

# Pharmacy BEST

Thomas Bisset



South Yorkshire  
Integrated Care Board

7:15 Welcome and introductions

7:20 **Discharge Medication Service**

7:50 **The IP Pathfinder programme**

8:15 **Hypertension Case Finding IT requirements**

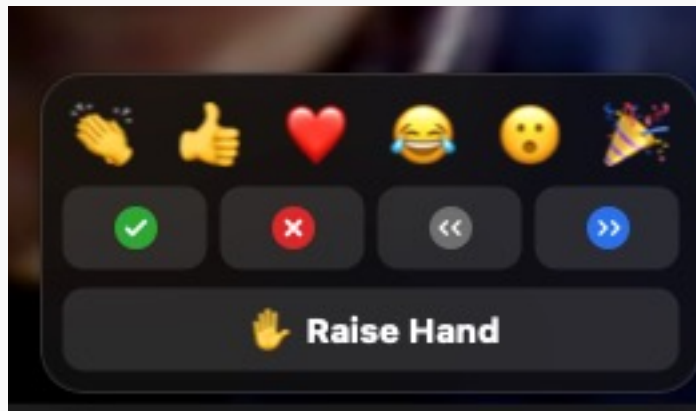
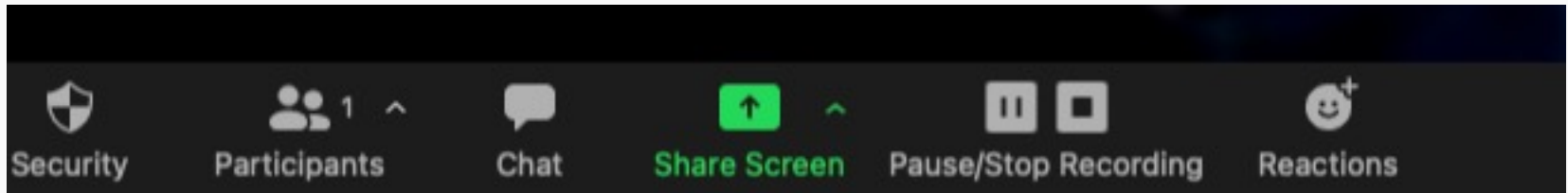
8:25 **Concession Pricing**

8:35 **Questions**

Pharmacy BEST  
September 2023

# Housekeeping

- Introductions
- Mute
- Questions















# Pharmacy BEST: Aims & Objectives

- Barnsley Education Support & Training
  - [Best.barnsleyccg.nhs.uk](http://Best.barnsleyccg.nhs.uk)
    - Help Pharmacies deliver quality services
    - Align with ICB Barnsley place plans
    - Help Barnsley patients access healthcare in the appropriate place, at the appropriate time from the appropriate person

# BEST website

The screenshot displays the BEST Portal website interface. At the top left is the 'BEST Portal' logo. To its right is a search bar with the placeholder text 'Search this site...' and a 'Search' button. Further right are links for 'Create account' and 'Log in'. Below the search bar is a horizontal menu with categories: 'Contact numbers', 'Diagnostic tools', 'Prescribing guidelines', 'Patient information sheets', 'Investigation/referrals', and 'Useful websites'. A secondary navigation bar contains links for 'Home', 'BEST events', 'Education and events', 'Medicines & Pharmacy', 'Updates', and 'COVID-19'. The main content area is titled 'Clinical support by body system' and includes a search box labeled 'Find a resource'. Below this is a 3x4 grid of colored tiles, each representing a clinical specialty with an icon and text:

 <b>Brain and mental health</b>	 <b>Ophthalmology and ENT</b>	 <b>Respiratory and Smoking</b>	 <b>Cardiovascular and Lipids</b>
 <b>Endocrine and Diabetes</b>	 <b>Gastroenterology</b>	 <b>Renal, Urology and Mens Health</b>	 <b>Women's and Sexual Health</b>
 <b>Paediatrics</b>	 <b>Dermatology, MSK and Rheumatology</b>	 <b>Cancer, Palliative Care, Pain and Older People</b>	 <b>Laboratory investigations and Infections</b>

<https://best.barnsleyccg.nhs.uk>

# NHS Mail

- Make sure NHS mail is accessible at all times the pharmacy is open
- Use shared mailbox
- [Pharmacy.ODS@nhs.net](mailto:Pharmacy.ODS@nhs.net)
- Process for dealing with queries
- Use as a means to message surgeries and clinical pharmacists
- Check regularly





# Community Pharmacy South Yorkshire

info@CPSY.org.uk



Newsletter

August 2023

## Community Pharmacist Consultation Service (CPCS) Annex D - Key Contact Details

When completing CPCS referrals, Pharmacy teams should be aware of the local systems in place to escalate urgent medicine requests to GP out of hours services and minor illness referrals to higher acuity care locations.

