

To be completed by Meeting Secretary

Agenda item:

Paper No:



Meeting/Committee:	Primary Care and Public Health Oversight Group Meeting
Venue:	Via Microsoft Teams
Date:	Monday 28th November 2022

Title of Report	Community Pharmacy Patient Group Direction (PGD) Service: Evaluation of the Provision of Antibiotics for Insect Bites	
Presented by	Jackie Bidgood - Senior Contract Manager (Optometry and Community Pharmacy)	
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Status	For:	Information
Finance Lead sign off (if required)	Name: NA	Date:
Conflict of Interest (Y/N) – if yes please give details	None known	
Governance and reporting - at which other meeting has this paper already been discussed (or not applicable)	This evaluation report has not been presented at any other meetings. However, funding for the PGD service was approved by PCPHOG in May 2021 for 21/22 and additional funding was approved in April 2022. Both papers can be viewed at Appendix 1 . The service has been discussed regularly at the Community Pharmacy Strategy Board.	

Executive Summary:

In May 2021, funding was approved by PCPHOG to commission a Community Pharmacy Patient Group Direction (PGD) for the Treatment of Infected Insect Bites until the end of March 2022.

It was anticipated that the service would commence during June/July 2021, however, the service did not start as planned due to complexities in the “sign off” of the PGD, inputting the PGD onto PharmOutcomes and establishing a dual process for recording and reporting. A dual process was required so the system not able to use PharmOutcomes could operate a manual process. Although there were a small number of claims, the crucial summer months when insect bites were most prevalent, were missed. It was recognised that it would be useful to extend the service and PCPHOG agreed the continuation for a further 9 months from 1 April 2022 to 31 December 2022 in line with the end date of the PGD.



This paper provides an evaluation of the PGD service to date for consideration by ICBs, should they wish to commission a similar service from April 2023.

PCPHOG are asked to note this evaluation report.

NHS ENGLAND AND NHS IMPROVEMENT EAST OF ENGLAND

Primary Care and Public Health Oversight Group Meeting:

Monday 28th November 2022

FOR INFORMATION

TITLE OF PAPER: COMMUNITY PHARMACY PATIENT GROUP DIRECTION (PGD) SERVICE: EVALUATION OF THE PROVISION OF ANTIBIOTICS FOR INSECT BITES

1 INTRODUCTION

- 1.1 The PGD Service was commissioned from 8th September 2021 through to the 31st March 2022. The service did not start in the summer when insect bites were more prevalent.
- 1.2 The delayed start date occurred for several reasons which included complexities in the “sign off” of the PGD, inputting the PGD on PharmOutcomes, establishing a dual process for recording and reporting (for systems not using PharmOutcomes) and NHS England resource focused on Covid and vaccine roll out.
- 1.3 Due to these complexities, there was little uptake. Data for this period showed that only 3 claims were submitted for Cambridgeshire and Peterborough only. It was recognised that there was merit to the PGD service which supported the subsequent 9-month extension to 31st December 2022.
- 1.4 This evaluation will therefore focus on the data and activity from June 2022 (when the first activity took place) to October 2022. This should be more representative of a usual “summer” and reflective of what the service would look like, if commissioned by ICBs going forward.

2 BACKGROUND

- 2.1 As a PGD service had not been commissioned by the pharmacy contracting team within the East Region before, discussions took place with systems and LPCs where it was agreed to focus the delivery of the service in two systems only. One of which would be via PharmOutcomes and the other using an adapted “manual system”.
- 2.2 PCPHOG and systems should note that a manual version was trialled as not all systems or contractors have access to the PharmOutcomes multi-user license that is required. Norfolk and Waveney ICB have funded this licence for their contractors and agreed that NHS England could use the license to provide this PGD Service.
- 2.3 PCPHOG and systems should note that if the PGD service is commissioned going forward and systems want to utilise PharmOutcomes, multi-user licenses will need to

be funded by systems or contractors. For informational purposes and as an approximate guide:

- Once purchased the multi-user license will support multiple/additional PGD services, should ICBs wish to commission them.
- The multi-user license cost is based on the number of contractors using the license and is costed on a sliding scale. Therefore, reducing the number of contractors will decrease the cost. For example:
 - 1,000 Contractors £46,807
 - 800 Contractors £38,717
 - 600 Contractors £30,627*
- The multi-user license needs to be renewed every 12 months

