

Newsletter



National Audit

I hope you are all aware of the National Audit on emergency supplies that is taking place during March and early April.

It is *vital* that you participate! Not only is it a contractual requirement, but more importantly this may generate the necessary evidence to commission a national NHS-funded service from Community Pharmacy.

What do I need to do/record?

At the time of writing, the LPC has not seen the final paperwork. However the audit will be trying to identify:

- Why patients requested an emergency supply
- If you couldn't supply – why not?
- If you couldn't supply – what did the patient intend to go on and do?

When do I need to do it?

Either

Monday 9th March –
Sunday 22nd March

Or

Monday 23rd March –
Sunday 5th April

Unless your head office has told you differently,

please try participate during the first period (9th March onwards) if your ODS code ends in an **odd** number, and in the second period if your ODS code ends in an even number. If you are open on any of the Easter Bank Holidays, it may be better for you to record data in the second period.

If Lis's mailmerge skills are as good as I think they are – individualised information will be in the covering letter to this newsletter! [Ed: Ooer]

What constitutes an Emergency Supply?

You need to include ALL requests for prescription medicines without a prescription. This includes "loans" because the prescription is ready but the surgery is shut; (Gloucester only). It also includes medicines that you supply through the URMS scheme.

Not being able to supply includes:

- Patient did not want to pay
- Any medicines such as CDs which are not covered by the Emergency Supply regulations
- Medicines where you were not confident to supply because you had no evidence of previous prescriptions

When will we get the paperwork?

Paperwork will be sent out when NHS England has cleared it through their internal procedures. It will also be made available on the PSNC website: <http://psnc.org.uk/contract-it/essential-service-clinical-governance/clinical-audit/national-audit/>

How do we submit our results?

There will be an on-line reporting tool – details/a link will be in the audit paperwork when it is released.

Fiona



March 2015

Things to do:

- Take part in the National Audit
- Make sure you're ready to deliver URMS
- Download referral resources for use in your HLP
- Be inspired by the work done in Charlton and Chesterton Pharmacies—what could you do?
- Take the next steps in your HLP journey
- Double check oxycodone 10mg scripts
- Let us know who the signatory will be for contracts for your pharmacy
- Make sure you understand the new drug driving law

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Make sure that you have signed up to the PGD

Urgent Repeat Medicines Supply (URMS)

From the 1st April, the Out of Hours GP service will no longer supply prescriptions to patients who have run out of repeat medicines who could otherwise obtain a supply through the Community Pharmacy Urgent Repeat Medicines scheme!

It is vital that

- All pharmacies signed up to deliver the scheme know that they are commissioned to provide the service and that
- ALL pharmacists working after surgery hours and at weekends have signed up to the PGD, or will do so in branch at the time of a request.
- Any pharmacy NOT signed up to the scheme must refer patients to a participating pharmacy and not to the Out of Hours service for a supply of medicines.

If a patient request a supply that is outside of the PGD and therefore needs intervention from the Out of

Hours service, the pharmacist should contact the Out of Hours provider on the Professional Number (which will be supplied to all pharmacies) to provide details.

The Out of Hours SOP for the supply of repeat medicines states:

1.4 This SOP does not cover the emergency supply of repeat medication to patients who can be managed by the commissioned community pharmacy service. Patients who may be managed by community pharmacists are: Patients registered with a GP within Gloucestershire (adult or child over the age of 5 years) who require urgent repeat supplies of their repeat medicines at times when their surgery is closed or the 'Out-of-Hours' (OOH) service is in operation and this supply cannot wait until the next surgery opening or at other times as necessary and as clearly specified by the commissioning body in a separate direction.

Patients NOT registered with a GP within Gloucestershire (adult or child over the age of 5 years) who are visiting Gloucestershire and require urgent repeat supplies of their repeat medicines at any time during pharmacy opening hours irrespective of surgeries being open. Supplies may be provided for this group of patients when the 'Out-of-Hours' (OOH) service is in operation provided the pharmacist is satisfied that the request is genuine as specified within the PGD inclusion criteria.

