

# Collaborative Working Scheme



Community  
Pharmacy Wales  
Fferylliaeth  
Gymunedol Cymru

For 2017-18 a collaborative working element has been introduced into the Community Pharmacy Contractual Framework (CPCF); the aim of which is to increase the engagement of community pharmacists in service planning undertaken by primary care clusters and so maximise the contribution community pharmacies can make to improving the population's health by transferring the care of appropriate patients from general practice to community pharmacies, and reducing medicines waste through improved repeat prescription management.

Welsh Government recognises that current UK medicines legislation, under which pharmacies cannot sell or supply medicines when the pharmacist is not on the premises, impedes a pharmacist's ability to attend cluster meetings or meetings with other healthcare professionals as they generally take place during normal working hours. In order to facilitate releasing pharmacists to participate in cluster meetings and other forms of collaboration, changes have been made which allow pharmacies to recover the costs of using an additional pharmacist who would remain at the pharmacy and allow normal business to continue; this doesn't necessarily mean employing an additional pharmacist

The focus for collaborative working is on a small number of priority areas which are likely to be of direct interest to the NHS, clusters and individual GP practices. CPW has developed resources to support contractors with discussions for each of these priority areas.



## REPEAT DISPENSING/BATCH PRESCRIBING

**Priority Area:** *Promotion and establishment of repeat dispensing/batch prescribing (RD)*

**Rationale:** *Improving systems to reduce waste and GP practice workload.*

RD is part of the Essential Services element of the CPCF. All pharmacies must be able to offer this service and pharmacy contractors should ensure that all pharmacists are accredited to do so.

Earlier in the year CPW worked with Health Boards, GPC (Wales) and Welsh Government to develop comprehensive Dispensing Operation Manuals for Pharmacies and GPs, to assist in establishing an optimum RD service.

### RESOURCES:

**Operations Manuals; Consent Forms; General Information:** [Click Here](#)

**Accreditation:** [Click Here](#)

**Crib Sheet and Presentation:** [Click Here](#)

## REPEAT PRESCRIBING/MANAGED REPEATS

**Priority Area:** *Improving the operation of repeat prescribing systems (other than – repeat dispensing/batch prescribing) with a **particular focus on reducing waste***

**Rationale:** *Improving systems to reduce GP practice workload.*

CONTRACTOR SUPPORT

These systems are generally referred to as "Repeat Prescription Collection and Ordering Services" or "Managed Repeats" and are not contractual - although potentially they could form part of an Enhanced Service. They frequently involve ordering, collecting and delivering prescriptions on behalf of patients. Some cluster areas have introduced specific requirements for operating these systems and ABMUHB has gone as far as piloting a Prescription Ordering Hub to take orders from patients. The introduction of any specific systems/requirements should be done in collaboration with all involved, including pharmacies.

**RESOURCES:**

As this is not a contractual area CPW has not developed any particular resource to date. However if this area is being discussed with a GP Practice contractors may wish to consider explaining the following:

- The detail of the service(s) that they offer to patients
- How patients access the service and communicate to pharmacies what items that they require
- Opportunities with the service to work closer together and opportunities for feedback where patients are stating issues (on either side)
- Potential for pharmacies to use the service to direct into Repeat Dispensing/Batch Prescribing

**COMMON AILMENTS SERVICE**

**Priority Area:** *Ensuring the benefits of the common ailment service to patients and the NHS are maximised*

**Rationale:** *Improving access and appropriateness of care*

In parallel with the Choose Pharmacy IT platform Common Ailments has been rolled out to all eligible pharmacies in BCUHB, Cwm Taf UHB and Powys Health Board. Phased roll-out has commenced in Aneurin Bevan, ABMUHB, HDUHB and CVUHB and is expected to be completed by the September 2018.

All commissioned pharmacies should ensure that **all pharmacists**, including locums, are accredited to provide the service (which includes being accredited to use the Choose Pharmacy IT platform) as gaps in service provision can easily erode patient and GP confidence in the service.

**RESOURCES:**

**A range of resources including Top Tips; Posters and Leaflets can be found [here](#)**

**Choose Pharmacy and CAS Accreditation: [Click Here](#)**

**Health Board Specific Resources: [Click Here](#)**

**Crib Sheet and Presentation: [Click Here](#)**

**INFLUENZA VACCINATION SERVICE**

**Priority Area:** *Developing arrangements for maximising the uptake of influenza vaccination within the community*

**Rationale:** *Improving vaccination rates and health*

A Memorandum of Understanding has been developed between CPW and GPC (Wales) to encourage the development of arrangements for maximising the uptake of influenza vaccination within the community. Pharmacies commissioned to provide the flu vaccination service may wish to liaise with GP Practices to expand upon this e.g. work together to identify specific groups who would perhaps benefit from Community Pharmacist targeting.

**RESOURCES:**

**A range of resources can be found [here](#)**

**Memorandum of Understanding: [Click Here](#)**

**Crib Sheet: [Click Here](#)**

**DISCHARGE MEDICINES REVIEW SERVICE (DMR)**

**Priority Area:** *Making arrangements for undertaking discharge medicines reviews particularly for patients discharged from hospital to a care home to which the pharmacy provides dispensing services and the GP provides the General Medical Services care homes directed enhanced service.*

**Rationale:** *Reducing medicines related harm resulting from transfers of care Reducing medicines related harm resulting from transfers of care*

Despite the DMR service being well established and the introduction of eDALs via the Choose Pharmacy IT platform, there are still areas where identifying eligible patients is problematic for a variety of reasons.

