

Primary Care Networks update

Unless you have had your head in the sand for the last 6 months, you should have heard about the setting up of Primary Care Networks– or PCNs– as part of the new GP contract. PCNs are groups of general practices joining together in a local area to work collaboratively across the practices; with community service providers and other health & care organisations, including community pharmacies. All general practices are required to be in a network, and networks are required to have a Clinical Director in post.

PCNs have been formed around natural communities based on GP registered lists, serving populations of around 30,000 to 50,000 patients. The networks will have expanded neighbourhood teams which will comprise a range of staff such as GPs, pharmacists, district nurses, community geriatricians, dementia workers and Allied Health Professionals such as physiotherapists and podiatrists/chiropractors, joined by social care and the voluntary sector

What will PCNs do?

PCNs will build on the core services available from GP

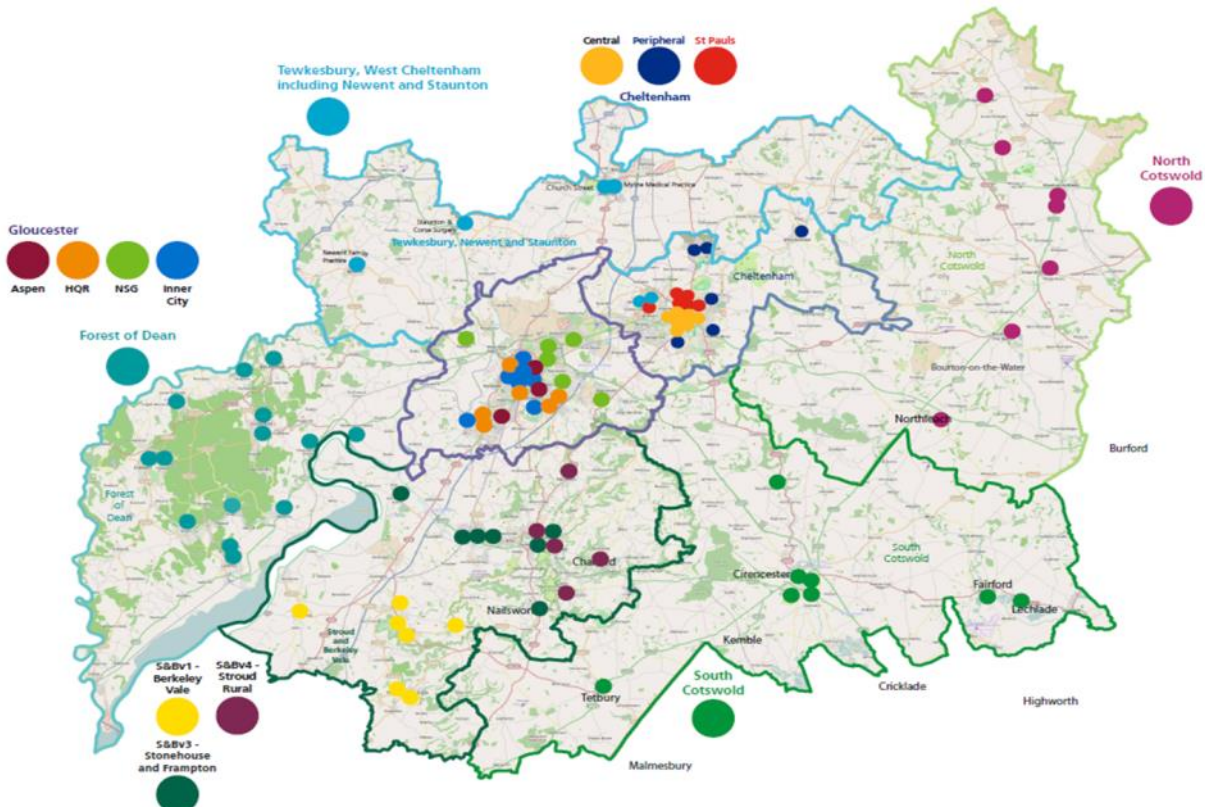
practices. They will ensure that care is provided that meets their local populations need and is provided closer to home (rather than in hospitals) and in a more efficient and cost effective way. PCNs will have aligned clinical and financial aims and will make decisions on how the funding is spent in order to meet the needs of their local population of patients.

