

Service Specification from **PSNE South Tyneside (V3)** DR A F T

Service	GP2Pharmacy (GP2P)
Commissioner Lead	Primary Care Transformation Project, South Tyneside Health Collaboration. (STHC) Submitted by: David Carter, Director PSNE Limited
Period	30 th October 2018 - 31st October 2019
Review Date:	1 st September 2019

1. Population Needs

1.1 Local and National Context & Evidence Base

Research provided by the CCG indicates that c 45% of appointments that take place in a GP practice, do not need to be with a GP. Clearly some appointments are managed by other healthcare professionals in practice, but there is still an issue with available appointments versus demand.

The proposal is that suitable patients (depending on symptoms and conditions) who contact their GP surgery for a new appointment, will be offered a fixed time appointment at their local pharmacy. This appointment will be managed by the reception staff in practice, who will liaise with pharmacy colleagues to confirm an appointment for the patient. (Initially this will be done by telephone, but reviewing available technology to drive the efficiency of this process.) The programme will also support planned other patient appointments on a pro-active basis:

- Regular check ups
- Long Term Conditions
- Semi centralised disease specific clinics

STHC working with G&STLPC and practice staff have agreed a list of services that can be provided. (Appendix One – List of Services)

This will include a specific list of PDGs for the supply of certain POM medication for particular conditions.

GP2Pharmacy opens up a potential extra 35 locations (pharmacies) where patients can have an appointment, with a choice for this to be near to their home, workplace or wherever is convenient for them, as opposed to waiting for an appointment at their GP practice. This will enable GPs to see critical patients more quickly and provide other patients with access to an earlier appointment. The programme is strategically similar to CPRS, except the appointment is organised directly from the GP practice.

GP2Pharmacy will be positioned as a wider service, integrated into General Practice with the support of local pharmacy colleagues. It is not intended for patients to feel “fobbed off”, moreover that it is a new way of working together to best meet patient needs.

Community Pharmacies are highly trained competent professionals and are ideally placed to provide help and advice to patients with these low acuity conditions/minor ailments or low level interventions - and to address patient health needs through promotion of self-care.

This serves to increase patient choice to access primary care in alternative settings.

Evidence suggests that patients in more deprived areas are less likely to purchase over the counter medicines, but rely on charge-exempt prescriptions to obtain medicines, this service will help divert patients to less costly but equally beneficial settings - that is community pharmacies.

Equitable access to scheme will meet the needs of a diverse population ensuring that inequalities are addressed across South Tyneside.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	✓
Domain 3	Helping people to recover from episodes of ill-health or following injury	✓
Domain 4	Ensuring people have a positive experience of care	✓
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	✓

2.2 Local defined outcomes

- The service will be available at agreed times (appointment slots).
- Correct medication to be dispensed in line with agreed disposition/formulary/PGD for all patients.
- All staff involved in delivering the scheme must be competent.
- Dataset to be fully completed for all patients via PharmOutcomes.

3. Scope

3.1 Aims and objectives of service

The overall aim of the service is to provide treatment, advice and support to patients contacting a GP surgery by accessing pharmaceutical care for the defined condition within community pharmacy. The service will:

- Promote self-care.
- Increase patient choice to access primary care in alternative settings.
- Contribute towards the reduction in demand on inappropriate attendances at GP surgeries and Accident and Emergency (A&E).
- Bring care closer to home for patients.
- Support local developments to promote appropriate use of antibiotics.
- Address health inequalities.
- Provide additional access in the event of a Flu Pandemic, to encourage self-care to patients who are able to manage their own symptoms at home.
- Contribute towards the cost-effective use of medicines.
- Facilitate access and support behaviour change programmes as part of the Change for Life initiative addressing prevention and early intervention.
- Make every contact a health improvement contact.

3.1 The GP2P programme objectives are to:-

- Reduce pressure on GP time
- Create more available appointments for patients
- Maximise resource through collaborative approach
- Engage qualified pharmacists with skills to meet needs
- Reduce un-necessary drug wastage

- Avoid complications and prescribing errors

3.2 Service description/care pathway

The proposal is that suitable patients (depending on symptoms and conditions) who contact their GP surgery for a new appointment, will be offered a fixed time appointment at their local pharmacy. This appointment will be managed by the reception staff in practice, who will liaise with pharmacy colleagues to confirm an appointment for the patient. (Initially this will be done by telephone, but available technology may be integrated to drive the efficiency of this process.)

