

Hypertension Case Finding Service



Service - Overview

What is the service?

The Service has two stages (both must be completed by either Pharmacist or Pharmacy technician).

- The first is identifying people at risk of hypertension and offering them blood pressure measurement – a **'Clinic Check'**.
- The second stage, where clinically indicated, is offering a seven-hour **ambulatory blood pressure monitoring (ABPM)**. The blood pressure test result will then be shared with the patient's GP to inform a potential diagnosis of hypertension.
– an **'Ambulatory Blood Pressure Monitoring'**.

GP Referrals

General practices can send over referrals for any patients for either or both of the stages of the service.

- Clinic Check
- ABPM

No age restriction of the referral – If we do not have the cuff size, please directly contact that practice to inform.

There are **no exclusion criteria**.

Recommended all referrals are sent through electronically through **'Local Services'** on EMIS or via **NHS mail** for SystmOne Practices.

If GP Referral not sent?

Referral should be sent electronically, if a patient presents without an electronically referral, pharmacy team should assess authenticity of the refer and complete through **PharmOutcomes** as a **Hypertension Casing Finding Service** stating the referral pathway.

Other Healthcare professional can send across for referral – Please ensure the correct referral pathway is selected.

If a patient is referred for ABPM, please only conduct an ABPM.

Changes to the service

Who can provide the service?

- ☐ Pharmacists
- ☐ Pharmacy Team

The Pharmacy owner must ensure all pharmacy staff providing the service are appropriately trained and that clinical supervision for the service is being provided by the Pharmacist.



14

ABPM - Timing

☐ Minimum 14 readings (7 hours)

- Ensure the readings are taken within waking hours – last fitting for ABPM can occur around 2pm within readings finished finishing at 10pm
- This means that there has to be 14 minimum readings of ABPM readings. Readings every half an hour. Consider carrying out ABPM slightly longer to avoid cuff leakage or errors in readings.

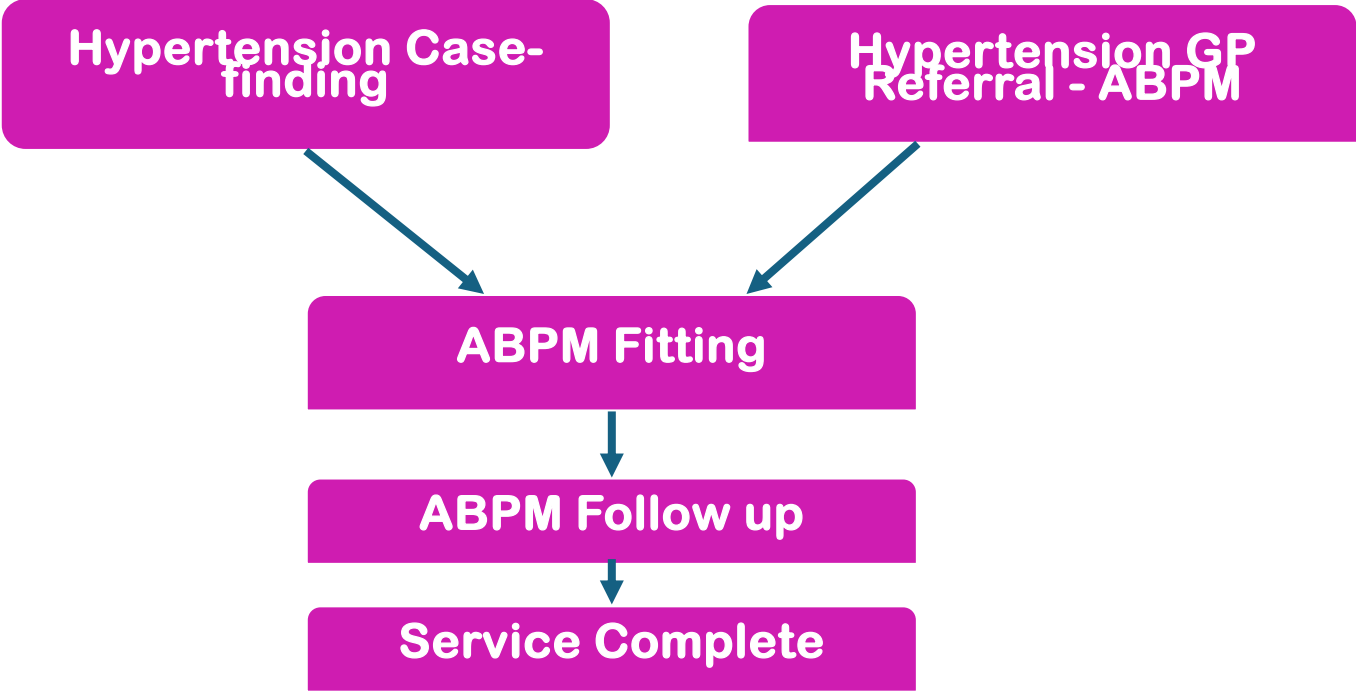
PharmOutcomes

ABPM Completion

❑ To ensure full completion of the service, you have to enter the ABPM reading into PharmOutcomes on ABPM follow-up and if possible attach a PDF copy of the ABPM report.

Claiming month

❑ If the referral or the service is carried out in one month and the service is completed on the next month, the claim will come through on the latter month. i.e. If you make an intervention or referral in December but complete the ABPM in January, the claim will come through in January as this is the completion of the service.



Full Provision

You can show just provisions for

View all provisions for

Service Provision

Date

CPCS NHS 111 Urgent Supply - NHS.net Consultation
Hypertension Case-Finding
Ambulatory Blood Pressure Monitoring
Hypertension GP Referral - ABPM
Hypertension GP Referral - ABPM Fitting
✓ Hypertension GP Referral - ABPM Follow-Up
Clinic Blood Pressure Check
Hypertension GP Referral - Clinic Check
CPCS NHS 111 - Minor Illness

Showing "Show"

ⓘ Status explained

January 2024

How to action referrals from GP?

How to complete referral from GP?

Both stages of the service should be recorded on PharmOutcomes. It is vital that PharmOutcomes is checked on a DAILY basis every morning when you sign in as RP. PharmAlarm can be used as a visible reminder for incoming notification.

Surgery can refer patients for a:

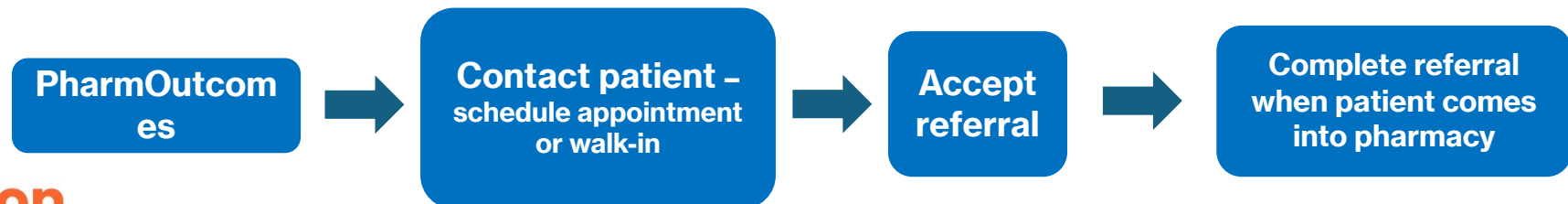
- **Clinic Check**
- **ABPM**

Referrals will be sent via PharmOutcomes:

1. Call the patient and arrange for a walk-in or appointment [dependant on your pharmacy]
2. **ACCEPT** the referral on the system – This informs the surgery that the patient has been contacted
3. When patient makes contact – Complete referral on PharmOutcomes – Clinic Check or ABPM

The information is sent to GP via the PharmOutcomes electronic referral notification.

