



Newsletter

Chairman's Chat

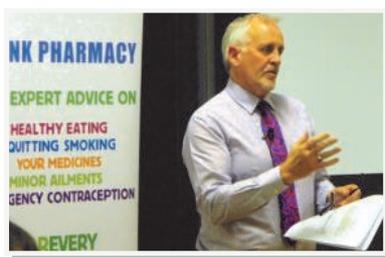
Wednesday 28th January saw the presentation of Healthy Living Pharmacy awards to twenty two pharmacies in the second wave - and what a fantastic evening.

We started off with a presentation by Mary Hutton, Accountable Officer at NHS Gloucestershire CCG, who made it clear that Community Pharmacy was at the centre of CCG planning as first point of contact for the public accessing NHS services and relieving winter pressures across GP practices.

Following this, Mike Holden, until recently CEO of the National Pharmacy Association and previously Chief Officer of Hampshire & Isle of Wight LPC, set the scene for what Healthy Living Pharmacies could achieve and explained that pharmacy needed to change to be able to take on the role expected of it in the new NHS. During the evening we heard from Sonya Gregory, pharmacist, and Sophie Liggat, accuracy checking technician and Healthy Living Champion, about the course their pharmacies had taken to achieve HLP status and the renewed passion it brought to the team.

Then came the "world café" where staff from pharmacies thinking of joining the next wave of HLP got together to consider how they might proceed. There was a real buzz in the air at this stage, and I was amazed at the enthusiasm shown. I'm sorry if I didn't manage to get to your table, but a big thank you to those who told me that they were "going to put their heads above the parapet and get involved".

It's not too late to sign up – just contact Barbara Workman: barbara.workman@gloslpc.co.uk, or send an expression of interest by fax to Lis Jardine 0808 1890757 – and become part of the biggest thing to hit community pharmacy in Gloucestershire.



February 2015

Things to do:

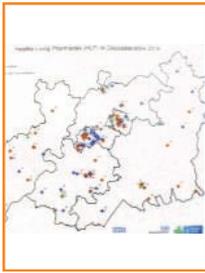
- Contact Barbara or Lis re signing up to HLP
- Cut out and keep your Gloucestershire contact directory
- Get your Declaration of Competence ready for a full roll out of MAS
- Book Sexual Health Service training
- Send yourself or a member of staff on HLP Champion training
- Check out the Medicines Compliance Aid Database



Inside this issue:

HLP: the story so far	2
Contact directory	3
MAS: how we're doing	4
Sexual Health training dates	5
Next Christmas	5
What a GP learnt	6
Stoptober report	7
HLC training	7
UKMi database launch	8
Ask Fiona	8

Healthy Living Pharmacy (HLP) - the story so far...



The spread of HLPs in Gloucestershire

This timeline shows the story of HLP so far from the initial approach by DoH to NHS Portsmouth, to the adoption of the programme locally and the impact this engagement by our pharmacy teams has meant to commissioner confidence in our ability to deliver valuable services and affect the health of our population.

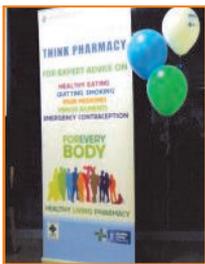
Evaluation of HLP from 153 national early adopters has shown that:

- 33% experienced higher prescription volumes
- 55% saw no change in income
- 43% reported a rise in income
- 61% had increased demand for services
- 80% found staff were more productive

These results show the potential impact that HLP can have on your business

and teams. CCG and Public Health want us to embrace HLP programme and position Community Pharmacy as a key member of the wider Healthcare Team within the county. Please sign up and contact Barbara Workman at **barbara.workman@glosipc.co.uk** mobile 07565 537319 or Lis Jardine at **lis.jardine@glosipc.co.uk** to access training or further information.

