

Coventry LPC, Warwickshire LPC, Herefordshire & Worcestershire LPCs Contract Briefings 2018-19: Issue 2: Gateway Criteria

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 the gateway criteria. The next Briefing (3) will cover the Quality Criteria themselves.

There will be one review point, on Friday 15th February 2019, at which a Quality Payment can be claimed. Payments will need to be claimed between 9am on Monday 4th February 2019 and 11.59pm on Friday 1st March 2019.

GATEWAY CRITERIA for February 2019

NHS England have published new guidance to provide more information ahead of the February 2019 review point of the Quality Payments Scheme. **The new guidance should be read:** <https://www.england.nhs.uk/publication/quality-payments-guidance-for-the-february-2019-review-point/>

There are **five gateway criteria** which contractors must meet. As per previous declarations, passing the gateway criteria will not, in and of itself, earn a quality payment for the pharmacy.

Validation of the declarations submitted by contractors will be carried out by the NHS BSA on behalf of NHS England, using nationally and locally available information as part of their post-payment verification work. They will validate the gateway criteria declaration within a week of it being submitted and will advise if you have passed or failed the validation. **Contractors who appear not to have met the criteria in relation to their declaration will be informed by the NHS BSA within one week of submitting their declaration and will be required to provide further evidence to support their claim.**

1. Advanced Services – no change

'The contractor must be offering at the pharmacy Medicines Use Review (MUR) or New Medicine Service (NMS); or must be registered for NHS Urgent Medicine Supply Advanced Service Pilot'.

If you declare that provide **MURs and/or NMS** at the pharmacy to meet the Advanced Services gateway criterion, you must ensure that either / both services are **listed on your NHS.UK profile** (this does not apply to distance selling pharmacies). You need to make sure that you have undertaken the chosen service recently, claimed, completed any required returns and complied with any verification checks. The NHSBSA will be looking to confirm that the Advanced Service has been provided or in the case of NUMSAS registered to provide.

So that contractors can be confident that they meet the gateway criteria before they complete their declaration, the NHS BSA will publish a list of Contractors who have been assessed, using national datasets, as meeting four of the gateway criteria. This list will be published on the QPS page of the NHS BSA website. The publication schedule for these lists will be posted on the NHS BSA website by 30 November 2018.

2. NHS.UK entry (previously known as NHS Choices) – no change apart from name of site

'On the day of the review, the NHS.UK entry, including bank holiday opening hours for the pharmacy must be up to date'.

You must edit and/or validate your NHS.UK entry between 12am on 3rd December 2018 and 11.59pm on 15th February 2019. Distance selling pharmacy contractors must send an email to the NHS.UK service desk; the timeframe will be outlined in NHS England guidance <https://www.england.nhs.uk/publication/quality-payments-guidance-for-the-february-2019-review-point/>

3. Community Pharmacy Patient Questionnaire (CPPQ) – new to Gateway but was QP last time

'The results of the last completed Community Pharmacy Patient Questionnaire is publicly available on the pharmacy's NHS.UK page or for distance selling pharmacies it is displayed on their website'.

This was previously a quality criterion but is now a gateway criterion. **If you claimed for this quality payment in June 2018 you are likely to have already uploaded your last completed CPPQ results to their NHS.UK profile. If this is the case, you are not required to undertake a new survey to meet this Gateway criterion in February 2019.** Distance selling pharmacy contractors must display the results of the last completed CPPQ on their website.

4. NHSmail – new additional requirement

*'Pharmacy staff at the pharmacy must be able to send and receive NHSmail from their shared premises NHSmail account, which **must have at least two live linked accounts**'.*

A live account is one that has been activated and not been dormant for over 90 days. Staff members who already have personal NHSmail accounts should be aware that passwords should be changed every 90 days. **Accounts not accessed for more than 90 days will be suspended and if they are not accessed for a further 90 days they will be deleted.**

Each pharmacy's designated mailbox owner can add and remove personal NHSmail addresses to or from a pharmacy's premises-shared NHSmail account as required.

