

# Collaborative Working Scheme 2018/19



Community  
Pharmacy Wales  
Fferylliaeth  
Gymunedol Cymru

For 2017-18 a collaborative working element was introduced into the Community Pharmacy Contractual Framework (CPCF). This element continues for 2018-19 and has been extended to cover additional priority areas.

The intention of the collaborative working element is to encourage community pharmacy contractors in Wales to improve working relationships with GPs and other healthcare professionals and, to encourage community pharmacy contractors to engage with primary care clusters.

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 and technicians to participate in cluster meetings and other forms of collaboration, a fee may be claimed to allow pharmacies to recover the costs of releasing staff and so allowing normal business to continue at the pharmacy; this doesn't necessarily mean employing an additional pharmacist. The payment structure has changed for 2018-19 with a higher fee paid for pharmacists engaging with clusters

The focus for collaborative working is on an extended 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.



CONTRACTOR SUPPORT

## 1. 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*

**Undertaken by:** *Pharmacist or Registered Technician*

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:** [http://www.cpwales.org.uk/Services-and-commissioning/Essential-Services/Repeat-Dispensing-\(1\).aspx](http://www.cpwales.org.uk/Services-and-commissioning/Essential-Services/Repeat-Dispensing-(1).aspx)

**Accreditation:** <https://www.wcppe.org.uk/product/repeat-dispensing/>

**Crib Sheet and Presentation:** <http://www.cpwales.org.uk/Services-and-commissioning/Collaborative-Working.aspx>

## 2. 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*

**Undertaken by:** *Pharmacist or Registered Technician*

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

**3. NHS COMMUNITY PHARMACY SERVICES**

**Priority Area:** *Ensuring the benefits of NHS community pharmacy services, including but not limited to the common ailment service and smoking cessation service to patients and the NHS are maximised*

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

**Undertaken by:** *Pharmacist or Registered Technician*

For 2017-18 this was limited to discussions solely about the common ailments service. For 2018-19 discussions can be related to all other commissioned NHS enhanced Services such as smoking cessation, EHC, Emergency Supply etc.

In parallel with the Choose Pharmacy IT platform, by Summer 2018 the Common Ailments Service will have been rolled out to all eligible pharmacies in Wales.

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.

Discussions can also take place with other healthcare professionals including Optometrists and Dentists.

**Resources:**

A range of resources including Top Tips and CAS video demonstration can be found at [http://www.cpwales.org.uk/Services-and-commissioning/Choose-Pharmacy-Services/Common-Ailments-Service-\(1\).aspx](http://www.cpwales.org.uk/Services-and-commissioning/Choose-Pharmacy-Services/Common-Ailments-Service-(1).aspx)

**Choose Pharmacy:** <http://www.cpwales.org.uk/Services-and-commissioning/Choose-Pharmacy-Services.aspx>

**Health Board Specific Resources:**

[http://www.cpwales.org.uk/Services-and-commissioning/Choose-Pharmacy-Services/Common-Ailments-Service-\(1\)/CAS-Health-Board-Specific-Information.aspx](http://www.cpwales.org.uk/Services-and-commissioning/Choose-Pharmacy-Services/Common-Ailments-Service-(1)/CAS-Health-Board-Specific-Information.aspx)

**Crib Sheet and Presentation:**

<http://www.cpwales.org.uk/Services-and-commissioning/Collaborative-Working.aspx>

<http://www.cpwales.org.uk/getattachment/Services-and-commissioning/Collaborative-Working/CW-CPW-Optometry-Wales.pdf.aspx?lang=en-GB>

**4. INFLUENZA VACCINATION SERVICE**

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

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

**Undertaken by:** *Pharmacist or Registered Technician*

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 work together to identify specific groups who would perhaps benefit from Community Pharmacist targeting.

**Resources:**

**A range of resources can be found at:**

<http://www.cpwales.org.uk/Contract-support-and-IT/Enhanced-Services/Seasonal-Influenza-Vaccination-Service.aspx>

**Memorandum of Understanding**

<http://www.cpwales.org.uk/getattachment/Services-and-commissioning/Enhanced-Services/Seasonal-Influenza-Vaccination-Service/Revised-Flu-Memorandum-of-Understanding-with-GPC-Wales-April-2017.pdf>

**Crib Sheet:**

<http://www.cpwales.org.uk/getattachment/Services-and-commissioning/Collaborative-Working/Collaborative-working-flu.pdf.aspx?lang=en-GB>

**5. 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*

Undertaken by: *Pharmacist or Registered Technician*

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 at:**

[http://www.cpwales.org.uk/Services-and-commissioning/Advanced-Services/Discharge-Medicines-Review-\(DMR\).aspx](http://www.cpwales.org.uk/Services-and-commissioning/Advanced-Services/Discharge-Medicines-Review-(DMR).aspx)

**Accreditation:** A number of providers offer MUR accreditation including WCPPE

<https://www.wcppe.org.uk/product/mur-portfolio/>

A DMR Self-Assessment form [http://www.cpwales.org.uk/Contract-support-and-IT/Advanced-Services/Discharge-Medicines-Review-\(DMR\)/DMR-Forms/DMR-Self-Assessment-Declaration-Form.aspx](http://www.cpwales.org.uk/Contract-support-and-IT/Advanced-Services/Discharge-Medicines-Review-(DMR)/DMR-Forms/DMR-Self-Assessment-Declaration-Form.aspx)

and Pharmacy Premises listing form [http://www.cpwales.org.uk/Contract-support-and-IT/Advanced-Services/Discharge-Medicines-Review-\(DMR\)/DMR-Forms/DMR-Premises-Listing.aspx](http://www.cpwales.org.uk/Contract-support-and-IT/Advanced-Services/Discharge-Medicines-Review-(DMR)/DMR-Forms/DMR-Premises-Listing.aspx) must also be completed.