If notification not being sent to surgery, please contact abi@cpnel.org as the surgery need to verify their NHS secure email address



Acceptance and completion of referred service

This referral has been made to your organisation at the request of a patient.

If you are unable to complete the referral, you can reject it, but please select the reason for rejection from the drop down list below.

If you can accept the referral but cannot complete the associated actions immediately, click on the accept button to acknowledge receipt of the referral. You can make relevant notes in the Notes box.

A screenshot of the PharmOutcomes interface. It shows a text box for notes, a dropdown menu for "Reason for rejection" with the option "Select the reason for not being seen in the pharmacy" selected, and three buttons: "Complete now", "Accept", and "Return (unable to complete)". The "Accept" button is highlighted with a large red and orange 3D "Accept" sticker.

January 2024

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Reason for rejection:

[Complete now](#) [Accept](#) [Return \(unable to complete\)](#)



Claiming

Service Payment

- ☐ BP Check – £15 per consultation
- ☐ ABPM Check – £45 per consultation

How to submit your claim?

All your BP and ABPM must be submitted through MYS. Please ensure you claim every month – all the data will be transposed from PharmOutcomes.

Check all data is entered
on PharmOutcomes



MYS



Review



Submit

If you haven't signed up?

If there is any pharmacies, who would like to sign up to the service and have not, please feel free to reach out to me at abi@cpnel.org

Important information

ABPM Timing

- ❑ ABPM measurement should be taken for a minimum of 14 readings during the person's usual waking hours.
- Use of 14 readings means the latest time for an appointment to fit an ABPM would be 14:00 if monitoring is stopping at 22:00

Calibration

- ❑ All blood pressure measuring equipment should be regularly checked and calibrated in accordance with the manufacturer's instruction.

Claiming

- ❑ All claiming is done via MYS
MYS → Review → Submit
 - Ensure all patient data entry is saved for the information to translate across to MYS.

ABPM Report

- ❑ ABPM report should be attached in the patient info on PharmOutcomes. This allows the GP to view the report. Please save as a PDF file on the desktop and attach.

ABPM

- ❑ ABPM Should be offered to any individual who has a HIGH clinic blood pressure reading at clinic check.

Service Provider

- ❑ Anyone in the Pharmacy team can provide the service. They must be competent and trained to provide the service.
 - Keep a record of the training and competency.

Service Specification

Pharmacies opting to provide the service **MUST** undertake both stages of it, where clinically required, i.e. it is not possible to just undertake clinic BP readings and not ABPM

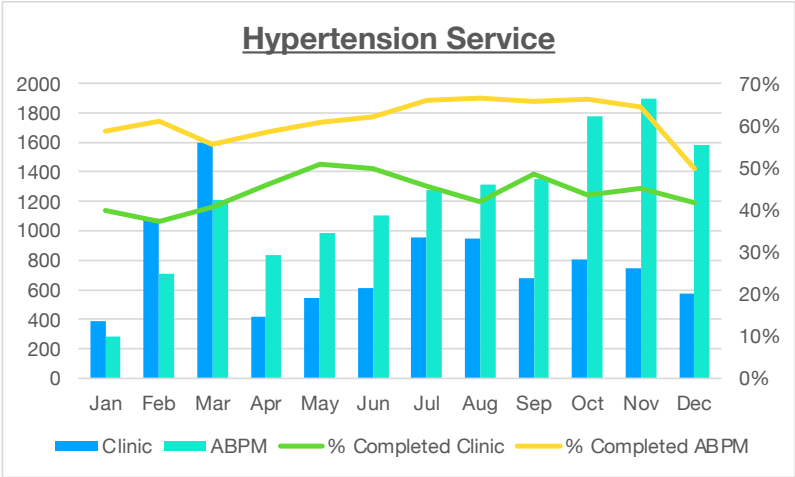
Success of the Service

BP Clinic Check

BP Clinic Check – 23,000 between July – September ‘23
23% above national average
Roughly 21 BP clinic check per pharmacy = £315

ABPM

ABPM – 2,553 between July – September ‘23
272.8% above national average
Roughly 2 ABPM per pharmacy per month



Opportunistic Hypertension

Total completed : 41,316
Number patient with High/Very High : 6,794 (16%)
ABPM Completed : 1,348 (0.03%)

Hypertension – GP Referrals

	Clinic			ABPM	
Total Referrals	9,463			14,,483	
Completed referrals	4,123	(43%)		8,890	(61%)
Dropped referrals	4,325	(45%)		4,325	(28%)
Accepted/Referred referrals	1,195	(12%)		1,195	(11%)

NHS Pharmacy Contraception Service



Introduction

Introduction

The aim of the Pharmacy Contraception Service is:

- To offer greater choice from where people can access contraception services
- Create additional capacity in primary care and sexual health clinic
- Help to address health inequalities by providing wider healthcare access for local communities

Scope of the service

- The service involves community pharmacists providing ongoing management of routine oral contraception that was already initiated in general practice or a sexual health clinic
- Community pharmacists can now also initiate oral contraception, via a PGD, and provide ongoing clinical checks and annual reviews

Requirements to provide the service

- Notify NHS England that you intend to provide the service by completion of an electronic declaration through MYS
- The consultation must be provided by a pharmacist, except for BMI and blood pressure readings which may be conducted by a suitably trained pharmacy technician in advance of the pharmacist consultation
- If the pharmacy contractor is commissioned to deliver any related services, e.g. the Hypertension Case-Finding service, the contractor may not claim twice for the same activity



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Points to note

- You must have a SOP in place covering the provision of the service and all staff involved in the provision of the service must be familiar with and adhere to the SOP
- Remote consultations are permitted to be used to provide the service as long as there are arrangements in place to ensure confidential communication
- You must use equipment that is validated by the British and Irish Hypertension Society

Service Description

People will access the service by one of the following routes:

- Identified as clinically suitable by the community pharmacist and accept the offer of the service – can include identification when a person attends the pharmacy to collect an NHS repeat prescription for OC
- Self-referral
- Referred by GP – referral to PharmOutcomes will soon be switched on
- Referred from sexual health clinic
- Referred from other NHS service providers (e.g. UTC/111)

Inclusion Criteria

To be eligible to access the service a person must:

- Be an individual seeking to be initiated on an OC, or seeking to obtain a further supply of their ongoing OC:
 - Combined oral contraceptive (COC) – from menarche up to and including 49 years of age
 - Progestogen only pill (POP) – from menarche up to and including 54 years of age

Exclusion Criteria

A person will not be eligible for this service if:

- They are considered clinically unsuitable
- Individuals under 16 years of age and assessed as not competent using Fraser guidelines
- Individuals 16 years and over and assessed as lacking capacity to consent



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Payment arrangements

Item	Payment
Consultation fee	Payment of £18 per consultation
Pharmacy set up costs	£900 per pharmacy premises paid in instalments as follows: <ul style="list-style-type: none">• £400 paid on signing up to deliver the service via the NHSBSA MYS portal• £250 paid after claiming the first 5 consultations• £250 paid after claiming a further 5 consultations (ie 10 consultations completed).