ACTION: Check that your shared mail box is active and at least two of the linked personal NHS emails are live. You can email the LPC to check that it is working. We have emailed all the shared emails that we have on record to invite you to respond. **If your pharmacy does not have a shared NHSmail account or two live linked accounts, PSNC's NHSmail page contains further guidance.** <https://psnc.org.uk/contract-it/pharmacy-it/nhs-mail/>.

To enable pharmacy contractors to access the portal they will receive an automated email to their shared NHSmail account from nhsbsa.pharmacysupport@nhs.net with a link to the Manage Your Service application. This email will be sent w/c 3 December 2018. Should a contractor not receive their email by 10 December 2018, they are advised to check their junk mail; if they still cannot locate the email, they should contact the NHS BSA Provider Assurance Team (nhsbsa.pharmacysupport@nhs.net) who will be able to investigate and provide the required support.

(Not part of Gateway) Note you should ensure that the shared NHS mail is checked daily and that someone is able to access it during regular pharmacy opening hours if you provide services which depend on NHSmail such as NUMSAS. You can apply for additional personal NHS email accounts.

5. IT operating system compliance with the NHS Digital Warranted Environment Specification (WES) – new

*'The contractor must have consulted the NHS Digital Warranted Environment Specification (WES) and/or their System Supplier(s) and have reassured themselves, and can demonstrate, **that all their operating system and browser versions currently in use in their pharmacy to link to NHS Digital systems, such as the Electronic Prescription Service and Summary Care Record, comply with the WES; and are therefore supported by NHS Digital for connectivity to NHS Spine systems**'.*

The NHS Digital WES defines the versions of software required to be installed on computers in order that they are supported by NHS Digital to access NHS Spine systems and applications requiring a Smartcard, such as the SCR portal or EPS tracker. It is already a requirement that contractors comply with these requirements when they connect to NHS Spine systems. WES compliance aims to improve cybersecurity, by preventing the use of out of date and unsupported operating systems and web browsers.

You need to check that the computers that you use to access NHS Spine services are using operating systems and web browsers which are compliant with the NHS Digital WES. The operating systems listed in the current WES are:

• **Windows Server 2012 R2 • Windows 7 SP1 32-bit / 64-bit • Windows 8.1 32-bit / 64-bit • Windows 10 64-bit**

The browser versions listed in the current WES are: • **Microsoft Internet Explorer (IE) 11** • **Microsoft Edge** • **Google Chrome** • **Mozilla Firefox**

NHS Digital will be able to assess contractor compliance with these requirements when they log onto the SCR portal.

Note SCR access is not part of QP this time, but you may need to have accessed it to demonstrate WES compliance. Also, in the event of a contractor being assessed as not being compliant, it is expected that they will take corrective action to update their system browser. This action will then be confirmed when the contractor next accesses the NHS Spine through connection to SCR.


Compliance with the NHS WES will be sent by the NHS BSA to each pharmacy contractor's shared NHSmail account. Each contractor will be informed of whether their operating system and browser versions have met this requirement or not during the first two weeks of December 2018.

More information is available on NHS Digital: <https://digital.nhs.uk/services/spine/spine-technical-information-warranted-environment-specification-wes>

Further training is available via Virtual Outcomes: [QPS Training](#)

OTHER NEWS


Following on from discussions with NHS Digital, NHSE and NHSBSA it appears that Gateway Criteria, some of the Quality Criteria, training opportunities and various pilots are to demonstrate readiness for possible future opportunities within Community Pharmacy. Some of the digital projects are outlined below.



Integrating pharmacy across care settings

Provide the digital infrastructure to support pharmacy integration


PROJECT 1: Improving access to information	Provide community pharmacies with access to the Summary Care Record and NHSmail platform Complete: March 2018
PROJECT 2: Transfer of information	Capture, transfer and receive clinical information and activity data to support increased use of community pharmacy services
PROJECT 3: Pharmacy Integration: Integrated Urgent Care	Develop the prescription tracker to support use within Integrated Urgent Care Provide a digital solution to support referrals from 111 to community pharmacy
PROJECT 4: Referrals to pharmacy services	Provide the capability for community pharmacies to receive appropriate transfer of information from secondary care following patient discharge




