

Arden, Herefordshire & Worcestershire LPCs Contract Briefings 2018-19: Issue 1: The Basics

The LPCs will be providing numbered briefings to support you with the changes in regulations, highlight some points about the basic Community Pharmacy Contract that all pharmacies will need to consider as well as details of the 2018-19 Quality Payments, both Gateway and Quality Points Criteria for most of you who will be aiming to claim these payments. You cannot provide Advanced Services or claim Quality Payments unless you meet **ALL** Terms of Service and provide **ALL** the Essential Services as part of your NHS Contract.

NOTE: Multiple will have 'in house' resources, support and communications. Refer to those in the first instance.

What's covered in this briefing?

This update concentrates on getting the basics in place before we move on to the gateway and quality criteria, which we will cover in Briefings 2 and 3 along with a plan of supporting activities that we will be providing over the next few months. Also, please refer to the 2016-17 New Pharmacy Contract Communication 1 – to be found on the LPC website.

Included in this update:

- **Funding Settlement**
- **Terms of Service**
- **Audits**
- **New IG Toolkit**
- **Health Campaigns**
- **FMD**
- **Verification of Advanced Services**

Funding settlement 2018-19

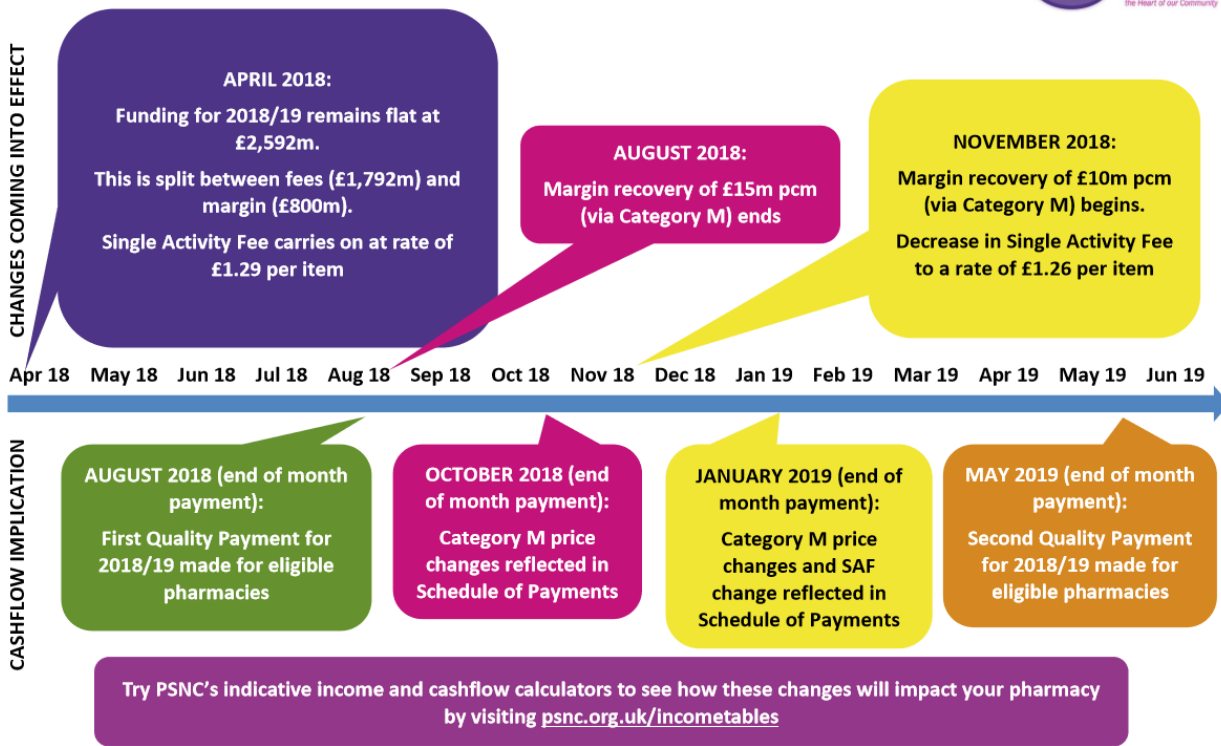
Announcement summary

- Community pharmacy funding levels will be maintained at £2.592bn for the financial year 2018/19, PSNC and the Department of Health and Social Care (DHSC) have agreed
- This is an improvement on a previously planned funding cut of £33m for 2018/19
- The Single Activity Fee will be set at £1.26 from November in order to keep within the funding envelope
- The recovery of excess margin will be continued following the pause over the summer, but at £5m per month lower (i.e. there will be a £10m reduction to Category M prices per month until March 2019)
- After a lengthy and difficult debate, PSNC unanimously accepted this funding offer recognising the great difficulties faced by contractors but also the need to begin rebuilding constructive working relationships with HM Government after a two-year hiatus