To make sure your pharmacy can successfully meet this requirement, please note:

- The various escalation processes are recorded on Annex D of the service specification. The completed Annex D should be kept somewhere that it can be easily located by staff, e.g. a copy could be located near the phone in the dispensary;
- Any onward signposting or referral should be managed by the pharmacist.
- In some areas, the GP OOH provider can only be contacted via NHS 111, not direct. In these circumstances, this should have been detailed on the completed Annex D provided to you by your local NHSE&I team. When a pharmacist needs to escalate a patient to the GP OOH service, but this needs to be done via NHS 111, the pharmacist should call the NHS 111 health professionals' line (included in Annex D)



## Welcome to Community Pharmacy South Yorkshire

Community Pharmacy South Yorkshire (CPSY) represents and supports all pharmacy contractors within the Barnsley, Doncaster, Rotherham and Sheffield Health and Wellbeing Board Areas as part of South Yorkshire Integrated Care Board (ICB). NHS and local government consult CPSY on all matters where pharmacy can help achieve local and national healthcare objectives. Working closely with pharmacy contractors and their teams CPSY offers support in collaboration with commissioners to help pharmacies deliver high quality health services.

[Read More](#)



Barnsley



Doncaster



Rotherham



Sheffield

# PSNC: Now Community Pharmacy England



[Our work](#) [Funding & Reimbursement](#) [Quality & Regulations](#) [Dispensing & Supply](#) [National Pharmacy Services](#) [Digital & Technology](#) [LPCs & Local](#)

Hide 



## The voice of community pharmacy

We champion community pharmacies across the country

Do you work in community pharmacy?

# Discharge Medication Service: Summary

- Essential Service for Community Pharmacy from 15<sup>th</sup> February 2021
- Electronic referral from hospital to community pharmacy for high-risk patients or patients on high-risk medication on discharge.
- Community pharmacy completes medication reconciliation, resolves issues and offers medication consultation.
- GMP/PCN pharmacists update records and work with community pharmacy to provide safe clinical care.





### Hospital

- Identify and refer patient who will benefit from follow up by community pharmacy
- Work in partnership with community pharmacy to support safe discharge for patients



### Community Pharmacy

- Medicines reconciliation and clinical check
- Resolve issues
- Consultation with patient



### General Medical Practice (in a Primary Care Network)

- Work in partnership with community pharmacy to provide safe clinical care for patients
- Update central records
- Follow up medical care and/or tests or monitoring
- Structured Medication Reviews
- Prescribing



# Discharge Medication Service: Aims

- **Optimise the use of medicines**, while facilitating shared decision-making
- **Reduce harm** from medicines due to transfers of care
- **Improve patients' understanding** of their medicines and how to take them following discharge from hospital
- **Reduce hospital readmissions**
- Support the development of **effective team working** across hospital, community and PCN pharmacy teams and general practice teams, and provide clarity about respective roles

# Discharge Medication Service: Benefits

- Changes to medicines on discharge can result in confusion about what medicines a patient should be taking
- Sometimes errors are made when new prescriptions are issued following a stay in hospital, as there may be communication problems between the hospital and the patient's general practice
- Discharge from hospital is associated with an increased risk of harm due to medicine changes, but this can be avoided