***Approximate costs are estimated only. Exact costs will need to be discussed and agreed with the supplier.**

- 2.4 The PGD service has been operating in two systems, Norfolk and Waveney using PharmOutcomes and within Cambridgeshire and Peterborough using an adapted manual system.
- All community pharmacies within Norfolk and Waveney and Cambridgeshire and Peterborough were invited to sign up to the PGD Service. This was communicated to these two ICB areas via email, using NHS England's Gateway process. This service was also additionally communicated with the support of the two LPCs.
- 2.5 PharmOutcomes is an electronic platform that community pharmacy contractors are familiar with. Contractors must input each consultation onto PharmOutcomes which then automatically generates an invoice and report. The invoice and report are then downloaded from PharmOutcomes by Norfolk and Waveney LPC and emailed directly to NHS England for authorisation and payment.
- 2.6 Within Norfolk and Waveney, 32 community pharmacies have signed up to the PGD, with 15 of these contractors submitting a total of 194 claims. It is understood that those contractors who have not submitted a claim have not had the patient through-put in their area.
- 2.7 Within Cambridgeshire and Peterborough, a manual reporting and claiming process was developed using MS Forms. The Forms mirror the information required on PharmOutcomes. The manual reporting and claiming process is set out in the service specification included at **Appendix 2**. For information, a copy of the PGD is also at **Appendix 2**.
- 2.8 Each month contractors are required to complete the MS Form with details of consultations and submit the Form to NHS England, where this is verified.
- 2.9 To date, 29 community pharmacies have signed up to the PGD, with 11 of these submitting a total of 107 claims. It is understood that those contractors who have not submitted a claim have not had the demand for the service in their area.
- 2.10 NHS England send authorised payments for both systems to Primary Care Support England (PCSE) on a monthly basis. PCSE then instruct NHS Business Services Authority (NHSBSA) to make payments on behalf of NHS England. Payments will appear on the contractor's monthly FP34c statement as "Local Payment 6", which defines as a PGD.

3 PGD: PROVISION OF ANTIBIOTICS

- 3.1 The NICE guidance on antibiotics published in 2019 and 2020 is included at **Appendix 3**. The National Framework for Risk Assessment of infection management patient pathways encompassing supply of antimicrobials under a PGD is also at **Appendix 3** and must be reviewed and considered by ICBs prior to commissioning any new services.
- 3.2 The National Framework sets out risks associated with the supply of antimicrobials. For each risk, there are service requirements that should be met prior to commissioning to ensure adequate mitigation of risk. ICBs will need to consider these requirements prior to implementing any PGD services encompassing supply of antimicrobials.

4 EVALUATION

- 4.1 **Appendix 4** provides activity information on the following:
- Analysis of how the patient accessed the service
 - Analysis of how the patient would have accessed the service if PGD service wasn't commissioned
 - Analysis of treatment decision
 - Analysis of preparation supplied (antibiotics)
 - Number of claims submitted
 - Total cost of claims submitted/paid
 - Cost of drugs recharge to ICBs for claims submitted/paid
- 4.2 The majority of patients accessed the PGD service via self-referral / walk-in to the service (70% N&W, 81% C&P). Patients also accessed services via a referral from their GP practice (23% N&W, 27% C&P), via 111 (2.1% N&W, 1% C&P) or following advice from 111.
- 4.3 The analysis of antibiotic treatment shows that most patients received the first line option in line with the PGD. A small proportion of patients received an alternative antibiotic due to allergy and/or sensitivities. Within N&W 1.6% of patients deferred treatment and 3.6% had no supply made. In C&P 2.1% of patients deferred treatment and 13.9% had no supply made.
- 4.4 The majority of patients who received antibiotics were given flucloxacillin 500mg (84.5% N&W, 86.6% C&P). Other patients received clarithromycin 500mg (8.2% N&W, 13.9% C&P)
- 4.5 Patients who accessed the service were asked what they would have done if the service wasn't available. From the data 68% (N&W) 14.9% (C&P) would have contacted their GP Practice, 16% (N&W) and 53.5% (C&P) would have contacted a Walk In Centre and 6.7% (N&W) and 25.6% (C&P) would have called 111. In both ICBs 2.1% of patients said they would have visited A&E.
- 4.6 Payment details and an analysis of the claims for the service are as set out in **Appendix 4**.
- 4.7 Payment is £15.00 per consultation and the cost of supplying the antibiotic. If only a consultation is required, then the fee is £7.50. This payment is to recognise the time a clinician may spend with a patient, who at the end of the consultation is not in need of a supply of antibiotics.

The total amount claimed to date is noted below. This is for total claims submitted which include a consultation and antibiotic and those patients whereby no antibiotic was given. The figures below take account of those patients who are exempt from NHS Prescription charges.

Norfolk and Waveney: £2,180.70
 Cambridgeshire and Peterborough: £1,139.25

4.8 Although an NHS England commissioned service, an agreement is in place whereby the systems will pay for the drug costs only. To date, the costs are as follows:

Norfolk and Waveney: £412.26
 Cambridgeshire and Peterborough: £242.88

4.9 If the service was not commissioned the likelihood is that 301 patients would have presented at their GP Practice or an urgent care centre if their GP practice was closed. The approximate cost for an appointment, based on £30 for a 10-minute booked appointment.