PSNC is keen to share as much information about the funding settlement as they can and, to give community pharmacy contractors the opportunity to ask questions about it, they held a funding webinar on **Tuesday 30th October at 7pm***. The webinar was presented by Mike Dent, PSNC Director of Pharmacy Funding, and Simon Dukes, PSNC Chief Executive. You should be able to watch the Webinar retrospectively on the PSNC website in due course.

The impact on Contractors has been highlighted in a graphic shared on the next page. You can find both PSNC's Indicative Income Tables and Cashflow Calculator at: <https://psnc.org.uk/funding-and-statistics/funding-distribution/indicative-income-tables/>.

Summary of funding changes and pharmacy cashflow impact from April 2018



Terms of Service

First and foremost is to ensure that you have covered off all the basic contractual requirements, thereby protecting yourself from any breaches of terms of service and enabling you to proceed to the gateway criteria and on to the quality criteria. Advice on areas of the Contract are available on PSNC website. These include completion of 100 hours monthly monitoring forms (if applicable); retaining Certificates of Conformity for reference (not routinely submitted presently but may move to PharmOutcomes); mandated audit and pharmacy chosen audit; CPPQ; annual complaints report by 31st March; CPAF; annual IG Toolkit submission by 31st March; mandated campaigns as well as keeping NHSE advised of any closures during contracted hours.

Audits

All Community Pharmacies must complete two audits each year as part of the Pharmacy Contract, one is set by NHS England (NHSE) and one is chosen by the Pharmacy.

NHSE AUDIT: It has published the paperwork for the 2018/19 national community pharmacy audit; this must be completed by all pharmacy contractors.

The focus of the audit is the provision of advice to people with diabetes on the importance of them receiving an annual seasonal influenza vaccination. The audit has been timed to take place during the flu vaccination season, so that people with diabetes can be encouraged to be vaccinated and where they have not yet been vaccinated and the pharmacy offers the [NHS flu vaccination service](#), they can be offered a vaccination at the pharmacy.

The audit will generally need to be conducted over a **one-week period**, selected by the pharmacy contractor, during **October, November or the first half of December**; the data collection needs to be completed **by 16th December 2018** and the audit data needs to be submitted to NHSE's web-based portal by midnight on 30th December 2018. [Further information on the 2018/19 CPCF national clinical audit on flu vaccination for people with diabetes](#)

PHARMACY CHOSEN AUDIT: The annual clinical audit, the topic of which is chosen by the pharmacy, can focus on an appropriate topic of relevance to the practice of the individual pharmacy team. Guidance on undertaking clinical audits can be found on the PSNC website, alongside template audits developed for use by pharmacy teams. **You will need to complete it before end of March 2019 and be able to evidence completion at any CPAF visit.**

Note if you are planning to do the new NSAID Audit as part of the Quality Payments this will be in ADDITION to these two audits. More details will be shared within the Quality Payments Briefing, once the templates have been updated.

New IG Toolkit – DSP Toolkit

All NHS providers, including community pharmacies need to provide information governance assurances to the NHS on an annual basis. These assurances are provided through completion of an online assessment tool, the [Data Security and Protection \(DSP\) Toolkit](#) which replaces the IG toolkit that contractors have completed in previous years.

Some key changes:

- The requirements of the Data Security and Protection Toolkit (DSPT) are designed to encompass the National Data Guardian review’s 10 data security standards.
- The requirements of the DSPT support key requirements under the General Data Protection Regulation (GDPR), identified in the NHS GDPR checklist.
- The IG Toolkit assessed performance against three levels 1, 2 and 3. Organisations were required to provide evidence of compliance with (at least) level 2 for all elements of their assessment. The DSPT does not include levels and instead **requires compliance with assertions and (mandatory) evidence items.**
- The assertions and evidence items are designed to be concise and unambiguous. Documentary evidence is only requested where this adds value.
- Some evidence items will not be required where an organisation uses NHSmail or has in place an existing relevant standard (Cyber Essentials PLUS, ISO 27001, Public Service Network Information Assurance).

