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Community Pharmacy Academy
10th January 2022

#Allinthisogether #PharmacyCares

Happy new year and welcome to this, the first CPSC Academy update webinar of 2022. We hope that you are well

Mike Holden here from Pharmacy Complete and I am joined by Debby Crockford and Alison Freemantle from Community Pharmacy South Central. Deborah sends her apologies as she is struggling to fight off a non-COVID virus

This evening we will cover the latest contractual and pandemic-related updates that affect you.

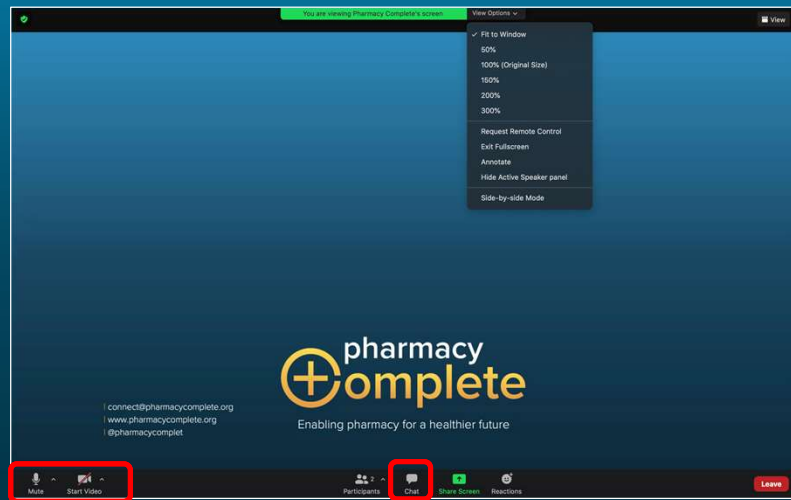
Recording permission reminder so that others unable to make this evening can still catch up.

Please engage through the chat function and by keeping your cameras on so it doesn't feel too much like I'm just talking to a screen!

xx

Housekeeping, functionality and ground rules

- Mute
- Video
- Chat



Most of us will be very familiar with ZOOM by now

CLICK - Mute & Video which you can switch on and off – please keep your video on to be part of the event but your microphone muted unless speaking to minimize background noise - I can also mute you if necessary!

CLICK to highlight **Chat** – please use this to post any comments and/or questions

If any of you have an internet failure – shut down, reboot and then hop back in when it resumes. We will also be recording this workshop should anyone have a real problem.

Please note that most of the resources we refer to this evening can be accessed through the CPSC website.

xx

x

CPCF UPDATE

Guidance

Community Pharmacy Contractual Framework 5-year deal: year 3 (2021 to 2022)

Updated 27 August 2021



Department
of Health &
Social Care

NHS

NHS England and NHS Improvement



A quick update on the latest changes for the CPCF

Regulatory Changes



The new type of Enhanced service is the National Enhanced Service (NES), where NHS England and NHS Improvement (NHSE&I) commissions an Enhanced service with a service specification that sets *standard conditions nationally*. PSNC will be the body consulted on NES, rather than one or more Local Pharmaceutical Committees (LPCs). The local commissioning of the COVID-19 vaccination service, as part of a nationally coordinated programme, has identified the need for such an approach to be used for some future commissioning of pharmacy services.

Other amendments to the regulations include:

- Contractors' Terms of Service have been amended to allow NHSE&I to introduce a **pandemic response programme**, by which contractors are required to have various premises and other arrangements for responding to a pandemic (this was agreed as part of the Year 3 negotiations)
- An alternative route to supply pandemic treatments, via a listed prescription items voucher (LPIV), will be available. This is a further option for the community pharmacy supply of treatments or medicines during or in anticipation of pandemic disease

- The publication date of the revised Pharmaceutical Needs Assessment (PNA), 1st October 2022, is now included in the regulations
- A new market entry regulation 21A is introduced and provides that NHSE&I must refuse certain routine applications for additional opening hours, if satisfied that granting them would result in an undesirable increase in the availability of essential services in the Health and Wellbeing Board (HWB) (agreed as part of Year 3 negotiations).

<https://psnc.org.uk/our-news/regulatory-changes-including-the-national-enhanced-service/>

Pharmacy Collect Service

**Sorry.
We're out of
stock of Covid-19
rapid lateral flow
tests today.**

**Please try again
tomorrow.**

For more information or if you have symptoms
visit nhs.uk/coronavirus or call 119

You will be more than familiar with the unprecedented public demand for Lateral Flow Device (LFD) test kits via the Pharmacy Collect service.

