



Derbyshire

Local Pharmaceutical Committee

**Supporting the Self-Management of
Joint Pain:
A Community Pharmacy Pilot**

Service Specification

2022

NHS England and NHS Improvement



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Enhanced Joint Pain in Pharmacy - Demonstrator

1.0 Introduction

Osteoarthritis refers to a clinical syndrome of joint pain accompanied by varying degrees of functional limitation and reduced quality of life. It is the most common form of arthritis, and one of the leading causes of pain and disability worldwide. Osteoarthritis (OA) typically affects the knee, hip, cervical and lumbar spine, distal interphalangeal, proximal interphalangeal, carpometacarpal, and metatarsophalangeal joints. OA is the most common form of arthritis and the leading cause of chronic disability among older people. More than 50% of people over the age of 65 years have radiological evidence of OA, with approximately 10% of men and 18% of women suffering symptomatic OA (Woolf 2003). Almost everyone has structural evidence of OA on radiographs in at least one joint by the age of 70 (Felson 2004). In a recent population-based cohort study, the lifetime risk of symptomatic knee OA was 45% (Murphy 2008).

Around a third of people aged 45 years and over in the UK, 8.75 million people, have sought treatment from their general practitioner for joint pain. The impact of osteoarthritis on a person depends on which of their joints are affected, their loss of freedom of movement and the amount of pain they experience. Joint pain can be a substantial barrier to mobility and independence, compromising wellbeing and quality of life.

A national public health approach to address osteoarthritis has been recommended

<https://www.versusarthritis.org/#sthash.GaDuTeZk.dpuf> In 2020 NICE updated their published 2014 guidelines recommending a systematic approach to managing joint pain. They prioritised core interventions: access to information and support for self-management; exercise and increasing physical activity; reducing weight where appropriate; and first line analgesia.

While there is as yet no cure for OA, it has become clear that the management of risks and predisposing factors are vital in halting or retarding disease progression. Education, exercise and weight loss are mainstays in the management of OA and the promotion of general health. Patient education about treatment objectives and the importance of changes in lifestyle, exercise, weight reduction is key. It is

recommended that initial focus should be on self-help and patient-driven treatments rather than on pharmaceutical interventions.

1.1 JIGSAW-E

JIGSAW-E is a programme of work that supports the proactive self-management of joint pain in line with NICE 2014 (updated 2020) OA guidance- <https://www.nice.org.uk/guidance/cg177> The JIGSAW E project, based on research led by Keele University's Primary Care Research Institute and supported parallel programmes helping clinicians and patients in Norway, Denmark, Portugal, Netherlands, Scotland and France. JIGSAW-E have produced a number of supporting materials for patients and clinicians, for example, <https://jigsaw-e.com/patient-focus/guidebook/>

Both JIGSAW E and the latest NICE guidance challenge the commonly held cultural view that Osteoarthritis is a one way street of decline and inevitable surgical intervention. It is supported by research findings from Keele's MOSAIC study (<https://www.keele.ac.uk/medicine/research/primarycareresearchthemes/osteoarthritisandosteoporosis/mosaics/>) and numerous other sources which back the NICE recommendations which demonstrate that not only is osteoarthritis a dynamic process with deterioration and remission and some remodelling and joint repair, but that with the application of appropriate lifestyle changes, mobility, pain and well-being can be improved, and for some people surgery can be delayed or avoided altogether.

Whilst the JIGSAW-E approach has been implemented with GPs and practice nurses; the project has been adapted according to local health care settings to optimise the valuable and underused resource within community pharmacy. NICE recommends that core treatments such as written advice about joint pain, on exercise, physical activity weight management and the use of analgesia should be offered to all people with symptomatic osteoarthritis.

2.0 Aims and Objectives

The overall aim of this pilot is for community pharmacy teams to support patients in self- management strategies for their joint pain to enhance the patients' quality of life without reverting to surgical pathways for joint pain unless all other appropriate options have been explored.

The objectives for this pilot are

- Support the pharmacy teams in understanding joint pain and key factors that contribute to OA
- Ensuring pharmacy teams have access to appropriate information and guidance in the self-management of OA
- For pharmacy teams to contribute to the overall patient pathway regarding OA care
- Pharmacy teams to help prevent worsening health for people with OA

3.0 Eligibility for the Scheme

Eligible patients should be;

- Over 45yrs of age
- Registered with a GP practice in JUCD
- Present with pain one or more joints

4.0 Scheme Requirements

4.1 Who can provide the Supporting Self-management for Joint Pain

This pilot service can only be provided from community pharmacies that have been commissioned to do so. The pharmacy will be located within JUCD, and are contracted to NHSE&I Midlands. The pharmacy must have appropriately trained staff available to provide the service.