Pharmacies are expected to meet all “mandatory” evidence requirements. The deadline for submitting this year’s return is 31st March 2019. NOTE: Guidance is still being developed by PSNC to aid completion and you are therefore advised to consider waiting until the New Year before attempting to complete the new toolkit. However, it is worth looking at the mandatory questions in advance and ensure that you are up to date with your GDPR.

Contractors should register to access the new Toolkit via the [DSP Toolkit registration page](#) (contractors will need their pharmacy’s ODS / Fcode to register).



There is a quick start guide available on NHS Digital Website: <https://www.dsptoolkit.nhs.uk/Help/3> and an Administrator's guide: [https://www.dsptoolkit.nhs.uk/\(X\(1\)S\(mguaz1tiyvdc245i13j5l0f\)\)/Help/4](https://www.dsptoolkit.nhs.uk/(X(1)S(mguaz1tiyvdc245i13j5l0f))/Help/4)

PSNC has been working with NHS Digital to ensure that the DSP Toolkit is optimised for completion by pharmacy contractors and that appropriate support materials will be available to help contractors to complete it. One PSNC proposal to make completion as straightforward as possible, which NHS Digital have agreed to implement, is that where a contractor declares that they have completed the PSNC [GDPR Workbook for Community Pharmacy](#), the number of questions they will be asked to respond to in the Toolkit will be significantly reduced.

The DSP Toolkit will include some technical questions which need to be completed, but on which contractors are likely to need to get the answers from their PMR supplier. PSNC has agreed with NHS Digital and PMR suppliers that they will work together to pre-populate the answers to the technical questions based on information provided by individual PMR system suppliers. **Cegedim, EMIS, Positive Solutions and RxWeb** have confirmed support for this approach and have started to prepare text for inclusion in the DSP Toolkit during October and the first half of November 2018.

Assessment

Filter by:

Mandatory
 Mandatory (23)
 Not Mandatory (7)

Assertion Status
 Met (23)
 Not Met (7)
 Other (7)

Confirmed
 Confirmed (27)
 Not Confirmed (2)

Owner
 No Owner (23)

Data Security and Protection Standards for health and care (opens in a new tab) sets out the National Data Guardian's (NDG) data security standards. Completing this Toolkit self-assessment, by providing evidence and judging whether you meet the assertions, will demonstrate that your organisation is working towards or meeting the NDG standards.

- 1 Personal Confidential Data
- 2 Staff Responsibilities
- 3 Training
- 4 Managing Data Access
- 5 Process Reviews
- 6 Responding to Incidents
- 7 Continuity Planning
- 8 Unsupported Systems
- 9 IT Protection
- 10 Accountable Suppliers

1 Personal Confidential Data

All staff ensure that personal confidential data is handled, stored and transmitted securely, whether in electronic or paper form. Personal confidential data is only shared for lawful and appropriate purposes.

[Get the big picture on the data security and protection standards.](#)

1.1 There is senior ownership of data security and protection within the organisation.

Owner:
No Owner Change

1.1.3	Name of Caldicott Guardian.	Mandatory	COMPLETED
1.1.4	Who are your staff with responsibility for data protection and/or security?	Mandatory	
1.1.5	Staff awareness- Leadership (Q1) I feel data security and protection are important for my organisation.		
1.1.6	Name of Appointed Data Protection Officer.	Mandatory	

All mandatory evidence must be completed before you can confirm this assertion.

Sample assessment page of the Toolkit is shown here. On the right-hand side of the screen is the full list of assertions (30 in total in the example above, i.e. 23 mandatory and 7 non-mandatory) relevant for your organisation, based on your organisation type and organisation profile responses.