3.2.1 Workforce

It is the pharmacy contractor's responsibility to ensure that an appropriate and competent member of the pharmacist is able to undertake the referral/consultation with a patient. This person will be responsible for the assessment of the patient's presenting condition. Any serious serious conditions will be identified and referred onwards to an appropriate NHS service. Thus ensuring an appropriate ongoing safety net is in place should the patient's condition deteriorate.

All Pharmacists must be currently registered with the General Pharmaceutical Council of Great Britain.

Pharmacists must ensure that supporting pharmacy staff are trained in dealing with patients in a patient-centred, user-friendly, confidential and non-judgmental manner ahead of any appointments with patients via the GP2P programme.

All staff who provide the service on behalf of a commissioned pharmacy contractor must have:

- Training on relevant paperwork and protocols (e.g. in house)
- Be competent and confident of the intervention
- Evidence of relevant Child Protection Training

The consultation will consist of:

- Assessment of patients, based on symptom history, and;
- Provision of advice on the management of the ailment, or;
- Provision of advice and supply of an OTC medicine, supply from the local MAS formulary or via PGD, supported by advice on its use, or;
- Provision of advice on the management of the ailment plus a referral to an appropriate health care professional, or;
- Provision of advice and supply of OTC medication, supply from the local MAS formulary, or supply via PGD, supported by advice on its use plus a referral to an appropriate health care professional, or,
- An onward signposting process in line with pharmacy competencies and clinical protocols.

The pharmacy must provide the service in accordance with the specification and ensure that all substantive and locum pharmacists are aware of it.

3.2.2 Registration

Suitable patients (depending on symptoms and conditions) who contact their GP surgery for a new appointment, will be offered a fixed time appointment at their local pharmacy. This appointment will be managed by the reception staff in practice, who will liaise with pharmacy colleagues to confirm an appointment for the patient. Initially this will be done by telephone and pharmacies must follow up and organise an appointment, making telephone contact with the patient as soon as possible after the notification, but no longer than three working hours.

Subsequently pharmacies may use an electronic diary system and training will be required for use of this.

All pharmacies participating in the programme, must provide a separate telephone number for access for the GP receptionist.

Likewise, the pilot practices involved in GP2P will provide a dedicated number for use for the pharmacists.

There is no intention to divert all patients in South Tyneside into community pharmacies. People who usually manage their own minor ailments through self-care and purchase of Over the Counter (OTC) medication should continue to self-manage and treat their minor ailments as per the NHS Community Pharmacy Contractual Framework Essential Service 6 - Support for Self-Care.

3.2.3 Consultation

The pharmacist will give consideration to the part of the pharmacy used for provision of the service and should provide a sufficient level of privacy and safety for patients accessing the service.

All patients over 16 years must be in attendance, telephone consultations are not permitted. In the case of a child under 16 years of age a carer must be in attendance, but the child being treated need not be present.

During the consultation the pharmacist will;

- Assess the patient's condition using a structured approach to responding to symptoms.
- Identify any concurrent medication or medical conditions, which may affect the treatment of the patient.
- Consider any prior medication used and assess appropriateness of further supply.
- Provide advice on the management, the self-limiting nature and time course of the condition.
- Provide an appropriate and relevant information leaflet.
- Provide medication (either a suitable sale, or via the MAS formulary or via a suitable PGD for the patient's condition as required).
- If a product is supplied, the pharmacist will ensure the supply is recorded on the Patient Medical Record (PMR) system.
- Complete a record of the interaction and the supply on PharmOutcomes.
- Transmit aggregate data from PharmOutcomes to the Commissioner on a monthly basis.
- Ensure that the referral does NOT result in an additional referral to the minor ailment scheme - this service is discrete and separate.