Pharmacies participating in this service must have completed the on-line training requirements (see training section below).

Each pharmacy will be capped at 25 consultations due to the limited funding. Should further funding become available to increase the amount of consultations allowed the LPC will inform the participating pharmacy

4.2 Training Requirements

In order to deliver the pilot service the Pharmacist must have completed the Joint Pain in Pharmacy on-line training from Keele University - <https://jigsaw-e.com/courses/joint-pain-in-pharmacy-jpip/>

In addition, the pharmacist should also ensure that the pharmacy team is educated in OA and joint pain. All pharmacy staff can access the on-line training <https://jigsaw-e.com/courses/joint-pain-in-pharmacy-jpip/>

The on-line training will be an introduction and 4 short modules about 10 minutes each covering:

- Joint pain and its impact
- What is osteoarthritis and how to explain it well
- Helping people to manage their joint pain
- The role of the Pharmacist and their Team

It is also recommended that the pharmacist and their team are familiar with support material to help them fully understand OA, and the support groups that are offered to OA patients. Some examples are given below;

- <https://jigsaw-e.com/patient-focus/>
- <https://jigsaw-e.com/courses/joint-pain-in-pharmacy-jpip/>
- <https://www.nhs.uk/conditions/osteoarthritis/>
- <https://www.nice.org.uk/guidance/cg177>
- <https://www.arthritis.org/diseases/osteoarthritis>
 - The National Rheumatoid Arthritis Society (NRAS) Medicines in Rheumatoid Arthritis booklet:
www.nras.org.uk/data/files/Publications/RAAW%2017/Medicines%20in%20RA%20Booklet%20-%20NRAS.pdf
 - Arthritis UK. Pain and arthritis booklet:
www.arthritisresearchuk.org/shop/products/publications/patient-information/livingwitharthritis/pain-and-arthritis.aspx
 - The NRAS Know your Disease Activity Score booklet:
www.nras.org.uk/data/files/Publications/DAS%20patient%20guide.pdf
 - Calculate a FRAX score: www.sheffield.ac.uk/FRAX/tool.jsp

- National Osteoporosis Guideline Group (NOGG) tool to interpret results from the FRAX algorithm:
www.sheffield.ac.uk/NOGG/resultnobmd.html?age=62&fracture1=5.7&glucocorticoids=0&sex=0
- Pain and arthritis information booklet - Versus Arthritis:
www.versusarthritis.org/media/1273/pain-and-arthritis-information-booklet.pdf
- Behind the smile - Donna's message (two minutes)
www.youtube.com/watch?v=wzFTzN32zNw n Donna and family talking about RA (five minutes)
www.youtube.com/watch?v=E7JyKPg9GR0
- The BMJ Practice Clinical Update article, Diagnosis and early management of inflammatory arthritis <https://doi.org/10.1136/bmj.j3248> and infographic available at www.bmj.com/content/358/bmj.j3248/infographic
- The Royal College of General Practitioners and the British Society for Rheumatology Inflammatory arthritis toolkit⁸ is a comprehensive, user-friendly guide to inflammatory arthritis for primary care professionals and includes signposting to guidelines for taking a history, treating inflammatory arthritis in primary care, resources for quality improvement and resources for patients. The toolkit is available at www.rcgp.org.uk/clinical-and-research/resources/toolkits/inflammatory-arthritis-toolkit.aspx
- NRAS produce a Know your Disease Activity Score booklet, which explains how DAS28 monitoring can be useful for patients. You can access a copy here:
www.nras.org.uk/publications/know-your-das
- NRAS have also developed the Know your DAS app for mobile and tablet:
www.nras.org.uk/know-your-das-mobile-app.
- Disease Activity Score (DAS) is a quick and easy to complete assessment used by clinicians to measure rheumatoid arthritis (RA) disease activity, to determine whether the signs and symptoms have reduced or stopped and to see if treatment needs to be adjusted. The ambition of Versus Arthritis is to support people with arthritis to live full and active lives, especially during COVID-19. Visit the website to access support, information and education for people with rheumatoid arthritis and healthcare professionals: www.versusarthritis.org
- National Osteoporosis Guideline Group (NOGG) 2017, Clinical guideline for the prevention and treatment of osteoporosis (NICE accredited) March 2017. www.shef.ac.uk/NOGG

4.3 Additional Requirements

The Pharmacy must have an accredited consultation area which has been approved for Advanced Services for the consultations to take place. All consultations must take place in a confidential environment.

