

Newsletter



Minor ailments service in Gloucester city

Are you a pharmacist working in Gloucester (city)? If so THIS IS IMPORTANT!

The CCG are commissioning a Minor Ailments Scheme from the 1st October. It will only work well if all pharmacies are offering the scheme – or at least know enough about it to send a patient to another pharmacy if they are seeking treatment through the scheme.

Accreditation to deliver the service is through the CPPE Declaration of Competence. You can download the document from the CPPE website

<http://www.cppe.ac.uk> under 'my services including DoC' .

We recommend that you complete the CPPE Minor Ailments distance learning pack, or at least complete the assessment to confirm your underlying knowledge. Consultation skills are also important in this service.

Please review the Declaration of Competence and identify any learning needs you may have as soon as possible. We expect you to be able to offer the service from 1st October. Promotion to patients will start around mid-October.

MINOR AILMENTS



The LPC will work with you to co-ordinate communications to the GP surgeries. It is important that your local surgery is informed that you are offering the service and that they know how suitable patients can be directed to you. However we are aware that within the city multiple pharmacies work with multiple GP Practices.

Fiona

Official NMS evaluation confirms value of the service

The New Medicine Service (NMS) can significantly increase patients' adherence to their new medicines and will save the NHS money through better patient outcomes at overall reduced costs, the



evaluation of the service has concluded.

The evaluation, which was led by researchers at Nottingham University, recommended that the service could be improved by expanding the range of conditions covered, improving training and engagement with GPs, and giving pharmacies access to GP records.

The conclusions followed a range of research and analysis, including a randomised controlled trial which found that the NMS had increased adherence by about 10% after 10 weeks compared with standard current practice.

Read the evaluation in full at

<http://psnc.org.uk/our-news/official-nms-evaluation-confirms-value-of-the-service>

Let's get those NMS numbers up!

PSNC

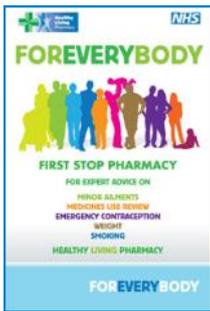
October 2014

Things to do:

- If you're in Gloucester city, complete the CPPE MA learning pack and review the Declaration of Competence
- Keep doing NMS!
- Continue working on HLP assessment criteria
- Make sure your staff have access to flu vaccinations
- Look out for discharge envelopes
- Read the CD guidance on our web site
- Think about how your pharmacy could be more dementia friendly
- Review whether there are effective lower-cost products you could stock
- Get involved with Stoptober
- Make sure you're ready for EPSr2

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Keep going with the assessment criteria!

Healthy Living Pharmacies

Well done to the pharmacies that have managed to complete all the assessment criteria on PharmOutcomes by the end of September. The next steps will be a monitoring visit to have a look through the evidence you have provided both on PharmOutcomes and your Portfolio. You will receive feedback on this visit to help

if anything needs to be updated. A mystery shop will then be carried out prior to being given Healthy Living Pharmacy status.

If you have yet to complete the assessment criteria on PharmOutcomes, please continue. Complete the assessment and then you too will have a monitoring visit and mystery shop.

Please note that I will not be available during the month of October. If you need any support or have any questions about Healthy Living Pharmacies or PharmOutcomes, please contact Ev Beech on 07850 531 239 or evelyne_beech@hotmail.com

Barbara

Are you and your staff vaccinated against flu?

Did you know that there is a 75% uptake target for flu vaccination in healthcare workers?

The Department of Health stated in a letter to PSNC: "As part of their duty of care to their patients, care professionals should do everything in their power to protect them against infection. This includes getting vaccinated against flu"; However they went on to say that it is the responsibility of employers to make the vaccination available to their staff free of charge.

See the PSNC website for further information:

<http://psnc.org.uk/our-news/seasonal-flu-vaccination-for-pharmacy-staff/>

Discharge envelopes and audit

We are delighted to launch the new Discharge Envelopes, which will carry the TTO medicine summary when patients are discharged from hospital and encourage patients to bring it into you. This is a joint initiative with Gloucestershire Hospitals to promote better patient knowledge and understanding of their medicines during the transfer of care from hospital to community. It has taken 2 years to develop and it hoped that pharmacies will

embrace the project and benefit from an increased uptake in MURs and NMS post discharge. Better medicine adherence will help reduce the number of patients rebounding into hospital from medication issues.

Never missing an opportunity for audit, a special template has been developed on PharmOutcomes to record the number of envelopes received and whether MURs/ NMS were provided. The

accuracy of TTO information and other outcomes relating to the discharge process will be recorded for valuable feedback to the hospital. You can expect to see these envelopes from October 2014 through to March 2015. Please record as fully as possible. The envelopes will be supplied from General & Older Age medicine wards across Cheltenham and Gloucester hospitals - If the scheme is successful further wards will be added to the project.

