

FAQs following Falls Prevention Training

GP Engagement

Question	North Yorkshire Council Response
Have the local GPs been made aware of the service?	NY council has contacted the GPs via the Local Medical Committee so they should all be aware. If anyone is having difficulties please let the council know and if there seems to be a general problem this can be addresses.

PharmOutcomes

Question	North Yorkshire Council Response
When will PharmOutcomes go live?	The module will be live once the council has accredited pharmacists on the system. In order to complete this, a list of attendees is sent after each training session. Once the contract variation (sent separately) has been signed and returned the module will go live.
Do I need to print off the claims each month and send through or is this automatic?	The claims system is automatic through PharmOutcomes so there is no need to send in hard copies.
Is the PharmOutcomes module a direct replica of the checklist and screening tool?	Yes
How long will it take to complete the PharmOutcomes entry?	This is unknown and will vary by pharmacist. It is anticipated that the process will become quicker once pharmacists become more familiar with it.

Referral Process

Question	North Yorkshire Council Response
Does the GP referral have to be completed via PharmOutcomes?	Yes - the system has been set up to reduce the amount of work for pharmacists hence the electronic referral. If pharmacists feel this is not the best way to proceed then the council will need to review this based on feedback. Please contact them to let them know of any issues.
How long should patients expect to wait to hear back once a referral to the falls team has been made?	This varies from area to area. Pharmacists should contact their local falls team to find out what their waiting list is like and how long this may take
If I refer directly to the falls team (as is the case in Harrogate) do I also need to send GP notification?	Yes – this helps to keep the GP informed and prevents duplication
If I send a patient for referral to the falls team or the GP to I still need to complete the follow up?	Yes

Will the referral be sent through to the patient as an appointment or letter inviting them to make an appointment?	This varies from area to area. Pharmacists should contact their local falls team to find out their processes
What is the trigger for referral? The pharmacist checklist talks about 3 or more medicines but the screening tool talks about 4 or more?	The trigger for referral is as the screening tool – 4 or more medicines. This is the generally accepted number at which an increase risk of falls can occur. The 3 or more on the pharmacist checklist relates to the eligibility for recruiting into the service.

Service Specification and Delivery

Question	North Yorkshire Council Response
When can I start the service?	Once NY council have been notified you have attended training they will send a contract variation. This needs to be signed and returned before you can begin delivering the service.
If I do not have the space in the pharmacy to perform the Timed Up and Go test or the patient doesn't want to undertake it, can I still go ahead with the service and claim payment?	If pharmacists are unable to carry out the Timed Up and Go test then they can ask questions 1 – 6 on the screening tool as an alternative. If pharmacist completes the Timed Up and Go they should also ask if the patient has had a fracture as a result of a fall (not from a height)
Is there a maximum number of times the service can be performed on one individual?	If there has been a significant change in the individuals circumstances which may have altered their falls risk then this should trigger a further assessment.
Do I need patient consent to carry out the test and/or refer onwards and is this consent verbal or written?	There is a consent section on PharmOutcomes which includes consent for the assessment and for onward referral to the GP and/or falls service. The consent can be given verbally but must be recorded in PharmOutcomes.
If I am accredited to deliver domiciliary MURs can I complete the falls service in the home setting and if so is there a consent process for this?	North Yorkshire council had not anticipated this happening but see no reason why pharmacists could not provide the falls assessment at home in these circumstances. The consent process will be as normal.
If the patient has refused to consent to an onward referral to the GP and/or falls team but after the follow up they decide they would like a referral, do I just document this or do I need to go back and change the consent?	Pharmacists should just document that the patient has changed their mind – do not change the original consent
Is there a time limit for the follow up to be completed by?	The council has suggested that the follow up is completed around 3 months after the original assessment

What is the timeframe for the service and how long will it be running for?	The service is funded for 2 years at which time it will be reviewed.
Will the service be removed from pharmacies if they do not meet any targets?	No – however if there are pharmacies which are only seeing low numbers then they will be offered support to increase uptake
Why is the service limited to those patients over the age of 65 as many patients under this age group are also at risk?	The NICE falls guidance is for those aged 65 years and over so this was the target group for the service. When the service is reviewed this is one of the areas that will be considered.
Do I need to complete both parts of the service in order to receive the full £10 payment or will I still receive £8 for completing the first step and not following up?	Pharmacists will be paid £8 for completion of part 1 but they are encouraged to carry out the follow up in order to provide a complete service for patients and generate a further £2 payment.
Can you give an indication of how long the service will take to complete from start to finish?	As it is a new service it is not possible to say how long it will take. The follow up should not take long and can, in some cases, be delivered over the telephone – it does not need to be face to face.
The GP notification form contains a lot of information that the GP should already know. Does it all need entering again?	The form is based on the one used by the Doncaster Pharmacy Falls service which has been running for a number of years. If the feedback from GPs indicates that it needs to be altered/changed then this will be taken into account when reviewing the service or sooner if required.
How often does the service need to be carried out on a patient? If it is to be repeated do I conduct the whole assessment again?	The service can be offered annually if nothing appears to have changed but if there have been significant changes for the patient then it may be appropriate to carry out the assessment again. There is currently no shortened version of the assessment so the whole process will need completing again

Miscellaneous

Question	North Yorkshire Council Response
I read in the Daily Mail that some GPs are going to be receiving funding for a falls risk check in primary care. Will this affect the service?	The council are not aware of the article but would not anticipate an issue although it would be sensible to check with patients that they have not had a recent falls assessment in order to reduce the risk of duplications.
How is the service going to be publicised?	There are no plans for a publicity campaign. Pharmacists are expected to approach patients individually to offer the service.
Note 2 of the screening tool talks about an osteoporosis risk assessment. What is this and how do I refer in?	If you suspect the patient may have osteoporosis then they should be referred to their GP for assessment.

<p>Can you confirm someone will read what I write up on PharmOutcomes as part of the assessment?</p>	<p>The purpose of recording the information on PharmOutcomes is so that there is a record of what has taken place should there be any queries at a later date and also to form the basis of any referral that needs to be made. As with all medical records and in line with Caldicott principles it is not anticipated that it will be read routinely by anyone else unless they need to know the information held in the record.</p>
<p>Do I need to ask if the patient has had a recent falls assessment completed?</p>	<p>Pharmacists are advised to ask this question when a patient is offered the service. If they have had a recent falls assessment and nothing has changed then pharmacists should not start the assessment.</p>
<p>How often do I need to complete the training – is there a need to complete a refresher?</p>	<p>No decision has been made about how often the training needs to be completed or if a refresher is required.</p>