



Newsletter

What is your LPC doing for you?

These are anxious times! Will there really be a 6% cut? Will there be pharmacy closures? What is the LPC doing about it?

The LPC is supporting PSNC in their negotiating stance. Chris Gifkins and Fiona Castle attended a special meeting organised by PSNC, where we heard that PSNC

- Do not accept the government funding proposals as a “done deal”
- Do not accept that there can be significant pharmacy closures without very significant effects on patient care and the rest of the NHS
- Believe that this is a 2-5 year fight for the role of Community Pharmacy
- Believe that the government is well prepared for an immediate short battle in the public arena
- Believe that the proposals risk turning Community Pharmacy into “Commodity Suppliers of Medicines”

The LPC continues to promote Community Pharmacy locally to influencers and stakeholders

- Ensuring that they know what they would be losing if pharmacies close
- Organising MP and councillor visits to pharmacies
- Supporting service developments such as “Urgent Repeat Medicines Service” and “Pharmacy First” (Minor Ailments)
- Promoting the benefits of the Healthy Living Pharmacy project

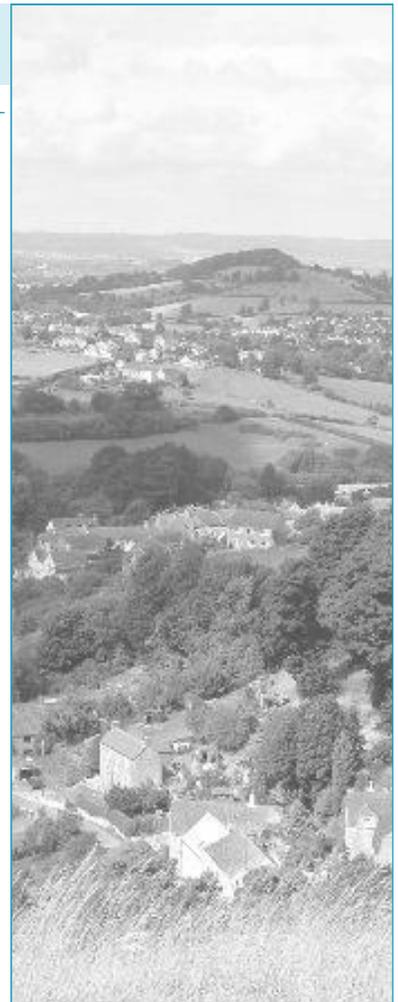
The LPC is here to give you advice and support

- Tell us if you would like help in local awareness campaigns
- Tell us if you need help to deliver services – URMS, MAS, EHC, MUR, NMS
- Ask us if you have questions

And what can you do?

- Deliver on the services that you are contracted to provide
- Make sure all patients are aware of the services you provide
- If your pharmacy is an NPA member – review the information and materials they have available
- Come to the 9th March evening meeting “Supporting Urgent Care” (see page 2) and show everyone that you are committed to Community Pharmacy delivering for patients!

The NPA would appreciate your responses to their current survey (<http://tinyurl.com/zramy52>), to support their case in discussions with stakeholders.



INSIDE THIS ISSUE

Supporting Urgent Care.....	2
MP visits.....	3
Sexual Health.....	4
Managing prescriptions.....	5
Anticoagulants.....	6
Workplace health.....	7
Summary Care Records.....	8

ACTION POINTS

- * Come to the ‘Supporting Urgent Care’ meeting 9th March
- * Complete the EPS survey
- * Contribute to the ‘healthy lifestyles’ consultation
- * Book for sexual health training
- * Acknowledge scripts from SWASFT
- * Check with the patient before requesting repeats
- * Look out for Anticoagulant referrals via PharmOutcomes
- * Start your SCR e-learning and e-assessment

Supporting Urgent Care

On Wednesday 9th March at the Cheltenham Regency Hotel (6.30pm buffet for 7.30pm start), your LPC and Gloucestershire CCG are holding a joint Roadshow to explore the part pharmacies can play in the integrated Urgent Care network.

Agenda

Introductions – importance of Community Pharmacy services

Positive Risk Taking – “Risking Happiness” production

Scenario discussions (with facilitator):

- Examples from OOH Emergency Supply Requests
- Minor Ailments case studies and using the new leaflet (see above)
- Role of MUR in supporting appropriate ordering/self care.

