



Pharm**Outcomes**



PharmOutcomes

“By Pharmacy, For Pharmacy”

To all LPC Members

When we started the PharmOutcomes project two years ago, it was with two clear objectives in mind – to capture the evidence of community pharmacy’s benefit for patients and to ease the burden of record keeping, service management and financial tracking for services provided by community pharmacies.

The existence of PharmOutcomes and the data it has allowed us to collate on NMS has enabled PSNC to undertake preliminary studies on the outcomes of NMS, the results of which have been very encouraging. The national NMS evaluation, funded by the Department of Health, also has access to data from PharmOutcomes. Without PharmOutcomes, we would not be in a position to seek re-commissioning of the service in 2013.

However, life and the NHS move on and we are in a position where local is more important than ever. The cost of developing a new service module on the current PharmOutcomes infrastructure has slowed the development of the platform and has made it difficult for LPCs to negotiate with local commissioners to meet their specific needs. Whilst all in community pharmacy would wish to see greater standardisation in services, local flexibility is expected to become more important from April 2013 with the commissioning of many local services moving to Local Authorities.

Since discussing the future of PharmOutcomes with LPCs in July, the HIE Board who manage the PharmOutcomes project on behalf of PSNC have examined a wide range of solutions to the need to increase the

flexibility of the PharmOutcomes platform. They have decided upon a partnership with Pinnacle Health which will allow us to meet all the needs that you have spoken to us about – that doesn’t require an LPC levy, that allows for local tailoring of services, that provides a national template for services, that allows real-time performance management of services and yet truly remains “By Pharmacy, For Pharmacy”.

We look forward to continuing to work with you all to ensure PharmOutcomes provides the right support to pharmacy contractors, so commissioners view the sector as easy to commission services from.

Yours sincerely

Sue Sharpe,
Chief Executive Officer
PSNC

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PharmOutcomes for:

Pharmacy Team Members

Commissioners

Pharmacy Contractors

Local Representatives

PharmOutcomes is changing; in April 2013 it will transfer to a new improved platform, as a result of a partnership between PSNC/HIE and Pinnacle Health.

Pharmacy Teams Members

The new PharmOutcomes has been built on a platform that has been extensively tried and tested, one that has already been used successfully across the country.

Easy to login and use

Instant Feedback

Assessments

Direct Communication

Linking with the PMR



Easy to login and use

Logging on to the system is with a username and password that the team member can choose. If a new member joins the pharmacy, then the primary user in the pharmacy¹ can put them on the system. If they work in more than one pharmacy, then the same login details can be used across multiple pharmacies².

If the team member is working with sensitive patient data, then they will need to enter a Personal Identification Number only when they access those records.

Instant Feedback

The system works in real-time. Team members can see how the team is doing straight away both against other pharmacy teams³ and against any targets that might have been set.

Team members who are given permission can also see an analysis of how all the pharmacies in the area are achieving the outcomes intended – giving them the knowledge that they are making a real difference to patients with their efforts.

If there is feedback required to GPs or service commissioners, the system can generate the notification letters and forms where required.

Direct Communication

The system allows service commissioners to send the pharmacy a message, for example providing an update on service requirements. Team members don't have to look for this – it is there when they log on to the system. The commissioners will see when the message has been read and the pharmacy can even indicate when a particular request has been actioned, saving phone calls and fax requests.

Assessments

Some services require pharmacies to have reached certain states of readiness, for example a local Healthy Living Pharmacy project. The system allows the pharmacy team to judge itself against the set criteria, manage their action plan and even record the evidence that they have reached the standards required.

Linking with the PMR

A perennial problem with pharmacy technology has been the ability to move information from one system to the other. PMR system providers have a business critical role and are the keystone of IT infrastructure for pharmacies, holding the prime repository of patient data for the busy pharmacist. PharmOutcomes is dedicated to allowing sight of your data within that environment and will be working with interested parties over the coming months to develop open standards and interfaces to allow that to happen. This will allow PMR systems to access that information and integrate it with your records.

The system allows the pharmacy team to judge itself against the set criteria, manage their action plan and even record the evidence that they have reached the standards required.

