I. Chair's Report & presentation- Adenola Olayide
  - II. Treasurer's Report & Approval of LSL LPC Accounts- Salim Jetha

# Introductions

## **Team Lambeth:**

Shinali McCusker (Lead), Bhaveen Patel and Ramesh Bhadresha & Trang Dinh

## **Team Southwark:**

Atul Patel (Lead), Lara Amusan, Qasim Mohamedbhai & Valender Ubhi

## **Team Lewisham:**

Darsan Negandhi (Lead), Al Patel, Salim Jetha & Dhara Patel

## **LPC Office:**

Adenola Olayide Chair

Raj Matharu CEO

Zinat Abedin, Pharmacy Support Officer,

Christine Thomas, LPC Office Administrator.



# GUEST SPEAKERS

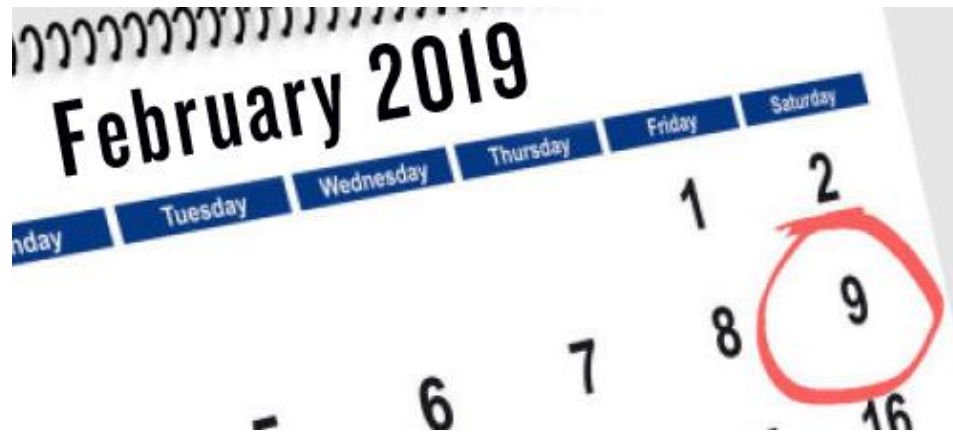
- The Falsified Medicines Directive –  
John Palmer NPA Pharmacy Lead
- Digital Minor Ailment Referral Service (DMIRS) –  
Tony Carson NHS England London Region
- Quality Payment Scheme (QPS) 2019-  
Raj Matharu LSL LPC CEO

# Tips to increase cash flow

- Look out for expiring scripts on the spine
- Unclaimed EPS prescription payment
- Maximizing MURs, NMS by following up patients
- Keep an eye on your emails
- Quality points offers opportunities to increase income
- Sign up to PSNC online newsletter



# The EU Falsified Medicines Directive Less than 4 Months to go



John Palmer, NPA Pharmacy IT Lead



# Spot the difference



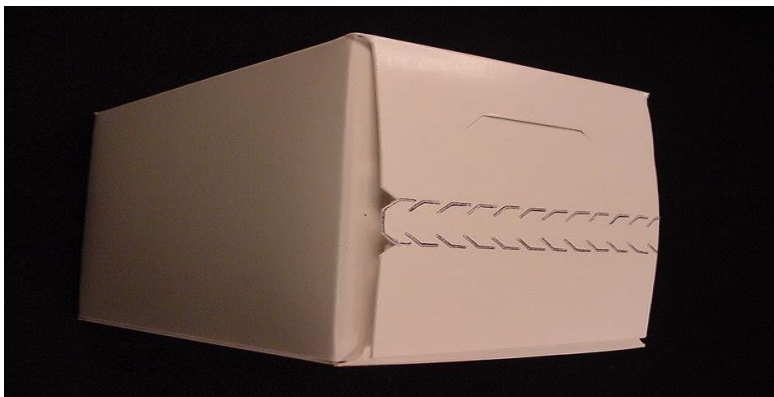
**Your NPA**  
represents, supports, protects

# Legislation

## DELEGATED REGULATION (EU) 2016/161

- Article 25(1) - Persons authorised or entitled to supply medicinal products to the public shall verify the safety features and decommission the unique identifier of any medicinal product bearing the safety features they supply to the public at the time of supplying it to the public.
- Art 13(1) - Prevents a reversal of the decommissioning process after more than 10 days
- Art 23 – gives some exemptions to parts of the supply chain