Further Information

Consent

- Verbal consent must be sought from the person and recorded in the patient's record for the service
- Information must be shared with the patient's GP if they consent to this

Consultation and length of supply

- The consultation must include a conversation with the person regarding alternative and more effective forms of contraception e.g. LARC
- On initiation, the quantity of OC supplied should not exceed 3 months
- Following initiation, repeat supplies of up to 12 months duration can be made, and unless there are reasons not to, such a duration of supply should be considered in line with the Faculty of Sexual and Reproductive Healthcare (FSRH) guidance

Payment information

- If the pharmacy contractor is commissioned to deliver any related services, e.g. the Hypertension Case-Finding service, the contractor may not claim twice for the same activity
- Claims for payment should be submitted within one month of, and no later than three months of providing the chargeable activity. Claims which relate to work completed more than three months after the consultation will not be paid
- If the pharmacy contractor wishes to stop providing the service, they must notify the commissioner that they are no longer going to provide the service via the MYS platform, giving at least one month's notice prior to the cessation of the service
- If a pharmacy contractor de-registers from the service or ceases trading within 30 days of registration, they will not qualify for the £400 set up fee. In this event, if the £400 fee has already been paid to the contractor, this money will be claimed back
- Data to populate a payment claim for this service will automatically be added to the MYS portal using the API between the approved service IT system and the NHSBSA. Contractors will need to submit the claim within the MYS portal, as part of the normal month end claims process.



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The NEL Picture

'Tier 1'

43 contractors were signed up for the initial 'Tier 1' of the service where repeat supplies of oral contraception were made



The current view

107 contractors across NEL have signed up so far to the updated service where pharmacists are able to provide repeat supplies as well as initiating oral contraception



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Pharmacy First



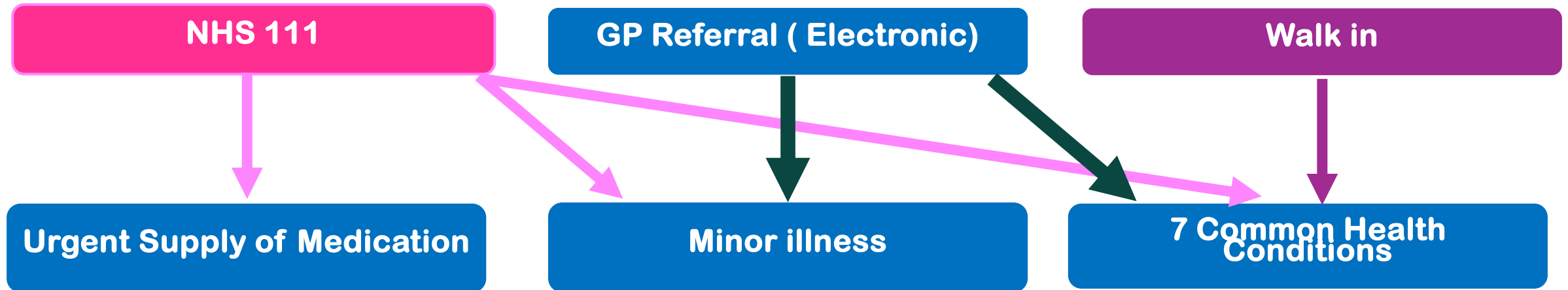
Pharmacy First - Overview

What is the service?

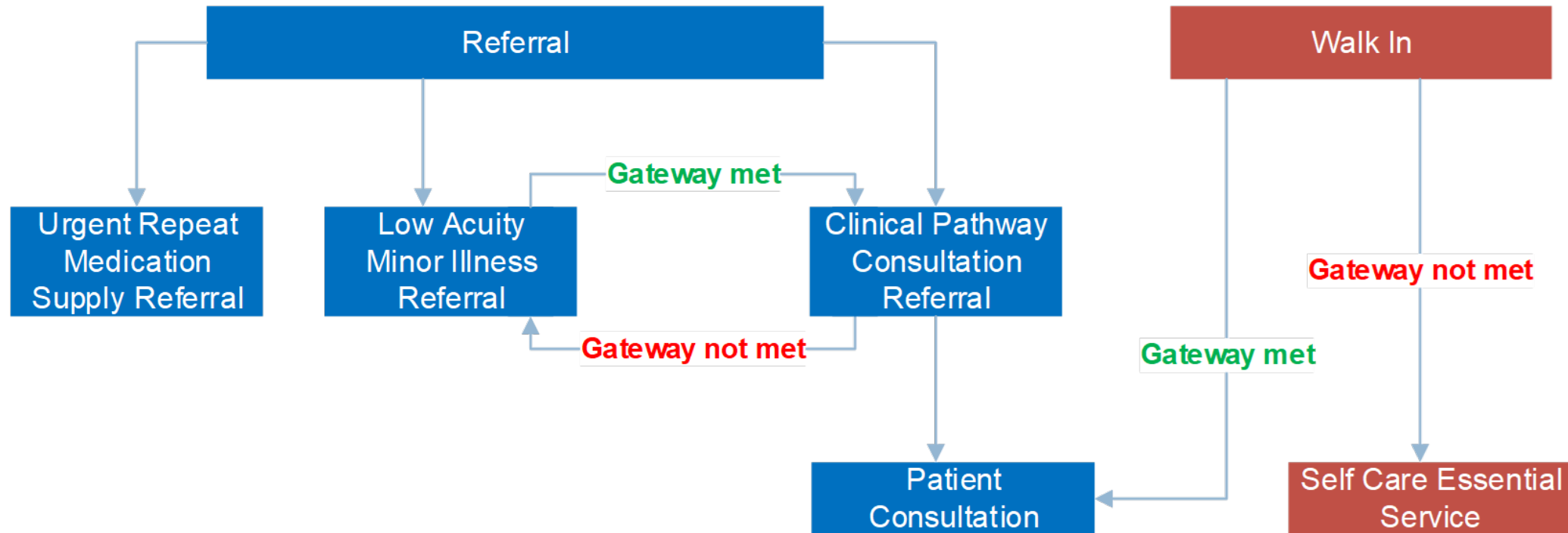
Pharmacy First is a new advanced service which involves Pharmacists providing advice and NHS-funded treatment, where clinically appropriate for seven conditions.

The service will also incorporate the existing elements of Community Pharmacy Consultation Service i.e. Minor Illness consultation with a pharmacist and supply of urgent medicines (and appliances) both following a referral from NHS111, general practices and other authorised healthcare providers.