Sian Williams



HLP banner

April 2009	Department of Health invite NHS Portsmouth to develop the concept of Healthy Living Pharmacy
Jun 2009	Engagement event with local stakeholders
Dec 2009	Publication of Portsmouth HLP Prospectus and accreditation criteria
Jun 2010	First SIX HLP's awarded HLP Level 1 accreditation in Portsmouth
Late 2010	Glos PCT and LPC agree to work together to develop HLP programme in Glos
Aug 2011	Despite not being included in national rollout of 20 Pilot sites Dr Shona Arora Director of Public Health (PH) and Teresa Middleton, Head of Medicines Management agree to fund a pilot of 10 HLP's in Gloucestershire working with LPC
Mar 2012	Expressions of Interest (Eoi) for the 10 Pharmacies invited
July 2012	Glos HLP Prospectus published with finalised list of 10 Pilot HLP's
Jan 2013	Shadow Health and Wellbeing Board are presented with HLP programme and agree support
Apr 2013	NHS structural changes so PCT changes to NHSE and CCG and Public Health moves to the responsibility of Local Authority Gloucestershire County Council (GCC)
June 2013	CCG reaffirms commitment to HLP and allocates budget and resources
Sept 2013	Eoi for next HLP and an amazing 44 respond positively
Nov 2013	PharmOutcomes arrives in Glos funded by CCG HLP budget to ease paperwork / streamline payments and evidence the value of Pharmacy locally
Jan 2014	8 HLP's accredited at HLP engagement event and welcome the new 44 pharmacies
Apr 2014	All CCG and PH services are now claimed on PharmOutcomes building our case for commissioning and securing a more visible payment process
July 2014	Community Pharmacy in Glos bids for 'Winter Pressures' money released to CCG from Government and succeed in Minor Ailments Service proof of concept for 32 Glos City Pharmacies and an extension of the Urgent Repeat Medication Service (URMS).
Oct 2014	Temporary Residents now included in the URMS in hours so that patients visiting the county do not have to visit our GP's/OOH to access continuity of regular medication.
Nov 2014	Minor Ailments Scheme (MAS) for Glos City commences – commissioners have the confidence that Pharmacies can deliver this service based on HLP engagement across the county.
Dec 2014	MAS shows early promise so that Tewkesbury GP's wish to extend the service to their locality and agree to fund this themselves.
Jan 2015	Eoi for final supported HLP and 22 more Pharmacies are awarded HLP level 1 at engagement and celebration event. Mary Hutton Chief Officer CCG introduces proposed update to Choose Well Campaign – ASAP A – App a new development to facilitate patients knowing how to treat early symptoms and self care S – Search website for further support and local services A – Ask NHS 111 linking into to appropriate patient pathways and support P – Pharmacy to obtain advice and medication



