

# The Pharmacy Quality Scheme (PQS) 2021-22

## Primary Care Networks (PCNs) domain

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# Agenda

- Welcome and Introductions (including meeting etiquette)
- PCN Lead Responsibilities
- Primary Care Network Domain - Influenza vaccination
- 7-Step Actions for Leads
- General practice referral pathway to the Community Pharmacist Consultation Service
- Discharge Medicines Service
- Q & A
- Close

# Welcome and Introductions



# PCN Lead Responsibilities

- Agreed single point of contact to lead engagement and discussions between a PCN and the pharmacies within its boundaries.
- Mixed messaging. LPCs are clear that requirements are just that of PQS, unless and until local funding is provided.
- Little national guidance beyond requirements to introduce themselves to Clinical Directors and support work around collaborative working for the flu service as part of the Pharmacy Quality Scheme for 2021-22.
- Leads must always revert to Contractors to seek a view on any proposals resulting from PCN discussions. PCN Leads cannot direct action without agreement. NB Business confidentiality is to be respected.

**ACTION: Familiarise yourself with two PSNC briefings on support for PCN leads and LPC role that includes full responsibilities:**

- [Pharmacy PCN Leads Guidance](#)
- [Pharmacy PCN Leads and LPC Guidance](#)

## Engagement versus representation

“The Pharmacy Lead role provides a single point of contact for the PCN to pharmacy contractors within the PCN. However, Pharmacy PCN Leads must be careful not to be mistaken as the representative for community pharmacy. LPCs are the representative body for community pharmacy contractors within an area.”



# Primary Care Network Domain - Influenza vaccination

- Engage with the Pharmacy PCN Lead to discuss collaborative working with pharmacies and GPs regarding vaccinating the 65 years and over group – must be completed by **31 December 2021**.
- The Pharmacy PCN Lead is to agree a collaborative approach with the PCN Clinical Director to increase vaccination rates.
- Contractors required to also administer 30 or more vaccines under the community pharmacy seasonal influenza vaccination advanced service between 1 September 2021 and 31 January 2022 to to all eligible patients (not just those aged 65 and over).
- Points are earned if the vaccination % across the PCN practices reaches or exceeds 80.1% of eligible patients (linear scale between 80.1 and 86%) aged 65 and over.
- Funding for PCN leads is 10 additional points for leading on domain 4 i.e. 20 points in total for a Lead pharmacy. i.e. NON-Lead pharmacy gets a min of £677.50 for engaging etc., Lead Pharmacy gets a total min of £1,355 (Band 4), provided PCN target reached.

# Actions for PCN Leads: Step One

## Check in with your LPC

- A list of pharmacy contractors in Hertfordshire and to which PCN they are aligned is available on the CPH website. This also includes the single email address for PCN leads for communication with contractors.  
<https://hertslpc.org.uk/your-area/primary-care-networks-pcns/>
- CPH has records of all emails sent on the gaggle group so can support with evidence.
- Have supported every PCN to have an identified community pharmacy PCN lead.
- Will provide continuing support to PCN leads and contractors to achieve the PQS domain along with identifying more formal funding for PCN engagement in the future.
- Will be sending a communication to all Clinical Directors about the upcoming requirements for community pharmacy.
- Will be providing the draft contact information sheet populated that includes details of pharmacies, practices, Clinical Director contact details and your PCN lead details in one document for you to share with all your pharmacies within your PCN for their individual reference and completion.
- Will be providing the draft template flu vaccination plan populated with pharmacies for you to share with all your pharmacies within your PCN and collect the relevant information for completion. NB DO NOT USE QUESTIONNAIRE
- Can support with any community pharmacies not engaging/responding.
- Can support with setting up virtual meetings.

# Actions for PCN Leads: Step Two

## **Check in with the contractors in your PCN**

- Existing PCN Leads – have you checked that you have the written mandate (email) of the majority of contractors to continue in your role?
- New PCN Leads – confirm with LPC you have got written confirmation (email) from the majority of contractors to take up your role.
- Send email on the gaggle group introducing yourself, your details and this domain in PQS 2021/22. Within same communication request that contractors complete the template provided by CPH.
- Within communication, leads should seek to confirm with contractors, a suitable date and time for the PCN contractor meeting/discussion. This should be sent as a clear invitation to contractors to confirm the agreed date and time for the discussion.

