



# Newsletter



## MAS: well done Gloucester

The *Pharmacy First* Scheme has made a great start in Gloucester!

As of 10am on 15th December, 176 consultations had been made using the *Pharmacy First* Scheme.

- 36% of these patients had been referred by their GP surgery/Out of Hours/A&E.

- 64% were identified as suitable in the pharmacy, or had self-referred (perhaps as a result of a leaflet/poster).

A number of pharmacists have still to complete a Declaration of Competence - please work through this as soon as possible! See earlier LPC guidance - it is not about slavishly working

through CPPE Distance Learning Packages; it is about identifying where you are already competent through prior learning and experience and using CPPE (or other) materials to update on any gaps.

Commissioners are pleased with the early results and are looking to expand the service from Gloucester into Tewkesbury.

Fiona

## Top tips for MAS (with thanks to Devon LPC)

Gareth Smith, *Alphington Pharmacy in Devon* tells us why *Pharmacy First* is important to him and his team, and how they have implemented the service.

### Why are the *Pharmacy First* Services important to you?

The *Pharmacy First* scheme shows that commissioners believe we can have a key role in helping the struggling NHS. Now we have to show we believe too. We can't wait for customers to come knocking on our doors asking to use the service, we have to go out there and tell them how we can help both the NHS and themselves.

### How can the pharmacy teams promote the services?

- Use the *Pharmacy First* logo to develop a series of posters; we've used some lovely pictures of impetigo and conjunctivitis!

- Put them on the front door, on the counter, on your patient screens and as screen savers
- If a patient presents a prescription for any of the PGDs or winter ailment items we go and talk to the patient or their representative - tell them they could have come to us first and saved a GP appointment - give out a leaflet
- Engage with Mums of young children - they are most likely to use the service

### What do your GPs think about *Pharmacy First*?

Talk to your local practice; in the main they are struggling to keep up with the workload and are glad for the help. The PGDs sell themselves. Explain the protocols and the safety netting and best of all; it's not coming off their prescribing budget. One of the GPs I spoke to said



"Great, that's 10 people a day off my sit and wait clinic."

Ask them to display the posters, crib sheets on the receptionist/secretaries' desks listing the ailments. My practice is now referring patients into the services.

### What is your key message?

Don't wait for someone else to tell your patient about this service, they're not going to. Get out there and tell people about it and then get them using it. We have an opportunity to show how pharmacy can be the first port of call in the NHS not just for these conditions but others too.

Finally, my favourite quote!

"If not you, then who? If not now, then when?"

## December 2014

### Things to do:

- Try out the EPS Prescription Tracker
- See PSNC's Community Pharmacy News for tips to improve your nominations
- Come along to the HLP Engagement Event and Leadership Training
- Ensure you are up to date with guidance re Supervision
- Look at the MyNHS data—are you ready to deliver health checks if asked?
- Keep an eye out for scratchcards—they will help you recruit to MUR
- Gloucester pharmacies—keep up the good work with *Pharmacy First*
- If you have Antibiotic Guardian quizzes left, use them to engage with patients through the winter.



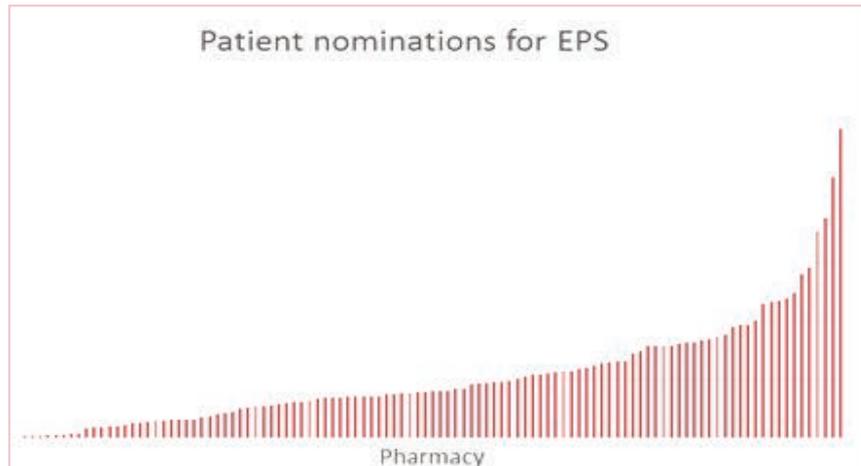
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♪ Nomination;  
Nomination;  
Nomination — that's  
what you need... ♪

## EPS nomination



This is a graph of EPS Patient nominations by pharmacy in Gloucestershire. The 25% of pharmacies with the fewest patient nominations have fewer than 425 nominations

each (as of 21st November 2014). The 25% of pharmacies with the most nominations have over 1450 nominations each.