The Pharmacy must have the signed Service Specification in place to cover the service.

A list of pharmacies providing the service will be made available on the LPC website and shared with all of the participating pharmacies. Therefore, if for any reason the pharmacy wishes to withdraw from the service, Derbyshire LPC and NHSE&I Midlands must be informed immediately.

This list should also be used to signpost patient to if for some reason the participating pharmacy can not support the patient.

4.4 COVID 19 related requirements

Whilst COVID 19 is circulating within the community it remains important to reduce avoidable footfall in community pharmacies to protect patients and staff from the risks of infection. As a result, telephone consultations will be permissible for this service such that patients can receive advice and care without attending in person, unless in the professional opinion of the Pharmacist, a face-to-face consultation is required.

For those patients that present at the pharmacy, the pharmacist will need to use their professional judgement and reference organisational risk assessments for Covid in order to determine whether to provide a face-to-face consultation. A risk assessment and any actions required to mitigate against infection, in particular COVID-19, must be carried out prior to delivering the service. Reference to PHE and NHSE&I guidelines should be followed, and these can be accessed via the following link -

<https://www.england.nhs.uk/coronavirus/primary-care/infection-control/>

Consideration should be given, but is not limited to the following;

- Check that the patient does not have symptoms indicative of COVID-19 infection prior to undertaking a face-to-face consultation.
- Maintain social distancing within the pharmacy and consultation room where possible.
- Utilise protective screens where possible
- Use PPE in accordance with current guidelines for face to face consultations and consider advice/provision of face coverings for the patient.
- Ensure availability of hand sanitiser and/or hand washing facilities
- Adopt robust infection control measures within the consultation room such as cleaning surfaces, chairs and any equipment before and after each consultation
- Remove and dispose of any used PPE safely and in accordance with relevant guidance.

Video consultations will also be permissible for this service if contractors are able to meet the relevant criteria and standards set out by NHS England & Improvement for Community Pharmacy video consultations. Any consultations that are undertaken remotely (eg via telephone or video) must be done so in a confidential manner.

5.0 Duties of Community Pharmacies

5.1 Checking GP registration

This scheme is available to patients who are registered with a GP practice in JUCD. The practice must be contracted to NHSE&I Midlands. Check can be made by;

- checking the patient's PMR, if the patient is already collecting prescriptions from that pharmacy;
- asking the patient to show the repeat prescription slip;
- knowing the patient to be registered with the GP practice;
- medical card
- checking the patient's SCR

It is anticipated that patients who will make use of the service will access it via the pharmacy where they generally get their prescriptions dispensed. Pharmacists should not be ringing the GP practice to confirm patient registration

5.2 Consultation form and consent

All information relating to the consultation should be recorded at the time of the consultation by inputting the information directly onto PharmOutcomes.

If the paper based proforma has to be used, then the information must be transferred onto PharmOutcomes at the earliest opportunity and by the end of the next working day at the latest.

Patient consent will need to be given for data sharing. If consent is refused, the service cannot be provided and the patient advised accordingly.

5.3 Consultation

Each pharmacy will be capped at 25 consultations due to the limited funding. Should further funding become available to increase the number of consultations allowed the LPC will inform the participating pharmacy

The pharmacy team, in participating pharmacies, should be familiar within the Service Specification for this service.

To offer this service/pilot the Pharmacist or pharmacy team members will identify those who can benefit.

This may be through:

- Patient Self-referral.
- The pharmacy can promote the Supporting Self-management for Joint Pain in Community Pharmacy pilot to customers who present with joint pain that may be associated with OA
- Patient identified suitable by PMR system analysis
- Patient identified as part of NMS
- Patient attending for other pharmacy service, such as over the counter medication (such as pain relief, anti-inflammatory) and other joint-pain treatments e.g. glucosamine supplements
- Patients referred to the pharmacy by other healthcare professionals

The Pharmacist or trained pharmacy team member should carry out a professional consultation which should include, as a minimum:

- which joint or joints are affected,
- an understanding of the nature of the pain,
- its duration and factors that improve it or worsen it including a medication history.
- an exploration of the patients own understanding of OA and their expectations.

The patient should be given verbal and/or written advice including behavioural change support and lifestyle change measures that they can use to help manage their condition. This may include signposting to other local services such as a walking group, community physical activity, exercise opportunities or weight management services.