# Actions for PCN Leads: Step Three

## **Following up with your PCN Clinical Director (CD)**

- Existing PCN Leads – write to your Clinical Director outlining PQS 2021-22 and upcoming contractual changes.
- New PCN Leads – Introduce yourself in writing to your Clinical Director and your PCN and the PQS 2021-22 and upcoming contractual changes.
- Using this communication, you will seek to arrange a meeting (or other discussion) with your CD.



# Actions for PCN Leads: Step Four

## **Follow up with contractors – Contractor surveys and a contractor meeting**

- Leads should follow up any outstanding information to build an understanding of which contractors want to be involved in the PCN domain.
- Leads will need to consider whether they need additional meetings to allow plenty of time for contractor discussions following the meeting set up for discussion.

# Actions for PCN Leads: Step Five

## **Begin to summarise the information in the contractor survey**

- Collate the completed plan templates back from PCN pharmacies.
- This should allow contractors to identify any additional opportunities to support general practice with vaccination provision and promotion in the PCN for the lead to discuss with the Clinical Director.
- Hold meeting with Clinical Director to discuss the collated information and any additional opportunities. Following Your Meeting with the Clinical Director... it will be important for the Pharmacy PCN Lead to provide a report on the discussion to the contractors within the PCN.

# Actions for PCN Leads: Step Six

## **Contractor PCN level discussion / meeting**

- There is a template agenda that Leads can refer to.
- Key elements are:
  - This repeats the joint incentive from last time.
  - Discuss outcomes of the conversation with Clinical Director. NB Information from contractors should be completed before meeting with Clinical Director.
  - Outcome of discussions must be a clear plan for promoting uptake and supporting provision.
  - Contractors must engage in discussion to qualify for points.
  - Pharmacies must do at least 30 jobs, but unless PCN reaches target, both pharmacies and practices will lose out.
- At the end of the meeting, summarise the outputs of the discussion and agree the final plan and a timescale when the lead will share the plan via email.

# Actions for PCN Leads: Step Seven

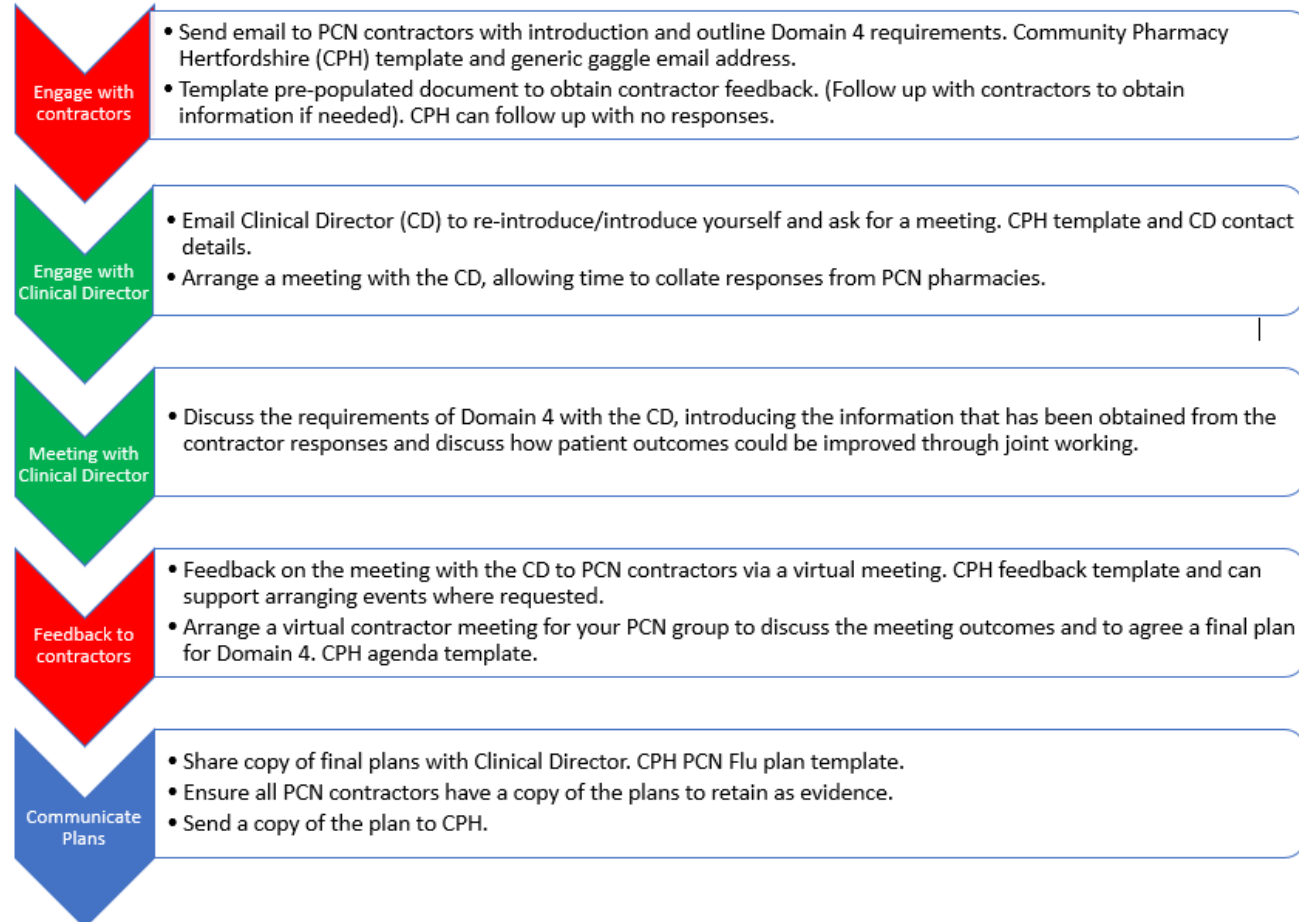
## **Communicate a summary of your final plan and document to contractors and the PCN Clinical Director**