NHS Urgent Medicines Supply Advanced Service

Aim to refer 2% of NHS 111 calls for urgent repeat prescriptions

- **Since Dec 2016, over 4,000 pharmacies have registered**
- At January 2018 NUMSAS referrals made up 42.5% of total urgent repeat medication referrals
- **Referrals for repeat medication to GP OOH services have fallen from 70.2% of total referrals in January 2017 to 45.2% in January 2018**
- 96.4% of patients expressed satisfaction with the service
- **Patient survey shows without NUMSAS 66.3% of patients would have likely attended an in-hours or out-of-hours GP service or A&E services**
- As of June 2018, 106,228 items have been supplied by community pharmacies, 27,114 items were recorded as 'no supply' (approx. 25.5% of total items requested)
- **Extended to the end of March 2019 to inform evaluation**

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Digital Minor Illness Referral Service (DMIRS) pilot

- Aim to channel shift patients away from low capacity locations such as out of hours services and into the community pharmacy network
- Provide the same or higher quality of care, closer to home in the communities where people live
- Focus on education and self-care. Patients advised in a private consultation room by a pharmacist in a local community pharmacy
- Enables NHS111 to refer set groups of low acuity patients to community pharmacies
- First site covered Durham, Darlington, Tees, Northumberland and Tyne and Wear - 10 CCGs with a population of 2.6 million
 - Between December 2017 – June 2018, over 7,400 patients referred from NHS111 to over 380 community pharmacies across the region
- The service proven to be safe and satisfying for patients

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Digital Enablers include:

NHSmail shared email regularly accessed and available all pharmacy opening hours
SCR access – routinely used, with appropriate permissions, to demonstrate value and encourage DHSC to allow enhanced SCR and ability to write to SCR
Quality Criteria to drive consistency and accurate data (DoS and NHS UK entries)
Encouraging E-Repeat Dispensing

Workforce Enablers: Clinical and leadership training available for Pharmacists and Technicians:
<https://www.hee.nhs.uk/our-work/pharmacy/pharmacy-integration-fund/pharmacy-integration-fund-courses-pharmacists>

LOCALITY BASED WORKING (hubs, neighbourhoods, clusters, networks)

System leadership and integration **NHS**

STPs will provide the opportunity for...

1. A cultural shift towards systems leadership
2. Create the right environment and incentives to support the integration of services
3. Develop sustainable and autonomous systems, that can make the decisions required to improve care in their area within their share of the budget

In time, mature local systems will...

1. Work together to address systemic challenges
2. Collaboratively develop a care model that more proactively manages need and gets upstream to prevent illness
3. Makes the necessary decisions to improve services in their area, within their share of the budget

Integrated Care Systems **NHS**

Level	Pop. Size	Purpose
Neighbourhood	~50k	<ul style="list-style-type: none"> Strengthen primary care Network practices Proactive & integrated models for defined population
Place	~250-500k	<ul style="list-style-type: none"> Typically borough/council level Integrate hospital, council & primary care teams / services Hold GP networks to account
System	1+m	<ul style="list-style-type: none"> System strategy & planning Hold places to account Implement strategic change Manage performance and E
Region	5-10m	<ul style="list-style-type: none"> Agree system 'mandate' Hold systems to account System development Intervention and improvement

Each level performs specific functions under the following common headings

1. Leadership, engagement and workforce
2. Care redesign
3. Accountability and performance management
4. Strategy and planning
5. Managing collective resources

Each Geography is aligning practices and teams into neighbourhoods or Hubs. As LPCs we are keeping close to this to give Community Pharmacy a voice. We are setting up local network leads within the LPCs to support pharmacies in each neighbourhood. We would also welcome feedback from you of any local events or shared working examples.

Coventry: Radford; Foleshill/ Bell Green; Wyken; Central & Hillfield; Binley/ Middle Ride; Cheylesmore / Gosford Park; Westwood/ Earlsdon; Longford

South Warwickshire: Alcester North & West, Central & Southam, Leamington, Stratford, Warwick / Kenilworth

North Warwickshire: 5 Clusters being finalised

Herefordshire: North & West, East, South & West, City

Worcestershire: Wyre Forest (3), Redditch & Bromsgrove (4), Droitwich & Ombersley, The Rurals, Malvern, Pershore & Upton, Evesham, Broadway & Inkberrow