Book now at

<http://psnc.org.uk/gloucestershire-lpc/our-events/supporting-urgent-care/>

Infection	Usually lasts	How to treat yourself better for these infections, now and next time	When should you get help: Contact your GP practice or contact NHS 111 (England), NHS 24 (Scotland dial 112) or NHS Direct (Wales and NI) 0845 4647
Strep infection	4 days	• Drink plenty of water. • Eat enough fluids to avoid feeling thirsty.	1. If you have any possible signs of serious illness and should be assessed urgently. 2. If you develop a severe headache and are sick. 3. If you feel very cold or hot or strange feeling, or you develop an unusual rash. 4. If you feel confused or have slurred speech or are very drowsy.
Throat	7 days	• Ask your local pharmacist for recommended medicines to help your symptoms or pain (see leaflet).	1. If you have difficulty breathing. Signs can include: o Breathing quickly. o Swelling that around the lips and the skin below the mouth. o Skin between or about the ribs getting sucked or pulled in with every breath. 2. If you develop chest pain. 3. If you have difficulty swallowing or are drooling.
Common cold	10 days	• Fever is a sign the body is fighting the infection and usually goes better by itself in most cases. You can use paracetamol (or ibuprofen if you or your child are uncomfortable as a result of a fever).	
Skin	10 days		
Ear or bronchitis	21 days		

Self-care advice leaflet

Pharmacies should expect to receive pads of the leaflet pictured above from Gloucestershire CCG. They are suitable to use to support both OTC sales and Pharmacy First Minor Ailment Consultations.

It is a national leaflet, mirrored by one that the GPs also use to reduce the demands for antibiotic prescribing. We encourage you to use them routinely.

Please come to our joint Roadshow to explore how pharmacies support Urgent Care

EPS survey

PricewaterhouseCoopers (PwC) are conducting an independent assessment of the costs, systems and usage of the Electronic Prescription Service in community pharmacies. This work is being undertaken on behalf of HSCIC, along with PSNC, NHS England and NHS Employers.

All pharmacy staff can now take part in this work by completing PwC's online EPS survey at https://pwc.qualtrics.com/SE/?SID=SV_79G5OIBPAVBF3Jb by Friday 19th February 2016; it will take around 10 minutes to complete. PwC would like input from all community pharmacy team members, so multiple members of staff at each pharmacy can complete the survey if they wish. Staff at head offices may also complete the survey in relation to multiple pharmacies.

This work is vital to ensure that any additional costs associated with the use of EPS can be assessed and then considered in future funding negotiations. Do complete the survey and make sure your experience of using EPS is heard.

Urgent Repeat Medicines

The Urgent Repeat Medicines Service in Gloucestershire is an important access point for patients.

We are all aware that a variety of reasons can lead patients to find themselves without their medicines, often at weekends or holidays. It can be infuriating when this is caused (or seems to be caused) by the patient's own dis-organisation or incompetence. However, as a pharmacist, you have a role both to provide necessary medicines to patients and to relieve the pressure on other services (OOH/A&E) where patients will pitch up otherwise.

With the commissioned service to provide urgent medicines at NHS expense, there is no longer the quandary of what to do when the patient says “but I don't pay for my medicines!”

We often worry about abuse of such arrangement, but please remember the impact on the rest of the service if you do not supply:

- A patient going without their medicines is more likely to suffer complications and end up in hospital
- Demanding a prescription for a medicine that you know they need, just creates an administrative delay and tangle – the doctor writing/signing the patient will most likely know less about the history of the patient than you do!
- Refusing supply does not “teach them to be better organised next time”
- If you want to teach them to be better organised – invite them for an MUR!

There can be abuse – be especially careful regarding sleeping tablets or painkillers. If it is a regular patient, check your PMR to see if they really should have run out. Give small quantities and contact the GP as soon as possible.

However, most medicines are not being abused – patients find the systems complicated, accidents happen.

There is a pharmacist working with the OOH Service occasionally, trying to ensure that appropriate patients get redirected to pharmacy. Please support her by making appropriate supplies. Think “Why **shouldn't** I supply?” not “Why should I?”

At the moment, we suspect that only 20% of the requests for repeat medicines Out of Hours are being dealt with through pharmacy. Can you help change this?



Picture: L-R Richard Cook of the Kingsway Residents Association, Pharmacist (and LPC Vice Chair) Sian Williams, Boots Pharmacy Manager Rosie Seal, Councillor Dave Norman, MP Richard Graham, Boots Area Manager (and LPC member) Pete Arthur

Local pharmacies host MP visits to promote our role

Gloucester’s pharmacists and its MP, Richard Graham, are encouraging people to see their local pharmacy first to stay well this winter.