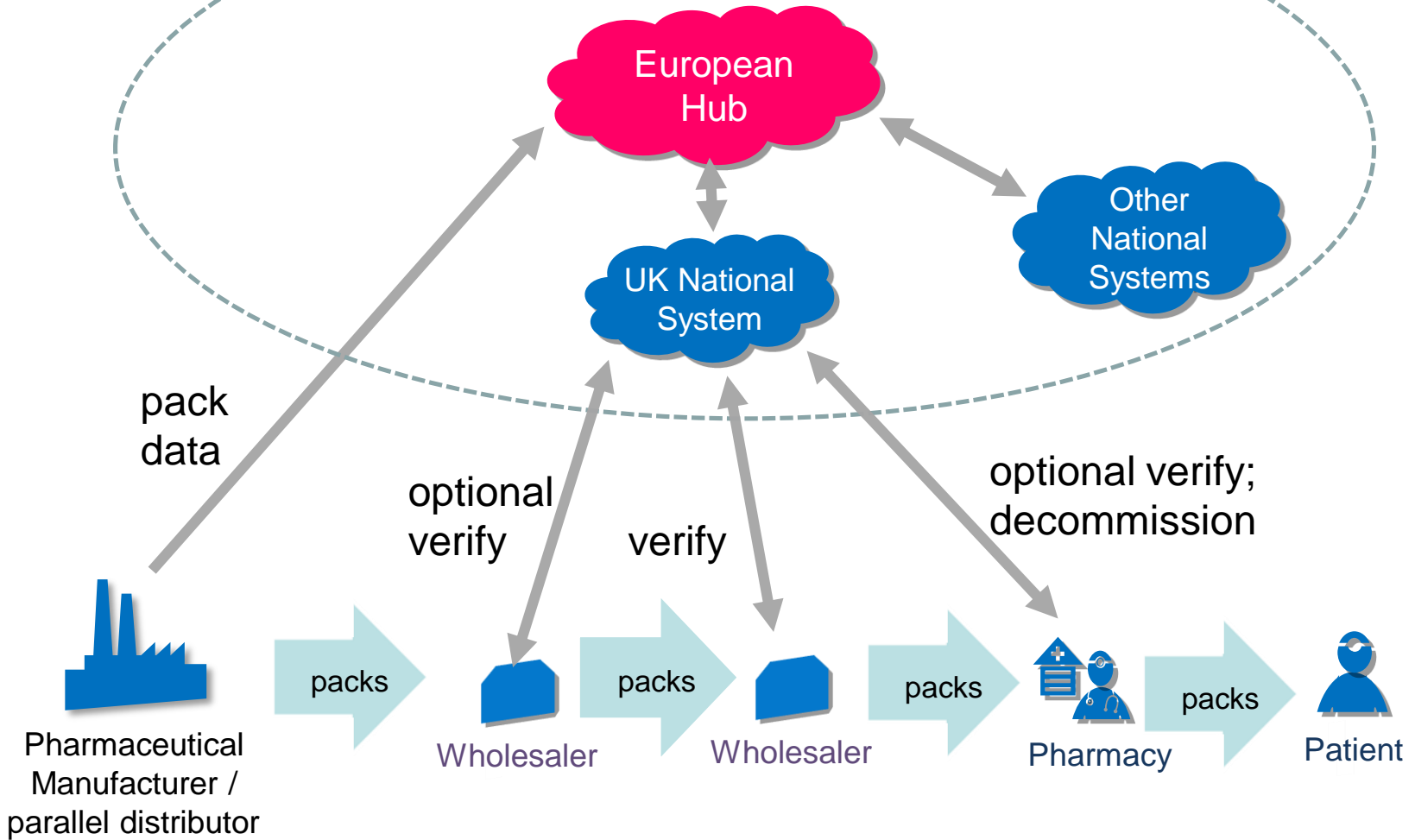
# Data-matrix and tamper evident seal



<b>Product #:</b>	09876543210982
<b>Batch:</b>	A1C2E3G4I5
<b>Expiry:</b>	140531
<b>S/N:</b>	12345AZRQF1234567890



# Medicine Verification System



**Your NPA**  
represents, supports, protects

# What do I need to do

- You need an FMD-compliant system in the pharmacy to scan with. That could be an upgrade to your PMR, or a standalone system. <https://fmdsource.co.uk/suppliers/>
- You need to register with SecurMed UK when they are ready. You'll get a username, password and digital certificate.
- Update your SOPs, train staff, operate it

# Challenges

- Getting an FMD-compliant system is going to cost. There is no funding yet, but negotiators are raising the issue with government
- Deciding where and when to scan. See <https://fmdsource.co.uk/resources/the-way-forward-for-fmd-in-community-pharmacy/>

# Challenges



- Lack of Original pack dispensing
- MDS
- Non-prescription Omeprazole
- Limit on reversing decommissioning
- Temporary system failure
- Products failing to authenticate
- Hub and spoke
- Slow ramp up

# So how will this work?

- Verify medicines on point of entry to pharmacy?
- Verify at point of assembly?
- Use aggregated bar codes on bags?
- Or open bags and decommission in front of patients?



# Benefits

- Reduce risk of patients receiving counterfeit medicines
- Expiry date check
- Recall check
- Improve stock control?
- Detect short-dated stock?
- EPOS integration?
- Electronic accuracy checking?



# UK FMD working group

- Chaired by the NPA – 7 community pharmacy bodies
- On-going engagement with the DHSC and MHRA
- Published  
<https://fmdsource.co.uk/resources/the-way-forward-for-fmd-in-community-pharmacy/>
- Responded to the consultation on FMD flexibilities

# Consultation on FMD flexibilities

The UK FMD working group responded:

- Raising BREXIT concerns
- Dispensing doctors need to decommission like community pharmacies
- Call for sanctions to be civil (and proportionate) rather than criminal except for exceptional circumstances like fraud

# 29<sup>th</sup> March 2019?



**Your NPA**  
represents, supports, protects

# Vital resources

- <https://www.npa.co.uk/news-and-events/news-item/fmd-guidance-on-choosing-the-right-pmr-system/>
- <https://fmdsource.co.uk/suppliers/>
- <https://fmdsource.co.uk/resources/the-way-forward-for-fmd-in-community-pharmacy/>
- <https://www.securmed.org.uk/>
- [https://ec.europa.eu/health/sites/health/files/files/eudralex/vol-1/reg\\_2016\\_161/reg\\_2016\\_161\\_en.pdf](https://ec.europa.eu/health/sites/health/files/files/eudralex/vol-1/reg_2016_161/reg_2016_161_en.pdf)

# Thank you

John Palmer, NPA Pharmacy IT Lead  
[j.palmer@npa.co.uk](mailto:j.palmer@npa.co.uk)



@johnlspalmer

# Digital Minor Illness Referral Service (DMIRS)

**NHS England –London Region**

October 2018



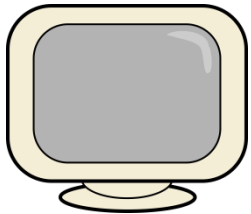
# What is DMIRS?





# Background & Context: NHS 111 Patient Journey

Digital



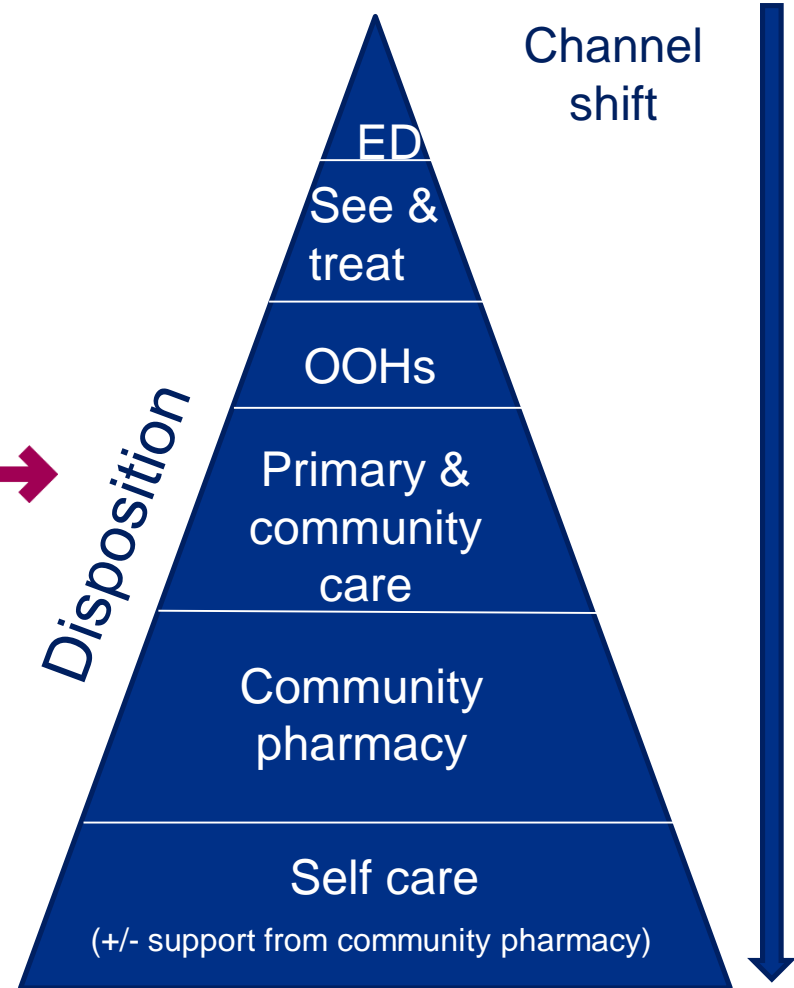
Clinical decision support  
 **NHS Pathways**  
Integrating Urgent and Emergency Care