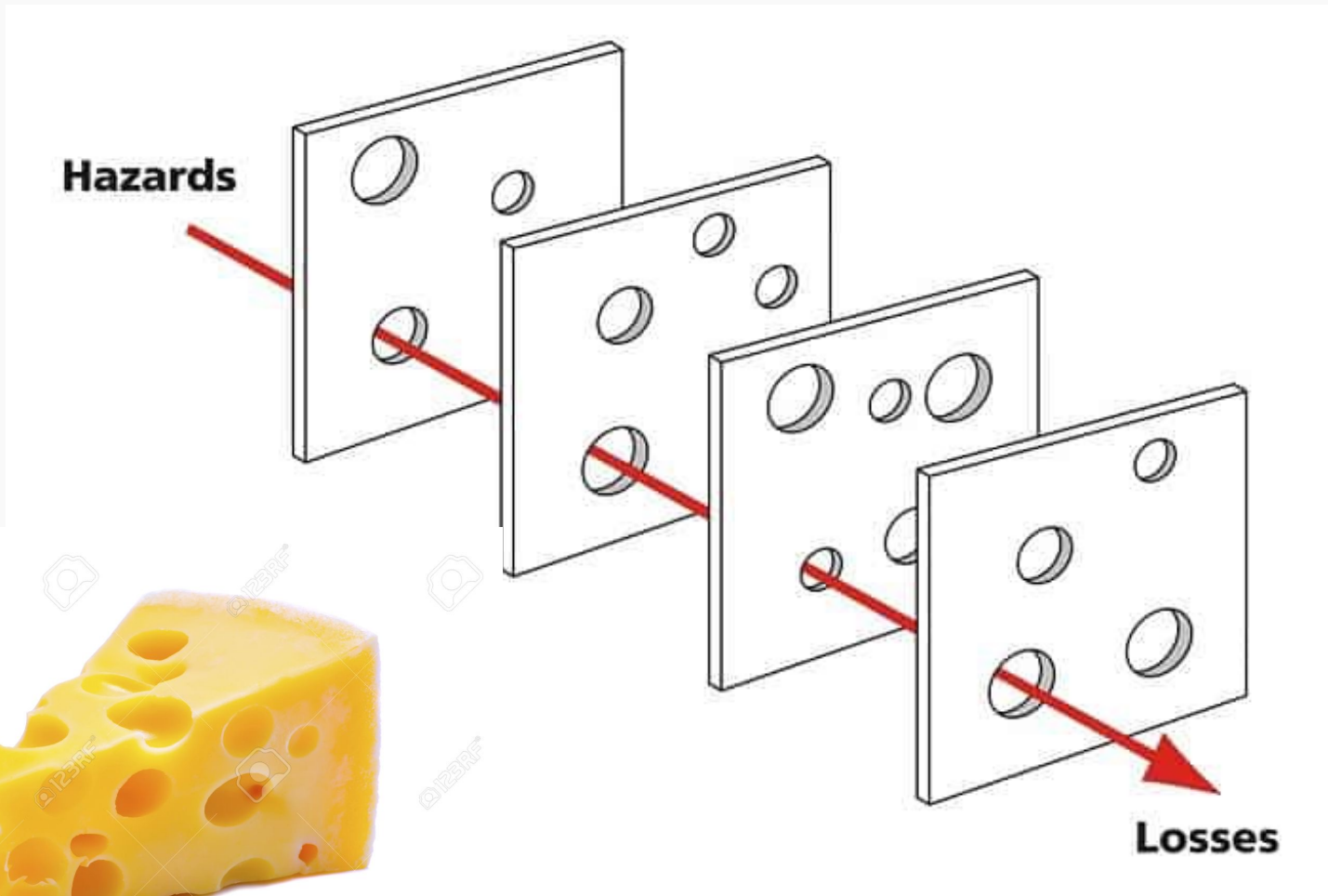
It is estimated that **60% of patients** have **three or more changes** made to their medicines during a hospital stay

**30-70% of patients** experience **unintentional changes** to their treatment, or an error is made because of a lack of communication or miscommunication on discharge