Ev

Rota

Gloucestershire LPC have negotiated a small increase in the fee for those working on Christmas Day this year. This is to bring payments into line with those in the rest of the Area Team.

The Area Team are not updating the paperwork; the

LPC will contact those on the rota and advise them of the revised fee to amend the claim form manually.

We are still working on an overall review of the rota arrangements – for example, we believe it is wrong to have the same pharmacy open

twice on each bank holiday. We aim to have alternative arrangements in place from April 2015. Local negotiations are taking place against a background of national negotiations between NHS England and PSNC to create an equitable situation across the country.



The envelope



Looking forward to that 3am call out

CD discrepancies

Julie McCann, the CDAO for BGSW Area Team, has recently prepared guidance for reporting overs, unders and discrepancies.

Find it on the LPC web site under 'Resources' :

<http://psnc.org.uk/gloucestershire-lpc/>

Ask Fiona

Q. Where do I get CD requisition forms?

A. From NHS SBS Practitioner Support Services, using the stationery order form available to download on the LPC website at <http://psnc.org.uk/gloucestershire-lpc/lpc-resources/>

The PSS office provides FP10 Dispensing Tokens, FP57, CD requisition forms and Drug Tariffs.

Contact details for the SBS are also available on our web site, including details for contractor stationery, payment queries and pharmaceutical market entry.



Fiona Castle
LPC Chief Officer

Become a Dementia Friendly pharmacy

Dementia is a growing problem in our ageing population. According to the Alzheimer's Society, 25 million of the UK population have a close friend or family member with dementia.

In my opinion, it is particularly important that pharmacists and other health professionals, who come into daily contact with older people, understand what patients with dementia experience on a daily basis.

People with dementia can become confused when taking their medicines, they may forget to take medicines, or they may forget they have ordered their medicines, so may order them again.

Some patients have to rely on a carer. Everyone's experience with dementia is different. The important

thing is that every patient is respected, understood and supported.

In April, I attended one of the Alzheimer's Society's one hour dementia awareness sessions and became a 'dementia friend'. Now, I'm a 'dementia champion', which means that I can run these awareness sessions myself.

Supporting people with dementia is something I feel passionately about. Becoming a dementia friend has put me in a better position to support and help patients with this condition. I would encourage pharmacists and other members of the pharmacy team to become dementia friends.

A recent survey collected examples of helpful practices – some of which

are under the pharmacy's control:

- Bigger print on prescriptions and on medication
- Even distribution of tablets in all packets, not e.g. some with 28 and some with 30
- Keep to the same dosages, for example 1 x 20 mg tablet should not then be changed to 2 x 10 mg tablets
- Dosette boxes 'are very useful and can be delivered to your home' – consistency of practice through all chemists
- Streamline the process for repeat prescriptions - one big problem for some people is in remembering to ask for a repeat prescription in time.

Thomas Banning



Visit www.dementiafriends.co.uk for more information.

Stock shortages audit

All of the LPCs across the South West asked pharmacies to contribute to a "snap-shot" of the Out of Stock situation by reporting on the products that you were unable to obtain from your wholesalers on one day during September.

- 43 Gloucestershire pharmacies made 276 product entries,

- 18 Wiltshire pharmacies made 226 products entries,
- and 8 Swindon pharmacies made 74 products entries.

Across the whole South West, a total of 1208 entries were made and pharmacies reported a stunning total of over 350 hours spent trying to resolve the situation.

2995 oiwings were outstanding (over 250 oiwings for Eumovate Cream 30g alone were recorded!)

The information collected will be used by PSNC to inform discussions and lobbying.

Thank you for your help in collecting this data – and apologies to those of you who had a delayed or missing fax on the subject.



Now you see it...

Annual report



An HLP pharmacy launch this year

This year we were saddened by the sudden unexpected death of Les Yeates who had served the committee for a number of years. He had been planning his retirement and was preparing to stand down but sadly was not able to fulfil his plans.

We welcome Fiona Castle who has taken over as Chief Officer and Lis Jardine who will provide admin support, including the website and newsletter. We have already had positive feedback for the new-look newsletter.

Fiona should now be the first port of call when contacting the LPC.

We have been faced with new, longer and more legalistic contracts – and commissioners will be looking to review all service level agreements that were rolled over.

Gloucestershire LPC's focus this year has been to ensure an increase in contractor delivery of services to a consistent high quality. To this end we have provided update evenings and support.

