

Community Pharmacy Contractual Framework in ProScript Connect

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Background

EMIS Health Community Pharmacy (EHCP) are currently reviewing changes that will be required to the ProScript Connect (PSC) application in response to the Community Pharmacy Contractual Framework (CPCF).

Until these enhancements are implemented, this guidance document will help assist pharmacy contractors in England to meet the requirements of the CPCF through PSC.

Full details can be found at: <https://psnc.org.uk/services-commissioning/pharmacy-quality-scheme/>

A list of important dates for 2019/2020 can be found [here](#).

Prevention Domain Quality Criteria

Diabetes

The pharmacy must confirm that they have checked that all patients with diabetes, who presented from **1st October 2019 to 31st January 2020**, have had foot and eye checks (retinopathy) in the last 12 months. The patient's response must be recorded in the PMR or an appropriate form/patient record; patients should be signposted/referred as appropriate.

This record should outline:

- The total number of patients who have had this intervention;
- The number that have not had one or either check in the last 12 months;
- Where a patient has been signposted/referred.

Further information can be found at: <https://psnc.org.uk/pharmacy-quality-scheme-patients-with-diabetes/>

Identifying Eligible Patients – Using Dispensing Alerts

The user will be displayed with the following message when dispensing any preparations used to treat Type 1 or Type 2 diabetes. Users are encouraged to flag these patients with the prescription in order for the pharmacist to start discussions with the patient.

<p>DT Reimbursement Price: (90) £5.89 BNF Classification: 6.1.2.3 Other antidiabetic drugs</p>	<p>Drug Information Patient Information</p> <p>OUT of POCKET EXPENSES are NOT allowed. This is a DT Part VIIIA Category A drug. Cannot claim broken bulk unless the reimbursement price of the smallest pack size listed in the DT is equal to or more than £50. PQS AUDIT ELIGIBILITY: Please note this patient may be eligible to meet the prevention domain quality criterion (annual foot check and eye screening). Please refer to the CPCF PQS requirements. ENGLAND ONLY.</p>
<p>90/90 Repaglinide 2mg tabs</p>	

Figure 1: Diabetes alert

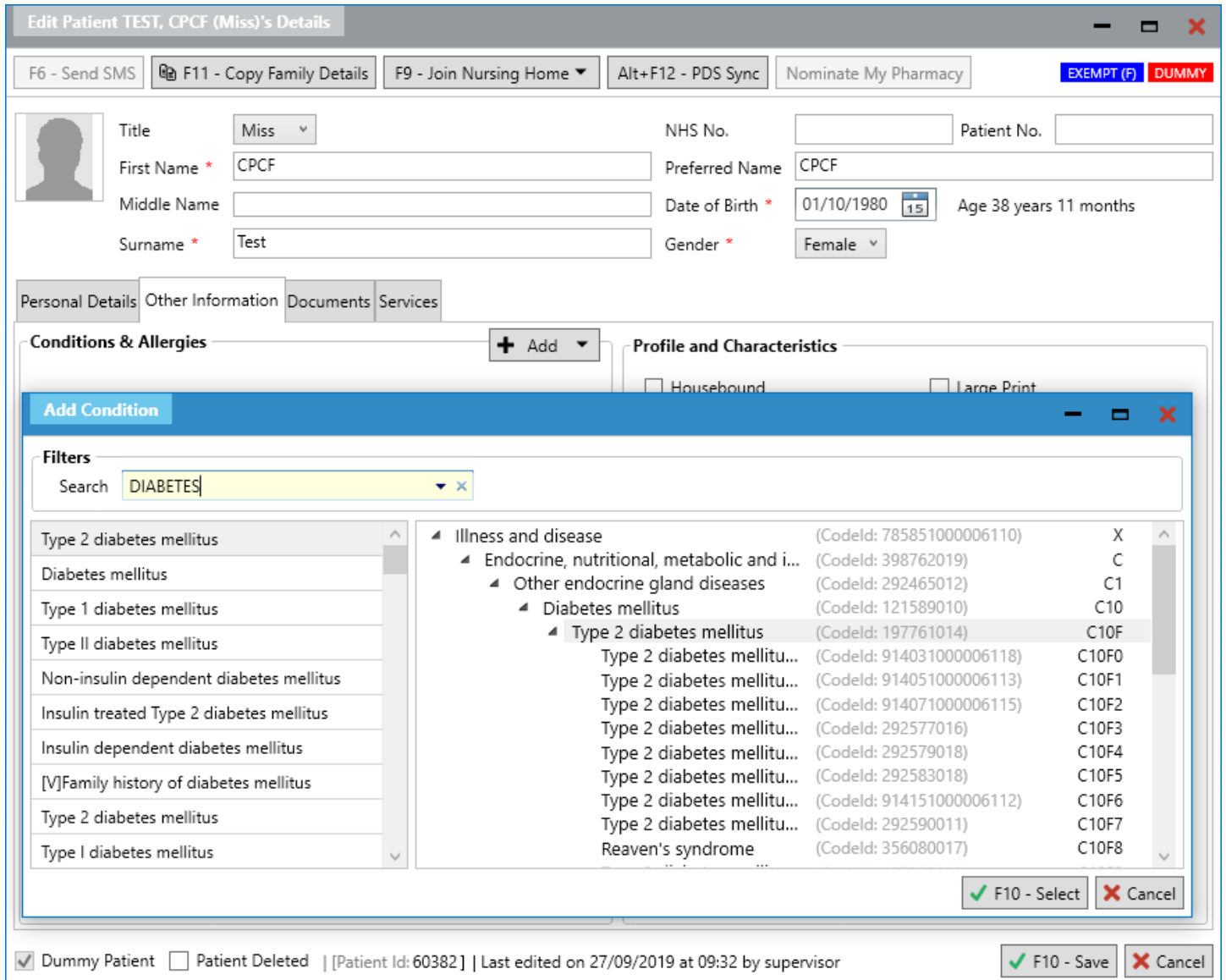
Identifying Eligible Patients – By Assigning Conditions

EHCP suggests that the user assigns conditions where the patient has Type 1 or Type 2 diabetes. This can then be used to run reports by condition to identify eligible patients.



Note that the Condition must be assigned to the patient details before completing the dispensing process for the patient to appear on a report

- Access [F1 – Patient Details] and navigate to the Other Information tab.
- Under the Conditions & Allergies section, select the [Add] drop-down button and select [F7 Conditions].
- In the Search field, enter in the condition and select it from the list:



The screenshot shows the 'Edit Patient TEST, CPCF (Miss)'s Details' window. The 'Conditions & Allergies' section is active, and an 'Add Condition' dialog box is open. The dialog shows a search for 'DIABETES' and a list of conditions including 'Type 2 diabetes mellitus' with various codes. The 'Add Condition' dialog has 'F10 - Select' and 'F10 - Cancel' buttons. The main window has 'F10 - Save' and 'F10 - Cancel' buttons at the bottom right.