Service Breakdown



Pharmacy First Service Overview



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- The existing referral routes for the CPCS will apply to the new clinical pathway's element, but patients will also be able to self-refer to a pharmacy for the clinical pathways (subject to the patient passing a clinically established gateway point in the relevant clinical pathway).

Minor Illness

Acne, Spots, or pimples	Dry, sore or water eyes (Adults and children over 1 year)	Indigestion
Ankle or foot pain	Earache (Adults and children over 1 year)	Infant colic
Athlete's foot	Ear wax or blocked ear (Adults and children over 5 years)	Insect bites or stings
Back or neck pain	Eczema/dry skin	Itch
Blister	Eyelid problems (Adults and children over 1 year)	Knee or calf (lower leg) pain
Cold sore	Failed contraception (over 16s only)	Mouth ulcers
Cold symptoms (Without cough or fever)	Flu symptoms	Muscle pain (for pain in back or neck please use back or neck pain questionnaire)
Conjunctivitis or sticky eye (Adults and children over 2 years)	Hair loss (Men)	Nappy rash
Constipation	Hay fever	Piles
Corns or calluses on your foot	Headache or migraine	Scabies
Cough (Adults and children over 5 years)	Head lice	Scratch or graze
Cystitis (Women 16-64 years old only)	Heartburn	Shoulder pain or stiffness
Diarrhoea or tummybug	Hip pain	* Not an exhaustive list of minor illness

Infections to be managed via Clinical Pathways

Clinical Pathway	Age range
Uncomplicated UTI	Women 16-64 years
Shingles	18 years and over
Impetigo	1 year and over
Infected Insect Bites	1 year and over
Sinusitis	12 years and over
Sore Throat	5 years and over
Acute Otitis Media	1 to 17 years

Pharmacy First –Seven conditions

UTI	Shingles	Impetigo	Insect Bite	Sore Throat	Sinusitis	Acute otitis media
Nitrofurantoin	Aciclovir	Hydrogen Peroxide cream			Mometasone nasal spray	Phenazone & lidocaine ear drops
	Valaciclovir	Fusidic acid cream			Fluticasone nasal spray	
		Flucloxacillin			Pen V	Amoxicillin
		Clarithromycin Erythromycin			Clarithromycin Erythromycin Doxycycline	Clarithromycin Erythromycin

Training

Checklist

- ☐ **Service Specification**
- ☐ **Standard operating procedure (SOP)**
- ☐ **23 PGDs**
 - ☐ - PGD for all the seven conditions
 - ☐ - Signed copy to be retained in the pharmacy
- ☐ **PharmOutcomes login details**
- ☐ **Otoscope** in accordance with service spec.

Involving the whole team

Ensure your pharmacy team are fully aware of the service.

Brief the team in advance of launching the service and ensure they are able to communicate the service to the patient.

If you haven't signed up?

If there is any pharmacies, who would like to sign up to the service and have not, please look on our website. There will be no rollover of the service when CPCS is decommissioned on 31st January 2024.

Payment Structure

How the claiming structure will work?

Initial fixed payment of £2,000 per pharmacy to be made available ahead of the launch.*

*If initial fixed payment will be reclaimed if pharmacy owners do not provide **five clinical pathways** consultations by the end of **March 2024** (Minor illness and urgent medicines supply consultations do not count towards this minimum consultation requirement).

Consultation fee - £15 per consultation + **cost of medicine** reimbursement.

Monthly fixed payment - £1,000 will be paid to the pharmacy owners who meet a minimum activity threshold of clinical pathways consultations (This threshold will increase over time as illustrated below).

Drug cost reimbursement – Pharmacy contractors will be reimbursed for the cost of any supplied medicines following completion of the consultation.

Month	Minimum number of clinical pathways consultations
February 2024	1
March 2024	5
April 2024	5
May 2024	10
June 2024	10
July 2024	10
August 2024	20
September 2024	20
October 2024 onwards	30

Claiming

How to claim for the service?

- All your Pharmacist consultation – Minor illness | Urgent Supply | Clinical Pathway consultation must be submitted through MYS
- From April 2024, an initial cap of 3,000 consultations per month per pharmacy will be put in place. From 1st October 2024, new caps will be introduced based on actual provision of clinical pathways consultations, designed to deliver 3 million consultations per quarter with any unused activity rolling forward to subsequent quarters of that financial year. The mechanism to set these caps will be agreed jointly by Community Pharmacy England, DHSC and NHS England and will be reviewed once we have data from actual service delivery.
- By 31 March 2025 at the latest, all contractors delivering Pharmacy First will also have to deliver the contraception service and blood pressure check service to qualify for the monthly fixed payment (as well as meeting the relevant consultation threshold).



Record Keeping

Comments

This is a medical record and this will be access to other healthcare professionals. Avoid any offensive, personal or humorous comments.

Language

Language of the consultation needs to be considered. Please ensure all consultation notes are written in proper English and save consultation after review. No text language.

Contemporaneous Record

Document each patient interaction as soon as possible. Accurate reflection of what the consultation entailed and all relevant information are recorded.

It is important to maintain the integrity of the record

Abbreviations

Abbreviation is open to interpretations and can confuse other healthcare professionals. Limit the use of them to those approved and commonly used

Patient Access

Patient will have access to their NHS record and consultation notes. Please be wary of the consultations made.



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GP CPCS – Achievements?

GP CPCS

Total GP CPCS Referrals. 114,883

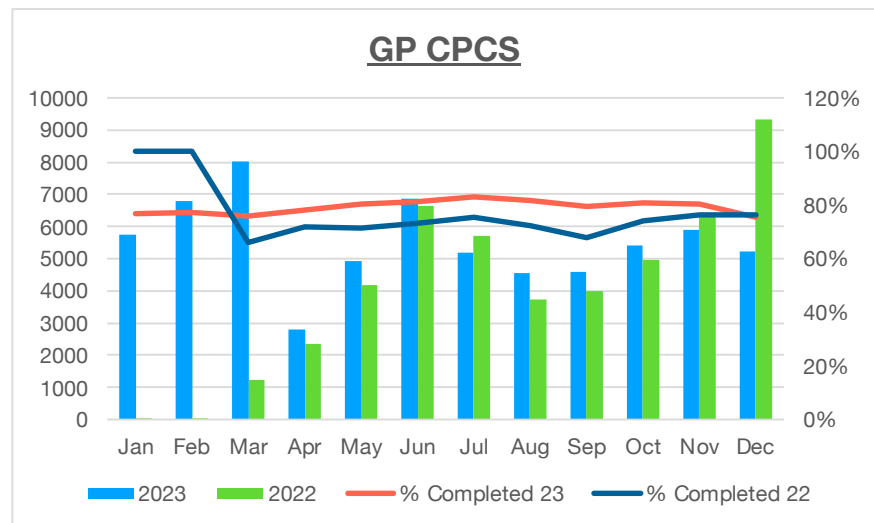
Completed referrals. 88,396

(77%)

Dropped referrals 25,905 (23%)

Accepted/Referred referrals: 580

(1%)