¹ This may be an area manager or head office for some multiple pharmacies

² This needs agreement of the pharmacy contractor

³ This needs agreement of both the commissioner and the LPC

Commissioners

The new PharmOutcomes has been built to meet the needs of the growing number of local commissioners using community pharmacy as an accessible service delivery point with the pharmacist and pharmacy team providing professional support to people without appointment.

Service Design

Instant Feedback

The Best Start

Building Expertise

Service Design

Local commissioners can use the system to build new services – they don't need to send a specification for development or pay extra to add a new service. Commissioners are in control of which pharmacies can then provide that service.

Instant Feedback

The system provides real-time reporting of activity and outcomes – commissioners do not have to wait until the end of an evaluation period to gain insights into delivery and success or start to understand how a service might be further improved.

The Best Start

A growing library of services is available online to simply copy and use straight away or to be tailored to meet local needs. This includes services that have been brought together from the best of breed available in the country to provide a national service specification approved by PSNC but which also have the ability to be locally flexed to meet any identified local need.

Perhaps a commissioner wants to build on the good work of a nearby locality or replicate their work? The system can reproduce any service from one locality to the other with appropriate permission and still allow for the further refinement or addition to the service.

Building Expertise

PharmOutcomes provides local MasterClasses at regular intervals. The Fresh MasterClass offers new users an overview of the system and allows an opportunity for working with tutors so that each user can create a service there and then. There is no need to even bring a laptop – it is all provided for attendees.

These are ideal opportunities for commissioners and local representatives to learn what the system is capable of and how maximum benefit can be derived.

More advanced users will gain a great deal from the Expert MasterClass, which digs deeper into the capabilities of the system and, again, provides support on a one-to-one basis to allow the creation of the best service design.

Pharmacy Contractors

Contractors' needs vary hugely – from those who work in their own pharmacy to those managing hundreds of pharmacies through a network of field managers and head-office functions. The new PharmOutcomes has been built with all these needs in mind.

Performance Management

Financial Control

Non-Service Payments

Central Management

Pharmacy Contractors

Different levels of detail can be provided to both field management and head offices regarding the performance levels of their pharmacies. This can also be anonymised against other providers to allow support and encouragement to turn round a service that is not performing before it is decommissioned.

Financial Control

The system provides an invoice or a claim that contractors can either send to the commissioner or will be sent automatically by the system via email to the commissioner. This provides a unique reference which will allow the contractor to manage their VAT returns and reconcile payments.

Non-Service Payments

Some services do not require recording of individual activities. For these generic services, the commissioner can provide a claim form to become part of the overall invoicing.

Central Management

For those multiple pharmacies that require it, control can be given to departments or individuals for user management, reporting capabilities and service history.

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Local Representatives

Both LPCs and local contracting bodies such as LLPs may need the ability to highlight activity or performance manage delivery of services. PharmOutcomes supports this collaborative approach with its real-time reporting capabilities.

Performance Management

Financial Evidence

Service Development

Performance Management

For LPCs, either anonymised or named performance⁴ information can be provided in real-time enabling them to help support the delivery of insight to the service commissioner.

For an LLP who has subcontracted with pharmacies, then they are effectively the commissioner of the service and have the ability to manage the service at that level.

Financial Evidence

For LPCs seeking to evidence their worth, aggregated financial outputs will help evidence their value to their contractors across the various services commissioned.

Service Development

The library of services available gives local representatives a solid baseline to work from and they can support the service commissioner locally to adjust these services so that identified local needs are met.

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⁴ Requires the permission of the commissioner and contractor

Frequently Asked Questions

PSNC recently asked LPCs for their views on the need for electronic data capture for pharmacy services and over 95% of respondents felt it was either important or essential and three quarters said it should be led by community pharmacy. Common themes emerged and we believe that PharmOutcomes meets many of the needs that you have told us about.

[Will it foster a joint approach between service commissioners and community pharmacy?](#) By involving community pharmacy in the development of services locally on the platform, commissioners will get a better service for the patients and public. Key to that joint approach is recognition of the outcomes and working with local commissioners, local representative bodies will get the opportunity to recognise and highlight them.

[Can you expand the EHC module to include EllaONE?](#) Because the services can be tailored locally, you won't have to wait for a module to be developed – you have the ability to develop your own, share it with other locality commissioners and meet the local needs exactly as they require.