Figure 2: Add Conditions

- Once saved to the PMR, users can use the Patient/Drug Use report to filter by condition
 - Remember to filter by the appropriate date period

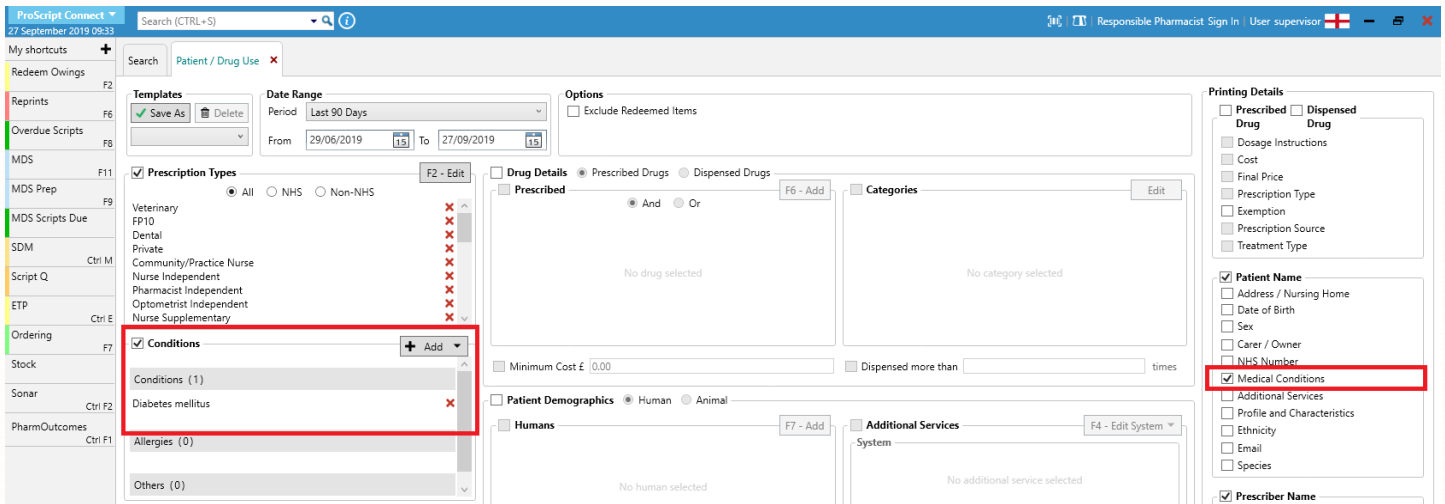


Figure 3: Filtering Patient/Drug Use report by condition

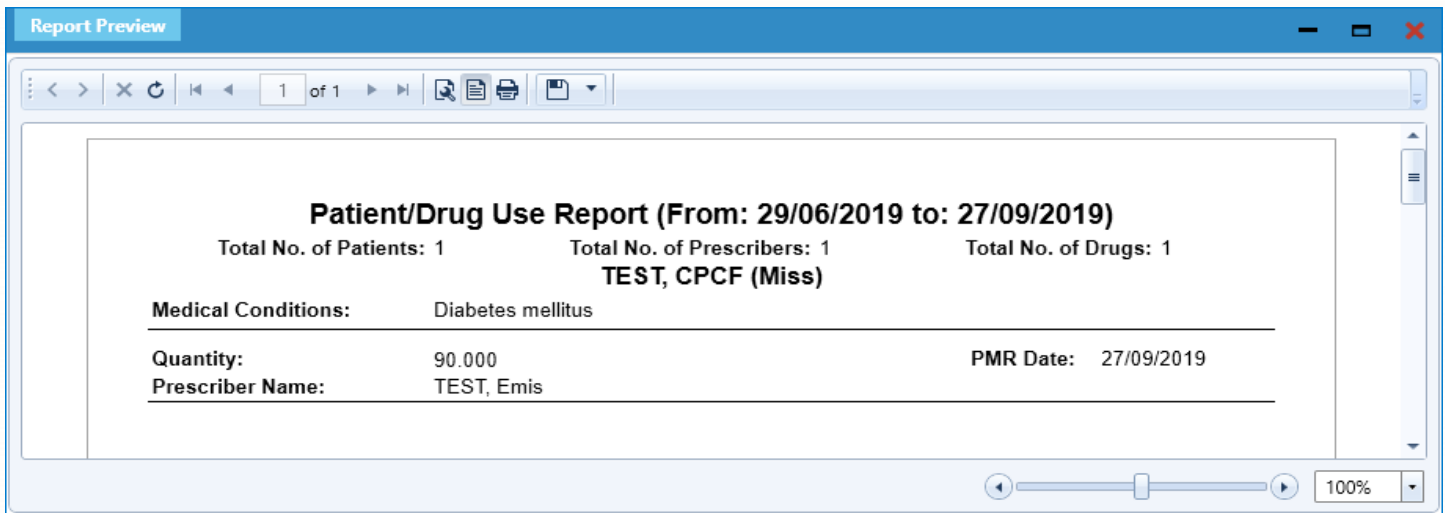



Figure 4: Patient/Drug Use report by condition

Logging Audit/Check – Using PMR Record

Users will be able to add the following record to the PMR to record that the audit has been carried out for the patient. The dosage instructions can be used to complete details of the interaction with the patient.

 This does increment script figures in the Script Counts report so users need to consider this if they use this report.

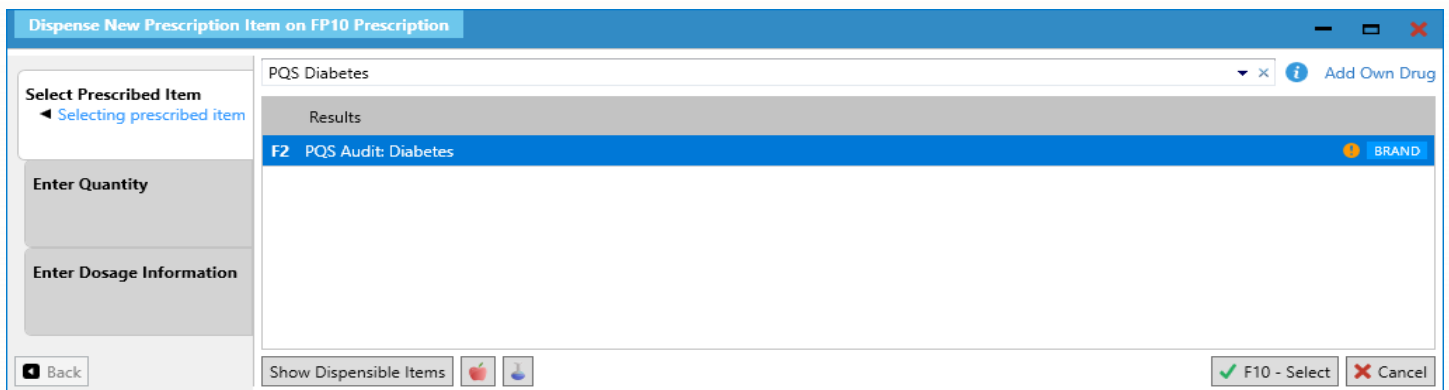


Figure 5: PMR Record for diabetes patients

Users can then run the Patient/Drug Use report to identify patients for whom the audit has been carried out. When printing the report, include the dosage instructions to allow for all details to be consolidated.