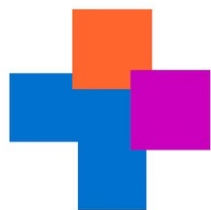
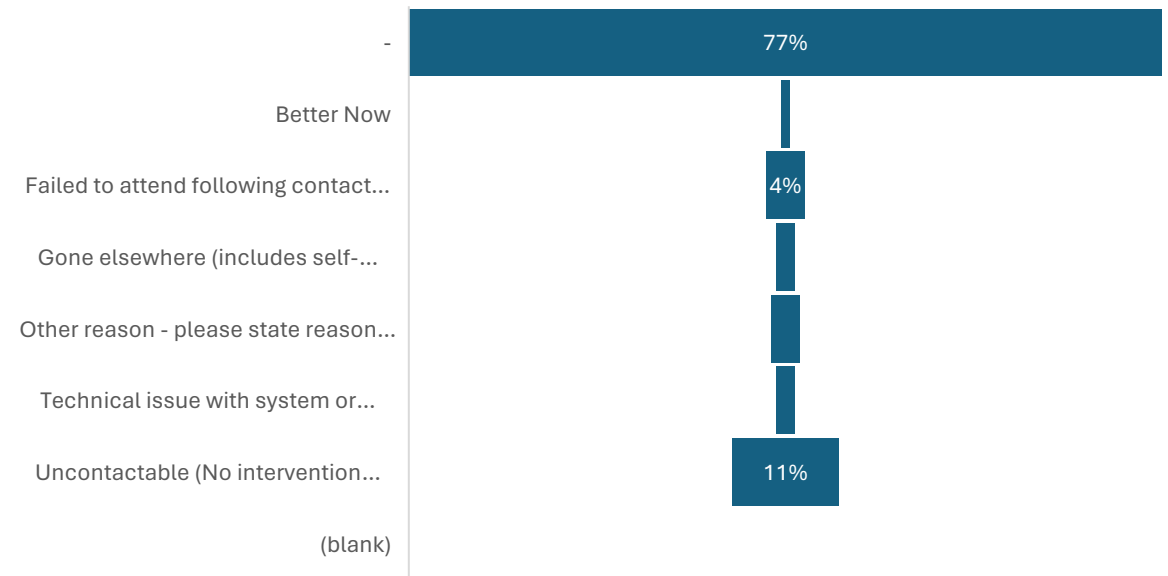


GP CPCS –23,875 between July – September ‘23

64.7% above national average

Roughly 21 GP CPCS consultation per pharmacy per month = £315

Reason for Rejection



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GP CPCS – Learning points

Timing

- ❑ Please ensure the patients are called within 24 hours of contact – do not wait for the patient to present to the pharmacy.
Contact patient THREE times at minimum of 10 minute interval.
Message maybe left but not the reason for the call due to GDPR.

Pharmacy Teams

- ❑ Please ensure all pharmacy teams are briefed on the new service and how it works. Therefore, all walk-in patients are directed accordingly

Claiming

- ❑ All claiming is done via MYS
MYS → Review → Submit
– Ensure all patient data entry is saved for the information to translate across to MYS.

Recording the consultation

- ❑ Recording the consultation. As soon as the consultation is carried out – Please complete the record on your IT provider to ensure accurate reflection and the general practice is informed

NHS verification

- ❑ if there are any surgeries, which have not verified their NHS email address. Please reach out to abi@cpnel.org

Service Provider

- ❑ Ensure all locums and pharmacists are fully trained to be provide the service.
– Keep a record of the training and competency.

Contact

To ensure we are always making contact with the patient. this allows communication from both sides, you might be able to do the consultation remotely or request the patient to come in to further investigate.

Antibiotic Stewardship

- ❑ Patient will be assessed on the clinical condition they present with. Not all consultation will result in antibiotics being issued.
Not all conditions will allow for antibiotics to be issued.



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Discharge Medicines Service



Introduction

The Discharge Medicines Service (DMS) became a new Essential service within the Community Pharmacy Contractual Framework (CPCF) on 15th February 2021

NHS Trusts are able to refer patients who would benefit from extra support with their medicines after they are discharged from hospital, to their community pharmacy.

How the service works

Hospitals will identify patients who will benefit from the DMS and will send a referral to the patient's pharmacy via a secure electronic system.

When a referral is received, the community pharmacist will review the information in the referral, including comparing the revised medicines prescribed to those the patient used before being admitted to hospital.
If any issues are identified, these will be queried with the hospital or the general practice.

Pharmacy team members will check whether there are any existing dispensed prescriptions waiting for the patient or any electronic repeat dispensing prescriptions on the NHS spine.
If there are, these need to be checked to see if they are still appropriate for the patient.

If the patient and/or their carer cannot attend the pharmacy, for example if they are housebound or convalescing following surgery, the consultation can be provided by telephone or video link.

The pharmacist or pharmacy technician will have a consultation with the patient and/or their carer to check their understanding of what medicines they should now be using and to provide further advice.
If there are medicines the patient is no longer using, the pharmacy should offer to dispose of them, to avoid potential confusion in the future

When the first prescription for the patient is received by the pharmacy following discharge, there will be a check to compare the medicines prescribed by the hospital and those prescribed by the GP.

If there are discrepancies or other issues, the pharmacist or pharmacy technician will try to resolve them with the general practice.

Requirements to provide the service

Declaration of competence

Ensure that all pharmacy professionals who will be engaged in delivering the service have completed a Declaration of Competence prior to providing this service

Awareness of service requirements

Ensure that all members of the community pharmacy team who will be involved in providing the NHS Discharge Medicines Service understand the aspects of the service and the parts of the service specification relevant to their role

Develop a SOP

Ensure that a standard operating procedure for delivering the NHS Discharge Medicines Service which is read is developed and understood by all staff involved in providing the service

Understand the referral process

Understand how referrals will be received from NHS trusts in their local area and ensure relevant members of staff can access them

Identify key contacts

Consider and identify key local contacts in the system (eg the local PCN pharmacy team) and build relationships to promote integrated working

Patient engagement

Consider how to best explain the service and offer advice on taking medicines effectively to patients, relatives and carers. Reflect how to share this advice where the patient has limited capacity to engage in the conversation or to understand complex medication issues (eg under the Mental Capacity Act 2005)

Requirements to provide the service

Medicines understanding discussions

Where discussions take place on community pharmacy premises, make sure there is a consultation space in the pharmacy suitable to undertake the review with the patient and/or their carer. Where the patient and/or their carer does not wish to attend the community pharmacy for this discussion, consider undertaking the discussion in a manner which meets the patient's/carers' needs, e.g. by telephone or video consultation



NHS Discharge Medicine Service Training

Community pharmacy contractors should ensure that staff are competent to provide this service and, where there is any doubt, should seek further training. It is strongly recommended that all pharmacists and pharmacy technicians delivering this service complete the CPPE NHS Discharge Medicines Service training to reinforce their knowledge

Payments for the service

A setup fee of £400 was agreed to cover the costs of preparing to provide the service, principally training staff and putting in place a standard operating procedure for the service. Any pharmacy on the pharmaceutical list on 1st February 2021 automatically received this payment on 1st April 2021