*Do you know where your pharmacy is on this graph?*

For hints/tips and advice about EPS nomination, please see this month's PSNC *Community Pharmacy News* at <http://psnc.org.uk/our-publications/cpn/>

*Fiona*

## Healthy Living Pharmacy



**They're a bit squashed but very healthy**

### Current Status

Several pharmacies have completed their self-assessment on PharmOutcomes providing evidence on line and in their HLP Portfolios. If you haven't completed the self-assessment, please do so as soon as possible. If you have questions, please email me. There are several resources now located on the LPC website under Healthy Living Pharmacy, including "10-Step Plan" and FAQ, both of which are very helpful.

### Engagement Event

For those pharmacies yet to express interest in achieving the HLP quality standard, an Engagement Event is being

organised for Wednesday, 28th January, to provide more information for you. A letter and invitation with further details are enclosed with this newsletter.

Please book no later than 15th January 2015 by emailing [lis.jardine@gloslpc.co.uk](mailto:lis.jardine@gloslpc.co.uk) or faxing to: 0808 1890757

### Training

An HLP Leadership training day is being organised for 11th February. It will be an all-day event. Please book your space with: [lis.jardine@gloslpc.co.uk](mailto:lis.jardine@gloslpc.co.uk) or if you are not able to make this date, consider training through CPPE - Healthy Living Pharmacy Leadership : ([www.cppe.ac.uk/learning/](http://www.cppe.ac.uk/learning/))

If your pharmacy is considering working toward HLP status, please reserve this leadership date in your diary. This training is one of the pre-requisites.

Healthy Living Champion Training: Accreditation with RSPH - Understanding Health Improvement Level 2 Award, 17th February 10:00-16:00 at the Oxtall Tennis Centre, Plock Court, Tewkesbury Road, Gloucester, GL2 9DW. To book, email [lis.jardine@gloslpc.co.uk](mailto:lis.jardine@gloslpc.co.uk)

This training is free of charge to those attending - a cancellation fee of £50 will apply for non-attendance.

*Barbara*

## Ebola poster



**'Home' printed posters — easy to miss**

Public Health is concerned that not all pharmacies are displaying the Ebola posters, which you have received electronically rather than in hard copy.

The LPC position is that making them available for download/local printing is not acceptable if Public Health England want them reliably displayed. The PSNC press release had implied

that the posters would be sent to all pharmacies - however this has not happened. Fiona will be asking Mike King about it at their next encounter!

## Guidance on Controlled Drugs from Turning Point

Controlled drugs prescriptions are valid for 28 days after the 'appropriate date' on the prescription. The '**appropriate date**' may be one of several dates on the prescription and needs to be judged by the pharmacist.

**Signature date:** The date that the prescription was signed, which is recorded next to the signature box. Legally the date of signing must be stated. For 'regular' CD prescriptions (i.e. not instalment) this is often the only date on the script and therefore becomes the appropriate date. However as Turning Point instalment prescriptions have the dates of supply stated on them, the signature date is not in such cases the 'appropriate date'. Most Turning Point repeat instalment prescriptions are produced in advance of the first date of treatment and the Turning Point prescriber will likely have written a signature date that is ahead of the date of the first instalment<sup>1</sup>.

**'Appropriate date':** Medicines Ethics and Practice (Edition 37; page 81, RPS, July 2013) states:

*'The appropriate date is either the signature date or any other date indicated on the prescription (by the prescriber) as a date before which the drugs should not be supplied – whichever is later'.*

The MEP also states: *'The first instalment must be dispensed within 28 days of the appropriate date. The remainder of the instalments should be dispensed in accordance with the instructions (even if this runs beyond 28 days after the appropriate date).'*

Far right is an example of an instalment grid printed on a Turning Point instalment prescription. In this example the 'signature date' is 22/8/13 because that was the date when this repeat prescription was authorised by the prescriber. However the 'appropriate date' is Tuesday 10 September. The first instalment must be supplied within

28 days of 10 September, however as the instructions for supply are clear, the prescription would be supplied as stated on the grid as this makes the prescriber's intentions unequivocal. Although the instalments run beyond 28 days from the signature date, this prescription is legal for the reasons stated above. The wording below the grid allows for advance supply on any dates of closure.