PCNs have been guaranteed significant funding over the next few years to transform care across the country. An extension to the GP contract will provide a package of funding to support the creation and staffing of networks, along with a template network agreement to underpin how the general practices work together. Many CCGs will also provide additional funding, as well as support from their staff.

NHS England expects the funding to cover the cost of each PCN hiring clinical pharmacists, social prescribers, first-contact physiotherapists, physician associates and community paramedics over the next 5 years, as well as setting up and piloting services that meet the needs of their population.

PCNs in Gloucestershire

14 PCNs have been set up to cover the whole of the county, as shown on the map below



Cheltenham– 16 practices split into 3 networks based on geography

Place	Primary Care Network	Clinical Director	Practices	List size (1.1.19 actual)
Cheltenham	St Paul's	Dr Cameron Jackson	Corinthian Surgery	48,131
			Portland Practice	
			Royal Well Surgery	
			St Catherine's Surgery	
			St George's Surgery	
	Cheltenham Central	Dr Robin Hollands	Berkeley Place Surgery	54,164
			Crescent Bakery Surgery	
			Overton Park Surgery	
			Royal Crescent Surgery	
			Underwood Surgery	
			Yorkeleigh Surgery	
	Cheltenham Peripheral	Dr Jim Pascoe-Watson	Cleevelands Medical Centre	52,849
			The Leckhampton Surgery	
			Sixways Clinic	
			Stoke Road Surgery	
			Winchcombe Medical Centre	
Mythe Medical Practice				

Gloucester– 14 practices split into 4 networks based on geography

Place	Primary Care Network	Clinical Director(s)	Practices	List size (1.1.19 actual)
Gloucester City	HQR	Dr Jonathan Layzell	Rosebank Health	48,466
			The Hadwen Medical Practice	
			Quedgeley Medical Centre	
	Inner City	Dr Teresa Pietroni	Bartongate Surgery	42,756
			Gloucester City Health Centre	
			Gloucester Health Access Centre	
			Kingsholm Surgery	
			Partners in Health	
	North & South Gloucester (NSG)	Dr Jeremy Halliday	The Alney Practice	53,492
			Brockworth Surgery	
			Churchdown Surgery	
			Hucclecote Surgery	
			Longlevens Surgery	
Aspen	Dr Bob Hodges	Aspen Medical Practice	29,763	

Tewkesbury– 5 practices in 1 network

Place	Primary Care Network	Clinical Director	Practices	List size (1.1.19 actual)
Tewkesbury	Tewkesbury, West Cheltenham, Newent and Staunton (TWNS)	Dr Jeremy Welch & Dr Andy Henson	Church Street Medical Practice	47,284
			Mythe Medical Practice	
			Newent Doctors Practice	
			Staunton & Corse Surgery	
			West Cheltenham Medical	

Stroud and Berkeley Vale– 18 practices in 3 networks based on geography

Place	Primary Care Network	Clinical Director(s)	Practices	List size (1.1.19 actual)
Stroud and Berkeley Vale	Berkeley Vale	Dr Richard Probert & Dr Simon Opher	Acorn Practice	39,744
			Cam & Uley Family Practice	
			The Chipping Surgery	
			Culverhay Surgery	
			Marybrook Medical Centre	
			Walnut Tree Practice	
	Stroud Cotswolds	Dr Andy Simpson & Dr Kieron Bhargava	Beeches Green Surgery	40,156
			Frithwood Surgery	
			Minchinhampton Surgery	
			Painswick Surgery	
			Rowcroft Medical Centre	
	Severn Health	Dr Vicky Blackburn & Dr Anne Hampton	Frampton Surgery	41,609
			High Street Medical Centre	
			Locking Hill Surgery	
			Prices Mill Surgery	
			Regent Street Surgery	
			Stonehouse Health Clinic	
			Stroud Valleys Family Practice	

Cotswolds– 10 practices split into 2 networks

Place	Primary Care Network	Clinical Director(s)	Practices	List size (1.1.19)
Cotswolds	North Cotswold	Dr Hywel Furn-Davies	Campden Surgery	30,723
			Cotswold Medical Practice	
			Mann Cottage Surgery	
			Stow Surgery	
			White House Surgery	
	South Cotswold	Dr Anna Keitley & Dr Angus McMyn	Cirencester Health Group	59,682
			Hilary Cottage Surgery	
			Phoenix Health Group	
			Rendcomb Surgery	
			Upper Thames Medical Group	