IUC Hub: Clinical  
assessment by MDT  
(including  
pharmacist)



*Disposition*



Telephony



# Background & Context:

## NHS 111 Patient Journey: Test



Clinical decision support  
**NHS Pathways**  
Integrating Urgent and Emergency Care

Map low acuity conditions

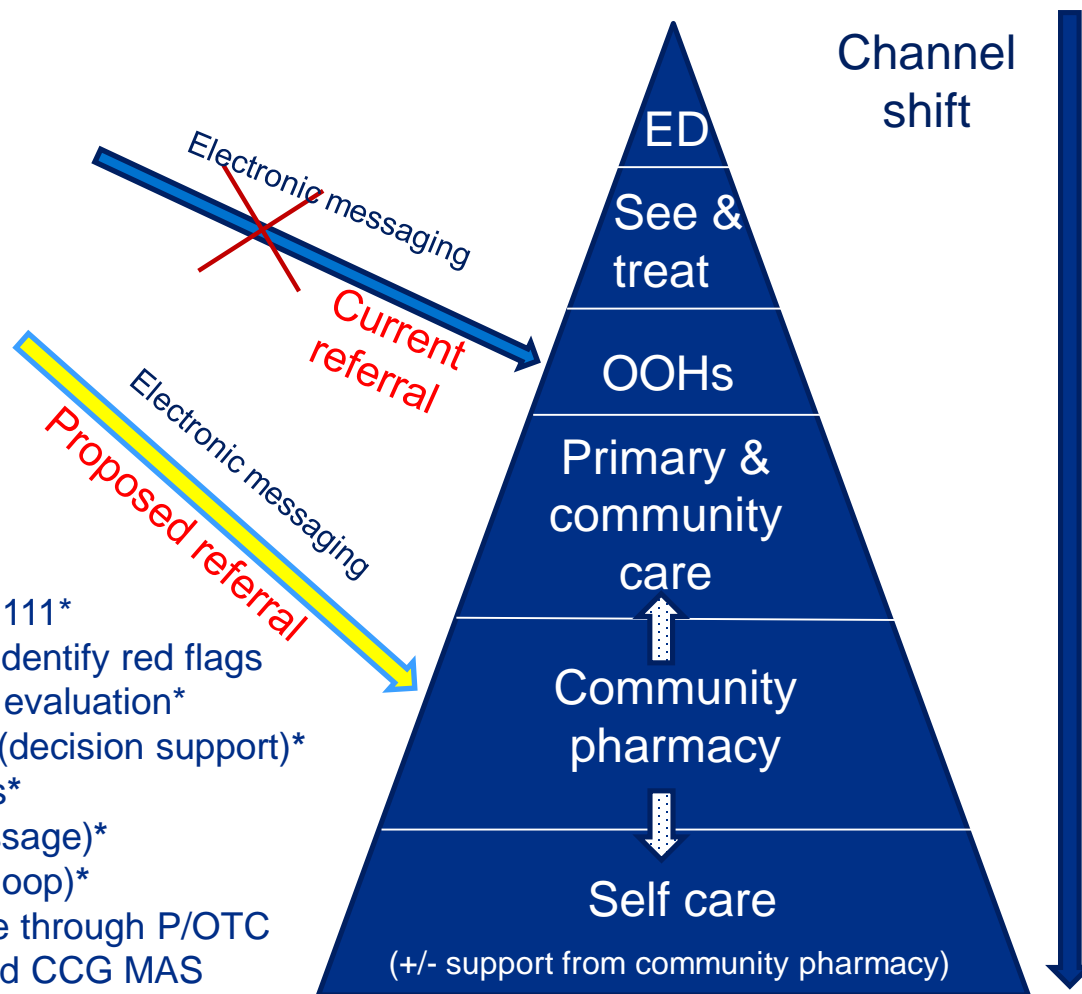


### Community Pharmacy:

(In consultation room)

- Receive referral from NHS 111\*
- Pharmacist consultation + identify red flags
- Standardised recording for evaluation\*
- Provide advice using CKS (decision support)\*
- Onward referral of red flags\*
- Inform GP (post-event message)\*
- Report activity (close data loop)\*
- If required, supply medicine through P/OTC sale or locally commissioned CCG MAS

[\* not covered by essential pharmacy services]



# Channel shift - Referral to pharmacy from NHS 111

Decrease pressure on rest of the urgent care system

Digital  
Minor  
Illness  
Referrals  
(*DMIRS*)

- Test referral to pharmacy through 111 (digital and telephony)
- Build on work in NE - commission as LES
- High volume channel shift away from other urgent care settings where safe and appropriate
- Engagement +++ all stakeholders
- NHS 111 DoS accuracy
- Pharmacy escalation process
- Referral system established (ITK messaging)
- Training