Some prescribers date the signature date the same date as the day of the first instalment. Although not illegal, this is not strictly a record of the signature date if it was signed in advance and for indemnity purposes may be seen to not reflect an accurate record of the prescription generation process.

Note that some other prescription generation software, not used by Turning Point, does not state dates of each instalment only the date of the first supply. This is legal as long as the interval between each instalment is clear. The dose and instalment quantity are also needed.

### Starting scripts on pharmacy closed days

We aim, where appropriate, to make the first day of a prescription a week day, and try to avoid Mondays if possible. This is to avoid confusion over bank holidays. However as long as the wording '*Instalments due on days when the pharmacy is closed should be dispensed on the day immediately prior to closure*' is present then supplies of the dose due on the closure day can be made in advance, even if the bank holiday dose is the first scheduled dose on the prescription. The 'appropriate date' in this case needs to be on or prior to the date the supply is made, so in such cases the signature date would be interpreted as the 'appropriate date' and should be ahead of the first instalment due date. This has been confirmed with the RPS legal advisory desk.

### Grinding/crushing of buprenorphine

Some prescribers request that buprenorphine tablets are crushed prior to supervision, to reduce the risks of diversion and speed up consumption times.

- Pharmacists need to have a written protocol for crushing buprenorphine, alongside other dispensary SOPs.
- Crushing renders the product 'off label' and hence liability for use shifts away from the manufacturer. Pharmacists should check that their indemnity provider covers crushing.
- Consent to off label use has to be obtained from the patient before crushing can be undertaken. Ideally this should be written and retained. Patients have the right to refuse. The prescriber also has to authorise, so crushing cannot be done purely for convenience to speed up supervision without the prescriber's knowledge.
- There is some research that suggests crushing does not significantly alter bioavailability or the resulting clinical effect (Drug & Alcohol Review, 2003 p471-2).
- When crushing buprenorphine, they must only be crushed to a granulate, not a fine powder or bioavailability may be changed. The crushed tablets must be given to the patient in a disposable container. The granulate is tapped out of the container under the tongue and left to dissolve.
- Patients who find buprenorphine tablets or granulate take a long time to dissolve should be offered a drink of water before consumption as wetting the mucosa can help.

There is no additional dispensing payment for crushing buprenorphine paid by the NHSBSA.



**Article by**  
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**The 'appropriate date' may be one of several dates on the prescription and needs to be judged by the pharmacist.**

**A larger version of this instalment grid example is available on our web site under 'Resources'**

<sup>1</sup> It is the practice of some prescribers to date the signature date the same date as the day of the first instalment. Although not illegal, this is not strictly a record of the signature date if it was signed in advance and for indemnity purposes may be seen to not reflect an accurate record of the prescription generation process.



Our Stoptober campaign was more Stopvember

## Stop Smoking campaign in Gloucestershire

All community pharmacies were challenged to ask 100 customers if they smoke and to follow the brief intervention protocol:

- Do you smoke?
- Do you want to give up?
- Can I put you in touch with an advisor?

You were provided with 25 scratch-cards to assist in conversations with those customers who identified themselves as smokers. It was assumed but us that most pharmacies would have Quit Kits which had been distributed by a different route, but this assumption was incorrect.

	HLP	Non-HLP	Total
Approached	1509	356	1865
Scratchcard	340	62	402
Signposted or referred to Advisor	140	18	158

56 Smokers set a Quit Date with a Pharmacy based stop smoking advisor during October. This compares with 17 during September and 27 in November. The quit rate for those setting a date in October was 53.6%.

38 out of 113 pharmacies reported on the numbers of customers engaged. 26 of these pharmacies are accredited or working

towards HLP status.

The data above shows:

- 81% of conversations were in a Healthy Living Pharmacy
- 41% of smokers identified were referred or signposted to an advisor in an HLP compared to 30% of smokers referred or signposted in non-HLP.

## Launch of MyNHS

MyNHS was formally launched last week, a new part of the NHS Choices website that enables patients and professionals to compare the performance of hospitals, consultant services, GP practices, care services and local authority.

MyNHS includes searchable data on staffing, patient safety, mental health and food quality, along with many other areas of care.