“Unnecessary trips are made to GPs, or even A&Es, when community pharmacies can help instead with everyday winter illness,” said MP Richard Graham.

“If more people visited them, £1 billion could be saved by the NHS annually.”

Pharmacists are professionally trained to handle medicines. Without appointment, they offer advice and treatment for common ailments like coughs, colds and sore throats as a first port of call.

If a cold lasts more than three weeks, or chest pains or breathlessness occurs, they know when to refer people to a doctor.

Pharmacist Sian Williams said, “Many go to their doctor with minor conditions when their local pharmacy can help treat these conveniently and effectively.

“There are many over the counter remedies that ease cough and cold symptoms. The new Pharmacy First service equips us with enough to treat 25 minor conditions. They are free if you are exempt from NHS charges – ask your pharmacist for advice.”

MP Richard Graham visited Boots Pharmacy in Quedgeley last week with Cllr Dave Norman and Richard Cook from the Kingsway Residents Association to see first-hand how the pharmacy team is looking after customers in winter.

“This pharmacy is open until midnight six days a week – ideal for Kingsway residents,” said Richard Cook.

Dave Norman urged everyone to “make use of their local pharmacy first. No appointment is required, saving you, and GPs, time.”

Here is an important chance for pharmacy staff, especially those in HLPs, to let the council know that we want to deliver this in our pharmacies.

‘Living a healthy life in Gloucestershire’ consultation

Gloucestershire County Council recognises how important living a healthy lifestyle is to physical and mental wellbeing. It can also help people to stay active and live independent lives.

The top four lifestyle related causes of ill health and preventable death in Gloucestershire and the UK are:

- smoking
- physical inactivity
- alcohol misuse
- poor diet (which can lead to individuals becoming overweight and obese)

The current contracts for these services are due to end in 2016 and 2017. This means that the council will ask suitably qualified organisations to bid for these services, which gives us an opportunity to review the current range of services. The Council are carrying out further consultation make sure that our final proposals for the new ‘offers’ take into account the views of interested parties.

Here is an important chance for pharmacy staff, especially those in HLPs, to let the council know that we want to deliver this in our pharmacies.

There are risks to services like Stop Smoking and the potential commissioning of ‘HLP’ services like alcohol awareness campaigns and weight management.

To give the Council your views please visit the survey at <https://gloucestershire-consult.objective.co.uk/portal/health/healthylifestyles/healthylifestyle>

You can also give your views by attending one of the events across Gloucestershire.

The survey should take you about 10 minutes to complete.

Upcoming Sexual Health training dates

Relationship and Sex Education Training Modules (ReSET) Level 1

- Thursday, 11 February 2016
9.00-4.00pm

- Tuesday, 26 April, 2016
9.15am - 4.00pm

Gloucestershire Young Carers, 7
Twigworth Court Business Centre,
Gloucester, GL2 9PG (TBC)

To book a place email the Practice and Development Co-ordinator at ysstraining@prospects.co.uk
For more information about the content of training courses contact Rebekah Parkinson, Sexual Health and Teenage Pregnancy Coordinator on 01452 547540, rebekah.parkinson@prospects.co.uk

Emergency Hormonal Contraception training (see right)

Monday, 29 February, 2016
9.30 – 4.30

Sandford Education Centre,
Keynsham Road, Cheltenham

Following this theory course you will need to complete a half day of scenario training and assessment on 16th or 18th March.

Please email joanne.mutton@glos-care.nhs.uk to book, indicating your choice of preferred assessment date and time (morning or afternoon).

C-Card Condom Distribution Training

- Thursday, 17 March, 2016
10.00am-12.00pm

- Thursday, 14 April, 2016
2.00 – 4.00 pm

Room 5, Youth Support Centre, 92
-96 Westgate Street, GLOS, GL1 2PE

C-Card Distribution Training is appropriate for any member of pharmacy staff who may be involved in supplying condoms. To book a place on the training email the Practice and Development Co-ordinator at ysstraining@prospects.co.uk

EHC training

This training is suitable for practice nurses, MIU nurses, school nurses and pharmacists.