Working with the GP to identify eligible patients particularly those patients discharged to a care home for which the GP provide a *General Medical Services care homes directed enhanced service* will ensure this service is provided to the most vulnerable.

There are a variety of resources on the CPW website, including the 2014 evaluation, which help show the benefits of the service. There is also a video which talks contractors through the DMR process.

DMR is an Advanced Service and all contractors may provide it provided they are accredited to do MURs and the pharmacy completes the necessary DMR self-assessment form and pharmacy listing forms.

**RESOURCES:**

**A range of resources including Top Tips; FAQs; 2014 Evaluation; Various Forms can be found [here](#)**

**Accreditation:** A number of providers offer MUR accreditation including WCPPE. [Click Here](#) for more information.

The following forms must also be completed:

- A DMR Self-Assessment form - [Click Here](#)
- Pharmacy Premises listing form – [Click Here](#)

**DMR video** [Click Here](#)

**Crib Sheet and Presentation** [Click Here](#)

**ENGAGING WITH PRIMARY CARE CLUSTERS**

**Priority Area:** *Understanding and engaging in primary care cluster priorities through attendance at primary care cluster meetings*

**Rationale:** *Improving communication and engagement of community pharmacies*

There are 64 Clusters throughout Wales and to-date pharmacy engagement with individual clusters has been minimal. Clusters are heavily dominated by the GP agenda and priorities (which are included in their individual Cluster Plans). However, with the importance of prudent healthcare increasing and an increased desire to see community pharmacies play their part in the provision of NHS services it is becoming increasingly important for pharmacists to engage with clusters.

Some Health Boards are looking at ways of assisting contractors with engagement and at opportunities for community pharmacies to become involved in cluster working including supporting the development of meetings between pharmacists and cluster leads and cluster pharmacists. (Attendance at these meetings will meet the criteria for the collaborative working payment)

Details of individual Health Board initiatives will be shared as they become available. However there is no requirement for Health Boards to facilitate engagement and some contractors who wish to engage may need to make approaches themselves.

You can find out which cluster you are in via the CPW website. The GPs in your clusters and contact details for the Cluster Leads can also be found via this link. Community pharmacies can also liaise with GP practices directly to find out further details of cluster priorities.

**RESOURCES:**

**Which cluster is my pharmacy in?** – [Click Here](#)

**Cluster Plans 2017-18** – [Click Here](#)

**More information on Clusters can be found** [here](#)

Contractors working in locations with other community pharmacies are encouraged to liaise with their fellow contractors to combine visits if possible which avoid GP Practices being requested to have repeat discussions on the same topic. The meeting between the pharmacist/ pharmacy technician and GP practice need not be with the GP can be with the most appropriate or relevant member of the GP practice team – it does not need to be with the GP.

In addition to the above some individual Health Boards are issuing guidance and facilitating meetings to support collaborative work within their specific Health Board. This guidance will be issued to contractors as it is developed.

## CLAIMING

As set out in the Drug Tariff (*which can be found [here](#)*) up to £750 is being made available to each pharmacy in Wales to support collaborative working in 2017-18. Pharmacy contractors may draw down up to three fees each of £250 (£750 in total) provided they have undertaken collaborative working in one of the areas set out above before the end of March 2018. The allocations would be payable to any contractor who incurs costs as a result of a pharmacist or, where indicated a pharmacy technician (pharmacy technician is a protected title, the title does not extend to any member of staff working in the pharmacy whose name is not included in the register of pharmacy technicians maintained by the General Pharmaceutical Council) meeting with local professionals to engage on any of the above priority areas.

In order to claim the fee the following conditions apply:

- With the exception of attendance at cluster meetings, collaborative working may be undertaken by pharmacists or pharmacy technicians
- Of the three payments for collaborative working up to two would be payable for work undertaken by a pharmacy technician
- In order to qualify for **any** payment, at least one of the collaborative pieces must be undertaken by a pharmacist
- In all cases the pharmacist or pharmacy technician must work regularly at the pharmacy (meaning on two or more days each week for a period of four weeks immediately prior to and following the work)
- A detailed report of each piece of collaborative working must be produced. This may be in electronic format and must include: the date and time of the meeting; the names and affiliations of the attendees; a summary of the main points of discussion; any actions and the current status of those actions. This must be kept in the pharmacy for inspection by the local health board. CPW produced a template report form which can be found [here](#)
- A contractor will be able to claim retrospective payment for any collaborative working activity undertaken from 1 September 2017 provided it meets the criteria. A report of that meeting should also be recorded and kept within the pharmacy
- The claim form itself is available on NECAF. All claims for collaborative working undertaken between 1 September 2017 and 31 March 2018 must be claimed on **NECAF by 5 May 2018**

## RESOURCES:

**Drug Tariff Entry** – [Click Here](#)

**CPW Template Report Form** – [Click Here](#)