Where only part of the service can be provided, in certain circumstances defined in the Drug Tariff, contractors will be paid a partial payment:

- Stage 1: £12
- Stage 2: £11
- Stage 3: £12

Pharmacy owners will make a monthly claim for completed DMS provisions via the NHSBSA's MYS portal

Pharmacy owners providing the full service will be paid a fee of £35



NHS Advanced Smoking Cessation Service



Introduction and Requirements

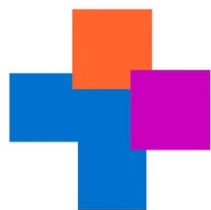
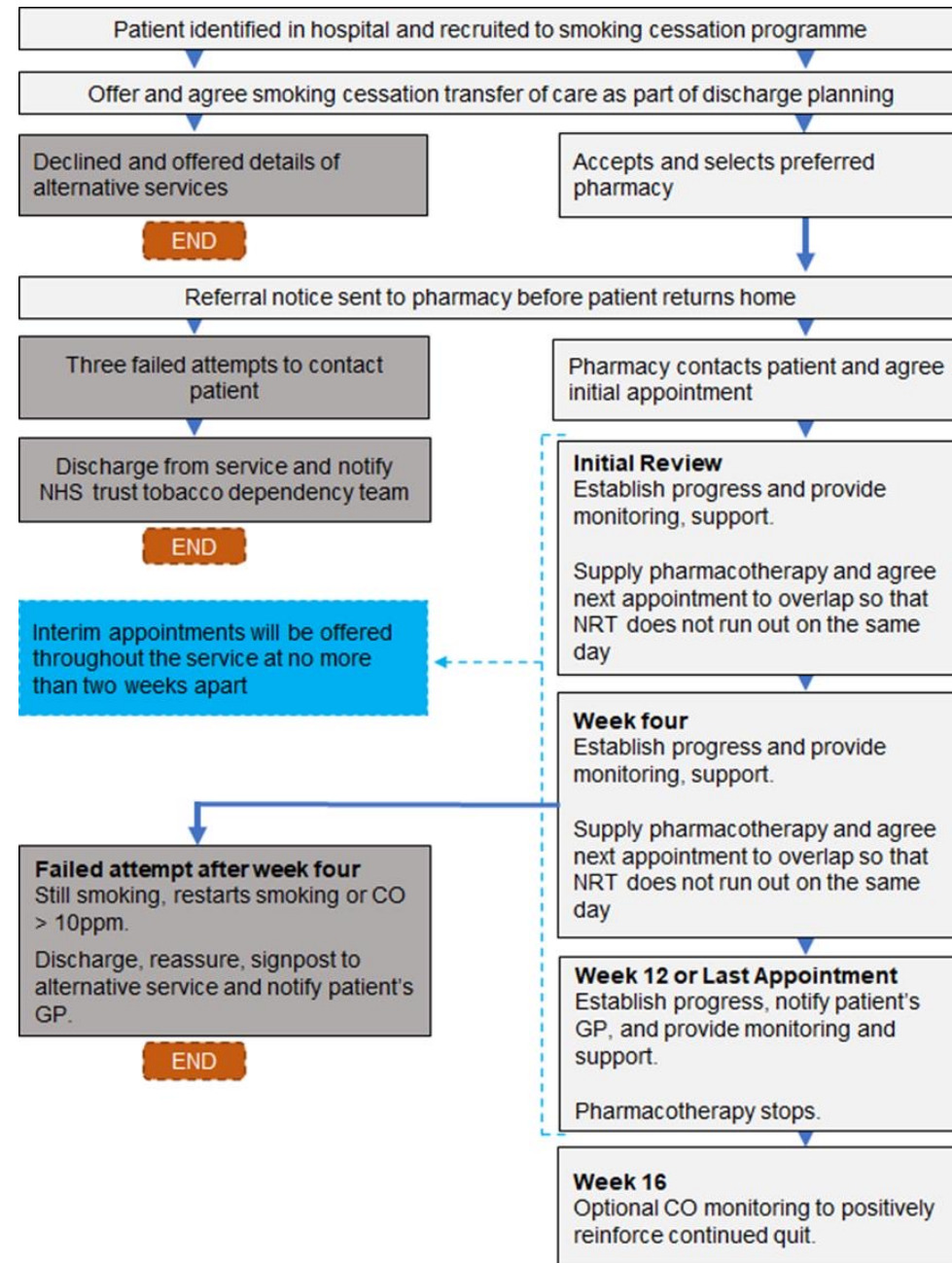
Introduction

- The aim of the smoking cessation service is to reduce morbidity and mortality from smoking and to reduce health inequalities associated with higher rates of smoking
- The service commenced on 10th March 2022 and as it is an advanced service, contractors are free to choose if they wish to provide the service
- 170 Contractors have signed up across NEL

Requirements

- Pharmacies must have a consultation room in order to be able to offer this service, which meets the requirements of the terms of service
- You must have a Carbon Monoxide (CO) monitor (which is safe to use by pregnant women). Details for the full requirements are available in Appendix A of the service specification
- You must have a SOP in place for this service
- It is advisable for pharmacy owners to engage with local GP practices and/or PCN colleagues to make them aware the pharmacy will be participating in the service
- Ensure an appropriate number of staff are able to access PharmOutcomes where the referrals are received
- Service must be provided by a pharmacist or pharmacy technician
- Notify NHSE that you intend to provide the service via MYS
- Training requirements are available in the service specification

SCS patient flow diagram



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Contacting the patient

- When referrals are received, a member of the pharmacy team should contact the patient within five working days to confirm they want to access the service and arrange the first appointment
- The pharmacy team should try to contact the patient on at least three occasions (the last of which must be on the fifth working day following receipt of referral)
- If the patient is not contactable or advises that they no longer wish to access the service, the NHS trust tobacco dependency team should be notified, and the referral should be closed.
- If the patient advises that at this time, they do not wish to access stop smoking support, they should be offered details of alternative stop smoking support services that they could consider accessing in the future.
- No payment can be claimed when there is no consultation with the patient

Payments for the service

Pharmacies providing this service will be eligible for the following payments:

- A set-up fee of £1,000 (which will be paid following registration on MYS to provide the service, having declared the pharmacy is ready to provide the service and relevant staff have undertaken the essential training specified in section 3 of the service specification and passed the e-assessments (where applicable))
- For each patient a fee for:
 - The first consultation of £30;
 - Each interim consultation of £10; and
 - The last consultation of £40 (the last consultation may be at any point from and including the 4-week review up until the 12-week review)
- Only the cost of medicines on the list of products which may be supplied as part of the service which is published in the Drug Tariff will be eligible for reimbursement. The cost of those medicines, if supplied as part of the service, will be reimbursed using the basic price specified in Drug Tariff Part II Clause 8 – Basic Price.