We have seen a steady increase in the number of pharmacies providing MUR

and NMS (which has just had a favourable evaluation). In support of this we have, after two years of discussions, agreed with the hospital trust that they will provide envelopes with a discharge summary for patients to take to their community pharmacy prompting either an NMS or MUR.

In January, eight pharmacies achieved HLP status and 43 are currently preparing for accreditation in the second wave. I cannot stress strongly enough the importance commissioners are placing on this. They have made it clear that new services will be targeted through those pharmacies positively engaged in the HLP scheme.

If your pharmacy is not yet in the program then register your interest and start preparing now.

Engagement with NHS England has been a little difficult. We have able to negotiate an increase in rota fees for the special bank holidays, but despite support from NHS Gloucestershire CCG to provide a limited flu vaccination service in community pharmacy, NHS England did not have the capacity to commission this

year – pressure will be maintained for the next flu season.

Monitored dose systems and seven day prescriptions have attracted attention from some local GPs and we will be meeting with the LMC to discuss the 'problem'. *In the meantime please review your MDS patients to ensure they require the service.*

On a positive note, NHSG CCG has allocated funding to a community pharmacy Minor Ailments pilot scheme for winter 2014 (in Gloucester City). If your pharmacy takes part please ensure you fully engage – if successful this could become a permanent service across Gloucestershire.

We have continued to struggle with stock shortages of both ethical and generic products. The LPC has already asked contractors to complete a one day audit on this topic.

Finally, EPr2 is being rolled out throughout Gloucestershire over the next few months. *You need to make sure you are ready for this and arrange any necessary training on your pharmacy systems.*

Chris Gifkins



Minor Ailments pilot scheme for winter 2014

Prescription “switches” by prescribers

Medicines Management teams encourage prescribers to review certain products with equivalent effectiveness on the basis of price. When managing stock levels you should be aware that the following switches may be made:

Common Product	Recommended Switch
Generic Mebeverine 135mg	Branded Colofac 135mg
Senna 7.5mg tablets	Bisocodyl 5mg tab
Branded Keppra	Generic levetiracetam
Original Brand Cerazette	Branded generic Cerelle
Original Brand Yasmin	Branded generic Lucette
Generic Oxycodone MR or Original brand Oxycontin	Branded generic Longtec
Generic Oxycodone or Original brand Oxynorm	Branded generic Shortec



Just as effective and half the price...

Gloucestershire LPC contractor support meeting

On 11th September 2014 GLPC held an AGM with a difference!

The first thing on the agenda was voting to approve the LPC annual accounts, they were approved with no objection.

Then there was a presentation by Haider Al-Shamary of NHS Central Southern Commissioning Support Unit (CSCSU) who is rolling out the EPS2 go live at the GP practices in Gloucestershire. He was very interesting and really hit home the importance of being ready for EPS2 and not getting frustrated with it. There was a sense that GP practices and pharmacies are 'all in this together' and Haider stressed the importance of working together and getting nominations onto the system. A pleasant (daunting!!) surprise was that some of the surgeries near us should be live this November!

The next presentation focused on a new minor ailments service that has initially been secured for the city centre of Gloucester (with a view of rolling it out across the county eventually). It is a very worthwhile service to ease pressure on the A&E and out of hours GP services, using pharmacist expertise to provide patients who don't pay for their prescriptions with medicine through a minor ailment consultation. The pharmacist would receive a fee per consultation. I think this will be very useful for everyone involved and help to use pharmacist's skills better, reduce the burden on the out of hours services, and provide some much needed income for community pharmacy.

For the 'speed dating' section of the evening I joined the EPS2 table and then the PharmOutcomes one. It was a great

opportunity to ask questions and iron out any creases. It was enlightening to see the head of EPS2 from one of the massive multiples in attendance. He seemed to be answering questions before Haider had the chance; it really hit home how serious and prepared the big companies are about EPS2. It was nice to meet Barbara Workman who was heading the PharmOutcomes table, good to put a face to the name. It was great to see her showing us how to work through the website live on a laptop and getting our questions answered.

Neetan Jain
The Spa Pharmacy



'Speed dating' GLPC style

"It was a great opportunity to ask questions and iron out any creases."

Stoptober pharmacy challenge is on!

Last year a quarter of a million people joined the Stoptober challenge and PH England is expecting a bigger turnout with quitters recruited through Pharmacy and the Pharmacy Stop Smoking Services. Gloucestershire PH and the Stop Smoking Service (GSSS) are encouraging pharmacy to 'smash it' this year by asking 100 customers if they smoke.

It is expected that 25% of respondents will be smokers, and 5% will actively contemplate a quit attempt.