Forest of Dean– 11 practices in 1 network

Place	Primary Care Network	Clinical Director	Practices	List size (1.1.19)
Forest of Dean		Dr Sophia Sandford & Dr Paul Weiss	Blakeney Surgery	63,678
			The Brunston & Lydbrook Practice	
			Coleford Family Doctors	
			Dockham Road Surgery	
			Drybrook Surgery	
			Forest Health Centre	
			The Lydney Practice	
			Mitcheldean Surgery	
			Newnham Surgery	
			Severbank Surgery	
			Yorkley & Bream Practice	



Primary Care Network Action Needed:

Take some time to look at the surgeries that you most frequently deal with and identify which Primary Care Network they are in and who the clinical director is. Consider what your relationship is like with your local surgeries and what you can do to improve it. Do you know who your practice pharmacist is - and what is your relationship like with them? Many surgeries are also starting to 'Care Navigate' and refer patients to pharmacy- do the surgery staff know what services your pharmacy offers? Are you offering as many advanced and locally commissioned services as you can?



If you would like the LPC to help you develop your service offering or help with a surgery relationship do please get in touch!

A new Pharmacy Contract means lots of change- but lots of new opportunities!

The announcement of a new Prime Minister was eclipsed in the pharmacy world earlier this month, by the announcement of the new pharmacy contract by PSNC and NHSE. This long awaited agreement sets out the framework for the pharmacy contract over the next 5 years (in line with the NHS long term plan and the 5 year GP contract), and provides stability and reassurance to contractors to enable them to invest in businesses and make decisions based on more than 6 months expected pharmacy activity.

Full details of the new contract can be found on the [NHSE website](#) with more detail and discussion available from PSNC. We are also hoping that there will be a new contract roadshow in the area shortly.

So What's New?

- A new Community Pharmacist Consultation Service (CPCS)- a 'pharmacy connection scheme' to develop the role of community pharmacy in managing demand for urgent and primary medical services
- Pharmacy Quality Scheme- to provide assurance that pharmacy delivers measurable quality outcomes and to support the patient safety agenda
- Prevention- All pharmacies to be Healthy Living Pharmacies (HLP1) as an essential service, reflecting the priority attached to public health and prevention work. This will require ALL community pharmacies to have trained health champions in place to deliver interventions on key issues such as smoking and weight management as well as providing wellbeing and self-care advice, and signposting people to other relevant services.
- Extending the reach and quality of public health campaigns and aligning them with GP campaigns
- Hepatitis C testing in community pharmacies for people using needle and syringe programmes (likely to be time limited service)
- Pharmacy Integration Fund and PCN Testbed programme- to develop and test a range of additional prevention and detection services such as CV screening, Point of care testing, routine monitoring and screening
- Introduction of a medicines reconciliation programme for patients being discharged from hospital

And what's out.....

- Medicines Use Reviews- contractors will be able to provide 250 reviews by April 2020, and just 100 in financial year 20/21. This will be replaced for patients by enhanced structured medication reviews carried out by clinical pharmacists in PCNs
- There are likely to be changes in legislation to allow efficient hub and spoke dispensing and give dispensers greater responsibility to drive efficiencies in dispensing and services that release pharmacist time.
- Establishment payments

Out with Quality Payments.....in with Pharmacy Quality Scheme (PQS).

This deal recognises the success of the Quality Payments Scheme (QPS) and continues for the next five years at its current value of £75 million under a new name- the Pharmacy Quality Scheme (PQS).

For the current financial year (19/20) contractors will have until sometime in February 2020 (date TBC) to meet the PQS criteria and claim their share of funding.

Your cut out and keep summary of PQS is below. Check NHSE website for full specification!