# North East & Cumbria pilot

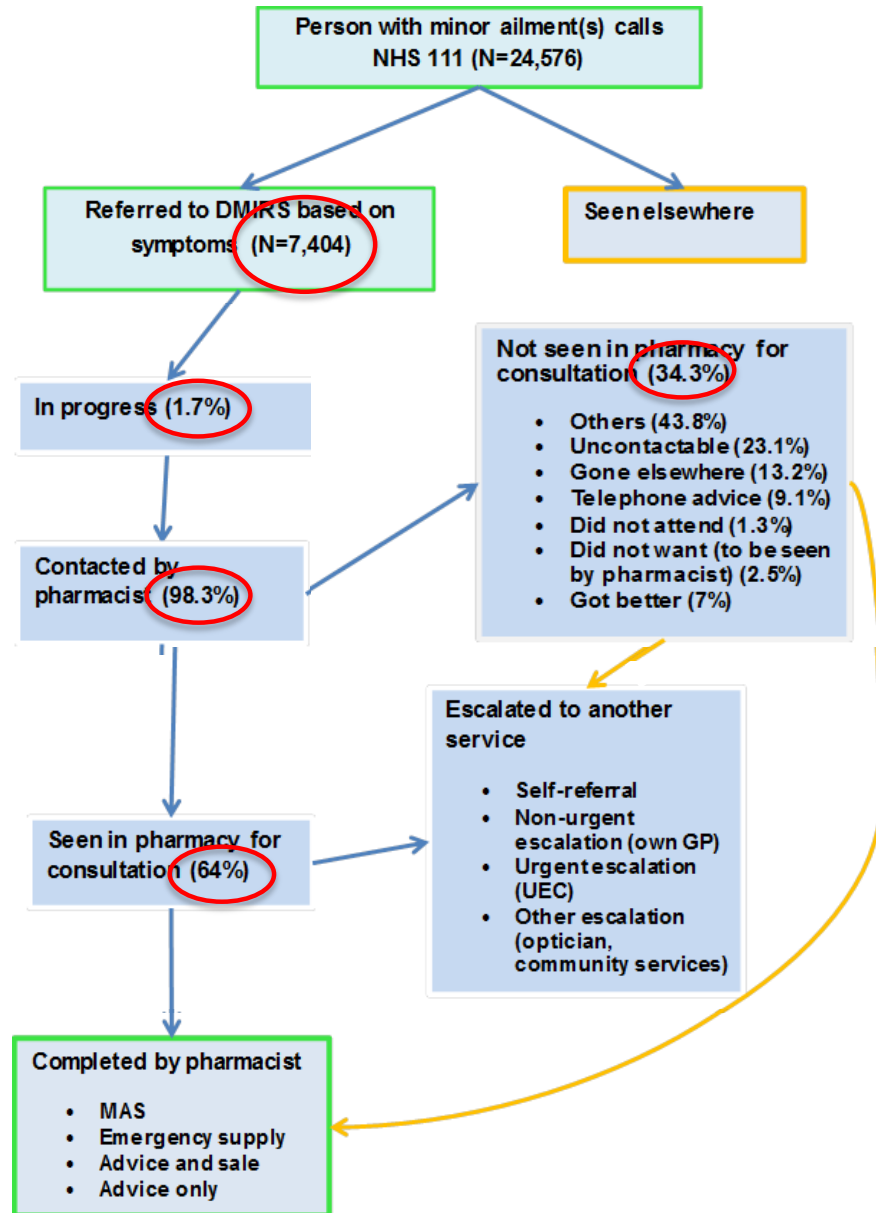
NB. The pilot was previously referred to as the Community Pharmacy Referral Service



**Findings from evaluation of  
Digital Minor Illnesses  
Referral Services (DMIRS)  
North East & Cumbria 6<sup>th</sup>  
December 2017- 11<sup>th</sup> June  
2018**

October 2018





# Completed consultations (4,737)

- 32.7% (1,550) Appropriate advice given only
- 30.5% (1,446) Appropriate advice given & purchase of recommended medication
- 11.9% (562) Escalated to NHS111 CAS by pharmacist
- 11% (521) Supported to make appointment with own GP
- 5% (238) Appropriate advice & referral to local MAS (not available in Devon)
- 0.1% (3) Pharmacy called 999

# Top 10 referred symptoms (31.2% (1,476) reported as 'Other')

- **13% (614) Cough**
- **7.8% (370) Acute pain**
- **6.2% (294) High temperature**
- **5.7% (268) Allergic rash**
- **5.4% (255) Colds**
- **5.3% (250) Sore throat**
- **4.4% (208) 'Flu'**
- **3.3% Headache/Migraine**
- **2.9% (137) Diarrhoea**
- **2.7% (128) Sprains & strains**



DMIRs:

## Pilot extension to three further sites



- Following evaluation of initial NE Pilot results, it has been decided to extend the pilot to three further sites, namely:
  - East Midlands (covering the Derby Health United geography)
  - London
  - Devon



# NHS England London Region

# Commissioning Landscape



# Commissioning Landscape

There are a number of pathways that are developed or being developed that supports patients to self-care for minor conditions, such as:

- Deployment of pharmacists in General Practice
- National campaigns to increase the awareness of community pharmacy teams
- Pharmacists in Integrated Urgent Care Hubs
- Digital Minor Illness Referral Service (DMIRS)



# DMIRS in London

- Pan-London offer to ensure equity of access
- Pharmacy Integration Funds for 2 x NHS 111 Providers, covering 3 x STPs (up until 31<sup>st</sup> March 2019), NHSE London funding the remainder; to ensure a pan-London service.
- Complexity for London
- Communications with key stakeholders, in particular community pharmacists and NHS 111 Providers.
- Phased roll-out anticipated prior to winter pressures, starting 30<sup>th</sup> October and ending 7<sup>th</sup> November.
- Proposal for an enhancement on DMIRS in London



# ‘Like NUMSAS – but better!’

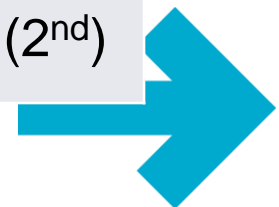
- 111 referrals to pharmacy are through the Interoperability Tool Kit (ITK) mechanism, which is better for the pharmacist’s workflow – with NHS Mail as the back-up
- There is no need for an initial phone call with the patient (or with the 111 call handler) – but the pharmacist must follow up any DNAs
- A broader case mix is possible, with further development opportunities over time
- The escalation route to a GP in NHS 111 is improved – the \*7 facility offers faster access
- Sending a post-event message to the patient’s own GP is more automated



# ‘Go-Live’ launch dates\*

Area	111/IUC Provider	Go-live*
NCL	LCW	30 <sup>th</sup> October (1 <sup>st</sup> )
NEL	LAS	6 <sup>th</sup> November* (3 <sup>rd</sup> )
Inner NWL	LCW	30 <sup>th</sup> October (1 <sup>st</sup> )
Outer NWL	Care UK	31 <sup>st</sup> October* (2 <sup>nd</sup> )
SEL	LAS	6 <sup>th</sup> November (3 <sup>rd</sup> )
SWL	Vocare	31 <sup>st</sup> October* (2 <sup>nd</sup> )