This course aims to:

- Provide the theory needed to supply EHC using a PGD and an update on contraception
- Describe the Chlamydia screening programme and C-card scheme
- Offer an opportunity to discuss how we can break down barriers to patients receiving EHC

29 February 2016, 9.30 – 4.30
Sandford Education Centre, Keynsham Road, Cheltenham GL53 7PX

Please email joanne.mutton@glos-care.nhs.uk to book indicating your choice of preferred assessment date and time (morning or afternoon).

Following this theory course you will need to complete a half day of scenario training and assessment on 16th or 18th March.

Gloucestershire Care Services

Young EHC Clients

Please ensure that all pharmacists know where to refer clients for free EHC if they are young.

We have had a couple of patient incidents passed back to us, where young people have only been offered the option of buying EHC without being made aware of pharmacies who could provide it through the PGD.

Please always remember how much courage it may take a young person to ask for EHC and deal with them confidentially and offering options – not just sale.

Mystery shopping feedback

Here is some anonymised feedback from Youth Teams who have done mystery shops on the condom distribution scheme in pharmacy.

What can you do in your pharmacy to ensure that every customer is treated as well as the best?

Overall Score (1 great – 10 rubbish)	How did they make the customer feel?	Any other comments
3	Comfortable – she was discreet and quiet.	Staff didn't say anything – just took C-card and handed back condoms.
6	She made me feel relaxed and comfortable asking for condoms.	She asked me how many I wanted but then said she couldn't give them to me as they were out of date.
8	Made me feel uncomfortable as they handed it straight over the counter and were not discreet. He also spoke openly to two other colleagues about what I wanted.	Staff didn't say anything but "thank you" at the end.
9	Embarrassed as she had to discuss what I wanted with her colleagues. They had no condoms behind the counter and had to get some from the shelves.	Apology given "sorry for the confusion, we had to get the condoms from the shelf".

Acknowledging receipt of prescriptions from SWASFT

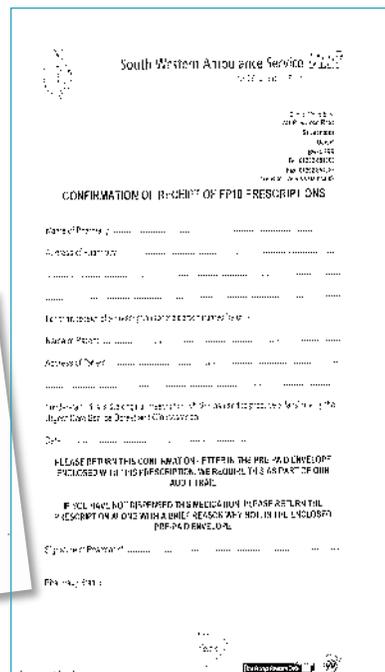
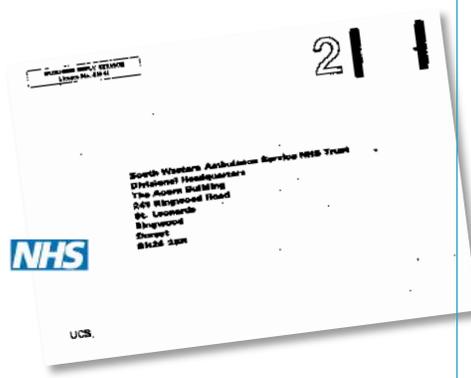
When the Out of Hours team ask you to dispense against a faxed prescription, they post out the original and request that you acknowledge receipt.

Please can you check that you always send back that receipt notification?

Examples of the letter and envelope you will receive are pictured right.



South Western Ambulance Service NHS Foundation Trust



Your managed repeat system needs to acknowledge that changes may have occurred: NHS England ask you to contact patients before submitting a request to the surgery

Repeat medication management

Dear Colleagues,

We have had number of concerns raised by practices regarding the provision of repeat medication management from pharmacies.

Whilst this is a very popular and convenient service to patients, pharmacies are asked to ensure that the service is safe, appropriate and does not lead to medicine wastage.

Some of the services provided involve asking the patient at the point of collecting the current supply whether they will need the same medication again. This could be anything between 3 weeks to 7 weeks before the next supply request is submitted to the surgery for prescriptions ordering 28 and 56 day supply respectively and could even be 11 weeks before, if the patient is getting a 3 monthly prescription.

During this time, significant changes can occur (patients have moved or are in hospital, medication may be stopped, changed to an alternative medication, dosages adjusted etc.) and the managed repeat service needs to reflect that, by ensuring that patients are contacted at the

point of submitting a request to the surgery. Pharmacists would then be informed of any medication changes that the patient may know of.