Gateway Criteria- You must complete these in order to access PQS funding	
Advanced Services: Offering NHS 'flu service and/or NMS	
Can send and receive NHSmail from shared premises NHSmail mailbox, which has at least two active linked accounts.	
Update NHS website profile and keep up to date including Bank holiday hours	
80% of all pharmacy professionals have achieved level 2 safeguarding status for children and vulnerable adults in the last two years.	
PQS Criteria- complete as much as possible to maximise funding	
<i>Risk management and safety bundle</i>	
80% of all pharmacy professionals to have completed the CPPE Risk Management training and assessment	
80% of all pharmacy professionals to complete CPPE sepsis online training and assessment. Apply learning and disseminate alert symptoms to staff	
Update of last year's risk review/risk register. Include a recorded reflection on the identified risk and demonstrable risk minimisation actions. Risk review should include the risk of missing sepsis identification as a new risk.	
80% of all pharmacy professionals to complete CPPE Reducing look-alike, sound alike errors (LASA) e-learning and assessment.	
New written safety report at premises level available for inspection at review point, covering analysis of incidents and incident patterns (taken from an ongoing log), incorporating learnings from CPPE LASA e-learning. Demonstrable evidence that actions identified have been implemented.	
<i>Medicines safety audits</i>	
Lithium audit (If pharmacy has no lithium patients, complete a safety audit of patients prescribed phenobarbital, methotrexate or amiodarone as alternative).	
Valproate safety audit	
NSAID audit- implement findings from previous audit and then repeat audit.	
<i>Prevention</i>	
HLP level 1 pharmacy (self assessment)	
All patient-facing staff are Dementia Friends	
Complete a specific dementia-friendly environment checklist and create an action plan	
Check all patients with diabetes who present from 1 October 2019 to 31 Jan 2020 have had annual foot and eye check. Record intervention on PMR and signpost/refer	
Sales by the pharmacy of Sugar Sweetened Beverages (SSB) account for no more than 10% by volume in litres of all beverages sold	
<i>Primary Care Networks</i>	
Demonstrate that pharmacies in a PCN area have agreed a collaborative approach to engaging with their PCN	
<i>Asthma</i>	
Asthma patients, for whom more than 6 short acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6 month period, have since the last review point been referred to an appropriate health care professional for an asthma review. Refer where appropriate.	
All children aged 5-15 prescribed an inhaled corticosteroid for asthma have a spacer device where appropriate and have a personalised asthma action plan. Refer where appropriate.	
<i>Digital</i>	
Update the pharmacy's NHS 111 DoS profile via DoS updater	
Demonstrable access to SCR.	

For advice or support with PQS please contact Sam at supportglos@lpcoffice.org.uk

All about the Community Pharmacist Consultation Service (CPCS)

Although a service specification has yet to be published for the new CPCS, there is a lot of information available about how the service should work, and several pilots have taken place over the last few years which have been reviewed and have contributed to development of the service.

The first part of the new CPCS will be rolled out from October 2019 – and Community pharmacy contractors signing up promptly to provide the CPCS will be supported financially in 2019/20 to help them to transform their business model. Following those transitional payments the new service will operate with a simple, harmonised fee of £14 per completed consultation.

The initial service roll out will be referrals to community pharmacies from NHS111 for minor illness and urgent medicines supply. This new CPCS will REPLACE the current NHS Urgent Medicines Supply Advanced Service (NUMSAS) and local pilots of the NHS111 Digital Minor Illness Referral Service (DMIRS)

The CPCS will then be rise in scale over the next few years with referrals from other parts of the NHS – such as from GPs, NHS111 Online and Urgent Treatment Centres – and Gloucestershire is currently taking part in one of the CPCS GP referrals projects. The initial pilot will be in Stroud area, and the LPC, CCG and NHSE are looking for other interested surgeries and pharmacies so we can extend the service in the autumn.

SIGN UP TO CPCS EARLY!

In 2019/20, a supplement to the transitional payment will be available to pharmacies signing up to provide the new CPCS by 1 December 2019 (worth £900), or by 15 January 2020 (£600).