HLP display on Chlamydia testing by Wymans Brook Pharmacy

Gloucestershire contact directory

Pharmacy contracts	Fiona Davenport , Assistant Contracts Manager Email: f.davenport@nhs.net, Tel: 0300 421 1585, Team: 0300 421 1962, Fax: 0300 421 1863
Supporting pharmacy - MUR and NMS reports - All enhanced services commissioned by NHS England (including those commissioned on behalf of the CCG, which include URMS, Palliative Care etc. but not Minor Ailments)	Sharon Hodges , Senior Administrative Support Primary Care Team, Sanger House, 5220 Valiant Court, Brockworth Business Park, Brockworth, Gloucester, GL3 Email: sharon.hodges2@nhs.net, Tel: 0300 421 1590 PCT email: england.bgs-w-primarycare@nhs.net
Pharmacy closure (exception reporting)	Contact NHS SBS on SBS-I.SWPCE-FHS@nhs.net and complete the form for unplanned closures at http://www.england.nhs.uk/pharm-open-hrs/
Health promotion campaigns	Tracy Marshall , Outcome Manager for Health Improvement Smoking and Obesity Email: Tracy.Marshall@gloucestershire.gov.uk, Tel: 01452 328617
Substance misuse enhanced services	Steve O'Neil , Outcome Manager for Mental Health and Substance Misuse Including Alcohol Email: steve.o'neill@gloucestershire.gov.uk, Tel: 01452 328614
Sexual health enhanced services	Karen Pitney , Public Health Outcome Manager E-mail: karen.pitney@gloucestershire.gov.uk, Tel: 01452328611
Drug misuse service	Turning Point 'Roads to Recovery' centres in Stroud, Gloucester and Cheltenham Tel: 0300 123 1512 Jenny Scott , Lead Pharmacist Email: jenny.scott@turningpoint.co.uk
Stop Smoking	Tracy Marshall , Outcome Manager for Health Improvement Smoking and Obesity Email: Tracy.Marshall@gloucestershire.gov.uk, Tel: 01452 328617
Controlled Drug Accountable Officer	Julie McCann , CDAO, NHS England BGSW Area Team Email: julie.mccann3@nhs.net, Tel: 07900 715189 Team: england.bgs-w-controlleddrugs@nhs.net, Tel: 0113 825 3499, Safe haven fax: 0300 421 1853
Pharmaceutical waste issues	For questions about the service provided by PHS or SRCL, or if you require additional clinical waste collections or more bins, please speak to Sharon Hodges Tel: 0300 421 1590
Specials certificates (CoC/CoA)	NHS England Area Team office of the prescriber; in Gloucestershire, to Sharon Hodges Email: sharon.hodges2@nhs.net, Tel: 0300 421 1590
Pharmacy Stationery E.g. dispensing tokens, FP57, CD requisition forms and Drug Tariffs	SBS Stationery : NHS Shared Business Services Practitioner Support Services, Camberwell House, Grenadier Road, Exeter Business Park, Exeter, EX1 3LQ Email: SBS-I.SWPSS@nhs.net (this is the recommended method of submitting your order) Tel: 01392 351351 (ask for stores dept.), Fax: 01392 351383
Palliative Care	The Palliative Care team is on call 24/7 for professionals - call switchboard on 0300 422 2222 and ask for the Palliative Care team.
Smartcards	Smartcard Office : Priory Road Surgery, Priory Rd, Swindon, SN3 2EZ Email: cscsu.smartcardoffice@nhs.net, 01793 422336 Tel: Jim Sinclair 07825 028136, Barbara Stratton 07920 817753
Safeguarding children	Gloucestershire County Council : Children's Helpdesk (opening hours 8am - 5pm Monday to Friday) 01452 426565; outside of office hours call the duty team on 01452 614194
Safeguarding vulnerable adults	If the person you are concerned about is in a care home you can report it to the Care Quality Commission , Tel: 03000 616161 Gloucestershire County Council (Adult Help Desk) 01452 426868; outside of office hours, call the duty team on 0845 4090 1234
Translation services Some service providers require an Access Code from you to confirm that you are eligible to access these services.	<i>Translation of spoken language</i> : Prestige Network Tel: 01635 246 700 For face to face booking allow 48 hours. Press 1 for Face to Face Interpreting or press 2 for Telephone Interpreting; Enter your 6 digit pin code. <i>Translation of British Sign Language</i> : Gloucestershire Deaf Association , Colin Road, Barnwood, Gloucester, GL4 3JL Email: glosdeaf@btconnect.com, Tel: 01452 372999



We've collected these useful phone numbers and...



...email addresses so you can contact the right person for those niggles and queries.

Minor Ailments Service: how did we get here, and where are we going?



MAS enables pharmacies to help patients with minor ailments such as colds...

Recent challenges within our acute hospitals at Gloucester and Cheltenham with subsequent impact on all other Urgent and Emergency care providers has been widely publicised. Last summer we successfully bid for 'Winter Pressure' money released from the government to CCG's to fund an extension to the Urgent Repeat Medication Service (URMS) across the county and to pilot a Minor Ailment Scheme in 32 Gloucester City Pharmacies.