Over time, more data will be added and MyNHS will become an increasingly powerful resource for patients, doctors and local NHS commissioners.

One page with data on Gloucester County Council (<http://tinyurl.com/qjqu5ws>) shows that "8% of eligible population [are w]orse than average compared to similar areas" at taking up the NHS Healthcheck - can

Community Pharmacy do better?

The Council will be looking very quickly to better these results as it is not looking good - questions will be asked and commissioners will be measured on delivering the required improvements to the health of the public especially around prevention!



They have seriously splashed out on the logo design

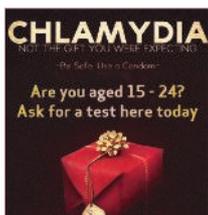
## Chlamydia screening

Uptake of Chlamydia screening is generally high in January following holiday 'activities'; be prepared by ensuring that stocks of Chlamydia Kits are in date and topped up.

A poster has been designed and can be downloaded and printed from our web site at <http://psnc.org.uk/gloucestershire-lpc/services/sexual-health-guidance-and-resources/>

Unfortunately, pre-printed copies are not available.

*Remember to offer Chlamydia screening at all EHC consultations!*



A witty poster from GCS ('Not the gift you were expecting?')

You will have received a small supply of Pfizer sponsored **scratchcards** from Chris Llewellyn earlier this month. These are a helpful tool in starting conversations which lead to Medicines Use Review. The LPC hope to obtain additional supplies to distribute to you in January. We hope that this will help all pharmacies recruit appropriate patients towards 400 maximum MUR.

## The EPS Prescription Tracker

Good news! The EPS Prescription Tracker is now available to all pharmacy contractors.

### What does the EPS Prescription Tracker do?

The tracker allows you to track electronic prescription status using prescription ID (18-character barcode) or patient NHS number. This service is provided by the NHS Health and Social Care Information Centre.

### Who can access the EPS Prescription Tracker?

You can only access the EPS Tracker if you have one of the following activities included in your smartcard user role profile:

B0278 'Perform Prescription Preparation' or B0570 'Perform Pharmacy Activities'  
Every pharmacist and dispenser/technician has this role as part of their profiles.



Access the prescription tracker online

### How to use the EPS Prescription Tracker

1. In your browser, enter the link <https://portal2.national.ncrs.nhs.uk/prescriptionsadmin>.

Save this link to your 'favorites' list for quick access in the future.

2. Insert your smartcard and enter the passcode when prompted. You will then be taken straight to the EPS Prescription Tracker homepage (image 1)

3. Either enter the prescription ID (18-character barcode) or enter patient NHS number with a date range.

4. The search results are displayed on screen.

- If you search by prescription ID, only the electronic prescription matches the ID will be displayed. If the prescription ID is for a set of electronic repeat dispensing prescriptions, the entire set will be displayed regardless their status.
- If you search by patient NHS number, all electronic prescriptions issued by GP within the date range will be

displayed regardless their status or nominated pharmacy.

6. Click on the individual prescription ID for more information. The detail page will display the following information:

- **Prescription ID** – this is the 18-character barcode
- **Prescription Treatment Type** – for example, repeat prescribing or repeat dispensing
- **Prescription Type**
- **Date/Time Signed** – this is the legal starting date of the electronic prescription
- **Prescriber Organisation and Contact** – surgery name and contact number
- **Dispenser Organisation and Contact** – pharmacy name and contact number
- **Patient NHS number**
- **Prescription Status**
  - ⇒ Repeat dispensing future instance (not available for download yet – this status applies to repeat dispensing only)
  - ⇒ To be Dispensed (available but not downloaded)
  - ⇒ With Dispenser (downloaded but not dispensed)
  - ⇒ Ready to Issue (dispensed but not claimed)
  - ⇒ Claimed

Please note the 'With Dispenser' status does NOT necessarily mean the electronic prescription is visible on your screen. Sometimes there could be a delay between your central server and your in-store system.

- **Prescription Items** – the status of each individual prescription item.
- **Prescription Event History** – the detailed timeline of activities such as upload and download time

### Top tips

The EPS Prescription Tracker will display both EPS1 and EPS2 prescriptions. They are differentiated by their barcodes:

- EPS1 prescriptions have 32-character barcode
- EPS2 prescriptions have 18-character barcode.

All search activities on the EPS Prescription Tracker are recorded against Smartcard user.