By the end of last week, UKHSA will have distributed over 8 million tests to Alliance Healthcare (representing c.1,142,800 individual packs of 7 tests and just over 19,000 cartons). The UKHSA has indicated that Alliance Healthcare are delivering 86% of their orders within 24 hours of the pharmacy order, with almost half of that on the same day.

For the remainder of January the UKHSA is planning to distribute 10.5 million tests per week, replenishing Alliance Healthcare depots as test kits are distributed to pharmacies. A plan to switch on a Parcel Force delivery contingency is also being finalised to help support the supply of a further 3.5 million test kits.

You may start receiving a different test made by Surescreen. When entering lot numbers for SureScreen LFD test kits onto the Manage Your Service (MYS) portal you are advised to omit the 'COVN' and 'OM' characters where these appear and simply input the numbers as the lot number to submit their data.

Contractors are advised to check availability of each of the available products and order whichever is in stock at the time. There may also be periods when the products appear out of stock, before more replenishment stock is received from the UKHSA; in

that circumstance contractors should check back later in the day to see if more stock has become available to order.

Due to the high demand, community pharmacies now have until the end of January 2022 to submit their December 2021 claims.

A reminder that this poster is available to download from the PSNC website:

<https://psnc.org.uk/our-news/pharmacy-collect-ukhsa-update-on-lfd-stock/>



NHS England and NHS Improvement (NHSE&I) has advised primary care teams of how to escalate requests for testing needed for their staff.

Contractors are advised to get in touch with their regional NHSE&I team who can put them in contact with the regional testing lead. Where PCR testing through normal routes is unavailable, regional testing leads may be able to help staff access alternative local testing.

A reminder that, along with other primary care providers, community pharmacies must report COVID-19 outbreaks and ensure that the Directory of Services (DoS) profile is updated to make sure patients are appropriately signposted to available services. The changes are visible within 10 minutes. There is also a DoS Capacity Status tool where providers can mark themselves red, amber or green in terms of capacity.

Contractors must inform their local commissioner when the delivery of services is compromised or reduced by staff absences, whether or not attributed to a COVID-19 outbreak, in line with local reporting and escalation processes in order to support service continuity and resilience plans (for example, in accordance with the NHS Pharmaceutical Regulations).

<https://psnc.org.uk/contract-it/pharmacy-it/databases-of-pharmacies-and->

services/directory-of-services-dos/

LPC comment?



FLU VACCINATION SERVICE



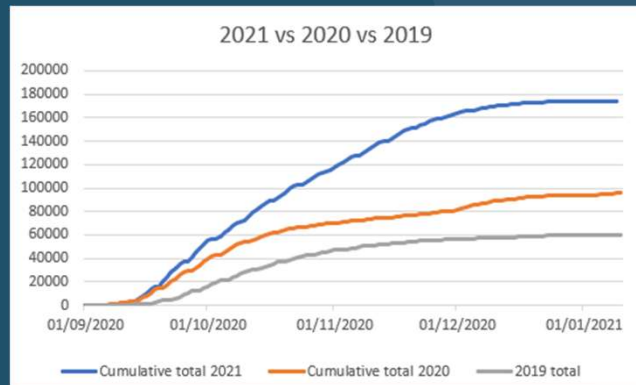
Community pharmacies in England have already delivered over 4.7 million flu vaccinations in the first 4 months of the service, this compares to 2.7 million in the whole season last year - a magnificent performance so thank you for all your efforts.

Over to ALISON for a local update

Latest HIOW Flu figures

174,288
vaccinations
since 1st Sept

67.8% up on
last year



Grand total 174,288
+ 67.8% on last year's total

Pharmacy Deadlines



A few more changes to lesson the workload burden at this time have been introduced:

NMS:

The requirement for contractors to report NMS data for Quarters 3 and 4 of 2021/22 is removed. This requirement will be reinstated from Quarter 1 of 2022/23 (April–June 2022), and contractors will be required to submit their quarterly data in early July 2022.

PQS:

Contractors now have from 1st April 2021 **until 5th April 2022** to claim payments for the completion of a minimum of 20 completed New Medicine Service (NMS) provisions, until **31st March 2022** to complete most of the domains for the other requirements of the scheme, and until **30th June 2022** to gather the evidence to demonstrate compliance.