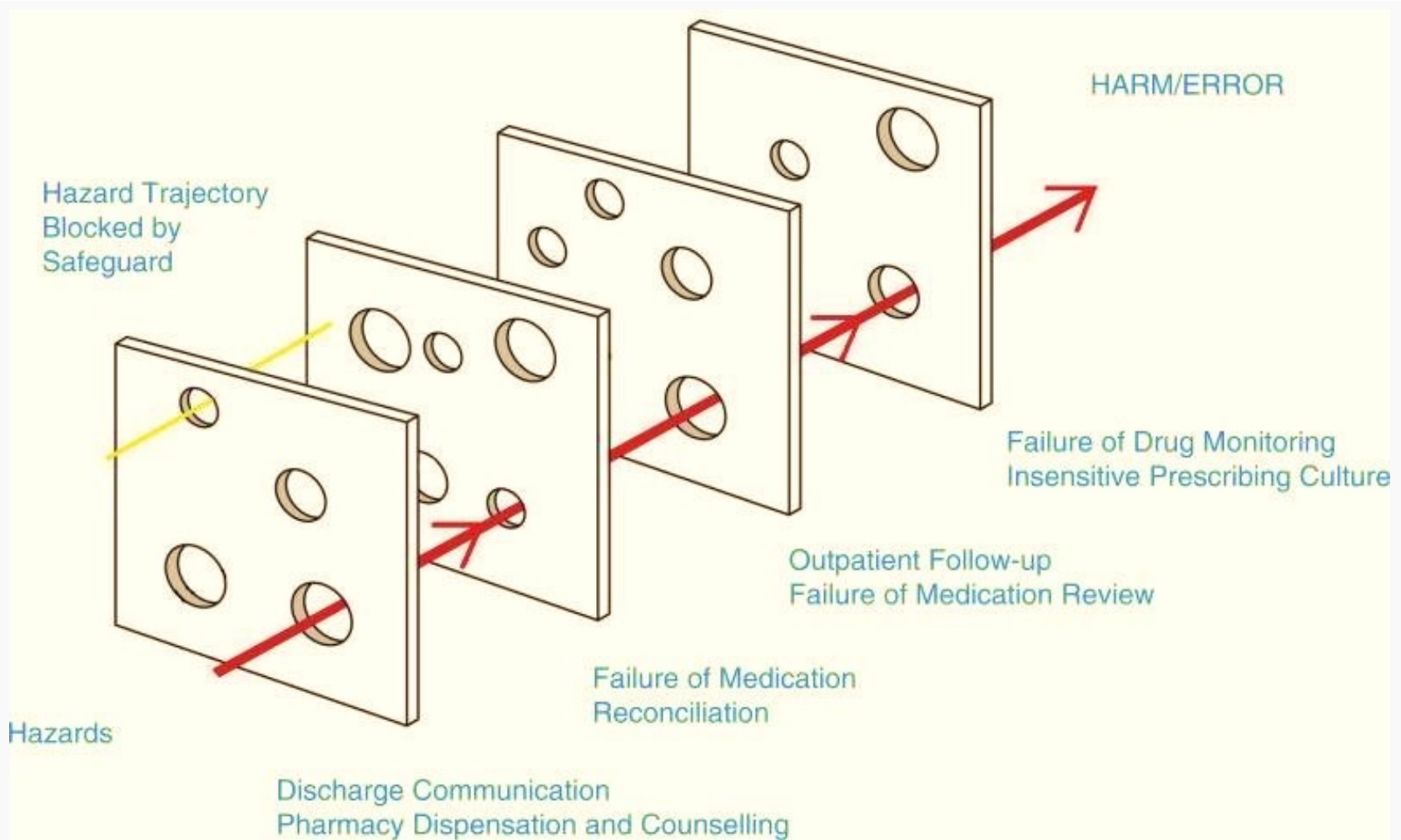
**Only 10%** of older patients will be **discharged on the same medication** that they were admitted to hospital on

**20% of patients** have been reported to experience **adverse events** within three weeks of discharge, **60%** of which could have been managed or avoided

# James Reason: Swiss Cheese Model



# Discharge Communication



# Discharge Medication Service: The 3 Steps

A discharge referral is received by the pharmacy and checked



The first prescription is received by the pharmacy following discharge



Check the patient's understanding of their medicines regime

**See Community Pharmacy England website for full details of the service**

<https://cpe.org.uk/national-pharmacy-services/essential-services/discharge-medicines-service/>

# Step 1: Within 72 working hours

A discharge referral is received by the pharmacy

- **Pharmacist to check for clinical information and actions**. Details of what to look for are outlined in the DMS toolkit.
- Compare the medicines pre and post discharge
- Raise any issues identified with the NHS Trust or GP as appropriate
- Make notes on PMR or other appropriate record to ensure stage 2 & 3 are completed when first script is received or first contact with patient/carer
- Check any prescriptions for the patient, previously ordered, in the dispensing process or awaiting collection to see if they are still appropriate (take care with EPS RD scripts)

# Step 1: Check for clinical information and actions

- changes to quantity
- changes to dosage
- changes in formulations
- changes to the frequency at which the medicine should be administered
- changes to the frequency at which the medicine will be prescribed
- interactions and contraindications relating to the changed medications
- appropriateness.