\* Subject to commissioner confirmation



# What does DMIRS mean for Community Pharmacy?

LPC Representative



# Key Points:

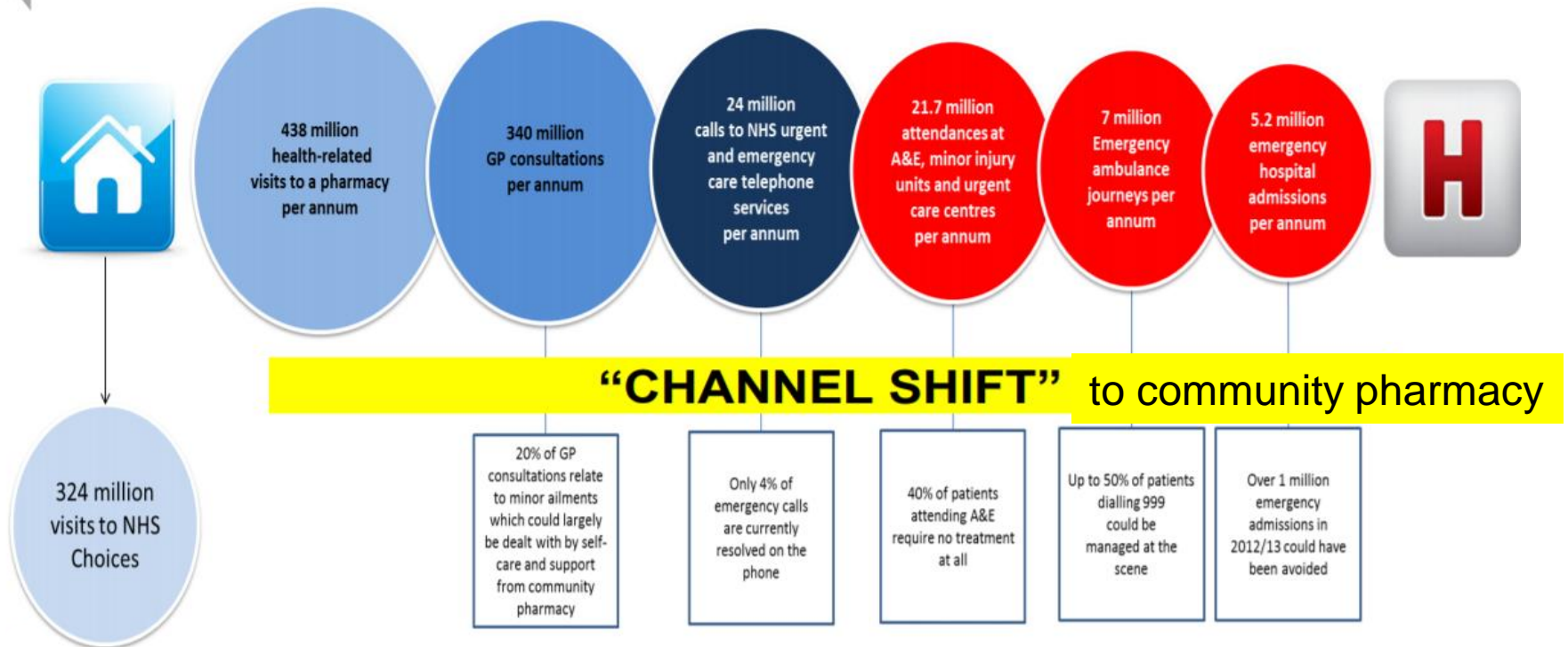
- It's really important to understand the significance of NHS111 in the NHS of the future (& the NHS of today) in terms of Urgent Care
- It's really important to understand the impact on the whole of the NHS of Winter Pressures
- It's really important to understand how Community Pharmacy fits into the NHS111 / Urgent Care / Winter Pressures plan
- **It's really important to understand the positive impact Community Pharmacy can make on Winter Pressures & the whole NHS**