Following the consultation, whether face-to-face or remotely, the patient must then either be given or be sent electronically the self-management resources available to Pharmacies;

- “A Guide for People Who Have Osteoarthritis” provided by Keele University - <https://jigsaw-e.com/patient-focus/guidebook/>
- “Versus Arthritis - Keep Moving booklet” <https://www.versusarthritis.org/media/1310/keep-moving-information-booklet-with-poster.pdf>
- Signposted to other relevant local or on-line resources the pharmacy sees fit to use.

6.0 Escalation and referral process

No physical assessment of the patient is required when providing this service. However, in those situations where a patient presents with a Red Flag symptom(s) such as recent injury or trauma, hot swollen joints or systemic illness that requires escalation or referral to a GP or other healthcare professional (urgent or otherwise), the pharmacist must use their clinical judgement to decide the urgency, route and need for referral by following one of these three options:

Option A - Refer the patient for an urgent in-hours appointment (Monday to Friday 08:00-18:30). After agreeing this course of action with the patient, the pharmacist should telephone the patient’s general practice to secure them an appointment. When referring patients to a GP, pharmacists should not set any patient expectations of any specific treatment or outcome. Direct numbers for practices will be available by searching the DoS, using the DoS search tool which is used in the area. The pharmacist may wish to print a copy of the consultation record for the patient to take with them to the consultation at their general practice.

Option B - Call the NHS 111 service when the patient’s own general practice is not available. After agreeing this course of action with the patient, the pharmacist should call NHS 111 using the healthcare

professionals' line for fast access to a clinician, if this is required. The clinical service will provide advice which may result in onward referral of the patient or support to resolve the issue so that the episode of care can be completed.

Option C - Refer the patient to A&E or call 999 only if the patient presents with severe symptoms indicating the need for an immediate medical consultation, the pharmacist should tell the patient to attend A&E immediately or call an ambulance.

The pharmacist must record such referrals within PharmOutcomes.

In all circumstances, if the patient presents with symptoms outside the scope of the service, the patient should be managed in line with the pharmacist's best clinical judgement.

7.0 Record Keeping

A record of every consultation must be made on PharmOutcomes. (NB only consultations recorded on PharmOutcomes will comply with record keeping requirements and follow-ups recorded on PharmOutcomes will be used to measure activity and will result in payments being made for the service).

All records, electronically or otherwise, must be kept in accordance with NHS record keeping and Community Pharmacy Information Governance requirements. Recommendations for the retention of pharmacy records for minor clinical interventions are 2 years. This includes the patient consent record (http://www.pjonline.com//news/recommendations_for_the_retention_of_pharmacy_records)

8.0 Incident Reporting and Complaints

All incidents should be recorded as part of the pharmacy's clinical governance procedures (refer to Essential Service 8 – Clinical Governance, Community Pharmacy Contractual Framework)

Pharmacies will also be expected to follow appropriate complaints procedures in accordance with NHS policy, where issues arise so that improvements can be made following significant events or errors.

Pharmacies should also note that by signing up to participate in this scheme they are entering into an agreement to offer a service with NHSE&I Midlands

9.0 Duties of the LPC

Derbyshire LPC will be responsible for ensuring timely activity payments are made to community pharmacies who are participating in the scheme and will be responsible for dealing with operational and payment- based queries.

Post payment verification checks may be made.

Each pharmacy will be capped at 25 consultations due to the limited funding. Should further funding become available to increase the number of consultations allowed the LPC will inform the participating pharmacy

10.0 Service Funding and Payment Procedures

10.1 Submission of claims

Pharmacies must enter consultations onto the relevant PharmOutcomes modules. PharmOutcomes will automatically generate claims for the relevant service payments.

Activity and the incentive payment will be made by Derbyshire LPC which holds the service funding.

Each pharmacy will be capped at 25 consultations due to the limited funding. Should further funding become available to increase the number of consultations allowed the LPC will inform the participating pharmacy.

Pharmacies will not be paid for consultations that go above 25, unless authorised by Derbyshire LPC.

10.2 Service Payments

The pharmacy will be paid according to the following schedule.

- A professional fee of £15 will be paid for each initial consultation carried out.
- In addition, a one-off payment of £40 will be paid when all training of both pharmacists and pharmacy team members has been completed and will be paid on the first completed consultation

Payments will be made per patient consultation at the end of each calendar month following that to which the payment relates. Payments will only be paid if the PharmOutcomes data is entered correctly.

11.0 Contractual Period

This agreement is for the period 16th January to 31st Oct 2023, however the funding is limited and activity will be monitored and thus the service may end before the contractual period

12.0 Termination of the Service

The pharmacy or NHSE&I Midlands in agreement with Derbyshire LPC may terminate participation in the scheme by giving written notice of their intention at least 28 days before the service end date. No reason needs to be given for the termination of the agreement.