# Step 1: Check for clinical information and actions

- newly prescribed medication, including considering whether medicines are intended to be given long-term or have been initiated for short-term use
- discontinued medication (including removing medicines no longer needed)
- planned changes to medicine (eg antibiotics stopped after course is completed)
- changes to medicine administration route
- concerns highlighted by the NHS trust, eg intentional non-adherence
- bloods or other tests needed to ensure safety or check for efficacy.

# Step 1: Check for clinical information and actions

- Hospital queries to [bdg-tr.dms@nhs.net](mailto:bdg-tr.dms@nhs.net)
- GP queries consider involving clinical pharmacist. List of clinical pharmacist by practice shared via Pharmoutcomes
- Patient – check understanding of dose and how to take it – ideally ask to see the label on discharge medication especially important on specials and children's medication

# Recent and outstanding messages

 Search

Message color key: Requires Action Unread Message

## Last Week

**Claire Taylor**  
15-Sep-2023  
11:11am

**Pharmacy BEST Event Wednesday 20th September on TEAMS.**  
*Dear Colleagues, The next Pharmacy BEST Event be on Wednesday 20th September on TEAMS. This event is open to anybody working in a pharmacy*

[Show full Inbox](#)

## Inbox

 Search

Message color key: Requires Action Unread Message

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**Claire Taylor**  
15-Sep-2023  
11:11am

**Pharmacy BEST Event Wednesday 20th September on TEAMS.**  
*Dear Colleagues, The next Pharmacy BEST Event be on Wednesday 20th September on TEAMS. This event is open to anybody working in a pharmacy*

**Nicola Brazier**  
12-Sep-2023  
01:37pm

**South Yorkshire ICB (Barnsley) APC Memo - August 2023**  
*Dear All, Please find attached the August 2023 South Yorkshire ICB (Barnsley) APC memo and enclosures. Kind regards Nicola Nicola Brazier*

### In the last Month

**Claire Taylor**  
30-Aug-2023  
01:58pm

**NHS South Yorkshire ICB (Barnsley) Medicines Management Newsletter Jul-Aug 2023**  
*Dear Colleagues, Attached is the Jul-Aug 2023 edition of the Medicines*

**Nicola Brazier**  
16-Aug-2023  
10:49am

**South Yorkshire ICB (Barnsley) APC Memo - June/July 2023**  
*Dear All, Please find attached the June/July 2023 South Yorkshire ICB (Barnsley) APC memo. Kind regards Nicola Nicola Brazier Administration*

### Two Months Ago

**Nicola Brazier**  
17-Jul-2023  
09:58am

**GLP-1 RA shortage update July 2023**  
*\*\*\* Sent on behalf of Deborah Cooke \*\*\* Dear All, Please see the attached letter regarding GLP-1 receptor agonist shortage and summary of associated*

**Claire Taylor**  
07-Jul-2023  
10:22am

**Medicines Management Team - Clinical Pharmacist list**  
*Dear All, Please find attached an updated list of the Medicines Management Team (Barnsley) Clinical Pharmacists, along with details of their email*



## Step 2 – When the first post-discharge prescription is received

- The pharmacist/pharmacy technician ensure medicines prescribed post-discharge take account of the appropriate changes made during the hospital admission
- If there are discrepancies or other issues, try to resolve with the GP practice. Complex issues may need to be resolved by the practice undertaking a Structured Medication Review
- Make appropriate notes on the PMR and/or other appropriate record

## **Step 3: Check of the patient's understanding of their medicine's regimen**

- **Confidential discussion with patient / carer to check understanding and provide other relevant advice**
- The consultation room should be used if the patient is seen in the pharmacy
- Alternatively, this can be provided in a manner which meets the patient's/carer's needs (Telephone / Video)
- Information that would be of value to the patient's GP or clinical pharmacist should be communicated
- Where appropriate offer to dispose of any medicines that are no longer required
- Make appropriate notes on the PMR and/or other appropriate record
- Where appropriate, other services which form part of the CPCF can also be provided. For example, the New Medicine Service