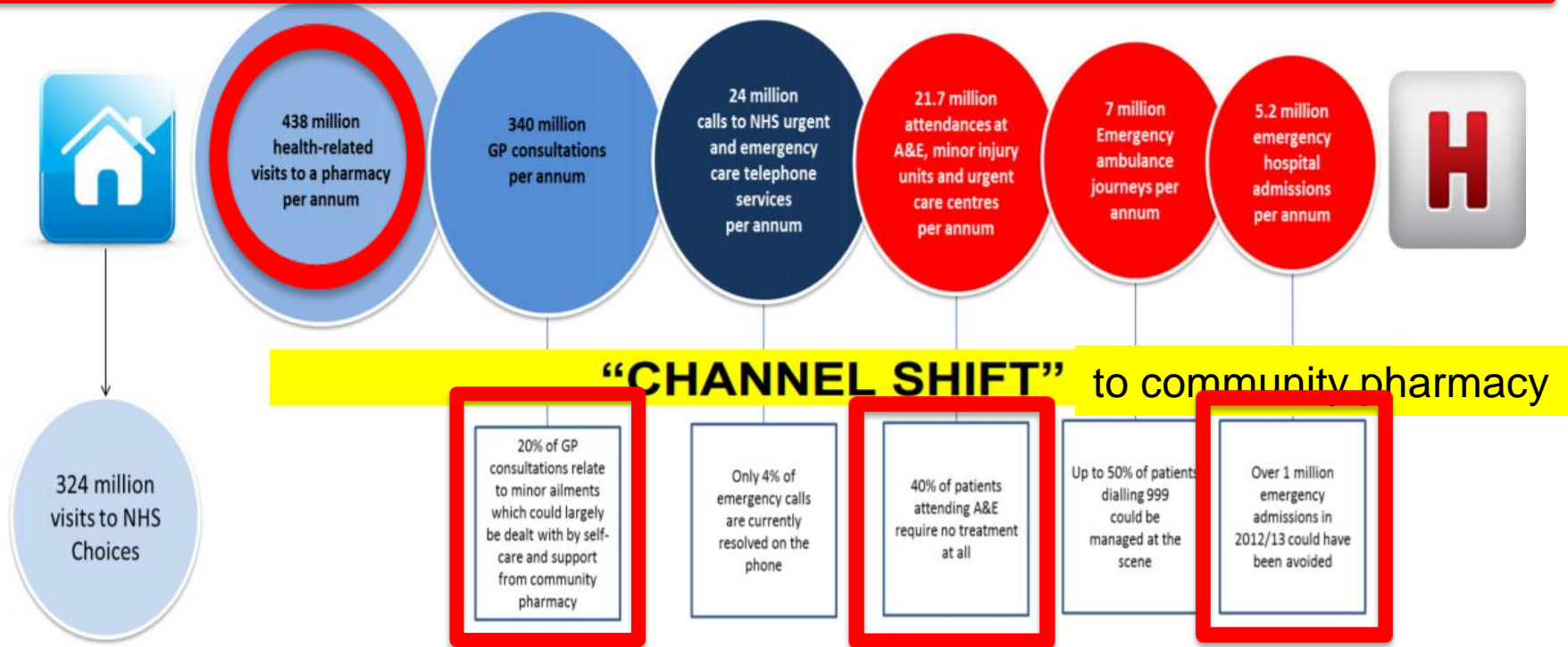
# The Size of the Prize – Keogh Review

A new urgent and emergency care system needs to shift more people from right to left, delivering as much care as close to home as possible



# The Size of the Prize – Keogh Review

A new urgent and emergency care system needs to shift more people from right to left, delivering as much care as close to home as possible



# The Importance of Community Pharmacy

- GP Forward View “Pharmacists remain one of the most underutilised professional resources in the system and we must bring their considerable skills in to play more fully”
- Community Pharmacy = the most numerous part of the entire NHS estate
- The CP estate exists already – at locations nearest the population (ie care closer to home)
- & it’s already paid for (by pharmacy contractors – not by the NHS)
- Already open weekends & evenings



# The Importance of Community Pharmacy



**Community Pharmacy is the  
biggest Walk in Centre the  
NHS has**



# The Importance of Ongoing Education & Training

Pharmacists may wish to undertake, if not already done so, the following CPPE courses to support the delivery of DMIRS. These courses can all be accessed via [www.cppe.ac.uk](http://www.cppe.ac.uk)

Please note it is not a requirement to complete these courses to deliver DMIRS, but will support ongoing competency and CPD to deliver the service :

- Consultation Skills for Pharmacy Practice - distance learning pack
- Safeguarding Children and Vulnerable Adults Level 2
- Urgent Care: a focus for pharmacy – distance learning pack (please note there is no e-assessment. You can download your certificate from your CPPE learning record once you have read the workbook)

In addition Pharmacists may have undertaken HEE funded courses in either North London or South London . If a pharmacist has already attended these courses then these will support any additional learning needs

- In North London the HEE funded course was called “Physical Assessment Skills and Training for Community Pharmacists – a 3 day training course to enhance your role as a Community Pharmacist”
- In South London the HEE funded course was called “CPPE Advanced Training in Assessment & Management of Urgent Cases”



# Patient pathway



# DMIRs: Patient Journey

# P A T I E N T F L O W

With NHS111

In the Pharmacy

Patient calls NHS 111

Patient is triaged and the system suggests a low-urgency referral for a low-acuity condition

2 x local Community Pharmacies are offered under DMIRS.  
The nearest/most convenient pharmacy is selected

A digital referral is made to the selected pharmacy

Post-Event Message to GP

Patient calls or simply attends the community pharmacy.  
They need to say that NHS 111 sent them

Patient presents at the Community Pharmacy

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

**USE ESCALATION PATHWAY IF PATIENT NEEDS HIGHER ACUITY CARE:**  
1) SUPPORT PATIENT WITH URGENT APPOINTMENT AT OWN GP  
OR (IF OWN GP NOT AVAILABLE)  
2) PHARMACIST TO CALL NHS 111 and press \*7  
OR (IF MORE URGENT)  
3) CALL 999/SEND TO A&E

Pharmacist MUST check NICE CKS to identify any risk factors

The patient may often not require any medication.  
Self care advice is sufficient

Patient requires OTC medication support & self care advice

Patient requires higher acuity care – escalate.

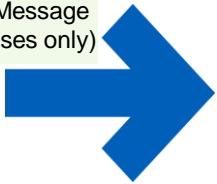
Patient is supplied on a local MAS

Patient can purchase an OTC or Pharmacy Only product

The pharmacist will complete the digital consultation record.  
Pharmacist will supply any relevant patient information from NHS.uk or patient.co.uk

Additional Post-Event Message to GP (for escalated cases only)

**Patient is always given 'worsening advice' (see Service Specification).**



# Patient pathway (NHS 111)

- NHS 111 call handler takes the caller through the usual NHS Pathways assessment
- If this ends in a low-urgency referral (within 24 hours or longer) for a low-acuity condition, the 2 nearest DMIRS pharmacies are offered to the caller
- When the caller selects one of these 2 pharmacies, a digital (ITK\*) referral is sent to the pharmacy and a post-event message is sent to the caller's GP
- The call handler asks the caller to say that NHS 111 sent them – this should prompt the pharmacy staff to check for a referral in Sonar

\* Interoperability Tool Kit, a robust digital referral mechanism used by NHS 111





# Patient pathway (DoS)

- An additional DoS profile is created for each London pharmacy that:
  - has registered for DMIRS via the BSA website
  - has been approved by the London commissioning team
  - has had its DMIRS functionality switched on by Sonar
- The DoS profile contains:
  - the usual opening times for the pharmacy
  - a consistent clinical profile (i.e. low-urgency, low-acuity case mix) for London
  - the usual ODS code for the pharmacy, which is used by Sonar to send the ITK referral to the correct place
  - the shared access email address that the pharmacy registered with, which is only used to send the referral if the ITK one fails
- MiDoS© will be available as a search tool for pharmacists to find the bypass phone number of the patient's registered GP



# Sample MiDoS<sup>®</sup> Search Menu

The screenshot shows the MiDoS search menu interface. At the top left is the 'MiDoS' logo. Below it is a 'Search' section with three input fields: 'N1 0AB', 'Not required', and 'GP Surgery (Optional)'. Each field has a question mark icon on the right. To the right of the search fields is a grid of service categories, each with an icon and a label: 'GP Services' (stethoscope icon), 'Dentists' (tooth icon), 'Opticians' (eye icon), 'Pharmacy' (plus sign icon), 'Sexual Health' (male/female symbols icon), 'Palliative and Last Years of Life Care' (dove icon), 'Safeguarding' (shield icon), 'Urgent Treatment Services' (asterisk icon), 'Health Information and Support Lines' (person icon), and 'Homeless Link' (house icon). In the top right corner, there are 'Quicksearch' (lightning bolt icon) and 'Feedback' (speech bubble icon) links.