Please note that the extension is **not** being applied to the PCN domain which was 31st December 2021, or to advice on return of unwanted or unused inhalers which is 31st January 2022.

There is no change to the declaration period (between 9am on 31st January 2022 and 11.59pm on 25th February 2022); however, if contractors have been unable

to complete the requirements in a domain, which they had intended to complete before they made their declaration, they can make a declaration that they will complete the domain before 31st March 2022 and t

<https://psnc.org.uk/our-news/pqs-deadline-extension/> that they will have the evidence to demonstrate compliance with the domain by 30th June 2022.

CPSC have an updated deadline tracker on their website:

<https://www.cpsc.org.uk/news/deadline-tracker/update-cpsc-deadline-tracker-january>



On the subject of PQS, your LPC have been asked for some advice on the weight management criteria within the PQS healthy living support domain, specifically about having healthy conversations with patients and customers.

- Healthy Conversations
- MECC etc
- Local wgt mgt services

PQS Healthy Living Support Domain

- Weight management:
 - training
 - action plan
 - discuss with minimum of 25 patients
 - measure BMI, waist circumference
 - support and refer as appropriate
 - Funding based on banding

Firstly, lets remind ourselves of what is required within that weight management criteria which we will now go through

PQS Healthy Living Support Domain

- Weight management:
 - training
 - action plan
 - discuss with minimum of 25 patients
 - measure BMI, waist circumference
 - support and refer as appropriate

Training:

- All non-registered patient facing pharmacy staff who provide health advice must have completed the PHE All Our Health bitesize training

PQS Healthy Living Support Domain

- Weight management:
 - training
 - **action plan**
 - discuss with minimum of 25 patients
 - measure BMI, waist circumference
 - support and refer as appropriate

Action Plan

Pharmacy teams are also required to complete a weight management action plan of how they would assist a person who would like support with their weight. The weight management action plan should include, but should not be limited to, a list of local and national support or exercise groups that the person could be referred to as appropriate.

For contractors who claimed for the Prevention domain in the 2020/21 PQS Part 2, an update to their previous action plan will be required to be documented. In addition, the pharmacy team's knowledge and understanding of weight management and how to identify and engage suitable patients must be reviewed. Methods used to identify patients for referral must be reviewed for effectiveness.

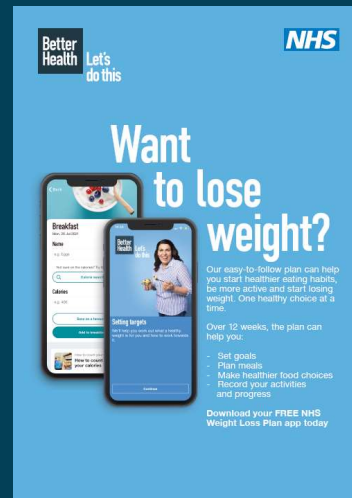
Alison recently sent out information on local weight management services available for referral on the CPSC website: <https://www.cpsc.org.uk/news/latest-cpsc-news/pqs-healthy-living-support-domain-weight-management>

In addition, there is the NHS Weight Management programme, more information on how to refer to it available here:

<https://psnc.org.uk/our-news/pqs-nhs-digital-weight-management-programme-resources/>

There are plenty of support materials/tools you can access **CLICK**

Obesity Resources



Whilst the start of the mandatory weight management campaign has been delayed due to delays in delivering the campaign packs (now due w/c 11 Jan), the NHS has just launched some adult obesity better health resources which you can download from the PHE campaign portal:

<https://campaignresources.phe.gov.uk/resources/campaigns/109-better-health-adult-obesity/resources>

PQS Healthy Living Support Domain

- Weight management:
 - training
 - action plan
 - **discuss with minimum of 25 patients**
 - measure BMI, waist circumference
 - support and refer as appropriate

Pharmacy teams must proactively discuss weight management with a minimum of 25 patients. For some, this will be the most challenging element, particularly opening the conversation about an individual's weight. However, there is support and advice on hand to help you

CLICK

Let's Talk About Weight

Public Health England
Protecting and improving the nation's health

LET'S TALK ABOUT WEIGHT
A step-by-step guide to brief interventions with adults for health and care professionals

ASK

“Before you leave, could I check your weight today?”