# Medicines discussion with the patient and/or carer

- **New medicines**
- **Medicines optimisation**
- **Medicines interactions**
- **Medicines disposal**
- **Supporting the patient with adherence**
- **Additional resources**

# What does when required mean?

# When Required: BNF, Prescription Writing













- Dose and dose frequency should be stated; in the case of preparations to be taken 'as required' a **minimum dose interval** should be specified.
- Care should be taken to ensure children receive the correct dose of the active drug.
- Therefore, the dose should normally be stated in terms of the mass of the active drug (e.g. '125 mg 3 times daily'); terms such as '5 ml' or '1 tablet' should be avoided except for compound preparations\*.
- When doses other than multiples of 5 mL are prescribed for *oral liquid preparations* the dose-volume will be provided by means of an **oral syringe**, (except for preparations intended to be measured with a pipette).





# Additional resources: BEST website

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<https://best.barnsleyccg.nhs.uk>

# Additional resources



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Site search...



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[Clinical guidelines](#)

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[General health advice](#)

[General health advice for children](#)

[General medical conditions](#)

[Health dictionary](#)

[Procedures and treatments](#)

[Clinical outcomes](#)

## Medicines information

The information in this section describes medicines, how they are given and some of their possible side effects. If you have any questions or concerns about medications, please ask your doctor, nurse or pharmacist.

Search...



# Additional resources

How to give your child ear drops or spray

How to give your child eye drops

How to give your child eye ointment

How to give your child liquid medicines

How to give your child nose ointment, drops or spray

How to give your child suppositories

How safe is your medicine cabinet



## How to give your child liquid medicines using an oral syringe - video podcast

Watch this video podcast to find out more about giving your child liquid medicine using an oral syringe.

[Read more](#)

# Community Pharmacy: Key Dispensing Guidelines (Barnsley)

- <https://best.barnsleyccg.nhs.uk/prescribing-guidelines/gold-guidelines-for-prescribing-and-dispensing-apc-approved/115851>

# Discharge Medicines Service (I)

Practitioner Name

Jump to... R O

## Patient Details brought forward

Original Referral	18th Mar 2021
Referred from	Barnsley Hospital (Gawber Road RFF01)

Client Name	[REDACTED]
Date of Birth	[REDACTED]
Age (From DoB)	[REDACTED]
Gender	[REDACTED]
Address	[REDACTED]
Postcode	[REDACTED]
NHS Number	[REDACTED]
Contact Details	[REDACTED]

## Registration details brought forward

Hospital MRN	[REDACTED]
Discharge ward	Ward 17 Diab and Endo
Discharge consultant	
GP Practice selection	The Dove Valley Pms Practice, Worsbrough Health Centre, Powell Street, Worsbrough, Barnsley, South Yorkshire S70 5NZ (C85007)
GP Practice value	C85007
Follow up pharmacy	Ward Green Healthcare Ltd - FAW19

## Allergies

### ALLERGIES (D)

Nil known drug allergies

## Admission information

### Date of Admission

Date of admission 2021-02-07

### PRESENTING COMPLAINT / DIAGNOSIS ON ADMISSION (D)

Shortness of breath

Generally unwell

## PRIMARY / ACTUAL DIAGNOSIS (D)

Infective exacerbation of COPD  
Hospital-acquired pneumonia x2  
COVID positive 13/02/21  
Urinary retention  
Inpatient fall 28/02/21

## Discharge details

### FOLLOW UP PLANS - GP AND COMMUNITY (D)

District nurses for catheter care.  
MSU to be chased by GP.  
Thank you for your ongoing care.