# DMIRs: Patient Journey

# P A T I E N T F L O W

With NHS111

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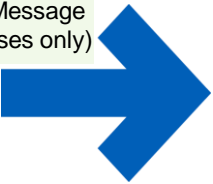
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Additional Post-Event Message to GP (for escalated cases only)

Patient is always given 'worsening advice' (see Service Specification).



# Patient pathway (Pharmacy)

- The patient should inform you that they have been sent by NHS 111 (the referral details will be in the Sonar system).
- A consultation will be undertaken, giving the appropriate advice around self care and prevention, or refer them to other health care professionals where it is appropriate to do so
  - Face to face consultation in the pharmacy consultation room
  - **MUST** use Sonar (via an electronic device) during the consultation
  - The pharmacist will ensure any 'Red Flags' are recognised and responded to as part of the consultation process\*

\* <https://cks.nice.org.uk/>



## End points of the consultation

May include:

- Advice only
- Advice and the sale of an Over the Counter (OTC) or Pharmacy only medicine
- Advice and referral into the pharmacy local Minor Ailments Service (MAS) - dependent on local commissioning arrangements.
- Advice and pharmacist to contact a GP (MiDoS©, NHS 111 via \*7)
- A&E / 999



# \*7 Infographic / Prompt Sheet

## DMIRS Community Pharmacists Access to GP Advice



Can't get the patient's  
GP on the phone?



Don't wait, call 111

9 \* 7

Follow the instructions below  
to access a GP quickly



Get the advice you need to  
care for the patient safely

Dial 111, then press 9 to continue. An automated message may ask you to confirm your location.

When you hear, "This call is recorded for quality purposes", press \* wait for the beep, then press 7.

You will be connected to a Call Handler at the local NHS 111 service who will transfer you to a GP or arrange for a GP to call you back as soon as possible. To give feedback on this service, contact [england.nhs111submissions@nhs.net](mailto:england.nhs111submissions@nhs.net)

# What happens with DNAs?

- Where a pharmacy has received a referral from NHS 111 and the patient has not attended or contacted the pharmacy within 12 hours of the referral, the pharmacy should make a reasonable effort (i.e. **three call attempts at least 10 minutes apart**) to contact the patient using the contact details set out in the referral message
- If no contact is then made during the next working day, then the pharmacist should close the referral, via Sonar, as 'no intervention made'.



# Patient Survey

- Pharmacist will ask if patient consent to provide their mobile number for survey purposes
- If yes, the mobile number is stored on Sonar and the patient is sent a text message at a specified time after the consultation
- The text message contains a link to a national DMIRS website
- The website contains survey questions to help with the national evaluation of DMIRS
- The responses to this survey will not be linked to individual patients
- A further text message may be sent to prompt the patient to complete the survey if they haven't already done so
- **This saves the pharmacist from having to complete the survey on the patient's behalf!**





# Reporting



# Reporting

- Incidents
- Feedback
- Complaints



# Sign up for DMIRS



# How do I sign up to DMIRS?

- Registration for London opened Friday 28<sup>th</sup> September
- You can register now – provided that you meet the criteria and agree to the conditions, e.g. your pharmacy is within the specified London area, you intend to provide the service 30<sup>th</sup> October 2018 to 31<sup>st</sup> March 2019, etc.
- Link for registration: <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/digital-0>
- Although the national pilot is up until 31<sup>st</sup> March 2019, NHS England London may choose to extend the scheme for any period up to 31<sup>st</sup> March 2020 – subject to any changes in national commissioning



# Service Level Agreement

- It's an online signup – no need to return a signed SLA to NHS England
- SLA can be download from the NHSBSA website (same link as the DMIRS registration)
- The service is required to be provided by the pharmacy for all the opening hours of the pharmacy including extended hours and any bank holidays they are open.
- It is essential that pharmacist locums are fully briefed and should be able to deliver the service



# Remuneration

- Remuneration will be made to the pharmacy at £14.00 per consultation, for participating in the pilot and delivery of the service.
- The patient must be in attendance; otherwise a claim under DMIRS can not be made
- Payments for DMIRS will be made based on the information recorded on Sonar



# Questions?



# Quality Payments Scheme (QPS) 2019

- QPS was first introduced in December 2016 as part of the Community Pharmacy Contractual Framework for 2017/18
- The future of QPS beyond 2018/19 will be a matter for the substantive negotiations which PSNC expects DHSC and NHS England to initiate shortly
- £37.5 million funding has been allocated to the QPS
- Each point will have a minimum value of £32 and a maximum of £64



# Gateway Criteria

		Do you provide these services?	
		Yes	No
1. Advance Service	MUR NMS NUMSAS		
Are MUR/NMS listed on NHS.UK (formly NHS Choices)?			
Have you updated & edited all 3 catergiers			
2. NHS. UK Entry	Overview (Bank Holiday) Services Facilities		
Latest CPPQ completed & listed on NHS.UK			
3. CPPQ (NEW)	Available on NHS.UK		
Does your pharmacy have an active shared NHSmail?			
4. NHSmail			
Do you have comnfirmation from NHS regarding your OS system. Have you checked with PMR supplier?			
5. IT OS WES			

*The contractor must be offering at the pharmacy Medicines Use Review (MUR) or New Medicine Service (NMS); or must be registered for NHS Urgent Medicine Supply Advanced Service Pilot.'*

*'On the day of the review, the NHS.UK entry, including bank holiday opening hours for the pharmacy must be up to date.'*

*'The results of the last completed Community Pharmacy Patient Questionnaire is publicly available on the pharmacy's NHS.UK page or for distance selling pharmacies it is displayed on their website'*

*'Pharmacy staff at the pharmacy must be able to send and receive NHSmail from their shared premises NHSmail account, **which must have at least two live linked accounts**'*

You can only go forward if the answer to all 5 questions is **YES**

*'The contractor must have consulted the NHS Digital Warranted Environment Specification (WES) and/or their System Supplier(s) and have reassured themselves, and can demonstrate, that all their operating system and browser versions currently in use in their pharmacy to link to NHS Digital systems, such as the Electronic Prescription Service and Summary Care Record, comply with the WES; and are therefore supported by NHS Digital for connectivity to NHS Spine systems.'*



## Patient Safety Reports (20 Points)

1. Do you have an incident log?
2. Do you have a Patient Safety Report for inspection?
3. Do you share the report with NRSL or the NPA?
4. Does the report include "LASA" look alike sound alike
5. Is the report written after June 2018?