The Pharmacy will ensure that patients exempt from prescription charges have completed and signed a declaration of exemption. Pharmacy staff will be mindful of, and will when appropriate, inform patients that where they have claimed free medicines incorrectly or fraudulently, the cost of items will be recovered and a penalty charge will apply. Guidance on the penalty charge administration will be issued to Directors of Finance from the Department of Health. Payment can be pursued by civil recovery action if necessary.

The Pharmacy should have a procedure in place to collect NHS prescription charges where appropriate. If a product is supplied and the patient usually pays a prescription charge, the patient should pay either the usual OTC price for each product(s) or a prescription charge per item, whichever is the cheapest. Records should be made to indicate consultations leading to an OTC purchase and the number of prescription charges paid.

3.2.4 Treatment

Patients will be advised on the treatment provided in line with clinical knowledge summaries (CKS) which can be found at <http://cks.nice.org.uk>. This will include explaining what the patient can do for themselves, what symptoms they can expect, the expected duration of symptoms and when and where to go for further advice/treatment if needed. Where applicable, the pharmacist will discuss with the patient the key messages about antibiotics not being required

for viral infections, which are the usual cause of cough, cold, earache, sinusitis, flu and sore throat.

Only medicines included in the formulary will be used, as specified in Appendix 1 together with any approved POM medicines via PGD. These products can only be used for their approved conditions under the scheme and in line with their licensed indications at licensed doses. All medication supplied to the patient should be in original packs and must contain a patient information leaflet. The pharmacist is professionally accountable for the treatment decisions made.

Following the outcome of the consultation, the pharmacist may provide onward signposting in line with CKS, as necessary.

If a patient presents with more than 2 conditions at one time, the staff member undertaking the consultation may consider onward signposting in line with the CKS. Pharmacists will give guidance and signpost patients to other services and GPs as necessary. If following the consultation the patient is deemed to require immediate medical treatment, then the pharmacist will make arrangements in line with section 3.2.4.1. Pharmacy staff will inform or advise people visiting the pharmacy of other health and social care providers and support organisations, such as patient groups, when appropriate.

Any off-formulary supplies made will not be reimbursed through this scheme.

3.2.5 Referral Procedures

If following the consultation the patient is deemed to require immediate medical treatment, then the pharmacist will arrange onward signposting in line with CKS.

3.2.5.1 Referral for urgent appointment

If the patient presents with symptoms indicating the need for an immediate consultation with another NHS service, the pharmacist should advise the patient and make every effort to contact the appropriate service and arrange an appointment for the patient. The patient should be referred to an appropriate service that may include their GP, the on-call medical service, or advise attendance to A&E.

3.2.5.2 Referral for non-urgent appointment with GP

If, in the opinion of the pharmacist, the patient presents with symptoms that cannot be managed they should be referred back to their GP. If the frequency of their presentation presents any reason for concern or there is any suspicion that a person is abusing the scheme in any way then they should be referred to their GP for treatment. The pharmacist should use their clinical judgment to decide the urgency, route and need for referral as ultimately they are professionally accountable for their actions.

When referring patients to their GP practice, pharmacists should not give patients the expectation of any specific treatment i.e. antibiotics or length of time until patients can expect a GP appointment (unless it is booked directly with the support of pharmacy staff).

3.2.5.3 Repeat Attenders

If a patient presents more than twice within any one month with the same symptoms or consistently accesses the service for the same or a number of conditions/medications, e.g. Paracetamol every month, the pharmacist may consider onward signposting in line with the CKS.

3.2.6 Records

The product supplied to the patient is to be labelled in accordance with the requirements of the document, Medicines, Ethics and Practice, as published by The Royal Pharmaceutical Society.

The pharmacy will also maintain a record of the consultation and any medicine that is supplied on PharmOutcomes. The pharmacist will ensure that these records are made in a timely manner from the point of the consultation (preferably the records will be made contemporaneously) and kept for 5 years from the point of the consultation.

PharmOutcomes will send an NHS secure email to the dedicated GP NHS email address to update the practice on the consultation outcome. The appropriate read code on Emis is 8H7t – referral to pharmacist.

3.2.6.1 PharmOutcomes Dataset – to verify with Sami please as per our meeting and additional information requests.

The following information will be collected using PharmOutcomes and submitted to the Commissioner on a monthly basis.