### DISCHARGE DESTINATION (N)

Respite

## Discharge Medication

### TTOS

Drug_Name	ATORVASTATIN, Dose:40mg, Frequency:each night, Route:oral, Duration:-, GP_Action:, Source:CONTINUE
Drug_Name	CLOPIDOGREL, Dose:75mg, Frequency:OD, Route:oral, Duration:-, GP_Action:, Source:CONTINUE
Drug_Name	TAMSULOSIN M/R, Dose:400 micrograms, Frequency:OD, Route:oral, Duration:-, GP_Action:, Source:CONTINUE
Drug_Name	FOLIC ACID, Dose:5mg, Frequency:OD, Route:oral, Duration:-, GP_Action:, Source:CONTINUE
Drug_Name	CARBOCISTEINE, Dose:375mg, Frequency:QDS, Route:oral, Duration:-, GP_Action:, Source:CONTINUE
Drug_Name	CALCI-D (Calcium carbonate 2.5g plus colecalciferol 1000 units), Dose:1 tablet, Frequency:OD, Route:oral, Duration:-, GP_Action:, Source:CONTINUE
Drug_Name	FOSTAIR (Beclometasone/Formoterol) 100/6 NEXTHALER, Dose:2 puffs, Frequency:BD, Route:Inhalation, Duration:-, GP_Action:, Source:CONTINUE
Drug_Name	BRALTUS ZONDA (TIOTROPIUM 10 MICROGRAM), Dose:1 puff, Frequency:OD, Route:Inhalation, Duration:-, GP_Action:, Source:CONTINUE
Drug_Name	ENSURE PLUS JUICE (ENLIVE PLUS), Dose:220ml, Frequency:BD, Route:oral, Duration:serve chilled, GP_Action:, Source:CONTINUE
Drug_Name	SALBUTAMOL 100microgram INHALER, Dose:1 - 2 puffs, Frequency:when required, Route:Inhalation, Duration:-, GP_Action:, Source:CONTINUE
Drug_Name	RIVAROXABAN, Dose:10 mg, Frequency:OD, Route:oral, Duration:30 days, GP_Action:Course/Short term, Source:SHORT TERM

## Stopped Medication ▼

### MEDICATION CHANGES (including Medication DOSE CHANGES, STOPPED OR STARTED (D))

Ensure Plus Juice started

No other changes to medications

Rivoraxaban 10 mg OD post covid for 30 days on discharge.

Clinical  
Details

## Recommendations ▼

No Notes

Hospital team  
member

Contact  
number

Work 01226 730000 (Switchboard)

## Referral status

[\[-\] Hide Referral History](#)

### Referral History

Completed by Ward Green Healthcare Ltd

2021-03-19 12:18:27

Accepted by Ward Green Healthcare Ltd

2021-03-19 09:41:51

Automated ITK Referral - Referred to Ward Green Healthcare Ltd (FAW19)

2021-03-18 16:00:29

# Receipt of referral - Stage 1

Stage 1 of DMS  Yes  No  
provided?

Any issues/clinical  Yes  No  
actions identified?

### Issues identified

- Discrepancy with medication identified
- Specific request included in the referral
- Other    
If Other please state

Notes

Where issues were identified, they were:

### Discussed with

- GP Practice
- PCN clinical pharmacist/practice pharmacist
- Hospital
- Other

Notes

Any prescriptions in the supply chain that do not reflect the changes made must be intercepted e.g FP10s on file or eRD

### Prescriptions intercepted?

- Yes
- No prescriptions in supply chain

Relevant notes

### Service continuation

- Patient likely to continue to stage 2 and 3?
- Patient unlikely to continue with service? - service complete

### Points to consider

#### Medicine Changes

- Changes to quantity
- Changes to dosage
- Changes to formulation
- Frequency of administration
- Prescribing frequency
- Potential interactions or contraindications

#### Appropriateness of medication

#### New/Discontinued Meds

- Any new medicines
- Any discontinued medicines
- Removal of unwanted medicines
- Any planned medicine changes
- Medicine admin route
- Concerns highlighted by Trust
- Any test results



Relevant notes

**Service continuation**

- Patient likely to continue to stage 2 and 3?
- Patient unlikely to continue with service? - service complete

**\*\*\*\*Click "Save"\*\*\*\***

**If the patient is unlikely to continue with the DMS beyond this point, click "Save" at the bottom of the screen to mark this intervention as complete**

## Onward Referral

Where a patient changes pharmacy, an onward referral may be necessary to continue support

Onward referral  Yes  No  
required?