Minor Ailments are 'common or self-limiting or uncomplicated conditions that may be diagnosed and managed without medical intervention' and several schemes have been adopted across England, Wales and Scotland. For our bid we chose 25 Minor Ailments with 65 p/GSL products to treat the various conditions:

- Acute Pain/Earache/Headache/Temperature
- Athlete's Foot
- Bites and Stings
- Colds/Flu-like symptoms/Nasal Congestion
- Cold Sores
- Conjunctivitis (acute bacterial)
- Constipation (acute)
- Cough
- Cystitis
- Dermatitis/Dry Skin/Allergic Type Skin Rash
- Diarrhoea
- Hay Fever (Seasonal Allergic Rhinitis)
- Head Lice
- Haemorrhoids
- Heartburn/Indigestion
- Infant Colic
- Mouth Ulcers
- Nappy Rash
- Oral Thrush
- Scabies
- Sore Throat
- Sprains and Strains
- Teething
- Threadworms
- Vaginal Thrush

We agreed a consultation fee of £4.50 plus cost of product and all consultations to be recorded on PharmOutcomes so no paperwork. Pharmacists were asked to submit a Declaration of Competence (this is the new way to go!) from the CPPE website and then they were activated.

Several of our pharmacies engaged really quickly and discussed referrals with local surgery teams, schools and patients. This gave us a really great early picture of the potential of the scheme which we reported back to Urgent and Emergency care teams. Tewkesbury GP's were so impressed that they decided to request the service for their locality and put their own money into the scheme! Maria Metherall, Senior Commissioner for Urgent Care at CCG commended the speed at which Community Pharmacy were able to develop and deliver the scheme – so thanks to all who have invested in our futures.

CCG/LPC have invested significantly in making the public aware of the scheme via posters, leaflets, press, radio and now TV! We have even taken the CCG information bus to key venues on several occasions. We have had several very interesting conversations with the public as ever and it was great to hear stories where we have delivered great patient care at our pharmacies. The last time was in Tewkesbury market and at the end of the day we were located near Tewkesbury market in a car park and at 3pm there was a rush of mum's entering car park to collect children from school. We handed out a couple of leaflets to a few and then we had a significant rush as they returned from collecting the kids after playground

chats meant their interest was sparked. They unanimously declared huge support for this service as children do not pay for prescriptions and have many of the ailments included and so access to effective treatments without appointments would make such a difference to their lives. Please capture any such stories and feedback to lis.jardine@glosipc.co.uk so that we can broadcast scheme successes.

Currently the results for MAS look like great news for our profession. As of Tuesday 3/2/15 we have delivered:

- 713 consultations from 23 pharmacies (only 4 signed up have not delivered one intervention yet!);
- 72% have been delivered to under 16's;
- Most popular presenting symptoms are Acute pain/Earache/Headache/Temperature and Colds/Flu-like symptoms;
- Only 18 required onward referrals;
- Popular products Paracetamol and Ibuprofen Suspension.

Referrals into the scheme:

- 28.5% from surgeries;
- 45.3% self referrals;
- 25.5% from other HCP's or pharmacy staff;
- 0.7% from OOH/ Emergency Services.

If the MAS had not been available:

- 88.6% would have gone to their GP (if they could get an appointment);
- 4.1% would have gone to walk in centre or A&E (this may have been higher if they could not get an appointment with their GP in an acceptable timeframe);

Continued ➔



...infant colic...



...and constipation.

Minor Ailments Service: continued

- 4.1% would have gone to OOH service.