Weigh and measure the patient

Calculate BMI
BMI = Weight in kg divided by height in metres squared (weight (kg) / height (m)²)

ADVISE

“One of the best ways to lose weight is with support and (insert name of weight management service) is available today”. I can refer you now if you are willing to give it a go?”

Consider referral options: See supporting guidance for referral criteria.

Considerations: State that referral is available (“and how if this applies in your area. Consider directing to commercial services if local provision is not available). Keep conversations brief (30 seconds). Confidence is key.

ASSIST

Patient receives advice positively

- Let the patient know what the next steps are
- Suggest a follow up appointment to monitor the patient and to provide help and encouragement with their weight

Patient is receptive but non-committal about a referral e.g. wants to try to lose weight themselves

- Show acceptance of patient's wishes, acknowledge their concerns and recognise the difficulties of weight loss. Re-emphasise the importance of seeking to achieve a healthier weight, re-offer your support
- Suggest a follow up appointment to monitor the patient and to provide help and encouragement with their weight

Patient does not want to engage in conversation about weight management

- Show acceptance of patient's wishes, re-offer your support should they change their mind
- Don't force the issue – leave the door open

ACTIONS

- 1 Make the referral if patient accepts offer
- 2 Note in patient's records any conversations about weight and the outcomes
- 3 Remember to follow up with your patient

Public Health England
Protecting and improving the nation's health

LET'S TALK ABOUT WEIGHT
A step-by-step guide to brief interventions with adults for health and care professionals

Let's Talk About Weight:
A step-by-step guide to brief interventions with adults for health and care professionals

Pharmacy teams are

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/737903/weight_management_toolkit_Let_s_talk_about_weight.pdf

CLICK

MECC and Healthy Conversations



Some of you may have been at the live events we ran back in 2018 on MECC, Making Every Contact Count, and remember the approach we took around having healthy conversations with individuals.

Making Every Contact Count approach allows you to deliver a 'very brief' or 'brief' evidence-based advice and/or intervention for lifestyle behavioural change.

Healthy Conversation Skills Philosophy

- I am not responsible for the choices people make
- Being given information alone does not make people change
- People come to us with solutions
- It is not possible to persuade people to change their habits



www.wessexphnetwork.org.uk/mecc


Health Education England

This is the philosophy behind MECC's healthy conversations approach. Telling or trying to persuade people to change or just giving them a leaflet does not work. Most people know that being overweight is not healthy just as they know smoking is not healthy. Its all about their choice

To help people, you must first understand their mindset, needs and priorities and the only way to to that is to ask questions and actively listen to their responses.

It is also based on the principle that individuals must own their decisions about change and frequently have their own solutions that just need unlocking through effective questioning.

This concept also applies to conversations around medicines adherence, e.g. NMS, where the patient's concerns and understanding of necessity for treatment need to be understood and addressed.

Healthy Conversation Skills


1. Use Open Discovery Questions to help someone explore an issue
2. Reflect on your practice and conversations
3. Spend more time listening than giving information or making suggestions
4. Use Open Discovery Questions to support someone to make a SMARTER plan.



www.wessexphnetwork.org.uk/mecc


Health Education England

These are the skills and techniques that you need to utilise, constantly learning from what works and what doesn't, developing your confidence and flexing your approach



The diagram shows the SMART acronym with each letter in a colored box, stacked vertically. To the right of each letter is its corresponding meaning:

- S: specific
- M: measurable
- A: action-orientated
- R: realistic
- T: timed
- E: evaluated
- R: reviewed