*source www.england.nhs.uk

PGD Claims	Cost of GP Appointment
Norfolk and Waveney - 194	£5,820.00
Cambridgeshire and Peterborough - 107	£3,210.00

5 CONCLUSIONS AND LESSONS LEARNED

5.1 This was the first PGD service commissioned by the contracting team at East Region and there is learning that can be shared with systems who may wish to commission services going forward.

5.2 Prior to commissioning the service, NHS England needed to ensure the required documentation and processes were in place. This was more time consuming than first anticipated and included:

- The service specification for both versions of the PGD service (PharmOutcomes and manual version)
- Finalising the PGD, with the required sign off and approvals
- Adapting a manual version of the reporting / claims process to mirror PharmOutcomes
- Consulting LPC colleagues on proposed payment arrangements for the service
- Ensuring a payment mechanism for contractors was in place, prior to the PGD service commencing
- Data sharing agreements between NHS England and systems.
- Arrangements in place between NHS England and the systems regarding recharge of drugs costs.

5.3 Specific knowledge of Pharmoutcomes was needed to write and upload templates. This was provided by Norfolk and Waveney LPC and something that was essential. If ICBs wish to commission this service going forward, then PharmOutcomes expertise will need to be factored into any future arrangements. This can be arranged directly

with the suppliers of PharmOutcomes but will likely incur an additional cost.

- 5.4 NHS England does not hold a multi-user license for PharmOutcomes and therefore required permission from Norfolk and Waveney system to utilise their license. Invaluable support from Norfolk and Waveney LPC was also needed to enable community pharmacies in that area to access the PGD via this route.
- 5.5 Throughout this PGD service Norfolk and Waveney LPC have continued to support NHS England by generating monthly claims and forwarding required information to enable NHS England to pay contractors for any consultations undertaken.
- 5.6 Considerable time was taken, at the outset and throughout the lifetime of the PGD to ensure the pathway was fully integrated. This involved a range of meetings and significant communications and engagement with stakeholders including, but not limited to:
 - Continuous communications between NHS England, systems and LPCs colleagues during the development of the service
 - Regular communication with contractors about the PGD, the requirements of the specification and mechanics of service provision.
 - On-going communications between NHS England and 111 DoS Leads to ensure the DoS was regularly updated to reflect those contractors who had signed up to the service in the two ICB areas. This was essential to ensure patients can be directed for treatment accordingly.
 - Promotion of the service via Gateway, LPCs and meetings. Promotion of the service in the community pharmacy by contractor.
- 5.7 Offering the service within two ICB's and using two different recording mechanisms has demonstrated that the service can be provided and audited. Commissioners of services going forward will need to be mindful of the National Framework (Appendix 3) which suggests service requirements using a secure digital system and requires timely secure transfer of clinical information to the GP.
- 5.8 This could be cemented by use of the PharmOutcomes system to effectively provide a step-by-step MUST ASK protocol, with mandatory fields ensuring only appropriate responses result in a supply.
- 5.9 It is evident that the PGD service has assisted in reducing demand on urgent care centres and GP practices, by offering patients a referral to an easily accessible community pharmacy. This has freed up capacity for the treatment of higher acuity patients within urgent care and primary care and gives patients the choice to see a clinician at a more convenient location.
- 5.10 NHS England are considering seeking feedback from contractors who have provided the PGD Service and will be guided by LPCs as to the timings and benefit of this, considering the pressures currently being experienced by the profession.

6 RECOMMENDATION

It is recommended that PCPHOG note this evaluation report which relates to the Patient Group Direction (PGD) for the Treatment of Infected Insect Bites.

7 NEXT STEPS

- To share the evaluation report at the Community Pharmacy Strategy Board
- ICBs to review content of this report and give consideration as to whether it is a service they would wish to commission in the future.
- Review of Framework for risk assessment of infection management patient pathways encompassing supply of antimicrobials under a patient group direction (PGD). A draft version of this framework can be reviewed in **Appendix 3**.

APPENDICES

Appendix 1 – PCPHOG papers May 2021 and April 2022



Item 6a - PCPHOG
Community pharmacy



PCPHOG Community
pharmacy PGD service

Appendix 2 – PGD for Treatment of Infected Insect Bites Service Specification Cambridgeshire and Peterborough and PGD Document



Final Service Spec for
PGD Treatment of Infe



Final Bites Stings
PGD EoE - 25.08.21 (0)

Appendix 3 – NICE guidance on antibiotics.

**National Framework for risk assessment of infection management
patient pathways encompassing supply of antimicrobials under a
patient group direction (PGD) DRAFT**

<https://www.nice.org.uk/guidance/ng182> (published 22 September 2020) and
<https://www.nice.org.uk/guidance/ng141> (published 27 September 2019)



visual-summary-pdf-
6908401837.pdf



Framework for Risk
Assessment of PGD st

Appendix 4 – Claims Date for Norfolk and Waveney and Cambridgeshire and Peterborough



Appendix 4 - Data
Analysis.xlsx