Many patients (36%) state that they would have gone to GP for a prescription due to cost and 30% state that they were unaware of the MAS and therefore would normally have gone to GP. This shows that we have a huge opportunity where the scheme is available to educate the public on our services. We sincerely hope we can demonstrate to local commissioners the value that Community Pharmacy can deliver to the Urgent and Emergency Care team locally and secure the MAS ongoing

for Gloucester City and Tewkesbury with a further rollout across the whole of the county. It is confusing to our patients when services are available in certain areas as has been shown by recent comments on a 3 million strong Facebook group of young mums when they were all chatting about the benefits of Minor Ailment Schemes across the UK. A wider aim is to get a nationally commissioned service for UK population or at the very least national agreement on a standard contract for MAS. So again a big thank you to all our local MAS participants, you

are leading the way and are contributing to the easing of winter pressures and we can do so much more.

Finally if anyone wishes to further develop their practice in this area the CPPE have launched *Urgent Care: playing your part* available at <https://www.cppe.ac.uk/programmes/1/urgent-e-01/> as well as getting your Minor Ailments - Declaration of Competence ready for any future rollout would be a great idea.

Sian Williams



Patients love the ease and convenience of using MAS

Sexual Health Service training

The next full training/ accreditation course for the Sexual Health Service will be on 29th April 2015 (with accreditation role plays on 13th/14th May). This training is multi-disciplinary with School/Practice nurses and is the ideal introduction to the service.

To book for this full training course contact Lis at lis.jardine@gloslpc.co.uk

Annual update training for those already providing the service will be held on the morning of Saturday 6th

June at the Chase Hotel, Shurdington Road, Brockworth GL3 4PB

To book contact Lis at lis.jardine@gloslpc.co.uk

As an alternative, pharmacists may attend an evening course (over two evenings, supported by CPPE distance learning) which is being organised by Ev Beech and CPPE – this is planned for 17/24 March to be repeated in November, all dates TBC.

To book please go to the

CPPE web site at www.cppe.ac.uk

We know that experienced pharmacists move into the area and may be prevented from offering the service locally due to the current local training constraints. We are making arrangements for small cohort training on specific local issues. Please contact Lis Jardine at lis.jardine@gloslpc.co.uk to be added to a waiting list for this support – arrangements will be made for groups of four.

Fiona



Here's hoping they've been to pick up their free condoms today

I know you have only just put the Christmas Tree away, but while Christmas is still on your minds the LPC would like to remind you that as December 26th this year is a Saturday it has not been declared a Public Holiday. This means that pharmacies are required to open for their contracted hours.

You can INFORM the Area Team of your intention not to open during Non-Core hours with a minimum of 90 days' notice.

If you have Core hours on Saturday, you can apply to make a temporary change, but the area team has a right to refuse. The earlier you do this, the more time you allow to appeal the decision if you do not agree with it.



Fiona



Surely not yet?!

What a GP learnt ...



Dr Hollands came along to the EPS Roadshow



A large number of drugs are in short supply these days



Practices should consider using tokens for acute scripts

...and told his colleagues after the recent EPS meeting in Gloucester.

Acute Scripts

Practices should consider printing tokens for these. The reason for this is because if the patient goes to a pharmacy which is not their nominated pharmacy then the new pharmacy can scan the token into a computer and easily download the electronic prescription. Some Pharmacy systems are not very good at doing this especially if you are not the nominated pharmacy and don't have NHS number etc.

If a patient is for example is being triaged and cannot make it down to the surgery to collect a script then the practice should warn the patient that they might have to return to the practice to collect a token if their nominated pharmacy cannot find the script. An hour's wait would be sensible. The surgery might then phone the pharmacy to warn them, check script is available and check in stock.

If a surgery is issuing an item that might not be available e.g. ear drops, it would be sensible to issue this on a separate electronic script. The reason for this is once the pharmacist has issued the other items they can only delete the missing item. This means that the patient cannot go to another pharmacy to see if they have the ear drops. The pharmacy does have the option of phoning around local pharmacies to borrow the missing item but this practice is becoming very difficult now that there are so many products out of stock. The only other option

is for the pharmacy to ask the patient to return to the GP surgery and ask for a new script for the missing item. Please note that the problem in this paragraph is not an EPS problem as it occurs with paper as well.