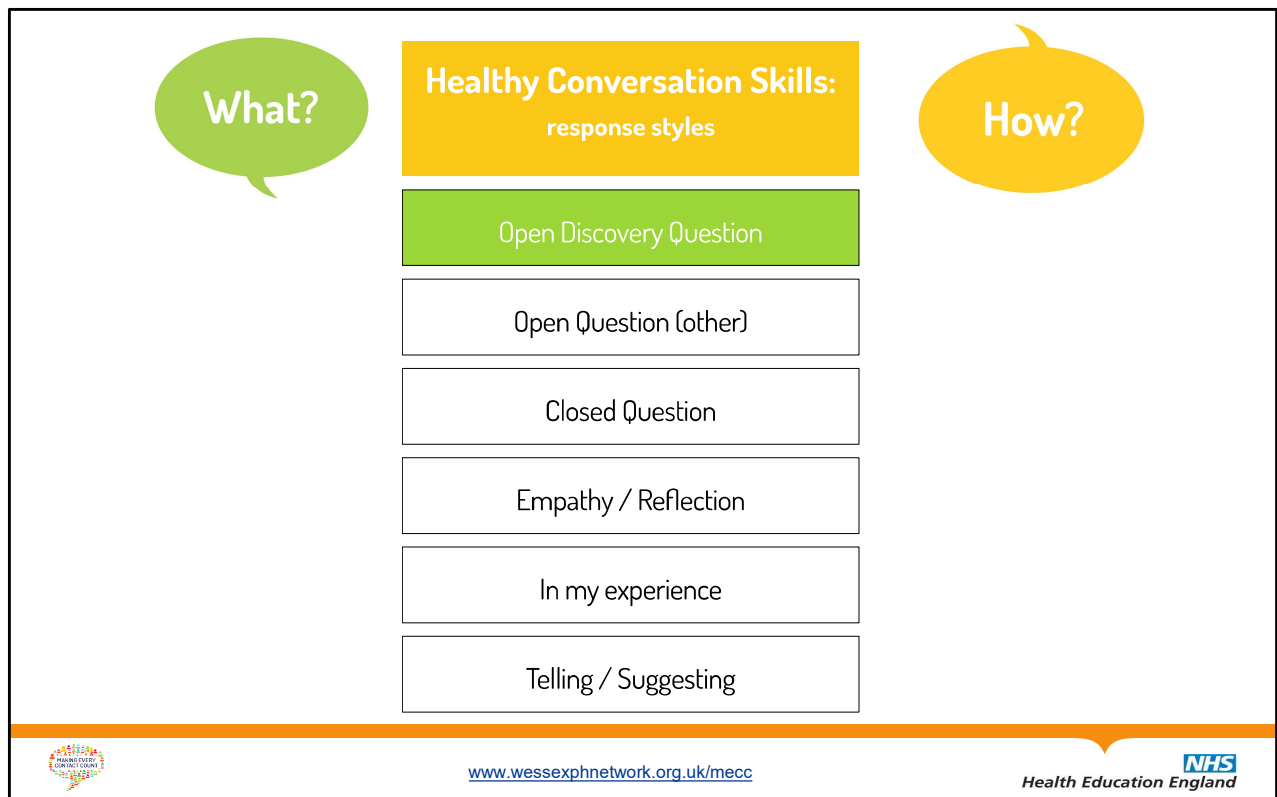
At the bottom of the slide, there is a footer with the following information:

- Logo of the Wessex Primary Health Care Network (WPHCN) on the left.
- The website www.wessexphnetwork.org.uk/mecc in the center.
- The NHS logo and the text "Health Education England" on the right.

You may be familiar with the SMART acronym, but unless progress with a plan is evaluated and reviewed it will rarely achieve its aims.

If you are interested in developing your skills in this area there is an online course on e-Learning for Health:

<https://portal.e-lfh.org.uk/>



Open discovery questions begin with WHAT and HOW and using them will allow you to understand much more about an individual’s motivation to change from a potentially unhealthy lifestyle to a more healthy lifestyle including a healthier diet and weight

To open a conversation, perhaps with someone asking about indigestion or already diagnosed with diabetes, hypertension or heart disease, then consider:

“Would you like to have a brief conversation about something you would like to change?”

Then, if the person engages with you:

- What are your personal goals and priorities around your lifestyle at the moment?
- How do you think you could achieve it/them?
- What has worked for you in the past?
- What could help you?

You could then move onto offering to weigh them and measure their BMI

CLICK

PQS Healthy Living Support Domain

- Weight management:
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Finally, a competent individual within the pharmacy (for example, a pharmacy technician or health champion) must be able to offer to measure a patient's Body Mass Index (BMI), using an appropriate BMI calculator such as, the [Body Mass Index Calculator](#) and measure waist circumference. This should include explaining the purpose of measuring BMI and waist circumference.

Pharmacies must weigh people, calculate their BMI, measure their waist circumference and support those who wish to lose weight through brief advice and referral to the previously mentioned Local weight management services or the



Very quickly we want to take you through a couple of other matters

PHARMACY REPRESENTATION REVIEW STEERING GROUP



The RSG continues to develop proposals to put to all community pharmacy contractors about the future of contractor representation and support.

