

Somerset GP CPCS patient and practice outcome improvement scheme

Next Steps

- **Managing the scheme**

- Somerset CCG will work in partnership with Somerset LPC to review, monitor and evaluate the contractor performance and agree on whether that contractor has met the activity threshold and QPI requirement.
- This initiative has been created in order to increase and support the collaborative working relationship between community pharmacy and general practice to further enhance access and quality outcomes for patient care.
- It is not an offer of contract or service. This is a time bound initiative and Somerset CCG reserves the right to end or amend the scheme at its discretion.
- It is expected that pharmacy contractors will firstly comply with the national service specification for CPCS alongside adhering to local best practice that we have put in place for process compliance and timeliness.
- The Somerset GP CPCS implementation team will review activity data during the initiative monthly, February, March and April, and assess your contractor performance against the Quality Indicators listed above. Funding support qualification will be assessed on a monthly basis with your final scheme payment calculated and distributed at the end of the scheme, during May. Where we determine that your quality of delivery exhibits a pattern of non-achievement, you will not achieve that month's proportion of the initiative payment.
- If all pharmacies contracted in Somerset to deliver GPCPCS qualify for a share of the support fund it would equal £1600, however we will award and distribute the entire fund across those that do qualify up to a payment threshold of £2000 per qualifying contractor.

- **What do you need to do to be successful?**

- Brief your full pharmacy teams
- Decide on key actions and plans to achieve the QPIs
- Ensure PGD delivery training has happened and paperwork signed.
- Make sure you have embedded CPCS into your core working day
- Feedback to LPC, ask for support and adopt the learnings below

1. Activity Threshold

In order for us to make a judgment call on the quality of service that you are or would provide, there needs to be a basic number of GP CPCS referrals coming through. We have set that threshold at 4 per month minimum for the duration of the scheme. As it stands at present that would see the vast majority of pharmacies qualifying for the scheme. The Somerset implementation team are working closely with all practices in Somerset to drive and increase the participation in the service and activity

levels, therefore we expect to see all pharmacies receiving an uplift in referrals over the coming months.

2. Timeliness of completion of CPCS

The Somerset system and implementation team have agreed a 4-hour GPCPCS patient contact support process with the LPC and the pharmacy contractors in Somerset. This element of the support funding will further encourage pharmacy contractors to review and adapt internal operational processes, to best meet our expected uplift in CPCS volume, yet still completing referrals within the 4 hour support window. This will reassure practice teams that referrals will be dealt with swiftly and that patients will get a same day outcome in most cases. In turn this high-compliance delivery of 4 hours contact period, reduces patients waiting times and minimises likelihood of patient recontacting practices within the 4-hour window.

3. Commitment to consistently deliver MAS PGD delivery on a monthly basis

Somerset has a locally commissioned walk-in MAS patient-group-directive based service in place. To further support practices and reduce escalations or signposting back to practice for conditions such as UTIs, all pharmacy contractors are being asked to ensure they are delivering the MAS PGDs consistently, both for walk-in and GPCPCS referrals. When we achieve our predicted Somerset-wide 4000 per month CPCS volume run-rate, this will equate to 600 PGDs completed in the month, further reducing the appointment needs and workload pressure on our practice-based clinicians.

4. Compliance to agreed processes: closing the service outcome loop effectively

Our winter pressures plan is constructed to support both practices to refer accurately and community pharmacies to complete and escalate/signpost back accurately and seamlessly by following the process consistently.

Pharmacy contractors are required to complete a PharmOutcomes template following a consultation with the Patient. Pharmacy contractors will be awarded the support fund element where they are able to demonstrate that they have appropriately and consistently completed the consultation, returned with sufficiently detailed information to practices for their Post-Event-Message upload, and accurately closed the referral down as 'completed'. We have identified that a number of referrals get erroneously closed down as Dropped when they should have been Completed, so the practice does not get informed of the patient outcome and the pharmacy gets no service fee.

Best Practice Learnings to date for success with CPCS

- 1) **Referrals:** You must “**ACCEPT**” the referral on your Pharmoutcomes system within 4 hours of receipt of referral being sent.
- 2) **Contacting Patients:** Once referral has been accepted in your pharmacy, you **MUST** try to **make contact** with the patient **within the 4 hours’ timescale**. You may not be able to complete the GPCPCS referral within the 4 hours but you must show you have tried to make initial contact with patient and record this detail on the Pharmoutcomes referral template.
- 3) **Dropped:** The dropped button on Pharmoutcomes **should only be used if the patient could not be contacted** Please input reason as to **WHY** patient was not contacted. Were the contact details for patient incorrect? Did the patient not answer the phone? **Duplicate referral or test referrals from surgery should also be dropped.**
- 4) **Outcomes:** All Pharmacists when completing the referral template form must input as much information about your consultation with patient as you can. **This should include escalations, why does the patient need to go back to the surgery? what did the patient tell you? What advice have you given? What product did you recommend? what did you see?**
- 5) **PGDS:** All Pharmacists are required to appropriately use the 4 MAS PGDS where clinically suitable. There is no formal training for the MAS PGDS, all that is required is for Pharmacists to read the PGDS and sign them. Surgeries will be signposting patients eligible for PGDS into pharmacies for treatment. In the instances where they may send a patient for a MAS PGD and after consultation, the pharmacist establishes the PGD is not usable in this case then signpost patient back to GP accordingly. You must not drop the referral, you record the outcome on your referral template and explain why patient cannot receive the treatment.
- 6) **Completing the referral:** When you have had the consultation with patient it is imperative when you are completing the referral template you do this accurately. If you have made contact with patient, consulted with patient even if patient’s complaint has not been resolved and you have to sign post patient elsewhere or send back to surgery **YOU MUST NOT Drop the referral**. Dropped referrals do not get paid
- 7) **Escalation Process:** The escalation process back to the GP should be followed, if a patient needs an appointment either urgent or Non urgent then call the practice and let them know you’re sending the patient back and why using the dedicated number provided by practice. All dedicated escalation numbers have been sent to all pharmacies nhs.net mail account and should be printed off and held in your GPCPCS Folder along with PGDS. **Do not drop the referral** for patients being escalated back to practice, record it appropriately on your Pharmoutcomes form.
- 8) **Feedback:** Please feedback to the LPC if you are receiving inappropriate referrals, this is a new system for everyone and the more your feedback the more learning can

be done. Feedback to Yvonne at LPC as she is also a trained implementer, to your practice why it's an inappropriate referral. Complete the form with details so the clinicians and receptionists can learn. Have a scheduled weekly call with the lead person at surgery to discuss minor niggles, speak to your surgery regularly, can you have a designated person in Pharmacy to liaise with surgery once a week.

9) **Closures:** All pharmacies should report closures into the NHSE Team using Pharmoutcomes template form and is a legal requirement to do so. If you update your DOS service to reflect the closure this will temporary remove you from the GPCPCS service. Once you reopen you can update the DOS again and this will re-establish your pharmacy back into the service. Please also let your surgeries know you are closed.

10)Communication with Patients/surgeries: Please inform patients (Once you have "accepted" the referral if there will be any delays to the patient's consultation with Pharmacist, check patient is happy to wait and document this on the referral form. This will save patients wondering what's happening to their referral and then in turn they will then not go back to GP unnecessary.

For further information or support, please contact Michael Lennox or Yvonne Lamb from Somerset LPC.