It would be extremely helpful to pharmacies and GP surgeries and OOH if the CCG Pharmacist could put on CCG live, or send regularly to GP surgeries a list of drugs that are likely to be short of supply.

Repeats

The pharmacist must inform the patient or their representative of the message on the right hand side of the GP scripts. If the patient is paying prescription charges they are likely to just give the patient the right hand tear off slip. However some pharmacist inform patients by reading the messages. Other pharmacists may put the message into the dose of one of the drugs - e.g. only one month given of Microgynon - please make an appointment for a review. The pharmacists liked the option of GP surgeries putting short messages into the dose of a drug rather than the right hand side.

It is helpful for pharmacists if a right hand message can be generated if there are combinations of electronic and hand written scripts e.g. 'pharmacist note that there is an FP10 to collect'.

Other messages from GP surgeries include 'please make an appointment for GP/Nurse.' 'The following item has not been dispensed for the following reason...' 'The following dose has been changed because...'

Batch Prescribing

Practices will probably increasingly do these.

Remind the patient to keep the token if they move to a different pharmacy for different scripts, e.g. students during the holidays. However surgeries may need to alter nominated pharmacies after the holidays if this occurs.

Dosages

Practices need to try and write these in English and accurately. Otherwise the pharmacists may have to alter these. It would be useful if pharmacies could feedback common errors to GP surgeries via the liaison pharmacists/medication reviews.

Another problem is the pharmacist has to issue the coded drug and not a different preparation as suggest by the GP. Thus a comment in the dose doesn't work. Emla cream is a good example of this where the wrong item can be easily selected. This is a problem for ACBS drinks as the pharmacist gets a payment for each flavour so writing strawberry and vanilla flavours isn't helpful - x2 scripts should be done with strawberry and vanilla written on separate scripts so that separate reimbursements are generated.

CCG Live

The CCG will put tips onto CCG live along the lines described above. The LPC will check that pharmacists have access to this and have a way of commenting.

*Dr Robin Hollands
Underwood Surgery*

Stoptober 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?

They were provided with 25 scratch-cards to assist in conversations with those customers who identified themselves as smokers. It was assumed that most

pharmacies would have Quit Kits which had been distributed by a different route, but this assumption was incorrect.

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.

This data 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.

Fiona

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

Healthy Living Champion Training

The Royal Society of Public Health (RSPH) Level 2, **Understanding Health Improvement**, provides pharmacy staff with the background and understanding to be able to promote a healthy lifestyle in their community by asking the right questions, responding and taking action appropriately.

Deborah Hodges, HL Champion at Boots Barton Street writes:

“Since attending the training course I have gained a much greater understanding and appreciation for the work that the trainers do in the community and throughout Gloucester.

They provided us with all the information and tools that we needed to get us set-up in our pharmacies to enable us to have effective conversations with our patients and/or customers that come through our doors needing support, advice or sign posting.

I personally found the course very informative and packed full of advice and tips on how to advise the customer in the best possible way to suit their needs. The trainers were very patient with the many questions that were thrown their way and made us feel that there was no such thing as a 'silly question' and they actively encouraged us to ask as many questions as we needed to because most of us had very little understanding of what exactly the term HLP entailed.

They were also able to advise us on where to get additional information and leaflets to support our in-store campaigns.”

Quotes from other Healthy Living Champions.:

“Our Healthy Living Champion was giving advice on NRT products. The gentleman was surprised how expensive those products were. It was explained that an individual is four times more likely to give

up smoking with the support from the adviser. An appointment was made for him with the local smoking advisor. He came back few weeks after this. He was seeing the adviser and thanked us for saving him some money.”

“In December we were invited by local library to do the Drop-In Clinic. Our Healthy Living Champion, was checking blood pressure and weight. She was also giving advice on healthy eating, alcohol, exercise and giving up smoking.