Following engagement with the sector, the RSG has defined the roles of the local and national representative bodies, considered the contractor decision-making process, and worked through analysis and suggestions on local representation. They are now focusing on national representation and support.

Getting national representation and its links with local representation right, the diversity of views we continue to receive, and recognising the statutory role of PSNC and the LPCs, is critical and it is taking longer than the RSG had initially hoped.

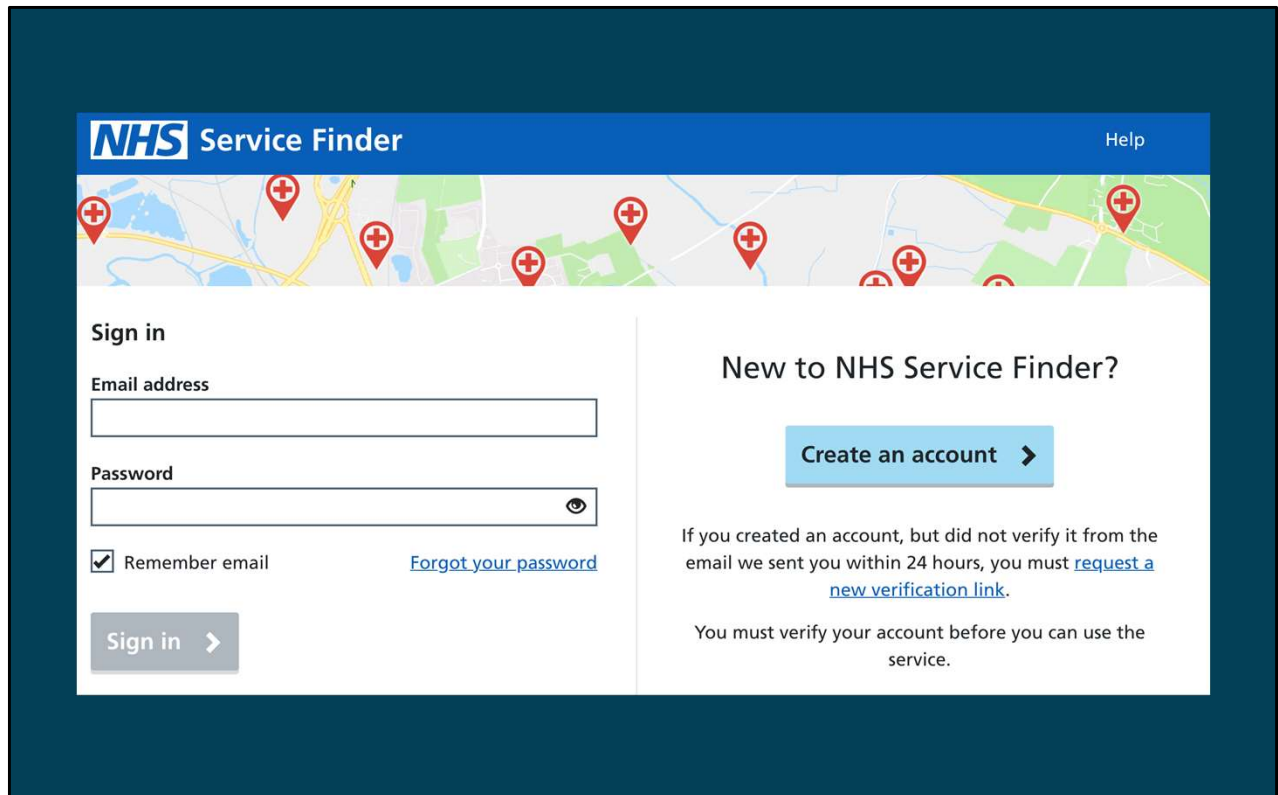
To get the proposals right, they need further conversations with the wider sector and with PSNC. They plan to do this through a series of engagement events in January, and will have additional discussions with PSNC. They are also continuing their ongoing dialogue with the national pharmacy trade associations.

Critical that all contractors engage and vote when the opportunity arises.

More information on how to access the engagement events is available on the RSG website: <https://pharmacy-review.org/events/>

The RSG still expect to put proposals to contractors and hold a contractor vote before Easter 2022.

Debby to comment.