Yes	No

You can only claim 20 points if the answer to all 5 questions is **YES**

*A written patient safety report at premises level available for inspection at review point covering analysis of incidents and incident patterns (taken from an ongoing log), evidence of sharing learning locally and nationally, and actions taken in response to national patient safety alerts; and*

***Contractor actively identifies and manages the risks at premises level associated with specified look-alike sound-alike errors (LASA) identified from the National Reporting and Learning System NRLS)\*\*. The pharmacy contractor has put in place actions to prevent these, for example physical separation, staff awareness raising, visual warnings, tags or labels on shelving, fatigue reduction strategies, enhanced checking procedures for these medicines.***

NHS Improvement top combinations by likelihood and harm caused -  
 propranolol and prednisolone,  
 amlodipine and amitriptyline,  
 carbamazepine and carbimazole,  
 azathioprine and azithromycin, atenolol and allopurinol.



# CPPE Risk Management Training (20 Points)

80% of staff must have completed CPPE risk management training on day of review

		80%	
Number of staff working at the pharmacy	0	0	
		Yes	No
0 have completed CPPE training			
The pharmacy has a risk assessment available for inspection			

You can only claim 20 points if the answer to the question is **YES**

*On the day of the review, 80% of all registered pharmacy professionals working at the pharmacy have satisfactorily completed the CPPE Risk Management training; and*

*The pharmacy has available for inspection at the review point, at premises level, an example of a risk review that the pharmacy team at the premises have drawn up for a risk in that pharmacy that has been identified and prioritised with identified risk minimisation actions that the pharmacy team is taking.*



# Clinical (NSAID) audit (20 points)

1. Has the pharmacy completed the audit?
  2. Audit shared with NHSE-LR?
  3. Incorporated the learning into practice?
- PharmOutcomes will be used for audit

Yes	No

You can only claim 20 points if the answer to all 3 questions is **YES**

*On the day of the review the pharmacy must have completed the audit of non-steroidal anti-inflammatory drugs (NSAID) and gastro-protection available under the following link - <https://www.sps.nhs.uk/articles/nsaid-safety-audit-2018-19/>, for patients 65 or over, notified the patient's GP where professional concerns were identified, share their anonymised data with NHS England and incorporated the learning of the audit into future practice.*

# Healthy Living Pharmacy (15 points)

Yes	No

Does the Pharmacy have HLP status?

80%

Number of staff working at	0	0	
		Yes	No
0	have completed CPPE training on Children's Oral Health		

You can only claim 15 points if the answer to both questions is **YES**

*On the day of the review, the pharmacy is a Healthy Living Pharmacy level 1 (self-assessment); and*

*80% of staff working at the pharmacy that provide healthcare advice to the public have successfully completed the CPPE children's oral health training assessment.*

# Directory of Services (2.5 points)

1. Are the Pharmacy's DoS details up to date?

Yes	No

You can only claim 2.5 points if the answer to the question is **YES**

*On the day of the review, the pharmacy's NHS 111 Directory of Services entry is up to date*

## Clinical Effectiveness- Asthma Referrals (20 points)

1. Has the pharmacy carried out an audit for whom more than 6 short-acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6-month period, have since (28 June 2018)?

2. Has the pharmacy carried out an audit that all children aged 5-15 prescribed an inhaled corticosteroid for asthma have a spacer device where appropriate in line with NICE TA38 and have a personalised asthma action plan. Refer to an appropriate healthcare professional where this is not the case.

Yes	No

You can only claim 20 points if the answer to both questions is **YES**

*On the day of the review, the pharmacy can show evidence of asthma patients, for whom more than 6 short-acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6-month period, have since (28 June 2018, i.e. the last review date) been referred to an appropriate health care professional for an asthma review; and*

***Can evidence that they have ensured that all children aged 5-15 prescribed an inhaled corticosteroid for asthma have a spacer device where appropriate in line with NICE TA38 and have a personalised asthma action plan. Refer to an appropriate healthcare professional where this is not the case.***

# Dementia Friends (2.5 points)

80% of staff must have completed CPPE risk

		80%	
Number of staff	0	0	
		Yes	No
0	have completed CPPE training		

You can only claim 2.5 points if the answer to the question is **YES**

*On the day of the review, 80% of all pharmacy staff working in patient facing roles are trained 'Dementia Friends'.*



Gateway Criteria	YES
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- |                    |   |
|--------------------|---|
| 1. Advance Service | ✓ |
| 2. NHS. UK Entry   | ✓ |
| 3. CPPQ (NEW)      | ✓ |
| 4. NHSmail         | ✓ |
| 5. IT OS WES       | ✓ |

}	Patient Safety Reports	20	£640	£1,280
	CPPE Risk Management Training	20	£640	£1,280
	Clinical (NSAID) audit	20	£640	£1,280
	Healthy Living Pharmacy	15	£480	£960
	Directory of Services	2.5	£80	£160
	Clinical Effectiveness- Asthma Referrals	20	£640	£1,280
	Dementia Friends	2.5	£80	£160
	<b>Total</b>	<b>100</b>	<b>£3,200</b>	<b>£6,400</b>

Points	Minimum payment	→	Maximum payment
	£32*		£64*
20	£640		£1,280
20	£640		£1,280
20	£640		£1,280
15	£480		£960
2.5	£80		£160
20	£640		£1,280
2.5	£80		£160
<b>Total</b>	<b>£3,200</b>		<b>£6,400</b>

\*£37.5 million allocated to QPS Funding will be divided between qualifying pharmacies based on the number of points achieved

- There will only be **one review point** on **15th February 2019**, at which a Quality Payment can be claimed
- Payments will need to be claimed between **Monday 4th February 2019 at 9am** and **Friday 1st March 2019 at 11.59pm**
- The declarations portal will be on the NHS Business Services Authority website (not available yet)
- Payment will be made in the full payment for March 2019 (paid at the start of June)
- Contractors will be notified at the start of making their declaration as to whether they meet the gateway criteria



# Any Questions?



# Treasurer's Report & Approval of LPC Accounts

Salim Jetha  
LSL LPC Treasurer



# Changes over the previous year (£)

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Total	+£21 (0.01%)
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Expenditure	
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Income	same
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Deposit Interest	-£560
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# Proposal

- No Levy Increase for 2018/19  
for 3<sup>rd</sup> year running

# Any Questions?



# Approval of LPC Accounts

Please complete the  
LPC Accounts 2017/2018  
Voting Form A



# Thank You