One of the patients had increased blood pressure. He was already taking blood pressure medication. He was given advice on healthy eating and how the diet can influence the blood pressure. The patient was very pleased with the advice.”

Barbara

barbara.workman
@gloslpc.co.uk



Pharmacies in Gloucestershire helped double the number of smokers quitting in October!

“They provided us with all the information and tools that we needed... to enable us to have effective conversations with our patients”



It's more fun than GCSEs!

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
Mike Powis Vishant Patel
Peter Badham
Gary Barber Vanessa Chelu-
Rebecca Myers Walmsley

Chief Officer

Fiona Castle
Tel/Fax: 01684 298459
fiona.castle@gloslpc.co.uk

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evelyne_beech@hotmail.com

Communications Officer

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

HLP Project Officer

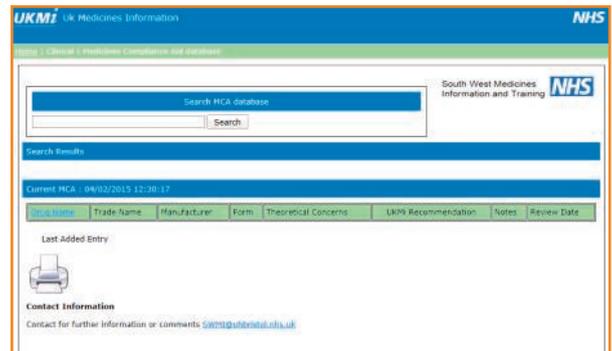
Barbara Workman
Tel: 07565 537 319
barbara.workman@gloslpc.co.uk

HTTP://PSNC.ORG.UK/
GLOUCESTERSHIRE-LPC/

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

Medicines Compliance Aid Database launched

UK Medicines Information (UKMi) has launched a Medicines Compliance Aid database, which makes recommendations on the suitability of transferring solid dose formulations from the manufacturers' original packaging into multi-compartment compliance aids (MCAs, dosset boxes, MDAs).



The database can be searched by the brand or generic name of the medicine, although most entries will be based on the brand leader. Once searched, the product is given a 'traffic light' colour-coded UKMi recommendation as to whether it is suitable to be placed in an MCA.

Read more about UKMi's new database at dld.bz/d25qB

Fiona

Ask Fiona



What is the LPC policy on 7 day prescriptions?

The LPC position on 7 day prescriptions is as follows:

- A prescription specifies the period of treatment – there is not facility for instalment dispensing within the NHS (other than repeat dispensing and FP10MDA)
- If the prescription is for 28 days and the medication is provided in MDS (Dosette) then 4 trays must be delivered together to the patient
- If any changes to medication are required mid-month, then all unused medication must be returned to the pharmacy for disposal. A complete new set of prescriptions for ALL medicines must be provided.
- 7 day prescriptions do not fund MDS
- GPs should supply 7 day prescriptions where weekly supply is required
 - ⇒ Either because patient cannot cope with monthly delivery
 - ⇒ Or because of likely wastage due to medicine changes
- Some patients may be entitled to MDS as a reasonable adjustment under the Equality Act

- ⇒ This assessment should be made by a representative of the pharmacy supplying the service
- ⇒ This assessment should be reviewed periodically to see if the adjustment is still appropriate and meeting the needs of the patient
- Many patients receive MDS as a complimentary service from the pharmacy (for example to support a carer). The pharmacy is entitled to review whether they provide this service/charge for this service at any time

What do I do with the Smartcard when a member of staff leaves the team?

- Complete an RA02 form as if they were a NEW member of staff, but instead of stating "ADD" change this to "DELETE"
- ⇒ Send form to Smartcard Office
- The member of staff keeps the smartcard – their new employer will then complete the relevant RA02 to activate it. ONLY if the member of staff is retiring completely and will NEVER work in the NHS/Community Pharmacy again
- ⇒ Complete form RA03 and send to smartcard office.

Fiona