- The flu vaccination plan should be shared with contractors in the PCN and with the PCN Clinical Director.
- Please also share the flu vaccination plan with the LPC [info@hertsipc.org.uk](mailto:info@hertsipc.org.uk) as this will help us to support you.

# Don't panic!

## Pharmacy PCN Lead

### Foundations for Domain 4 – PQS 2021-22



Templates and important reminders will shortly be available on the [CPH website](#) in a simple to use format.

# General practice referral pathway to the Community Pharmacist Consultation Service

- Service specifically mentioned in NHS priorities & operational planning guidance 2021-22 and now included as part of PCN Investment and Impact Fund (IIF).
- An extension of existing 111-CPCS
- Referral from GP Practice of patients with low acuity conditions
- Saves practice appointments .
- Is about right care, right place, right time.
- Changes during COVID-19 mean patients using pharmacies more than ever, the time is right to re-enforce self-care messaging with true pathway change.
- Crucially it requires agreed escalation pathway back to general practice.
- Rollout across Hertfordshire is now taking place but is being managed to ensure service sustainable and all GP practices/PCNs are working to one process to avoid confusion for community pharmacies. Three PCNs live with another two scheduled for go live shortly.
- PCN/GP practices in Hertfordshire have been invited to express an interest from NHSE&I, CCGs and LMC. [Expression of interest form](#).



# Discharge Medicines Service (DMS)

- Became a new Essential Service within the Community Pharmacy Contractual Framework (CPCF) from 15 February 2021.
- The service formalises TCAM/EMOP pathways into a funded national referral service from Hospital Trusts to community pharmacies for patients who it is deemed would benefit from extra guidance e.g. around newly prescribed or changes to medication.
- Lister Hospital, Watford Hospital and PAH are both live with this service with a good rate of referrals although looking to increase. Working with HPFT to go live with referrals from their service later this year.
- The aims (backed by significant evidence base) are to:
  - Optimise the use of medicines, whilst facilitating shared decision making;
  - Reduce harm from medicines at transfers of care;
  - Improve patients' understanding of their medicines and how to take them following discharge from hospital;
  - Reduce hospital readmissions; and
  - Support the development of effective team-working across hospital, community and primary care networks pharmacy teams and general practice teams and provide clarity about respective roles.





# Questions?