**DMR video:**

[http://www.cpwales.org.uk/Services-and-commissioning/Advanced-Services/Discharge-Medicines-Review-\(DMR\)/DMR-Information-Video.aspx](http://www.cpwales.org.uk/Services-and-commissioning/Advanced-Services/Discharge-Medicines-Review-(DMR)/DMR-Information-Video.aspx)

**Crib Sheet and Presentation:**

<http://www.cpwales.org.uk/Services-and-commissioning/Collaborative-Working.aspx>

## 6. USE OF MEDICINES BY RESIDENTS IN CARE HOMES

Priority Area: *Discussing improving the use of medicines by residents in care homes*

Rationale: *Reducing medicines related harm to residents in care*

Undertaken by: *Pharmacist only*

Growing concern around medicines in care homes is being driven by concern over unacceptably high error rates, and growing awareness of potential overprescribing and waste. These are important aspects of the Prudent Healthcare policy in Wales, which identifies care homes and transitional care as key elements of the healthcare strategy in Wales. A National Enhanced Service for Care Home support and medicines optimisation has been developed and is being commissioned by the majority of Health Boards in Wales during 2018/19.

The Service is a tiered service with Level 2 Support: Patient Outcome Medicines Safety Indicators (POMSI's) and Medicines Reconciliation. The purpose of this level is to highlight and review therapeutic risk areas of prescribing which have regularly shown to occur in care homes. By using the POMSI's the pharmacist can ensure pharmaceutical scrutiny of prescribing for care home patients and benchmark this against prescribing standards, this can then form part of a collaborative working visit discussion with the GP practice providing the GMS Directed Enhanced Service for Care Homes.

### Resources:

#### National Care Home Enhanced Service

<http://www.cpwales.org.uk/Services-and-commissioning/Enhanced-Services/Pharmacy-Care-Home-Support-NES.aspx>

## 7. DISCUSSING THE RESULTS OF THE HIGH RISK MEDICINES SURVEY

Priority Area: *Discussing the results of the high risk medicines survey*

Rationale: *To increase awareness of the prevalence of high risk medication use, to stimulate quality improvement actions to optimise medicines use, improve safety and ultimately to reduce medicines related harm to patients.*

Undertaken by: *Pharmacist only*

As part of the Quality & Safety Scheme components for 2018/19 contractors are requested to record details in relation to prescriptions dispensed where specific conditions are met.

The measures (developed by Welsh Government) are based on published research into indicators of quality in community pharmacy care, patient safety alerts published by the National Patient Safety Agency (NPSA), the Medicines and Healthcare products Regulatory Agency (MHRA) and Welsh Government, and the All Wales Medicines Strategy Group's National Prescribing Indicators for 2018-19.

The results of the high risk medicines survey from each of the 4 periods during 2018-19 (including the survey included in the 2017-18 Quality & Safety Scheme) can be discussed as part of a Collaborative Working Visit.

### Resources:

#### Quality & Safety Scheme 2018/19

[http://www.cpwales.org.uk/getattachment/Services-and-commissioning/Quality-Scheme/20180413-ContractorNews-Quality-Safety-Scheme-2018-19-\(1\).pdf.aspx?lang=en-GB](http://www.cpwales.org.uk/getattachment/Services-and-commissioning/Quality-Scheme/20180413-ContractorNews-Quality-Safety-Scheme-2018-19-(1).pdf.aspx?lang=en-GB)

<http://www.cpwales.org.uk/Services-and-commissioning/Quality-Scheme/Drug-Tariff-Wording-%E2%80%9393-Quality-Safety-Scheme-2018.aspx>

## 8. SMALL GROUP PROBLEM BASED LEARNING ACTIVITIES

Priority Area: *Engaging in Small Group problem based learning activities co-ordinated by WCPPE*

Undertaken by: *Pharmacist only*

Further information in relation to this area of collaborative working will be added once information has been received by WCPPE

**9. 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*

Undertaken by: *Pharmacist only*

There are 64 Clusters throughout Wales and to-date pharmacy engagement with individual clusters has been variable. 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:**

**CPW Website:** <http://www.cpwales.org.uk/Services-and-commissioning/Primary-Care-Clusters.aspx>

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.

**CLAIMING**

As set out in the Drug Tariff <http://www.cpwales.org.uk/Services-and-commissioning/Collaborative-Working/Drug-Tariff-Entry-for-Collaborative-Working-2018-1.aspx> up to £1500 in total is being made available to each pharmacy in Wales to support collaborative working in 2018-19.

Pharmacy contractors may draw down up to four fees each of £250 (£1000 in total) for collaborative working in any of the areas set out in 1- 8 above before the end of March 2019.

A single payment of £500 may also be claimed for collaborative working with primary care clusters (area 9 above).

In order to claim the fees the following conditions apply:

- With the exception of areas 6 – 9 above , collaborative working may be undertaken by pharmacists or pharmacy technicians (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);

- In order to qualify for **any** payment, at least two 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 have produced a template report form which can be found on the CPW website Link

The claim form itself is available on NECAF. All claims for collaborative working undertaken between 1 April 2018 and 31 March 2019 must be claimed on **NECAF by 5 May 2019**

Drug Tariff - <http://www.cpwales.org.uk/Services-and-commissioning/Collaborative-Working/Drug-Tariff-Entry-for-Collaborative-Working-2018-1.aspx>

Template Report Form - <http://www.cpwales.org.uk/Services-and-commissioning/Collaborative-Working/Visit-Report-Form.aspx>