So the challenge is on! You should have received a special Stoptober pack from Health Promotion Resources containing 25 Scratch Cards; Stoptober Quit Packs; Question & Tally Sheet and local information. Between the time of receipt and 13th October please record the number of customers approached; number of cards and kits given out together with the number of people recruited to your own service or referred to GSSS.

A new GSSS referral form has been developed and is

available on PharmOutcomes – as soon as you fill in the form, an email with the relevant information is sent to the Stop Smoking Service. No need to download, complete and work out how to email the form! Please record your totals on the PharmOutcomes – Stoptober template by 20th Oct and results will be published in the next issue. Last year Gloucestershire pharmacies supported 431 smokers with 222 (52%) quit at 4 weeks.

Let's 'smash it!'

Ev

"Gloucestershire PH and the Stop Smoking Service (GSSS) are encouraging pharmacy to 'smash it' this year by asking 100 customers if they smoke."

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 Williams
Vice-Chair	Tom Banning
David Evans	Wayne Ryan
Treasurer	Aitzol Tolosa
Mike Powis	Bobby Sira
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GLOUCESTERSHIRE-LPC/](http://psnc.org.uk/glocestershire-lpc/)

Tell us what you think!
We'd love to know what you think of our new look newsletter; if you have any comments on this edition, or suggestions for the next one, please contact Lis:
lis.jardine@gloslpc.co.uk

EPSr2:

Charlie Wu, a Lloyds pharmacist from Swindon, spent a day in a Devon pharmacy where EPS 2 had been running for the past six months. He has sent us these hints and tips from his experience.

EPS Release 2 is soon going live across Gloucestershire, so it is hardly surprising that people are getting a little anxious about the new electronic prescription after using paper prescriptions for decades. But is it really that complicated? Well, the short answer is no. Here are a few points to prepare you for the new EPS.

Hardware:

Have you got a decent internet connection? Most of us will have broadband but if you have a dial-up internet, check with your system provider if your internet could cope with EPS.

Is your system (both hardware and software) stable? Experience shows that EPS is extremely reliable, but it does put some extra strain on your computer so if yours is 10 years old then you might want to check with your system provider.

How many computers do you have in the dispensary? Make sure you have a backup plan, especially if you only have one computer in the dispensary. How fast can you get somebody to fix it? Do you have a plan that has been pre-arranged with the local surgeries?

A barcode scanner is a nice piece of kit, but you do not need it. Some pharmacies have been running EPSr2 for six months and never used it once.

Do you have a good printer? A printer will be one of your most important pieces of equipment when you are running EPS 2. Your printer needs to be reliable, reasonably fast and cost-effective. You will end up printing many prescriptions, depending on how your local surgeries do them. If you have an old printer that gobbles toner and jams paper then you might want to replace it. Last but not least a blank prescription is A5 size. If you need to print a lot of A4 size documents, a printer with dual trays will be better than a printer with single tray - otherwise you will need to manually change the paper every time you print something.

How many printers do you have in the dispensary? How fast can you fix/replace it if something goes wrong? Do you have a backup plan? Stock plenty of toners/cartridges for your printer so you never run out of them.

Software:

Do you know how to run EPS 2 on your system? Most system providers/IT departments provide some training on EPSr2 modules, so contact them now and try to do a few mock electronic prescriptions if you can.

Is your patient information accurate on the system? This includes all information such as name, address, post code, DOB, NHS number, exemption status etc. Your system will try to match the patient with central spine in order to withdraw the right prescription. Different systems use different parameters. Some use NHS number, some use name and address and others use DOB as well. Check with your system provider/IT department what parameters your system uses. Make sure patient information is accurate, e.g. Christine White or Christina White or Christine A White. These could be the same person, but if it does not match the information on the NHS central spine then it will be treated as a non-match. Most important is the exemption status. If this is wrong or no information is recorded on the system then you risk switching and PPA will charge you £7.65 for every item! It will be a lot of money if you multiply that number by just a handful of prescriptions! More information on switching can be found at: http://www.psn.org.uk/pages/prescription_switching.html

Who will you contact if your system crashes? If you are running a 100-hour pharmacy do you have any IT support in the evening? Try not to leave any work related to electronic prescription until the evening just in case something goes wrong and you can't find help.

Everything else:

You can't have too many smartcards (as long as you properly govern and manage the users). Some tasks can only be done by dispensary staff but other work can be done by anyone in the pharmacy.

You can have a lead/expert on EPS but ultimately everyone should know how to solve the basic problems, or who to contact if a problem persists.

Surgeries have much complicated system to cope with so be sympathetic and supportive. Try to arrange a meeting with your surgery - some issues do not have black and white solution so a mutual agreement will benefit both parties.

Charlie Wu