- You can scroll down the full list of individual questions and answer in any order.
- On the left-hand side, the assertions can be filtered as required.
- Clicking on the individual NDG Standard link will fast forward you to the relevant section within the assessment.
- Clicking on the 'big picture' links throughout the assessment will take you to the full set of standard guides. Alternatively, you can access the guides directly via <https://www.dsptoolkit.nhs.uk/Help/23>

There is a requirement that 95% of the pharmacy staff have been trained on GDPR. The understanding, from PSNC, is that the short form of the PSNC GDPR Toolkit will be suitable for training most staff. There is also training available through CPPE to meet Data Security Awareness Level 1, which meets the statutory and mandatory training requirements and learning outcomes for Information Governance in the UK Core Skills Training Framework (UK CSTF) as updated in May 2018 to include General Data Protection Regulations (GDPR). If you wish to access this training, go through the CPPE link to e-Learning for Healthcare learning modules:

CPPE

Learning programmes and assessments

1. Select AuC Courses
2. Select e-Learning
3. Select the module = e-Learning for healthcare learning modules

A-Z of CPPE programmes and assessments

1. Click "Access this e-learning"

Health Campaigns

NHSE has been slow to confirm mandated campaigns, but generally expect that any 'high profile' national campaigns are supported. An Oral health campaign in the New Year is planned to be a mandated campaign. We are still in discussion with Public Health England and NHSE to support a West Midlands wide programme of campaigns, with materials provided for next year. In the meantime, to meet Contract and HLP requirements you need to demonstrate supporting 6 campaigns during the year. We have provided information on the LPC websites, under HLP tab with a calendar of national events with links to resources and any training on offer by Virtual Outcomes. <https://www.virtualoutcomes.co.uk/>

Public Health Campaigns 2018/19

Health Campaign Calendar 2018/19

updated June 27, 2018

[Download Draft Document](#)

Public Health England

[Public Health England Resource Centre](#)

PSNC

[PSNC Health Promotion Ideas](#)

Each year pharmacies are required to participate in up to six campaigns at the request of NHS England. This involves the display and distribution of leaflets provided by NHS England. In addition, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation. (Source: PSNC)

Below are some of the health campaigns available in 2018/19. The mandatory campaigns have been marked. Online training by Virtual Outcomes is available for some of these campaigns. Please see the [Virtual Outcomes](#) page for more details.

Additional Resources:

<https://www.healthylivingpharmacies.org/index.php/health-campaigns-and-resources/>

<https://www.virtualoutcomes.co.uk/pharmacy-training/training-resources/>

<http://www.nhsemployers.org/calendar-of-national-campaigns-2018/>

April 2018

Bowel Cancer Awareness

World Health Day

October 2018

Help Us Help You (previously Stay Well This Winter)

Stoptober

FMD - Implementation must be undertaken by Saturday 9th February 2019



NDC: 59148 011 13
SN: 100000000001
EXP: AUG 22 2015
Lot: AB100613

All packs of almost all **prescription medicines*** will have to have two safety features:

Visual anti-tampering device

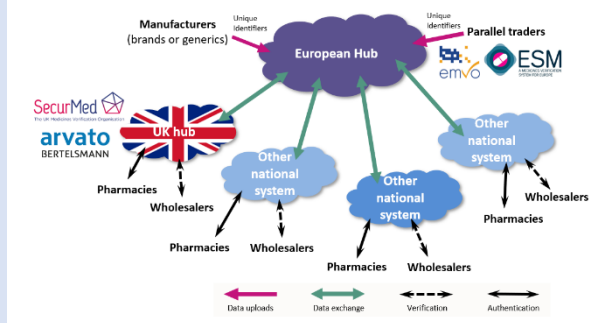
Unique identifiers (serial numbers) plus product ID, expiry date and batch number in a 2D barcode

Authenticity is to be checked in two ways:

Visual inspection of the tamper-evident features

Scanning and checking unique identifiers against databases at EU and national levels

Scanning and checking unique identifiers



Two actions to take when scanning a product...

- **Verify** – check whether the product is listed in the hub (can be done multiple times as and when required)
- **Decommission** – mark the product as supplied to a patient (or another end user)

How will it work in practice?



Verify the authenticity of products

- checking the anti-tampering device and unique identifiers and
- then decommission the unique identifiers **at the time of supplying it to the public** (this is not an instant, but a period of time)
- Only be able to revert decommissioned products (recommission) **within 10 days of the original decommissioning** (the "10 days rule")

FMD - What do you need to do?