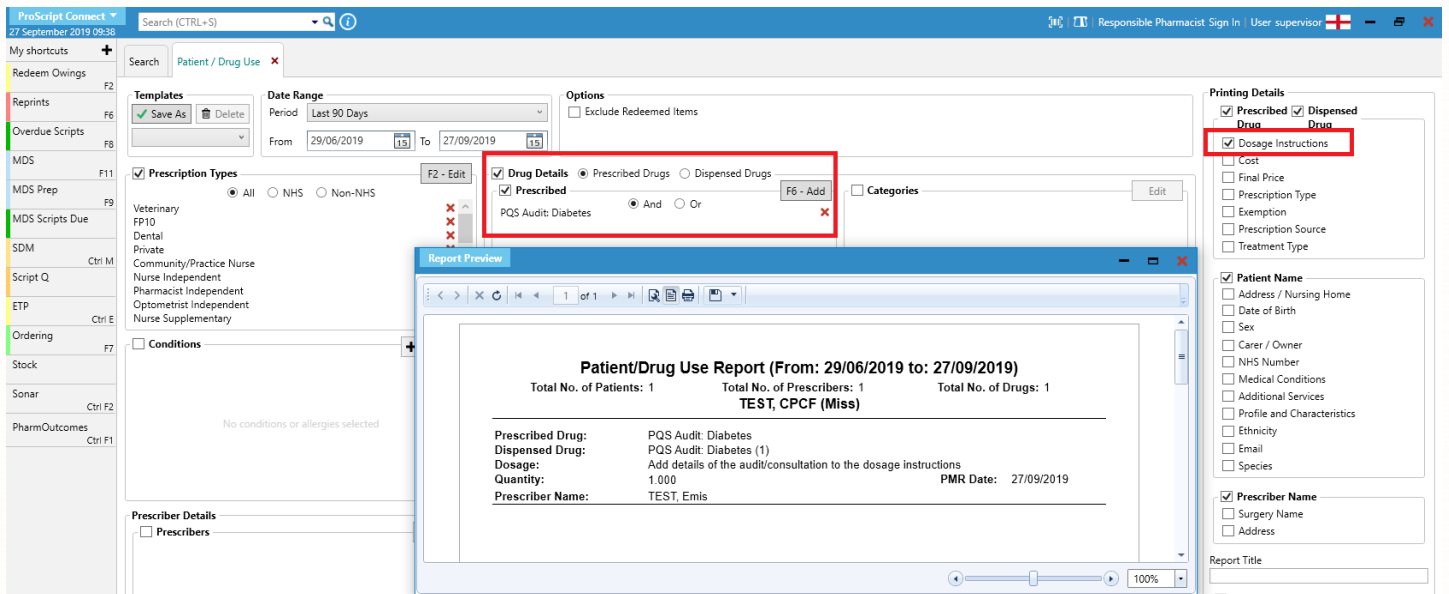


Figure 6: Filtering Patient/Drug Use report by PMR record

Logging Audit/Check – Using Counselling Notes

Alternatively, users can record counselling notes to the PMR to record that the audit has been carried out.

- From the patient's PMR, select the [Counselling Notes] option;
- Select [F1 – Add Note] and complete the details.

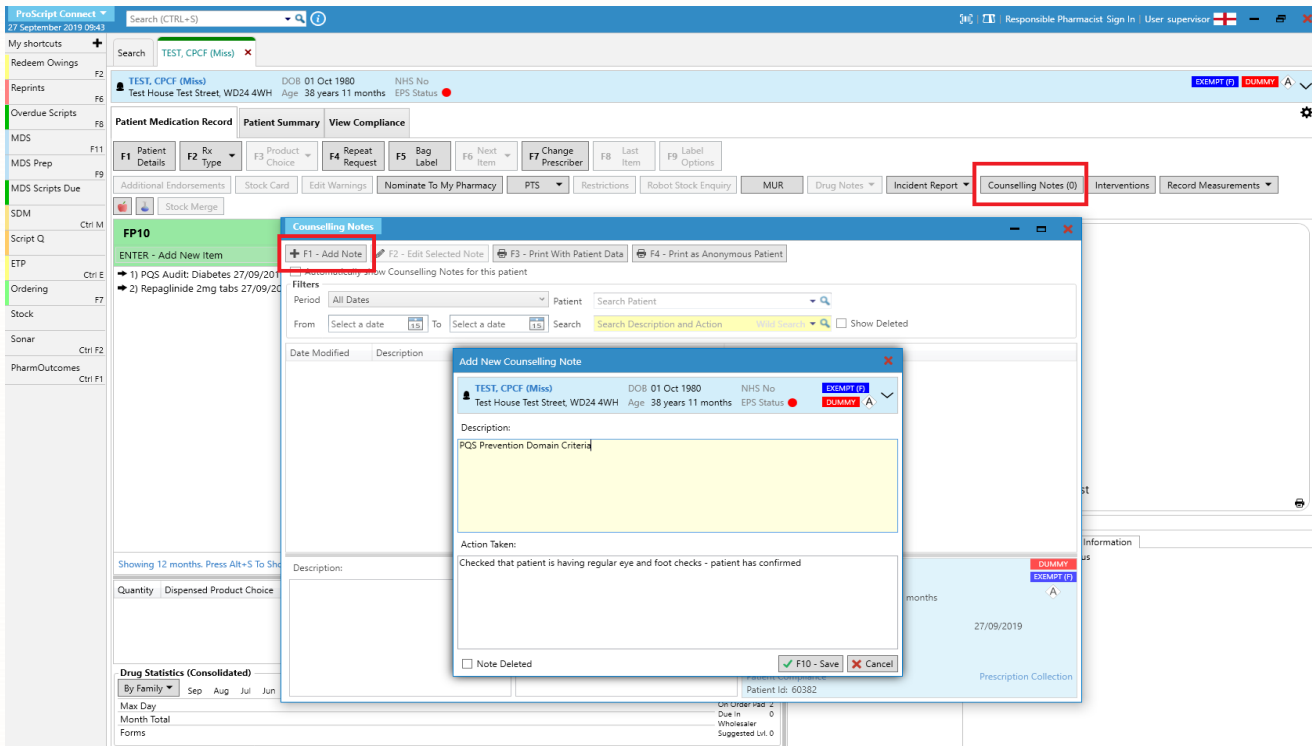


Figure 7: Adding Counselling Notes

- From the ProScript Connect menu, under Patients, select Counselling Notes to open the manager. From the manager, users can filter the results to print reports – with or without patient details.