Service finder



Directory of Service



NHS

Health A-Z Live Well Mental health Care and support

[Home](#) > [NHS Services](#) > [Prescriptions and pharmacies](#) > [Find pharmacy services](#)

Find a pharmacy

Enter a town, city or postcode in England

Search

Use your location

East London Patient Record (eLPR)



What is eLPR

- eLPR is a single and joined up view of a patient's health and care information from across organisations
- It is available to all community pharmacies across North-East London
- eLPR shows the following patient record information:
 - Allergies
 - Chronic Problems
 - Diagnoses
 - Procedures
 - Discharge Summary
 - Haematology results
 - Biochem results
 - Medications
 - Immunisations

Some benefits of using eLPR

- When a patient is discharged from hospital, eLPR will show you important information for the patient on the patient's **discharge summary**
- This can help to identify any changes to a patient's regular medication to ensure future supplies reflect any changes
- eLPR can be used to view vaccination requirements which is beneficial as there are an increasing number of community pharmacies providing vaccination services
- eLPR can support in making informed decisions about emergency supplies to patients

What do I need to know about using eLPR

- You must ensure that patients are aware that your pharmacy has access to patient information using eLPR
- This can be done by placing a simple note referencing the fair processing notice on your notice board that is available to the public
- Further information about fair processing can be found at the following site:

<https://www.northeastlondonhcp.nhs.uk/aboutus/data-sharing-fair-processing-and-gdpr/>

How to access eLPR

- eLPR is based on the Health Information Exchange platform (HIE), supplied by Cerner
- Community pharmacies will use PharmOutcomes to login
- The pharmacy must have appropriate SOPs in place to access patient records

1) Login to PharmOutcomes and select 'Cerner HIE Service' from the left sidebar under 'Cerner', as shown below

Exit Logged in as [redacted]

PharmOutcomes® Delivering Evidence

Home Services Assessments Reports Claims

Provide Services My Provisions Search

Most Recently Provided

PSNC Pharmacy Advice Audit 2021 Data Entry

Click here to show all accredited services including ones that are normally hidden

Audit

PSNC Pharmacy Advice Audit 2021 Data Entry

PSNC Pharmacy Advice Audit 2021 Overview

Cerner

Cerner HIE Service

COVID-19 Services

Operational Status

Equipment Prescription Service

Provision List Options

☐ Show patient identifiable details

☐ Focus Services pages for Covid-19 services

☒ Show recent records

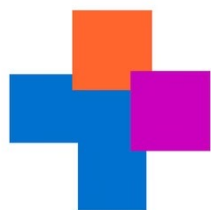
View all provisions for: [All services]

Recent records within last six months

Provisions **for consultations** within the last 6 month

[>] Click to show Provisions **recorded** within the last 6 months,

Date Order	Service (stage)
2021-01-27	PSNC Pharmacy Advice Audit 2021
2021-01-27	PSNC Pharmacy Advice Audit 2021
2021-01-27	PSNC Pharmacy Advice Audit 2021
2021-01-27	PSNC Pharmacy Advice Audit 2021
2021-01-26 Saved 2021-01-27	PSNC Pharmacy Advice Audit 2021



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2) You may be asked to select a practitioner. If you are not already enrolled, please follow the screen to enrol yourself with your name and GPhC registration number. This will then be available when you next access eLPR

Note: Each individual named pharmacists MUST have their unique login to PharmOutcomes to access HIE. Generic PharmOutcomes logins are NOT permissible.

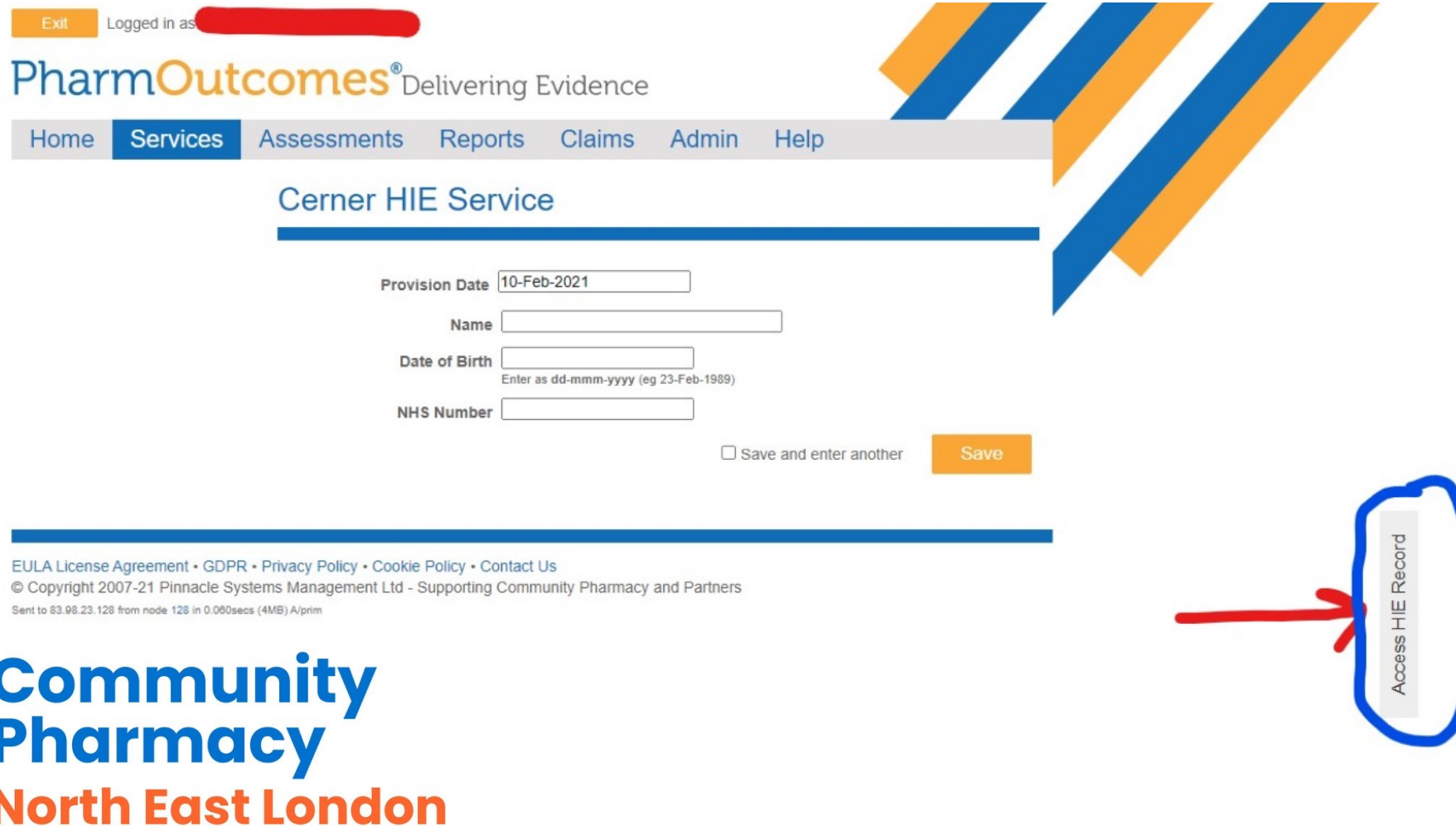
Remember to enrol for the HIE Service using your username.