Look at the information on the LPC Website (includes LPC summary communication & presentations), PSNC and FMD websites.

- Read the guidance available at fmdsource.co.uk
- Explore the system options – list of suppliers on FMD Source
 - Integrated with PMR
 - Standalone
- Decide how you want to implement FMD – will you take a staged approach?
- Select your supplier and decide what hardware you need (additional terminals, power supplies, wireless scanners...)
- Look out for information on “onboarding”
 - pharmacies will have to individually register with SecurMed
 - SecurMed will need to verify the identity of the pharmacy
- Think about the optimal way to implement FMD in your pharmacy, redesign dispensary workflows and then revise your SOPs
- Many contractors may initially choose to adopt a “simple” approach to compliance
- The additional benefits of FMD are likely to come from use of integrated systems once the majority of stock is FMD compliant

Verification of Advanced Services

In Autumn 2017, the NHS Business Services Authority (NHS BSA) started undertaking a new post-payment verification (PPV) process of payments to community pharmacy contractors for the provision of [Advanced services](#). The initial focus was on the Medicines Use Review (MUR) service, but in early 2018 it was applied to the New Medicine Service (NMS). This is an ongoing process and it is likely that as a next step, it will be extended to cover the NHS Flu Vaccination Advanced Service. The PPV process involves requesting evidence from a sample of contractors to support payment claims they have submitted for Advanced services over a specified period.

The NHS BSA will review the submitted forms against the payment claims received for the period and will share their findings with the contractor. If there appears to be missing evidence, the NHS BSA will discuss this with the contractor and they will be asked if they can provide alternative evidence that the service was provided.

Once NHS BSA’s findings are agreed with the contractor, information will be shared with the relevant local NHS England team. Where necessary, the local team will contact the contractor to discuss the findings. The consent forms submitted by contractors will be returned to them once the NHS BSA has finished reviewing them.

The potential outcomes of the process are:

- The evidence provided by the contractor matches the submitted payment claims. No further action is required;
- The evidence provided and the submitted payment claims do not match and the contractor agrees the payment claim was inaccurate and / or an overpayment recovery is appropriate. The overpayment recovery will be made;
- The evidence provided and submitted payment claims do not match and the contractor believes that the discrepancy may be because of service provision and claims being in different periods (i.e. an MUR/NMS has been carried out in one month, but not claimed for until a later month). The contractor will be offered the opportunity to provide evidence for a different time period (up to the 12 months within the financial year); or

- The evidence provided and submitted payment claims do not match (including following outcome 3 above) and the investigation concludes an overpayment has been made based on the evidence available. NHS England, via NHSBSA, will notify the contractor of the overpayment recovery and give option of appeal.

You may want to review how you currently file signed patient consent forms; if for example, forms are filed alphabetically, by patient surname, a change to filing the forms in chronological order may be worth considering, making retrieval of forms for any specified time period easier, should the pharmacy be selected for participation in this work.

Advanced Services Updates

NHS FLU

There have been many important communications about NHS Flu Service – it is worth having a look at the LPC and PSNC websites to ensure that you have taken account of all the updates in your practice.

<https://psnc.org.uk/services-commissioning/advanced-services/flu-vaccination-service/>

NUMSAS

90+ pharmacies in Arden, Herefordshire & Worcestershire are signed up to provide NUMSAS. Any pharmacy can sign up to the service -have a look at the details and see if it is for you – details of how to register through NHSBSA are also included: <https://psnc.org.uk/services-commissioning/urgent-medicine-supply-service/>

You need to have active access to your shared nhs.net email during **ALL** opening times to receive referrals. If you do not respond you may be suspended from the service. Other areas use PharmOutcomes and this is being looked at but is currently not available in this area. <https://psnc.org.uk/services-commissioning/urgent-medicine-supply-service/>

It is important that NUMSAS works effectively in this area as this is seen as precursor to DMIRs being established, should the pilot be extended to this area next year.

DMIRS is a service where calls to NHS 111 for low acuity conditions are referred to community pharmacies by PharmOutcomes. The patient attends the pharmacy for a face-to-face consultation and the outcome could be advice only, advice plus sale of a product or escalation. DMIRS is funded by the Pharmacy Integration Fund and attracts a fee of £14 per consultation payable on completion of PharmOutcomes.