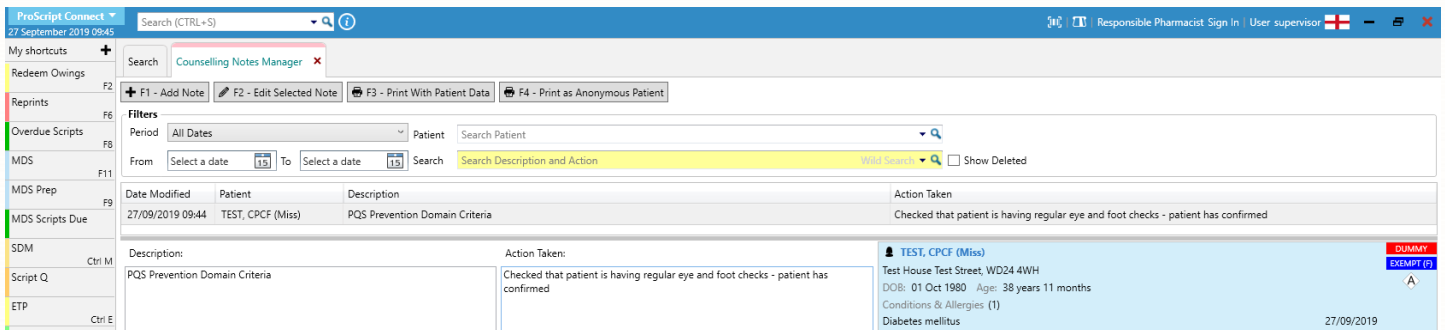


Figure 8: Counselling Notes Manager

Medicines Safety Audits (Lithium, Valproate and NSAIDs)

Lithium

On the day of the declaration, the pharmacy must have completed a lithium audit, **over three consecutive months**, aligned with requirements of the NPSA alert on lithium. Where a pharmacy has no patients that have had lithium dispensed in the previous three months, the contractor must complete a safety audit of patients prescribed one of the following medicines instead, in the following order of preference: either **methotrexate**; **amiodarone**; or **phenobarbital**.

Identifying Eligible Patients – Using Dispensing Alerts

The user will be prompted with the following alert when dispensing any lithium preparations. Users are encouraged to print this to a label and place the label with the prescription in order for the pharmacist to start discussions with the patient.

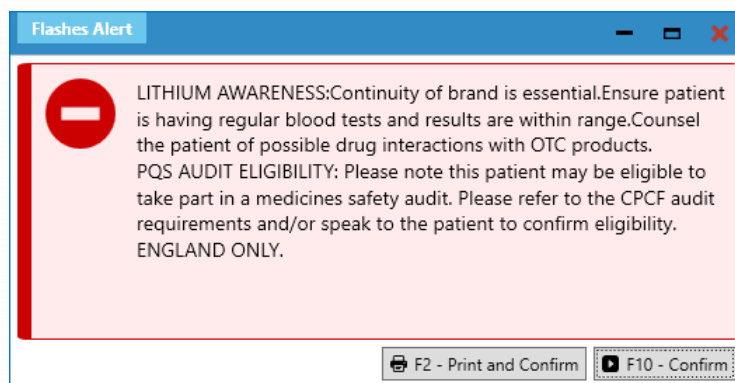


Figure 9: Lithium alert

Identifying Eligible Patients – By Assigning Conditions

EHCP suggests that the user assigns conditions where lithium is used as a treatment:

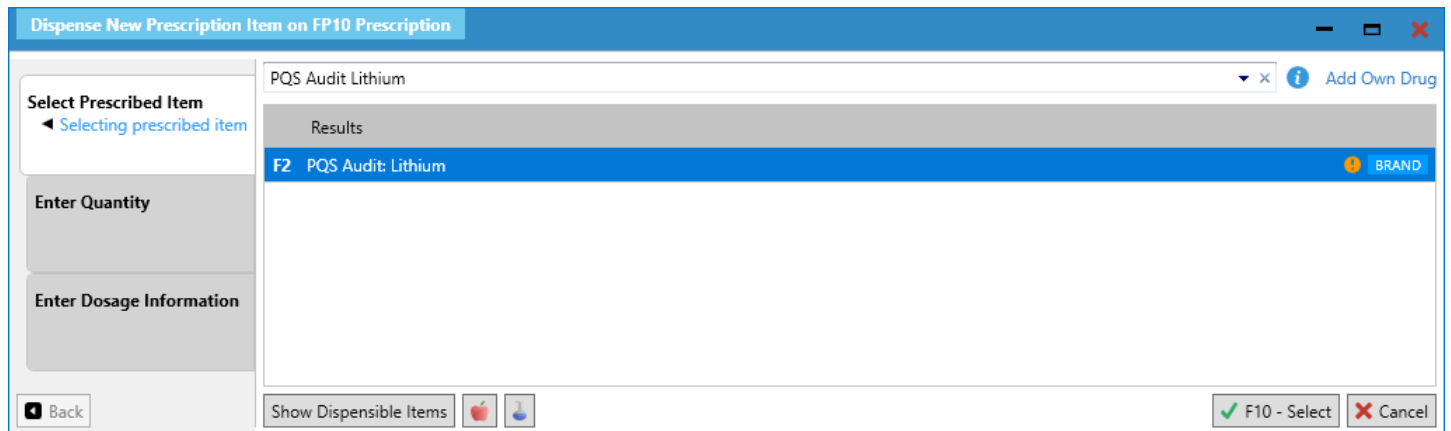
- Treatment and prophylaxis of mania;
- Treatment and prophylaxis of bipolar disorder;
- Treatment and prophylaxis of recurrent depression;
- Treatment and prophylaxis of aggressive or self-harming behaviour.

This can then be used to run reports by condition to identify eligible patients.

Please refer to the Identifying Eligible Patients – By Assigning Conditions section under Diabetes for details on how to carry this out.

Logging Audit/Check – Using PMR Record

Users will be able to add a “PQS Audit: Lithium” record to the PMR to record that the audit has been carried out for the patient. The dosage instructions can be used to complete details of the interaction with the patient.



The screenshot shows a software interface for adding a new prescription item. The search results list 'F2 PQS Audit: Lithium' as the selected item. The interface includes a search bar, a results list, and several control buttons for navigation and selection.

Figure 10: PMR Record for Lithium Patients

Users can then run the Patient/Drug Use report to identify patients for whom the audit has been carried out. When printing the report, include the dosage instructions to allow for all details to be consolidated.

Please refer to the Logging Audit/Check – Using PMR Record section under Diabetes for details on how to carry this out.

Logging Audit/Check – Using Counselling Notes

Alternatively, users can record counselling notes to the PMR to record that the audit has been carried out for the patient.

Please refer to the Logging Audit/Check – Using Counselling Notes section under Diabetes for details on how to carry this out.

Sodium Valproate

On the day of the declaration, the pharmacy must have completed a valproate safety audit, **over three consecutive months** for all girls and women of childbearing potential who have had valproate dispensed from the pharmacy.

Identifying Eligible Patients – Using Dispensing Alerts

The user will be prompted with the following alert when dispensing any sodium valproate preparations. Users are encouraged to print this to a label and place the label with the prescription in order for the pharmacist to start discussions with the patient.