Section	Question	Response
Patient Details	Name	Free Text
	Age/ DOB	Numerical Value
	Gender	Male/ Female/ Other Check Box
	Ethnicity	Drop Down
	Post Code	Free Text
	Registered GP	Search field
	Prescription exemption category	Drop Down
	Evidence of exemption seen	Yes / No Check Box
Consultation record	Day of week / Date	Select date from calendar
	Time of day	Enter
	Patient present during consultation	Yes / No Check Box
	Consultation notes (presenting symptoms, history, previous treatment attempts, any examination performed etc.)	Freetext
	Differential diagnosis	Drop Down (Appendix 1)
	Drug/s dispensed	
	Any onward referrals	Yes / No Check Box
	If Yes, where to?	Free text
Supply Details	Drug, strength and form	Drop Down (Appendix 1)
	Dose	Freetext
	Quantity supplied (units, grams, ml)	Numerical value
Accessibility	Have you accessed the service before?	Y/N
	Where did you hear about the service?	GP / 111 / Friends & Family / Advert / Leaflet / Other
	If service was not available where would patient have gone?	GP / OOHs / A&E / WIC / Purchase / Other
Person conducting consultation	Staff type	Drop Down
	Supervising Pharmacist Name	Freetext
	Supervising Pharmacist GPhC number	Numerical Value
	Time taken for consultation (mins)	

When the service is experiencing periods of surge due to specific ailments the Pharmacy must notify the Commissioner in order to support system resilience processes.

3.2.7 Hours of Operation

The service is required to operate in line with the agreed appointment slots available from the pharmacy. Detail to be provided as an appendix for opening times for each pharmacy, including lunch times.

3.2.8 Premises

The service shall be delivered from facilities that ensure they support the confidentiality and dignity of the client a consultation room must be available to be used to deliver the service The pharmacy is expected to participate in public health campaigns and display appropriate public health promotional material.

3.2.9 Service User Questionnaire

A questionnaire may be developed by the commissioner to be distributed amongst users of the service. Contractors are required to distribute the questionnaire to users of the service if this is produced.

3.2.10 Key Performance Indicators

- 100% of patients requiring medication suitable for managing a condition included in the scheme are prescribed a drug included on the formulary for their ailment.
- 100% complete dataset for each patient accessing the service.

3.2.11 Evaluation

The service will be evaluated with feedback to South Tyneside Health Collaboration and PSNE Limited using the following criteria:

- Number of consultations, total and by each GP practice and pharmacy
- Number of consultations for each symptom
- Number of each treatment supplied
- Exemption status of patients
- Trends in number of patients accessing the service from each GP surgery and through each pharmacy
- Costs of service
- Referrals from the pharmacies to other services, and reason for referral
- Was the service unavailable at any time slot appointment? If so, why?
- Evaluation of service user satisfaction questionnaire if appropriate.

The Commissioner reserves the right to implement a Mystery Shopper programme to ensure delivery is in line with this specification and to assess the quality of the service.

3.3 Population Covered

The scheme can be accessed by any patient accessing a GP appointment, regardless of domicile for the nine practices who are participating in the pilot.

3.4 Any acceptance and exclusion criteria and thresholds

3.4.1 Acceptance Criteria

Any patient presenting with symptoms associated with the conditions listed in Appendix 1 or any other GP referral.

Adult patients (over the age of 16) should be in attendance in order to access the service. In the case of a child under 16 years of age, a parent, guardian or carer must be in attendance, but the child being treated need not be present.

3.4.2 Exclusion Criteria

- No walk-ins allowed, only referrals via GP pilot surgeries.

3.5 Interdependence with other services/providers

The Provider will develop close partnerships with local services, including:

- General Practices in South Tyneside and South Tyneside Health Collaboration
- Accident & Emergency
- Walk in Centres/ Urgent Care Centres/ OOH service providers
- Social Care
- NHS 111
- Other healthcare professionals, e.g. optometrist, dentists.