The screenshot shows a web form titled 'Enrolment Criteria'. On the left, under the 'Enrolment' heading, there is a note: 'The commissioner requires you to state your competency or eligibility to provide this service before access is allowed. For help with CPPE Enrolments, see [here](#) and [here](#). Please verify.' The main form area has a blue header 'Enrolment Criteria'. It contains several input fields: 'Your Full Name' (with a sub-note 'This should be your full name'), 'Registration' (with a sub-note 'Your registration with your regulatory body'), and 'Your Surname' (with a sub-note 'This must match your CPPE record'). Below these is a section for 'CPPE Declaration of Competence' with the sub-heading 'CPPE Approved Only (No document)'. It includes a paragraph: 'Before completing enrolment for this service, you must have already made a CPPE Declaration of Competence on the CPPE Website. The commissioner requires that you have completed this declaration before providing the service.' There is a 'Confirm with CPPE' button. At the bottom, there is a 'For Information Only' box and an 'Enrol' button. A dark grey banner at the bottom of the form reads 'PharmOutcomes & HIE integration Demo'.



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3) You will be presented with the following screen to input the patient details. Note the grey area on the right of the screen, after inputting this will become orange



Exit Logged in as [REDACTED]

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Home Services Assessments Reports Claims Admin Help

Cerner HIE Service

Provision Date

Name

Date of Birth
Enter as dd-mmm-yyyy (eg 23-Feb-1989)

NHS Number

☐ Save and enter another

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Access HIE Record

4) Input the patient details and click anywhere on the screen, the 'Access HIE record' at the right of the screen should then turn orange.

Once you have input, click save

The screenshot shows the 'PharmOutcomes' interface for the 'Cerner HIE Service'. The header includes a navigation bar with 'Home', 'Services', 'Assessments', 'Reports', 'Claims', 'Admin', and 'Help'. Below this is a form with fields for 'Provision Date', 'Name', 'Date of Birth' (with a note '90 years of age'), and 'NHS Number'. A 'Save' button is present, which is circled in red with a diagonal line through it, indicating it should not be clicked. To the right of the form, the 'Access HIE Record' button is circled in blue with a red arrow pointing to it, indicating it should be clicked. The footer contains legal notices and copyright information.

PharmOutcomes® Delivering Evidence

Home Services Assessments Reports Claims Admin Help

Cerner HIE Service

Provision Date

Name

Date of Birth 90 years of age

NHS Number

☐ Save and enter another

Access HIE Record

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5) Once orange, click 'Access HIE record' at the right of your screen. The following screen will appear, please select a reason for access

The screenshot displays the PharmOutcomes web application interface. At the top, there is a navigation bar with links: Home, Services (highlighted), Assessments, Reports, Claims, Admin, and Help. Below this, the page title is 'Cerner HIE Service'. A 'Provision Date' field shows '10-Feb-2021'. A modal dialog box titled 'Legitimate Relationship' is open, containing the text: 'To establish the legitimate relationship between yourself and the patient, please provide the reason you wish to access the patient's Health Information Exchange record.' Below this text is an 'Access reason:' label followed by a dropdown menu currently showing 'Please select a reason...'. To the right of the dropdown are links for 'enter another' and a 'Save' button. At the bottom of the dialog are 'Cancel' and 'Submit' buttons. The footer of the page includes links for 'EULA License Agreement', 'GDPR', 'Privacy Policy', 'Cookie Policy', and 'Contact Us', along with copyright information for Pinnacle Systems Management Ltd. On the right side of the screen, there is a vertical orange button labeled 'Access HIE Record'.



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6) The patient's record will appear as below

ZZZTESTPATIENT, SELGP
NHS No 999 010 5901 Source MRNs (5) Gender F Born 09/11/1930 (90y) Loading partners: 100% More Options Page Search

GP Reports (10) GP Data

Report Name	Performed by	Date Completed	Status	Source
Diagnosis	Morden Hill Surgery,	04/06/2021 09:05:59		CH GP
Events	Morden Hill Surgery,	04/06/2021 09:05:58		CH GP
Examinations	Morden Hill Surgery,	04/06/2021 09:05:58		CH GP
Investigations	Morden Hill Surgery,	04/06/2021 09:05:59		CH GP
Medications	Morden Hill Surgery,	04/06/2021 09:05:58		CH GP
PatientDetails	Morden Hill Surgery,	04/06/2021 09:05:59		CH GP
Problems	Morden Hill Surgery,	04/06/2021 09:05:58		CH GP
Procedures	Morden Hill Surgery,	04/06/2021 09:05:59		CH GP
RisksWarnings	Morden Hill Surgery,	04/06/2021 09:05:58		CH GP
Summary	Morden Hill Surgery,	04/06/2021 09:06:09		CH GP

Discharge Summaries (16) Summary

Report Name	Performed by	Date Completed	Source
ED Depart Summary	Barnes, Julie LGT	14/03/2019 13:30:53	LGT
GP Discharge Letter			LGT
Postnatal Discharge	Gordon, Emma DBA-BO	11/07/2019 10:12:00	LGT
Newborn Discharge	Gordon, Emma DBA-BO	11/07/2019 10:12:00	LGT
Antenatal Discharge	Gordon, Emma DBA-BO	11/07/2019 10:12:00	LGT
ED Depart Summary	Gordon, Emma DBA-BO	11/07/2019 10:24:42	LGT
GP Discharge Letter	Bashford, Kevin	01/04/2020 13:34:05	STGH
Depart Summary	Bashford, Kevin	01/04/2020 13:40:29	STGH
Discharge Summary	Nigatu, Beruk	24/06/2020 09:10:00	HOMR
Discharge Summary	Nigatu, Beruk	24/06/2020 09:10:00	HOMR

Allergies (7) Summary

Allergy	Source
Hair dye	CHST
bee pollen	HOMR
Peanuts	LGT
Deodorant	LGT
Colophony	LGT
NKA	N/A
Abacavir	STGH

Procedures (6) Summary

Name	Date	Source
Rectal needle biopsy of prostate	13/09/2018	CHST
Lower leg nec	11/05/2020	HOMR
Removal of plaster cast	11/05/2020	HOMR
Lumbar puncture	04/11/2020	LGT
Procurement of drugs for chemotherapy for neoplasm for regimens in band 6	01/01/2020	LGT
Insertion of cardiac pacemaker during and immediately following cardiac surgery		STGH

Lab results (87) Result Sets/Orders

Order Name	Date Resulted
Liver Profile (Chemical Pathology)	02/06/2021 16:08:00 GMT
FBC & Diff	02/06/2021 15:22:00 GMT
FBC & Diff	02/06/2021 14:47:00 GMT
HLA B27	10/03/2021 14:43:00 GMT
Group and Screen, blood	10/03/2021 14:38:40 GMT
Foetal DNA test	10/03/2021 14:16:42 GMT
HFE test	10/03/2021 14:16:41 GMT
HLA B27	10/03/2021 14:16:40 GMT
HLA antigen test	10/03/2021 14:16:39 GMT
Kleihauer screen, blood	10/03/2021 14:16:31 GMT

Hospital data from Homerton and from Barts Healt

You cannot break the system!
Please navigate around the system until you find the data you are looking for.



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