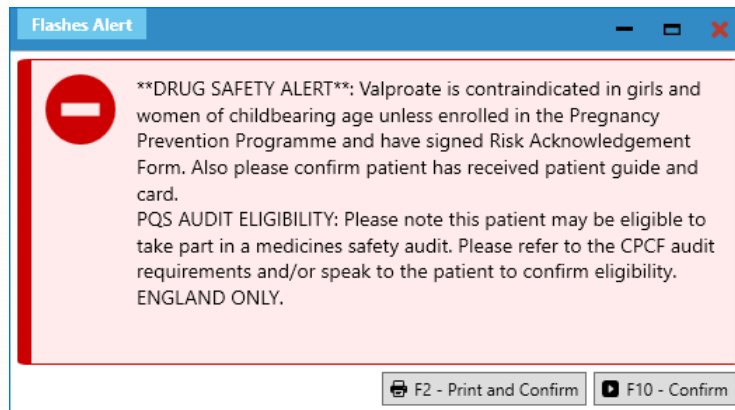


Figure 11: Sodium valproate alert

Identifying Eligible Patients – By Assigning Conditions

EHCP suggests that the user assigns conditions where valproate is used as a treatment:

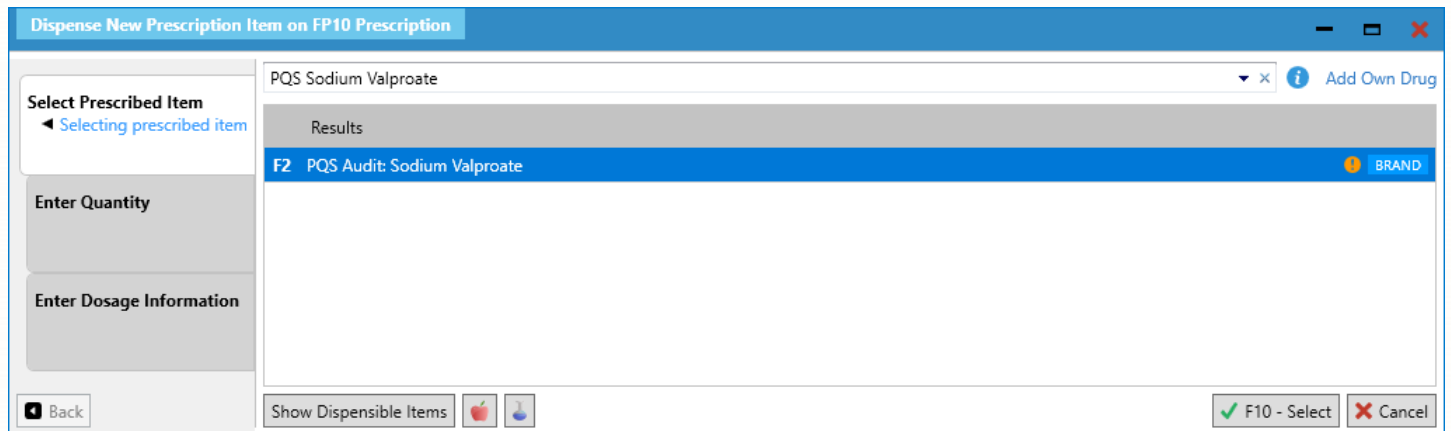
- All forms of epilepsy;
- Migraine Prophylaxis;
- Mania.

This can then be used to run reports by condition to identify eligible patients.

Please refer to the Identifying Eligible Patients – By Assigning Conditions section under Diabetes for details on how to carry this out.

Logging Audit/Check – Using PMR Record

Users will be able to add the following record to the PMR to record that the audit has been carried out for the patient. The dosage instructions can be used to complete details of the interaction with the patient.



The screenshot shows a software window titled "Dispense New Prescription Item on FP10 Prescription". The main content area displays "PQS Sodium Valproate" in a search bar, with a dropdown arrow and an "Add Own Drug" button. Below this, a "Results" section is visible, containing one entry: "F2 PQS Audit: Sodium Valproate" with a "BRAND" icon. On the left side, there are three sections: "Select Prescribed Item" (with a sub-link "Selecting prescribed item"), "Enter Quantity", and "Enter Dosage Information". At the bottom left, there is a "Back" button. At the bottom center, there is a "Show Dispensable Items" button with an apple icon and a blue icon. At the bottom right, there are two buttons: "F10 - Select" (with a green checkmark) and "Cancel" (with a red X).

Figure 12: PMR Record for sodium valproate patients

Users can then run the Patient/Drug Use report to identify patients for whom the audit has been carried out. When printing the report, include the dosage instructions to allow for all details to be consolidated.

Please refer to the Logging Audit/Check – Using PMR Record section under Diabetes for details on how to carry this out.

Logging Audit/Check – Using Counselling Notes

Alternatively, users can record counselling notes to the PMR to record that the audit has been carried out for the patient.

Please refer to the Logging Audit/Check – Using Counselling Notes section under Diabetes for details on how to carry this out.

NSAIDs

On the day of the declaration, the pharmacy must repeat the updated audit of NSAIDs and gastroprotection undertaken as part of the QPS for the February 2019 review point.

Generating the NSAID Audit

The guidance below outlines the recommendations for generating the reports required in ProScript Connect:

- First, access the Prescriptions Report from the ProScript Connect menu and set the date filter for the specific time interval.
- Under the “Prescribed Item” filter, enter the term “Diclofenac” to display all instances when any Diclofenac preparation was prescribed.
- Export this list to Excel.
- Next, access the Patient / Drug Use Report (PDUR) from the ProScript Connect menu.
- Using the patients that appeared in the Prescriptions Report:
 - Select the Patient Demographics checkbox, and then the Humans checkbox.
 - Add each patient that appeared in the Prescriptions Report.
 - Select the Age Between checkbox and set the age range from 65 to 120 years.
- Then select the following Printing Details:
 - Prescribed Drug
 - Dispensed Drug
 - Patient Name
 - Address / Nursing Home
 - Date of Birth
- Export the report to Excel.
- In Excel, use the features to filter out the items that are NSAIDs or COX 2 inhibitors and then review each patient individually (via their PMR) to assess whether they are co-prescribed a gastro-protective medicine.

Repeat the steps above all other NSAIDs and COX 2 inhibitors. Remember to consider brand names as well.