**Saving this record will not populate MYS with claim information yet. We will be linking up with the NHSBSA once the API has been released and tested to automate this process but for now you will need to manually add information about your intervention into MYS and ensure all required information is sent to the NHSBSA at the end of the month**

Save

## Contact details

- Contact details for the referring clinician or hospital department
- Preferred option:
- `bdg-tr.dms@nhs.net`

# IP Pathfinder Programme

# Hypertension IT requirements

- NHS England previously announced that pharmacy owners will need to use an NHS approved clinical IT system to make their clinical records and payment claims for the Hypertension case-finding service from 1st September 2023.
- To begin with, it is expected the following four IT suppliers will develop their systems to include functionality to support the service, but over time, it is hoped other suppliers will add the service to their systems:

## System and supplier

[HxConsult \(Positive Solutions\)](#)

[Pharmacy Manager \(Cegedim\)](#)

[PharmOutcomes \(Pinnacle Health\)](#)

[Sonar health \(Sonar informatics\)](#)

# IT requirements

- When the Hypertension case-finding service was first launched in October 2021, the ambition was to develop IT systems that would support provision of the service.
- These IT systems will allow pharmacy teams to make a clinical record for the service and the data in the record will then be used by the IT system to populate a claim for payment within the NHSBSA's Manage Your Service (MYS) platform.
- This means pharmacy owners will not need to manually transcribe data from their records into MYS, as is currently the case. The new approach mirrors what already happens for the Community Pharmacist Consultation Service and the Flu vaccination service.
- The transfer of data to the MYS platform will be via an API (Application Programming Interface) to automate payment claims and reporting of the data to the NHSBSA.

# IT requirements

- Further work is scheduled this year to ensure that all the current Advanced services are supported by an API and the existing manual payment claim processes are retired.
- The current timescales the NHS is working to are detailed below and will be confirmed as IT suppliers continue to engage with the development work:

New Medicine Service – Q3 of 2023/24

Smoking Cessation Service – Q4 of 2023/24

# Price Concessions

- Further information on price concessions and FAQs about the process involved can be found on CPE website ([cpe.org.uk/priceconcessions](https://cpe.org.uk/priceconcessions)).
- To hear more on how the current price concessions system operates, pharmacy teams can now access a recording of our recent webinar [here](#).

# Price Concessions

- **From 1st April 2023, all products granted a concessionary price will be classified as ‘Discount Not Deducted’** for the month(s) in which they are on concession.

From May 2023, DHSC has implemented a process to **roll over to the following month any agreed prices for concessions requested on or after the 23rd of the month.**

- **CPE** are also continuing to work with DHSC on how a **‘retrospective increased payment’** may apply, where appropriate. Further information regarding this concession ‘top-up’ mechanism will be issued once details are finalised.



# APC reports

Clinical Governance

APC Reporting



• APC Reporting provision successfully entered and saved

• The following system generated provision report letters are available

[Basic Provision Record](#)

[Barnsley Interface Issue Report >>](#)

Secure email is queued to send

## APC Reporting

Date Completed

Issue Identified by: \_\_\_\_\_

Name

Job Title

Organisation

Issue category and who was involved \_\_\_\_\_

### Issue Category

- Dispensing Error
- Prescribing Error
- Medication Supply Issue
- Medicines Administration
- D1 Communication
- Other Hospital Communication
- Formulary Related
- Shared Care Issue
- Summary Care Record
- Other GP Communication
- Care/Nursing Home
- Other

### Issue Involving

- Hospital- BHNFT
- Hospital - SWYFT
- Hospital - non Barnsley
- General Practice
- Community Pharmacy
- Care/Nursing Home
- Care Organisation
- Community Nursing
- Other

Issue Details \_\_\_\_\_

Patient NHS Number

GP Practice

Date Issue Identified   
Enter as dd-mmm-yyyy (eg 23-Feb-1989)

Issue Identified

Action taken and outcome

Date Action taken   
Enter as dd-mmm-yyyy (eg 23-Feb-1989)

# APC reports

# NHS Mail

- Make sure NHS mail is accessible at all times the pharmacy is open
- Use shared mailbox
- [Pharmacy.ODS@nhs.net](mailto:Pharmacy.ODS@nhs.net)
- Process for dealing with queries
- Use as a means to message surgeries and clinical pharmacists
- Check regularly