[Will pharmacy teams have to “double enter” demographic data? Will it work with iCap?](#) PharmOutcomes will be developed to meet open standards that can be used by other suppliers of IT, whether methadone pump specialists, GP clinical data integrators or PMR suppliers, to safely transfer the necessary data. Those standards don't exist yet so the system is designed to only capture the data that is needed for a service and fortunately full demographic data is rarely required. If no patient identifiable data, perhaps beyond a date of birth or postcode district, is needed then this reduces the burden on pharmacy.

[Why isn't there a national specification that all commissioners have to use?](#) Devolution to local decision making to meet local needs has long been the

policy of central Government and local Government (local authorities) embrace that way of working fully. Instead of having a formulaic approach, PharmOutcomes has a growing library of services with some that have been developed by PSNC to create the best of breed. However, local commissioners can choose to vary those services to meet local need.

[Will the LPCs still have to pay the hypothecated levy?](#) The infrastructure, maintenance and development of a national, secure system accessible by 11,300 pharmacies simultaneously inevitably has a cost. However, by utilising a successful, previously developed platform the costs compared to redeveloping a system to meet the new landscape have been defrayed. This means that LPCs will not have to pay a hypothecated levy from 2013/14.

[So will the commissioners have to pay?](#) Commissioners will pay a fee for use of the system. As there is no set suite of services, with any commissioner able to put as many services on the system as their imagination allows, the fees are also going to be much more attractive than many other alternatives. Flexibility will also exist between commissioners in localities – for example, currently in one PCT, the public health department, the medicines management team and the alcohol awareness team all pay

an equal amount and the invoicing for PharmOutcomes makes that a possibility across the country.

As previously, the Contract Workbook part of the platform will be free to contractors and improved in functionality.

[How are you going to make the commissioners buy it though?](#)

The best sales forces are those that believe in what they are selling. LPCs have that belief in the continued potential for community pharmacy and PharmOutcomes is a significant tool that can be used to prove that. By working with you and your local commissioners together in workshops and supporting their understanding of the system, awakening them to the possibilities that it brings and providing you with the information that you need about cost comparisons with other ways of working, it will provide cost savings and the metrics that modern commissioning requires.

[Will it provide monitoring and analysis of all data from pharmacy that proves the value of pharmacy in health outcomes, turning such phrases as 'I'd rather come to you than go to the doctor' into hard evidence for new services?](#) Yes. Even Patient Reported Outcome or Experience Measures can be analysed with the system and presented in real-time to commissioners.

Testimonials

Before this partnership with PSNC, the new PharmOutcomes platform has been providing the evidence of the benefit of community pharmacy efforts through the SouthCentral ITEP Respiratory MUR programme, the Isle of Wight Seasonal Flu report, the Portsmouth HLP project, Buckinghamshire HLPs, Blackburn with Darwen & East Lancashire HLPs, a number of medicines management projects and is currently being used by the Community Pharmacy Futures project to provide data audit, engagement and support of new service models.

"Just want to offer my thanks for your efforts. Great that we were able to respond so quickly"

Pandemic Flu Executive,
Isle of Wight 2009

"Would never have had this done without the pharmacist."

Patient response, Pharmacy Fix,
CMO Silver Medal 2010

"The flu pilot would never have happened if we had not got the [PharmOutcomes] tool"

Commissioner response, Cambridge
Consortium Evaluation ITEP

"I really liked the way we could tailor [PharmOutcomes]; it answered the questions we needed answering"

PCT Project Lead, SouthCentral
Respiratory Project

"[PharmOutcomes] gives real time data, so if a pharmacy dips I could follow up and find out why and help address any emerging issues"

Field Manager, SouthCentral
Respiratory Project

"initially the GPs were opposed to this but the emerging [PharmOutcomes] data changed attitudes"

Pharmacist, SouthCentral
Respiratory Project

"[PharmOutcomes] was the biggest cause of success – its use motivated patients and pharmacists. It enabled baselining and progress monitoring. It helped pharmacists see what was possible from impacts elsewhere."

PCT Project Lead, SouthCentral
Respiratory Project

Short on detail?
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PharmOutcomes