NOTE: This was the advice given for the previous audit, however, users can add the following PMR record and search for this, instead of each drug name:

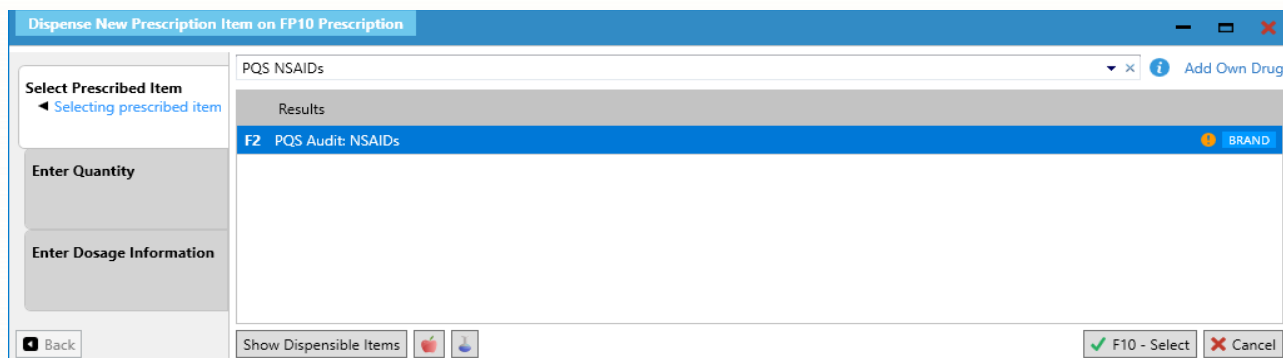


Figure 13: PMR Record for NSAID patients

Asthma Domain Quality Criteria

On the day of the declaration, the pharmacy can show evidence that patients with asthma, for whom more than 6 short-acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6-month period have, since the last QPS review point (i.e. 15th February 2019), have been referred to an appropriate healthcare professional for an asthma review.

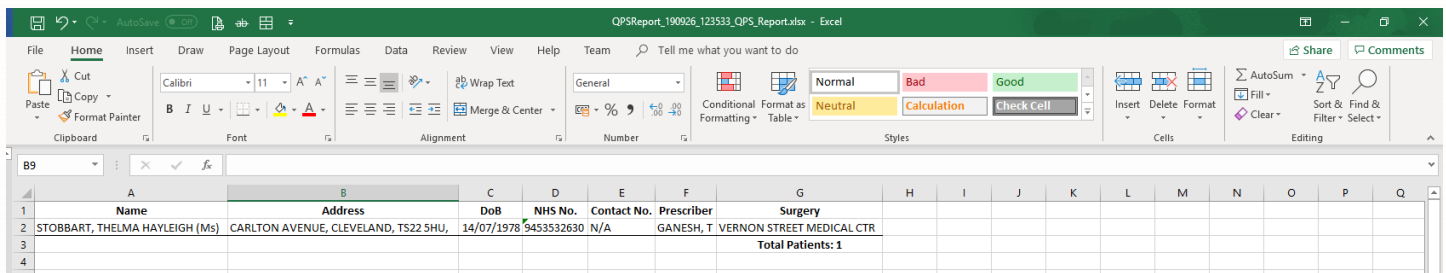
Contractors must also evidence that they have ensured that all children aged 5-15 years old prescribed an inhaled corticosteroid for asthma have a spacer device where appropriate in line with NICE TA38 and have a personalised asthma action plan. The pharmacy must be able to show that they have referred patients with asthma to an appropriate healthcare professional where this is not the case.

Further information can be found at: <https://psnc.org.uk/pharmacy-quality-scheme-asthma-referrals/>

Asthma Referral without Corticosteroid

The guidance below outlines the recommendations for generating the reports required in ProScript Connect:

- From the ProScript Connect menu, selecting Report Builder.
- From the Report Builder, select the SYSTEM report named *QPS: Asthma Referral Report*.
- Select the [F10 – Run Selected Report] button to open the report in a new tab.
 - The filters are automatically set for the previous 6 months and can be adjusted if required.
- Export the report to Excel



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	Name	Address	DoB	NHS No.	Contact No.	Prescriber	Surgery										
2	STOBART, THELMA HAYLEIGH (Ms)	CARLTON AVENUE, CLEVELAND, TS22 5HU,	14/07/1978	9453532630	N/A	GANESH, T	VERNON STREET MEDICAL CTR										
3							Total Patients: 1										
4																	

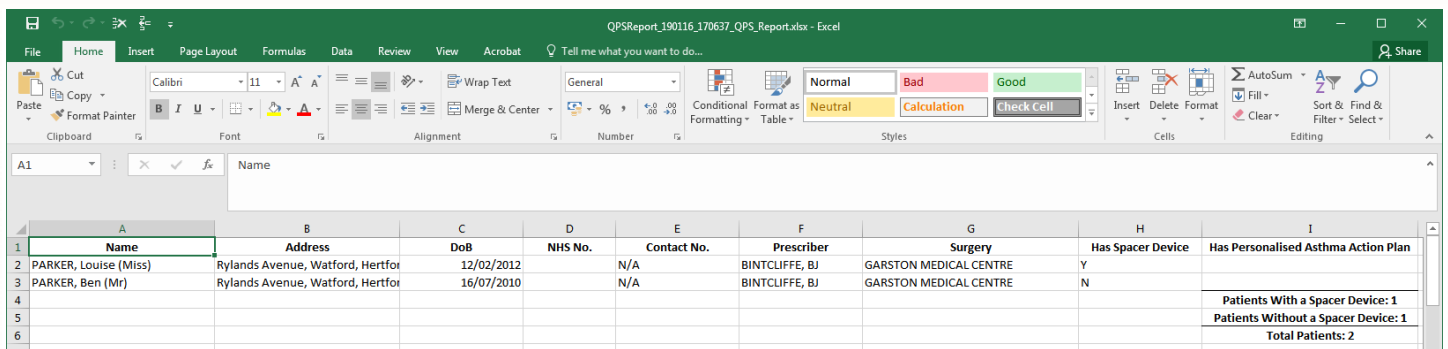
Figure 14: PQS Asthma referral report

Asthma Referral for Children Aged 5-15 years

The guidance below outlines the recommendations for generating the reports required in ProScript Connect:

- From the ProScript Connect menu, selecting Report Builder.
- From the Report Builder, select the SYSTEM report named *QPS: Asthma Referral Report for Children Aged 5-15 Years*.
- Select the [F10 – Run Selected Report] button to open the report in a new tab.
 - The filters are automatically set for the previous 6 months and can be adjusted if required.
- Export the report to Excel

Note that this report will only check for a spacer based on the time period selected. If the spacer device is not present in the PMR history within that period of time, the report will show that the patient has not had a spacer device and will appear with a No Spacer Device tag. We recommend that users check the full PMR history – or with the patient – to confirm if a spacer device has previously been prescribed.



	A	B	C	D	E	F	G	H	I
	Name	Address	DoB	NHS No.	Contact No.	Prescriber	Surgery	Has Spacer Device	Has Personalised Asthma Action Plan
2	PARKER, Louise (Miss)	Rylands Avenue, Watford, Hertfordshire	12/02/2012	N/A		BINTCLIFFE, BJ	GARSTON MEDICAL CENTRE	Y	
3	PARKER, Ben (Mr)	Rylands Avenue, Watford, Hertfordshire	16/07/2010	N/A		BINTCLIFFE, BJ	GARSTON MEDICAL CENTRE	N	
4									
5									Patients With a Spacer Device: 1
6									Patients Without a Spacer Device: 1
									Total Patients: 2

Figure 15: PQS Asthma referral report for children aged 5-15 years

Medicines Use Reviews (MUR) Changes

New targeting requirements apply to MURs conducted from 1st October 2019, therefore community pharmacy contractors must update their standard operating procedure for the service to reflect these changes.