The EPS Prescription Tracker does not make available any clinical or sensitive information about a patient's prescription.



This pharmacist has impressive skills in the area of electronic prescriptions

Gloucestershire LPC represents contractors locally and nationally to create an environment for community pharmacy to flourish.

**Please contact us if you have any questions or issues that we can help you with.**

**Committee members:**

**Chair:** Abdul Bashir  
 Chris Gifkins Sian Willams  
**Vice-Chair** Tom Banning  
 David Evans Wayne Ryan  
**Treasurer** Aitzol Tolosa  
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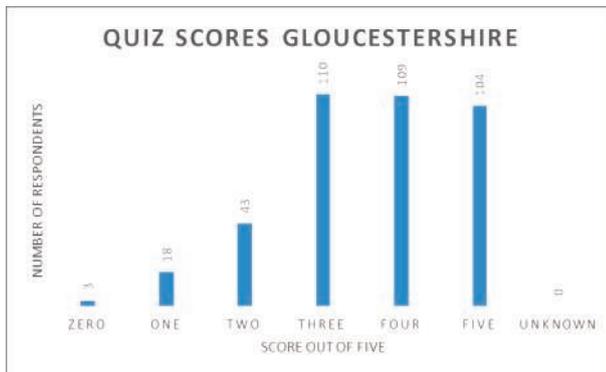
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**Tell us what you think!**  
 We'd love to know what you think of our newsletter; if you have any comments on this edition, or suggestions for the next one, please contact Lis: [lis.jardine@gloslpc.co.uk](mailto:lis.jardine@gloslpc.co.uk)



In November, we asked you to take fifty copies of the 'Antibiotic Guardian' quiz and collect scores from among your customers. This was both to gauge awareness and to raise it, as part of European Antibiotics Awareness Day.

In Gloucestershire, data was received from 18 of 113 pharmacies. You did a great deal better than Swindon (3/43) and Wiltshire (4/72) - well done! It may be significant that many Gloucestershire respondents were Healthy Living Pharmacies.

*Positive comments from Gloucestershire pharmacies included:*

- "It was good to raise awareness of current antibiotic issues - prompted discussions with many COPD patients for example";
- Easy to hand out;
- "Everyone participated well";
- "Some customers laughed and thought it was too easy - BUT, they didn't get all the answers right!! I notice that 6 out of the 18 who completed forms got Q2 wrong - so more educating of the public required. ALL of our customers were happy to discuss their answers and the concept."

*Suggestions for improvement were:*

- "with EPS going on we probably didn't dedicate as much time to it as we would have liked";
- "question one had to be read very carefully - many people slipped up on this question";
- "Having the answers on a separate page as opposed to the back to avoid cheating :)"
- "Magnifying glass offered for people without reading glasses! Q2 most

challenging – most people put C – they would ask advice from pharmacist before going to GP"

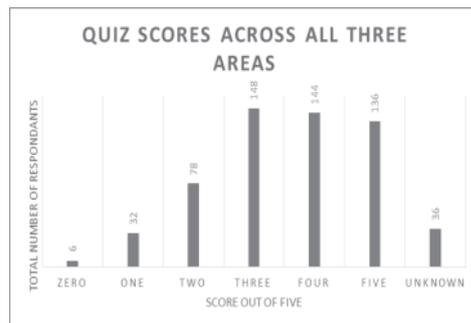
- "Having the questionnaires a bit earlier. We're a 100 hour pharmacy with people working part time. If we'd had them earlier all colleagues could have been briefed before we started."

There is clearly much room for improvement in the general public's awareness of antibiotic resistance and responsible use – at least 46% of respondents got

three or fewer correct out of five.

Pharmacies across the counties found this an illuminating and popular tool, but felt they could have been better briefed, and the quiz could have been distributed earlier and simplified for ease of use.

Lis



**The quiz was distributed to pharmacies in Gloucestershire, Wiltshire and Swindon.**

**Expressions of Interest are being sought by the Area Team for Bank Holiday duties.**

You can offer to be involved in as many or as few as you want to; you can state that you are prepared to do say "up to one in three of the following..." or "I am prepared to open on either but not both of the special bank holiday duties on any particular day..."

If there are more offers than duties, then the LPC will be involved in allocating a rota. If there are fewer offers than duties, then a "directed service" will be imposed which may involve ALL pharmacies.