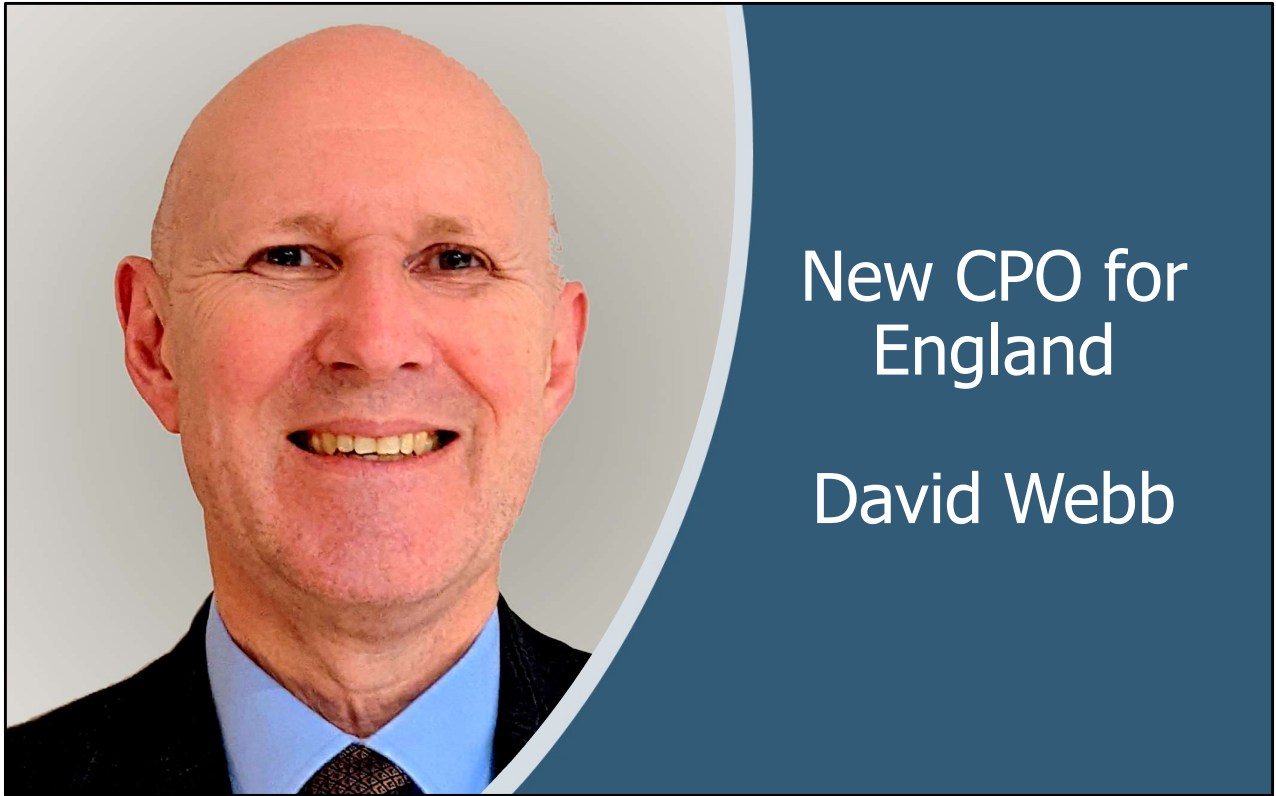


A reminder of the opportunity to use the NHS Service Finder which is a free online search tool which provides access to information from the Directory of Services (DoS) and nhs.uk.

It is not open to the public but it does allow pharmacy team members and other healthcare professionals to search for service information quickly, allowing a patient to be signposted to the most appropriate service for their needs. The system includes maps and directions to the services, plus the ability to email service information directly to your patient.

This tool also enables pharmacy teams to look-up non-public telephone numbers (where available) for listed services, such as general practices.

More info here: <https://psnc.org.uk/contract-it/pharmacy-it/databases-of-pharmacies-and-services/nhs-service-finder-nhs-sf/>



And finally, David Webb has



QUESTIONS



Stronger together

- LPC details
 - Tel. 01252 413778
 - www.cpsc.org.uk
- Next webinar: 7th February 2022



We will be sending out links on how to access and register and to the recording of this evening's webinar, all hosted together with resources on CPSC website and look out for Alison's weekly updates.

The next webinar will be in just 4 weeks time on 7th February.



| connect@pharmacycomplete.org
| www.pharmacycomplete.org
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#Stongertogether

#PharmacyCares