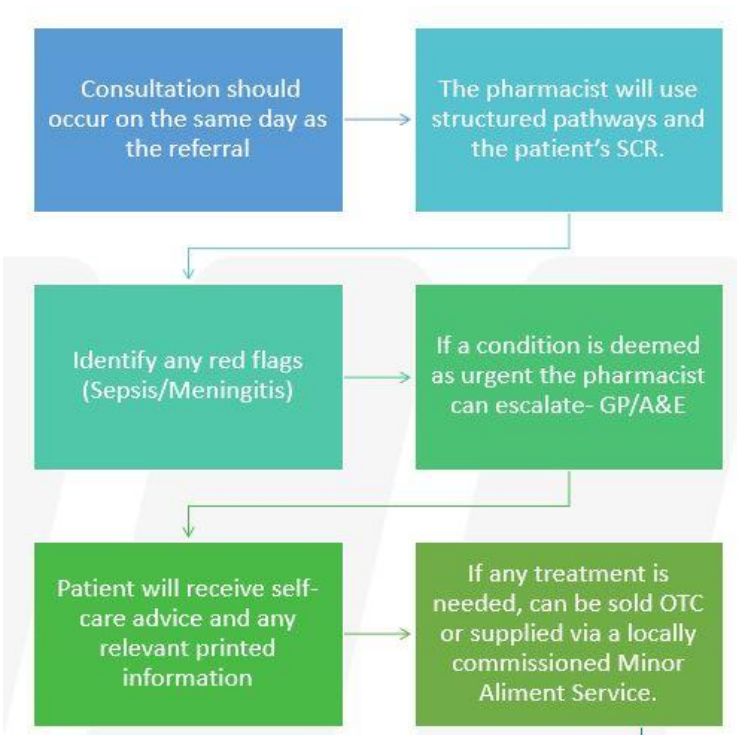


Diagram showing how the CPCS will work

The CPCS will relieve pressure on the wider NHS by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient and effective service to meet their needs. This will continue to be supported by the NHS Help Us Help You Pharmacy Advice campaign

Pharmacy Integration Funding will continue to be made available to support CPCS, particularly to facilitate the continuing development of pharmacists' skills – so we would encourage pharmacists who have not yet taken advantage of the funding to look at course such as the 9 week Community Pharmacy Minor Ailments course (online, University of Bath) or the Clinical Community Pharmacy Postgraduate Certificate. The next intake is November 2019 and application deadlines are in October.

A Call to Action!

The LPC are looking for pharmacists, technicians or motivated pharmacy staff in each of the PCN areas who would like to take a lead role in developing and improving the relationships between Community Pharmacy colleagues, Practice Pharmacists, GPs and other PCN stakeholders.

Backfill may be payable for some meetings, and coaching/support will be given. Please contact Sam or Becky for more information

supportglos@lpcoffice.org.uk partnerships@lpcoffice.org.uk



In other news.....

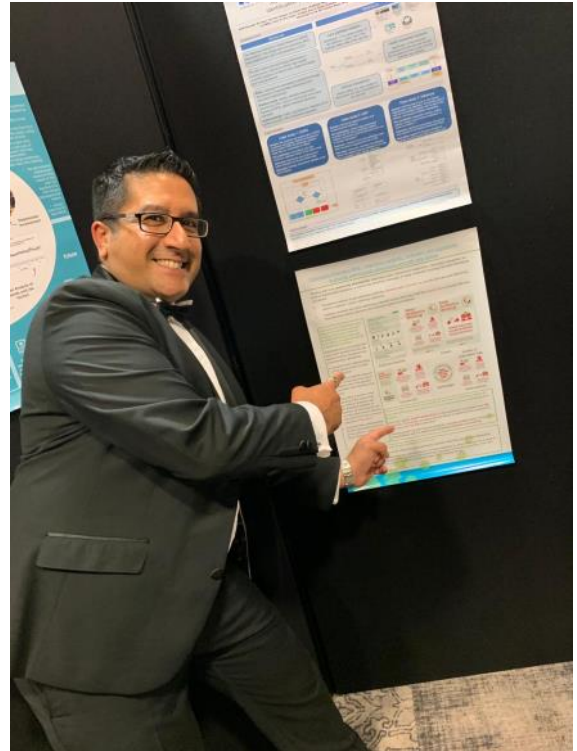
June saw Neetan and Wayne representing the LPC at the Antibiotic Guardian Awards where the work that the LPC and local pharmacies had been doing with PHE on a Pharmacy Antibiotics Checklist was shortlisted for the research award. Unfortunately we didn't win- but the guys had a good time and did some valuable networking. Check out Neetan's presentation on our website!