At the GP practice, admin staff usually process prescription requests, and those that do not tally with the current medication regime have to be referred to the GP to deal with. This results in GPs having to get more involved with the administrative process of dealing with requests and has sometimes soured relationships between GP practice and pharmacy.

We have had several issues raised to us by practices recently, including medication being requested a month after it had been stopped by the GP, and a further incident where a request was made for a patient who had died some weeks previously. We do follow up each incident, but request that all pharmacy staff operating these systems ensure that they comply with good practice and in line with RPS Guidelines.

Beena Patel-Parker,
Community Pharmacy Professional Adviser,
NHS England South (South Central)





Flu service

Community Pharmacies quickly rose to the challenge of offering a seasonal flu vaccination service at short notice! As part of the service, you collected patient feedback.

Gloucestershire LPC would like to use a summary of that feedback in our work promoting the value of Community Pharmacy locally.

Please will you use the enclosed tally sheet to summarise the responses you collected from patients, and transfer the summary information to PharmOutcomes by 29th February 2016?

The LPC will pay £20 to each pharmacy completing the PharmOutcomes form...

NMS referrals from the TIA clinic at Gloucester Royal

The NMS terms of service state that you can provide the service to a patient who was started on the medicine in hospital, if you receive a referral.

We have agreed with the outpatient clinic at Gloucester Royal Infirmary that they will send referrals to the patient's usual community pharmacy when they are started on anticoagulants at the TIA clinic.

These referrals come through PharmOutcomes – when you log on and go to the “Services” tab, you will see any referrals at the top of the list of recent provisions.

- Click on the referral to bring up patient details. You can print off these details by clicking “Print Basic Provision Record” on the left hand side of the screen
- Confirm that you will follow up by clicking “Accept Referral”. The referral will remain at the top of your services screen
- When you have made contact with the patient, go back into the referral and click “complete now”
- Record the outcome of your contact (e.g. NMS interventions arranged)
- When you save the record, the referral will no longer appear at the top of your screen.

If you are unsure about counselling points – see <http://psnc.org.uk/gloucestershire-lpc/lcp-resources/nms-guidelines/> or <http://psnc.org.uk/gloucestershire-lpc/lcp-resources/mur-guidelines/> for anticoagulant ‘crib sheets’.

Fiona

Rivaroxaban

The absorption of Rivaroxaban is greatly improved when it is taken with food for doses above 10mg daily. While 10mg daily is unaffected by the presence, or lack, of food, in order to avoid confusion, we would suggest that the same message is given for all doses - namely “Take it with food”.

Christopher Llewellyn
NHS Gloucestershire Clinical Commissioning Group (CCG)

‘Don’t Wait to Anticoagulate’ Review

On Wednesday 20th January several pharmacists from across the county braved cold and icy conditions to attend the ‘Don’t Wait to Anticoagulate’ NMS training session at the Cheltenham Chase Hotel.

The ‘DWAC’ project is a project lead by the West of England Academic Health Science Network with project management seconded from Bayer, looking at using anticoagulants for stroke prevention in atrial fibrillation. Dr Jim Moore from Stoke Road Surgery was the night’s expert speaker, giving a clinical overview of AF, current NICE guidance and medicines optimisation aspects of warfarin and the novel oral anticoagulants. The project and its associated website were introduced by Karen and Charlotte from the

project team, highlighting the resources available to both healthcare professionals and AF patients.

Fiona Castle covered the role of community pharmacists in ensuring anticoagulant safety by effectively supporting patients receiving oral anticoagulants for the first time through the New Medicines Service. This was followed by an opportunity to discuss case studies with colleagues. I found this to be a very informative evening and I’ve already been able to utilise some of the knowledge I gained to support a patient who was worried that he’d missed a dose of rivaroxaban. I look forward to similar sessions in the future.

Emma Britnell, Rowlands Leckhampton



Workplace Health

Healthy Living Pharmacy encourages you to promote health and healthy lifestyles to your customers. But do you promote it internally?

Rebecca Myers attended a recent obesity strategy workshop on behalf of the LPC and was introduced to the Gloucestershire Healthy Workplaces initiative – are you ready to take part and set a good example?

- Log on and sign up to www.workplacechallenge.org.uk (it's free, and they don't pester you!)
- You will receive a newsletter about local and national campaigns, plus ideas of what you can do
- You can log your activity (this may be a personal goal or perhaps a pharmacy challenge?)
- Download the app (it's easier to log your activity!)