Seventy percent of MURs conducted from **1st October 2019 to 31st March 2020** must be within the following two target groups:

- patients taking high-risk medicines; or
- patients recently discharged from hospital who had changes made to their medicines while they were in hospital.

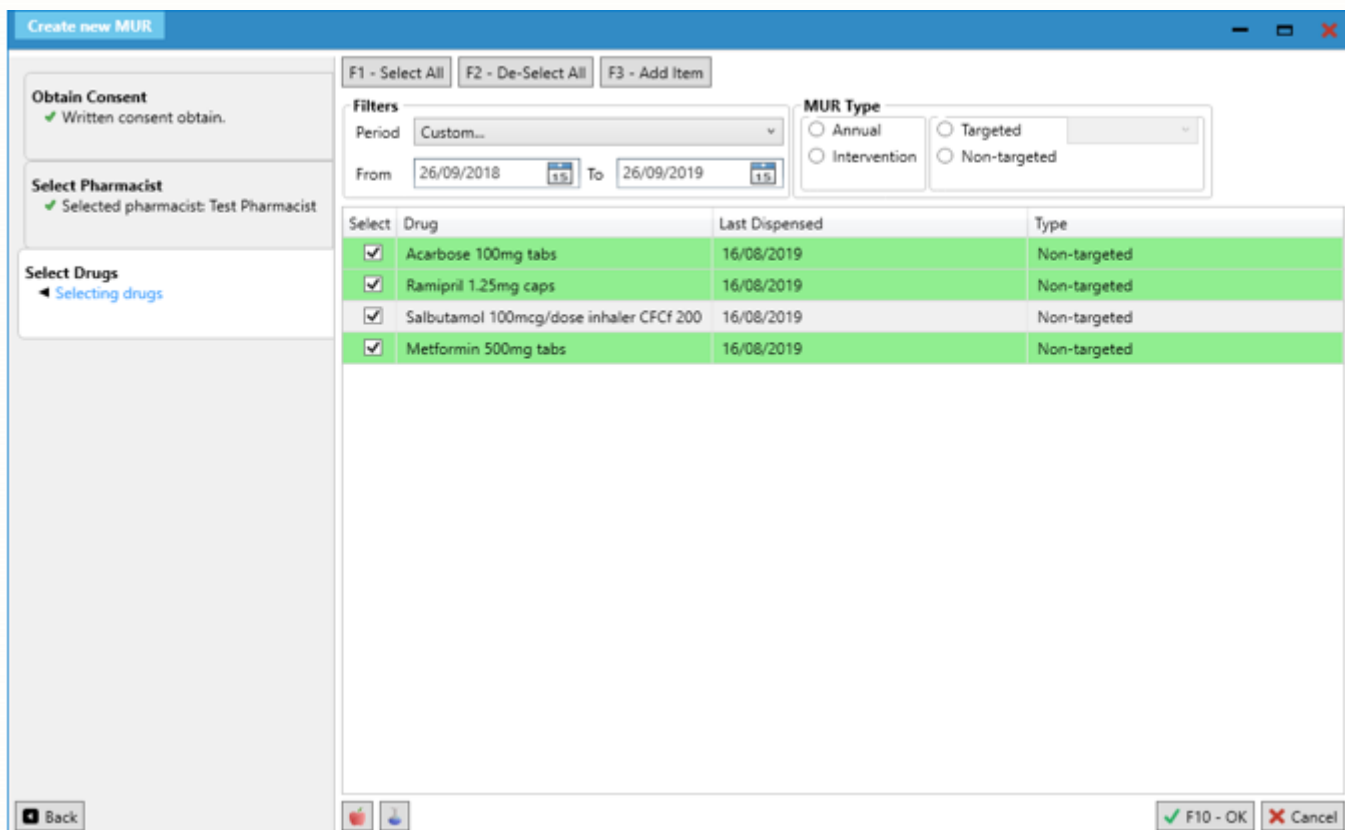
This means that from **1st October 2019**, patients with respiratory disease and patients at risk of or diagnosed with cardiovascular disease and regularly being prescribed at least four medicines are **no longer target groups for MURs**.

Between 1st April 2019 and 31st March 2020, contractors can undertake up to 250 MURs per pharmacy, but no more than 200 may be undertaken between 1st April 2019 and 30th September 2019.

Target Group Prompts

From 1st October, the drugs database will have been updated to remove the flags that would normally prompted for a targeted MUR for:

- patients with respiratory disease;
- patients at risk of or diagnosed with cardiovascular disease and regularly being prescribed at least four medicines.



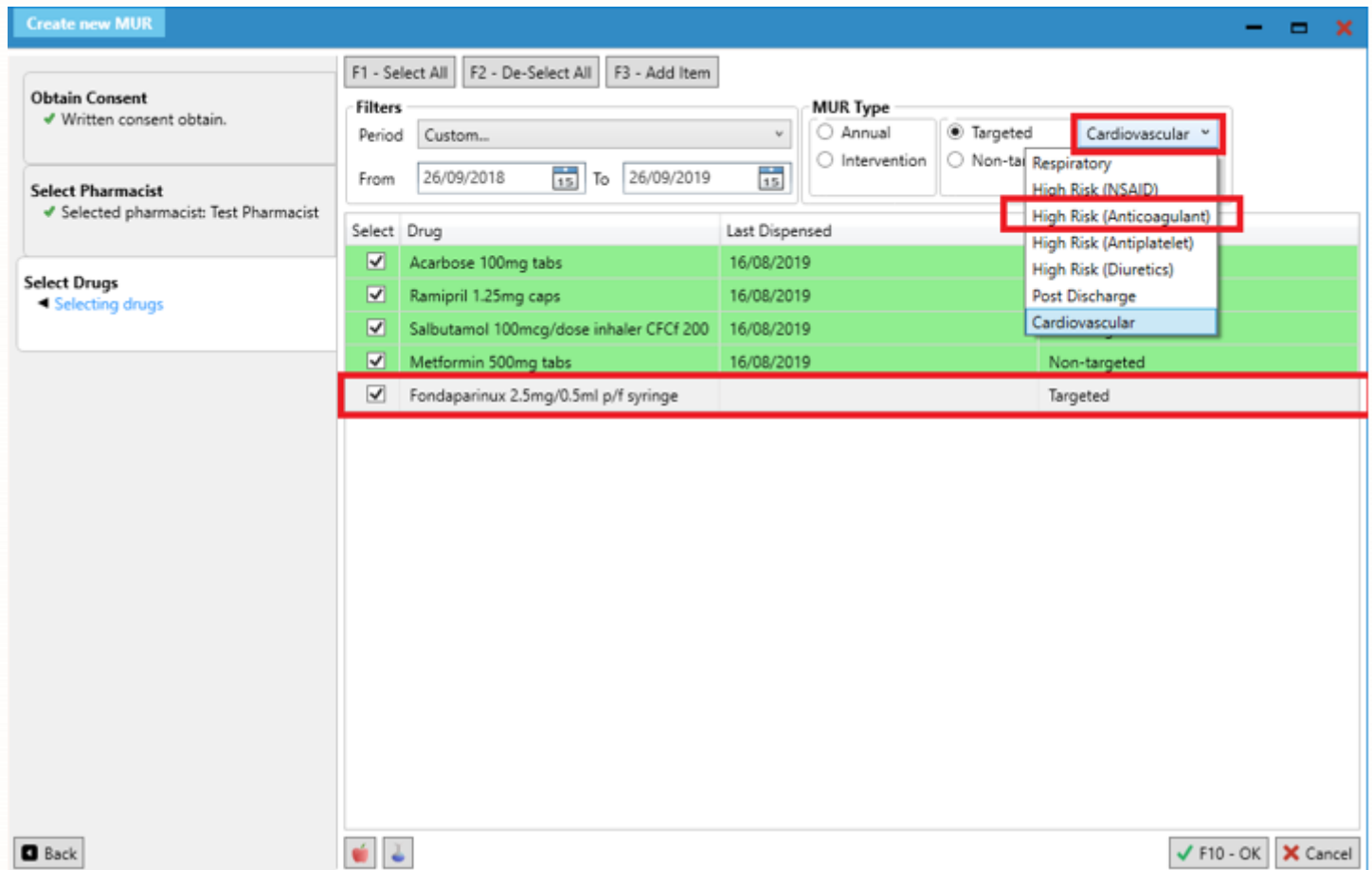
Select	Drug	Last Dispensed	Type
<input checked="" type="checkbox"/>	Acarbose 100mg tabs	16/08/2019	Non-targeted
<input checked="" type="checkbox"/>	Ramipril 1.25mg caps	16/08/2019	Non-targeted
<input checked="" type="checkbox"/>	Salbutamol 100mcg/dose inhaler CFCf 200	16/08/2019	Non-targeted
<input checked="" type="checkbox"/>	Metformin 500mg tabs	16/08/2019	Non-targeted