DOACs and stroke prevention

With the CCG spending a significant amount of money each year on DOACs for stroke prevention- it is very important that patients are taking the medication correctly so that they get the full benefits

Included with this newsletter are leaflets from the CCG that some of you may have already received, emphasising the importance of taking DOACs as prescribed. Please give the leaflets to any of your patients who are taking DOACs (rivaroxaban etc.) to encourage compliance.

We suggest that you target these patients for an MUR and ensure that they are aware that DOACs must be taken every day. Any patients receiving DOACs for the first time can access the NMS- and the importance of compliance should be reinforced.



Neetan Jain with our poster at the Antibiotic Guardian Awards

Pharmacies are advised that they may start to see prescriptions for the following products-

- Semglee pre-filled pen (insulin glargine)
- Insulin Lispro Sanofi Solostar

These are relatively new products and will initially be prescribed for suitable new patients primarily, or in situations where current insulin patients require changes to their treatment, however this is not a large scale switch.

Further info may be found on the Gloucestershire Joint Formulary <https://www.gloshospitals.nhs.uk/gps/gloucestershire-joint-formulary/endocrine-system>

Applications are now open for the Centre for Pharmacy Postgraduate Education's (CPPE) foundation pharmacist training pathway, which supports newly qualified pharmacists to develop their knowledge and skills in community pharmacy practice.

Pharmacists are eligible to apply if they 1) are a newly qualified pharmacist (qualified from 2017 onwards); 2) are a community pharmacist returning to practice after a career break; or 3) are a pharmacist moving to community practice from another sector.

Pharmacists also need to work at least three days a week as either a locum pharmacist or an employed pharmacist in an independent or small multiple community pharmacy.

Virtualoutcomes launch CPCS training module.

A new training module has been launched by Virtualoutcomes that will support your pharmacy teams as we start to deliver the Community Pharmacist Consultation Service locally.

All pharmacies in Gloucestershire have access to the Virtualoutcomes training platform, as the LPC funds a countywide license. Locums can also use the platform if they work regularly in a Gloucestershire pharmacy.

Please contact Sam at supportglos@lpcoffice.org.uk for details on how to register and access if you are unsure.

Useful numbers

Cut out and keep this useful list of contact numbers.

More useful numbers can be found on our web site at <http://psnc.org.uk/gloucestershire-lpc/lpc-resources/contacts/>

Sam Bradshaw LPC Support Officer	Email: supportglos@lpcoffice.org.uk, Tel: 07895 731973
LPC web site For information about services, useful resources, LPC meetings and much more.	http://psnc.org.uk/gloucestershire-lpc/
Sharon Hodges Senior Administrative Support, Primary Care Team	Email: sharon.hodges2@nhs.net, Tel: 0300 4211590 PCT email: england.bgs-w-primcare@nhs.net
Out of Hours Professional Line (Care UK)	Tel: 01452 687001
Change, Grow, Live (CGL) for queries about substance misuse (SM services are managed by Lloyds Pharmacy on behalf of CGL)	Email: Clare Morgan 7753 417132 CGLgloucester@celesio.com
Pharmacy closure (exception reporting)	Contact leanne.sutton@nhs.net or Tel: 0113 8253511 and complete the form for unplanned closures at www.england.nhs.uk/
Smartcard Office	Email: scwcsu.smartcards@nhs.net, Tel: 01793 422336

BP monitoring in community pharmacy - the first 8 weeks



The community pharmacy blood pressure monitoring service was launched in April to pharmacies in the Gloucester locality and 45 staff from 18 Pharmacies were given monitors and trained to check BP. An additional BP monitor for a Patient Homemonitoring service was provided, so that pharmacies could 'loan' a monitor to patients to check their BP at home for a week. During the first 2 months of the service, 129 opportunistic BP tests have been carried out by 15 pharmacy teams.

Initial screening has detected 2 patients with seriously high blood pressure (over 180/110) and 34 more patients with BP over 140/90 requiring further monitoring. 4 cases of Atrial Fibrillation have been detected.

Office staff

The LPC is here to help and advise pharmacy contractors in all NHS matters and to improve pharmaceutical services to the local population.

Please get in touch if there are any questions or issues that we can

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supportglos@lpcoffice.org.uk

Partnerships Officer Rebecca Myers
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