There are prizes and giveaways too... more info to follow!

Champion Training is available locally, for individuals who want to take the lead on getting their workplace active (next one, February 2016).

To find out more about Champion training, contact Kirsty Dunleavy, Head of Community Development, 01452 393618, kirstydunleavy@activegloucestershire.org. Kirsty says:

"If you would like me to come in and explain face to face what it's all about, run a team training session with some ideas of what you could do or share some examples of what other areas are doing I can do. Let me know a time and date that suits!"

Fiona

Substance Misuse and police custody

Recent guidance has come out nationally, stressing the Importance of Methadone/ Buprenorphine not being withheld from a client when in police custody. Although we may not have any specific local agreements in place around police collection of prescriptions, pharmacists are reminded of the following "regulatory note":

There are no legal barriers to prevent the community pharmacist from supplying the dose to an authorised person on behalf of a detained person where the pharmacist would usually supervise the administration of the dose in the pharmacy. The dose should be dispensed and supplied in a suitably labelled container as required by the Human Medicines Regulations 2012. The instructions to supervise the dose are not legally bound to the pharmacist but will be met by the healthcare professional who will supervise the detained person's self-administration of the dose.

Gloucestershire Local
Pharmaceutical
Committee represents
contractors locally and
nationally to create an
environment for
community pharmacy
to flourish.

Please get in touch if
there are any questions
or issues that we can help
you with.

We'd love to know what
you think of our new look
newsletter; if you have
any feedback, please
contact Lis Jardine.

Chief Officer

Fiona Castle
Tel: 07565 537319
fiona.castle@gloslpc.co.uk

Communications Officer

Lis Jardine
Tel/text: 07985 308539
Fax: 0808 1890757
lis.jardine@gloslpc.co.uk

Committee

Chair: Chris Gifkins

Vice-Chair: Sian Williams

Treasurer: Aitzol Calleja

Members:

Mike Powis
Gary Barber
Rebecca Myers
Thomas Banning
Wayne Ryan
Peter Badham
Phillip Lewis
Pete Arthur
Pat Quinn
Iqbal Topia



Gloucestershire
LPC

Summary Care Records in your pharmacy

Community pharmacy access to Summary Care Records is starting in Gloucestershire this month!

Being able to access the SCR is important – it will let you confirm a patient's regular medicine if a supply is requested through the Urgent Repeat Medicines Service; it will let you check a patient's allergies if you are worried about a dental prescription for penicillin.

Pharmacists and Registered Technicians, you can have this role added to your Smartcard on completion of the appropriate training. Training involves an CPPE e- module and assessment, and an evening of face to face training.

Each organisation must also appoint a "Privacy Officer" who receives notifications about access to Summary Care Records by pharmacists and technicians in their organisation. Face to face training locally will cover details of this role. This Privacy Officer must have a Smartcard, but does not need to be a registered pharmacist or technician.

CPPE e-training and assessment

In order to gain access to patient's Summary Care Records, pharmacists and technicians must complete the following training:

- CPPE E-learning <https://www.cppe.ac.uk/programmes/l/summary-e-01/>
- CPPE E-assessment <https://www.cppe.ac.uk/programmes/l/summary-a-02/>

Please complete the CPPE e-module and assessment before attending face to face training.

Face to face training

The SCW Commissioning Support Unit will be providing SCR and Privacy Officer training on behalf of NHS England as follows:

- 4 May 2016 at Stratton House Hotel Cirencester at 6.30pm
- 7 June 2016 at Holiday Inn Gloucester at 6.30pm

More details on how to book for these dates will be circulated as soon as possible.

Please can all pharmacists, technicians and appointed Privacy Officers book onto the face to face training as soon as you can, unless your employer has already given you details of in-house training arrangements?

Ask Fiona

We are at present doing our Summary Care Records training, and we will need to get our smart cards updated. We have been told we need to contact our local Registration Authority (RA) directly — who do we ring about this?

Smartcards will be updated for you by the RA (Barbara Stratton) following confirmation that you have completed the online training and notification from your implementation manager that training has been completed. Your pharmacy should not need to request this yourselves.

Contact details for Barbara are here in case you have any other Smart Card queries:

Tel: Barbara Stratton 07920 817753, 01793 422 336

Email: cscsu.smartcardoffice@nhs.net

Smartcard Office: Priory Rd, Surgery, Priory Rd, Swindon, SN3 2EZ



Summary
Care
Records