It is recommended that pharmacies providing this service maintain accurate, up-to-date information on opening hours and service provision on NHS.uk and the NHS 111 Directory of Services.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

Service providers will comply with all relevant documents and policies including those listed below:

- General Pharmaceutical Council (GPhC) Standards
- Health and Social Care Act 2008
- The Equality Act 2010
- The NHS Outcomes Framework 2015/2016
- NICE Guidelines Quality Standards
- Guidance and Requirements on health and safety including: moving and handling, fire and safety, resuscitation and infection control

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

Not applicable.

4.3 Applicable local standards

- North East and Cumbria antibiotic prescribing guideline for primary care

The pharmacy is required to produce and maintain an up-to-date list of all patients who have been treated under this service.

The pharmacy will maintain adequate records of the service provided, incorporating all known information relating to any significant events.

The pharmacy will have a system for collecting data on adverse incidents, which should be aligned to the relevant guidance. In primary care, adverse incidents should include, but are not limited to, incidents relating to:

- Death occurring in the premises;
- Patient complaint;
- Prescribing-related events;
- Other medical;
- Other administrative; and
- Other incidents.

The pharmacy must put in place appropriate governance and security for the IM&T systems to safeguard patient information.

The pharmacy must ensure that the IM&T Systems and processes comply with statutory obligations for the management and operation of IM&T within the NHS, including, but not exclusively:

- Common law duty of confidence;
- Data Protection Act 1998;
- Access to Health Records Act 1990;
- Freedom of Information Act 2000;
- Computer Misuse Act 1990; and

- Health and Social Care Act 2001

The pharmacy will meet prevailing national standards and follow appropriate NHS good practice guidelines for information governance and security, including, but not exclusively NHS Confidentiality Code of Practice.

The pharmacy will supply the CCG with such information as it may reasonably request for the purposes of monitoring the contractor's performance in relation to this service. Monitoring of the service will include but not exclusively:

- Activity
- Annual review
- Patient and staff experience evaluation
- Audit of service
- Value for money analysis

Adequate patient records should be maintained to facilitate service audits and comply with clinical governance. Data should be collected on all patients receiving treatment to support the accurate calculation of service use rates.

The pharmacy can demonstrate that pharmacists and staff involved in the provision of the scheme have undertaken the relevant training to deliver this service.

The pharmacy co-operates with any locally agreed NHS led assessment of service user experience.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements

- The lead pharmacist is responsible for ensuring that all staff involved in the provision of the service (including any locum pharmacists) have undertaken CPD relevant to this service.
- The pharmacy makes full use of the promotional material made available for the service.
- The pharmacy has a suitable private area in which to undertake consultations.
- The pharmacy has appropriate health promotion and self-care material available for the user group and promotes its uptake.
- The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.
- The pharmacy co-operates with any locally agreed assessment of service user experience.

5.2 Applicable CQUIN goals

Not applicable.

This service specification is submitted by PSNE Limited on behalf of participating Pharmacies.

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Dated: 30th October 2018

Appendix 1 – Conditions and Formulary see attached. To be updated as PGDs are approved and added to the list.

PAYMENT

Table 1: Non-Tariff Prices

Service Description	Currency	Price
Providing service via referral	Great British Pound	£13 per patient appointment delivered. No payment to be made where patient does not attend.

Table 2: Permitted Variations to Tariff

Service Description	Currency	Price
Reimbursement of formulary medications	Great British Pound	Changes annually due to tariff changes+ VAT (Drugs costs will be reviewed and agreed annually between Commissioner and LPC)

Table 3: Other Payment Arrangements

<p>Pharmacies will be paid monthly via PSNE upon submission of invoice to the Commissioner:</p> <ul style="list-style-type: none"> - £13 for appointment per patient seen, to be invoiced to South Tyneside Health Collaboration for the attention of Karen Large, Project Manager. - Medicines to be invoiced separately to CCG –
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Table 4: Timing and amounts of payments in first and/or final Contract Year

<p>It is estimated that the medicines for the pilot will not exceed c £16,000 to include VAT. This will be monitored to ensure that the budget is not exceeded.</p>

**CONTRACT MANAGEMENT, REPORTING AND
INFORMATION REQUIREMENTS**

Reporting Requirements

	Frequency	Format	Timing and Method for delivery	[Application/Notes]
Local Requirements Reported Locally				
Monthly activity provided through PharmOutcomes	Monthly	Digital report	Monthly	