13.0 Dispute resolution

In the event that a Contractor disputes the decision by NHSE&I Midlands to terminate the agreement on the grounds that the terms of the agreement have not been met and/or remedied within an appropriate time-frame, the Contractor shall make this known in writing without delay.

Upon receipt, local dispute resolution procedures will be followed in accordance with the Pharmaceutical Regulations 2013.

14.0 Patient Confidentiality, Data Protection, Freedom of Information and Transparency

The Parties acknowledge their respective obligations arising under the Freedom of Information Act 2000, Data Protection Act 1998, the Human Rights Act 1998, and under the common law duty of confidentiality, and must assist each other as necessary to enable each other to comply with these obligations. The Contractor must complete and publish an annual information governance assessment and must

demonstrate satisfactory compliance as defined in the NHS Information Governance Toolkit (or any successor framework). Any changes to legislation that arise out of the General Data Protection Regulations (GDPR) are applicable to this contract from the date of enforcement.

15.0 Indemnity

The Contractor shall maintain adequate insurance for public liability and professional indemnity against any claims which may arise out of the terms and conditions of this agreement.

Any litigation resulting from an accident or negligence on behalf of the Contractor is the responsibility of the Contractor who will meet the costs and any claims for compensation, at no cost to NHSE&I Midlands.

16.0 Equity of Access, Equality and Non-Discrimination

The Parties must not discriminate between or against Service Users, Carers or Legal Guardians on the grounds of age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, sexual orientation, or any other non-medical characteristics, except as permitted by Law (Equality Act 2010).

The Contractor must provide appropriate assistance and make reasonable adjustments for Service Users, Carers and Legal Guardians who do not speak, read or write English or who have communication difficulties (including hearing, oral or learning impairments).

17.0 Governing Law and Jurisdiction

This Contract will be considered as a Contract made in England and will be subject to the laws of England. Subject to the provisions of Section 7 (Dispute Resolution), the Parties agree that the courts of England have exclusive jurisdiction to hear and settle any action, suit, proceedings or dispute in connection with this Contract (whether contractual or non-contractual in nature).

18.0 Completion of Signed Agreement

In order to participate in the scheme, each contractor must complete the signed agreement, and return to Derbyshire LPC (taniacork@derbyshirelpc.co.uk) as indicated. Once received, the pharmacy will be accredited for the Supporting Self-management for Joint Pain in Community Pharmacy module on PharmOutcomes, and delivery of the service can commence.

FOR BRANCHES OF MULTIPLE PHARMACY GROUPS, THIS AGREEMENT SHOULD BE COMPLETED BY AN AUTHORISED PERSON(S) AT HEAD OFFICE AND A COPY SENT TO EACH PARTICIPATING BRANCH FOR THEIR INFORMATION.

Appendix 1 – **ONLY COMPLETE THIS FORM IF YOU HAVE BEEN SELECETED TO UNDERTAKE THE PILOT**

Supplier Set Up Form: IMPORTANT – Please ensure all relevant sections are completed including authorisation before returning.

SUPPLIER DETAILS

Company Name	
Address Line 1	
Address Line 2	
Town	
County	
Postcode	
Telephone No.	
Contact email	
VAT Registration No.	

BANK DETAILS (payment will be made by BACS)

Name of Account	
Sort Code	
Account Number	
Reference	
Payment email address	

AUTHORISATION

Please sign and return the completed form by post to Tania Cork Swiss House 34 Leek Road Stockton Brook Staffs ST9 9NH Any queries regarding this form should be sent to taniacork@derbyshirelpc.co.uk			
Signature		Date	
Position		Contact No.	

Appendix 2 - ONLY COMPLETE THIS FORM IF YOU HAVE BEEN SELECETED TO UNDERTAKE THE PILOT

Supporting Self-management for Joint Pain in Community Pharmacy

SIGNED AGREEMENT

On behalf of (Pharmacy Name and Address)

.....

Contractor Code (F Code).....

I have read and understood the terms in this service specification and agree to provide the standard of service specified*.

Signature.....

Print name.....

Designation..... Date.....

On behalf of NHS England & Improvement, I commission the above pharmacy to provide the service detailed in this service specification for Supporting Self-management for Joint Pain in Community Pharmacy

Signature (on behalf of NHSE&I).....

Print name.....

Designation..... Date.....

Please return a signed copy of this form by email taniacork@derbyshirelpc.co.uk

Upon receipt the relevant module within PharmOutcomes will be activated.