Figure 16: Removal of MUR target groups

Target Group Selection

Please note that application changes have not currently been carried out to remove “Cardiovascular” and “Respiratory” from the list of target groups.

Therefore, we highly recommend that you review and amend the target group selected before you proceed with an MUR, as there will be some preparations that fall into more than one target group. Once a target group has been selected, it cannot be amended.



The screenshot shows the 'Create new MUR' window. On the left, there are sections for 'Obtain Consent' (with a checkmark for 'Written consent obtain.'), 'Select Pharmacist' (with a checkmark for 'Selected pharmacist: Test Pharmacist'), and 'Select Drugs' (with a sub-link 'Selecting drugs'). The main area contains a table of drugs with columns for 'Select', 'Drug', and 'Last Dispensed'. A dropdown menu for 'MUR Type' is open, showing options like 'Cardiovascular', 'Respiratory', 'High Risk (NSAID)', 'High Risk (Anticoagulant)', 'High Risk (Antiplatelet)', 'High Risk (Diuretics)', 'Post Discharge', 'Cardiovascular', 'Non-targeted', and 'Targeted'. A red box highlights the 'Cardiovascular' option in the dropdown. Another red box highlights the row for 'Fondaparinux 2.5mg/0.5ml p/f syringe' in the table, which is currently set to 'Targeted'. At the bottom, there are 'Back', 'F10 - OK', and 'Cancel' buttons.

Select	Drug	Last Dispensed	MUR Type
<input checked="" type="checkbox"/>	Acarbose 100mg tabs	16/08/2019	Targeted
<input checked="" type="checkbox"/>	Ramipril 1.25mg caps	16/08/2019	Targeted
<input checked="" type="checkbox"/>	Salbutamol 100mcg/dose inhaler CFCf 200	16/08/2019	Targeted
<input checked="" type="checkbox"/>	Metformin 500mg tabs	16/08/2019	Targeted
<input checked="" type="checkbox"/>	Fondaparinux 2.5mg/0.5ml p/f syringe		Targeted

Figure 17: Removal of MUR target groups

NHS Community Pharmacist Consultation Service

From 29th October 2019, a new Advanced service – NHS Community Pharmacy Consultation Service (CPCS) – will see patients in England referred into community pharmacy through other NHS providers, such as NHS 111. This will replace the NHS Urgent Medicine Supply Advanced Service (NUMSAS) and the Digital Minor Illness Referral Service (DMIRS).

In order to claim payments, contractors should use the CPCS IT system (Sonar or PharmOutcomes) to pre-populate claim information in the MYS application monthly.

Creating Shortcuts

EHCP recommend that customers create shortcut links on their PSC applications so that these sites can be accessed quickly.

- From the main ProScript Connect screen, select the [+] symbol:

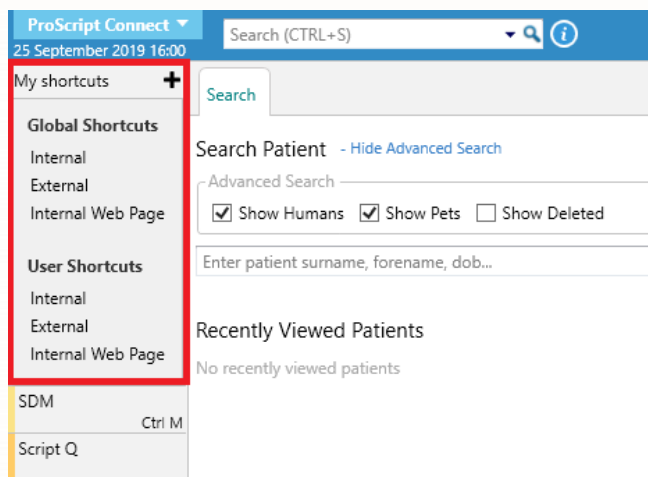


Figure 18: Creating shortcuts

- Navigate to Global Shortcuts and select Internal Web Page; complete the fields on the pop-up screen; users can even create a Hot Key that will allow quick access the website:

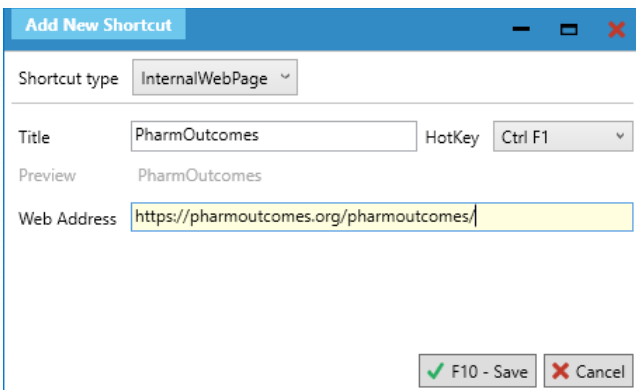


Figure 19: Add new shortcut

- Carry out the above for PharmOutcomes: <https://pharmoutcomes.org/pharmoutcomes/>
- Carry out the above for Sonar: <https://www.sonarhealth.org/sonarhealth/default.aspx>

Revision History

Version Number	Date	Revision Details	Author(s)
1.0	20 November 2019		Joanne Hibbert-Gorst

Contact us

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