1.5 The pharmacist must satisfy themselves that the situation is appropriate for urgent medicines to be supplied under their PGD, and the request is genuine. This will require them to interview the patient or carer, preferably face to face, but a telephone conversation is sufficient to gather the relevant information. In the case of children over the age of 5 years, where appropriate, the parent/guardian or carer will be interviewed.

Fiona

Gloucestershire CCG: very proud of their weight loss



Hooray! I can eat some crisps now!

Gloucestershire has been celebrated for its success in delivering weight management on referral since September 2013 – 4,750 people have been helped to lose 4,000 stone!

The national magazine *Commissioning* featured an article detailing the success of the venture, which supports obese adults to make long lasting changes to their diet and activity levels. The scheme is provided by Slimming World and patients can be referred who meet the criteria:

- People with a BMI of 30 or higher;

- People with a BMI of 28 and significant co-morbidities e.g. insulin resistance, diabetes, hypertension, osteoarthritis or depression.

Dr Andy Seymour, Deputy Clinical Chair at Gloucestershire CCG, said:

"The results and feedback to date are extremely encouraging and we are pleased to see that so many people are benefitting".

The whole article can be read online at <http://commissioningmonthly.com/volume-2-issue-1/>

You may not know that Healthy Living Pharmacies can **DIRECTLY** refer into this service.

Resources including:

- Patient leaflet
- Poster
- Referral Form
- Weight Management Pathway
- Letter from Dr Seymour

can be found on the LPC website at <http://psnc.org.uk/gloucestershire-lpc/healthy-living-pharmacy/referral-support/>

Lis

NHSmal user support

As yet there is no local support for pharmacies; however, the NHSmal helpdesk can advise you how to use any feature of the NHSmal service and help to fix any problems or report a fault. Call them on 0333 200 1133.

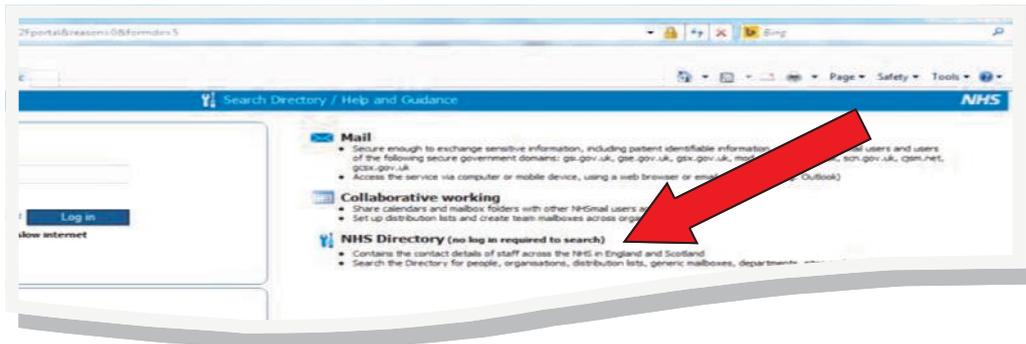
The helpdesk, however, cannot re-set passwords or unlock accounts. This should be done by the Local Organisation Administrator (LOA), who can perform all the administration tasks associated with NHSmal accounts.

If you open up www.nhs.net the following screen will appear; at the top there is an option to search the directory. From there you can check who your LOA is.

Claire Davies
CSCSU



NHSmal helpdesk is your contact for problems and 'how to...'



Men's health - how one pharmacy went the extra mile

John and Sheila Robinson of Charlton Pharmacy have been telling us about their recent HLP-inspired project.

John has been part of the 'Old Fellas Fitness Club' for eighteen months, which has thirteen members aged in their 40s to 60s. He asked their instructor if he and Sheila could do some health checks as part of a session.

They measured everyone's BP and calculated BMIs at the start, then followed up immediately after an hour's cardio exercise—they were surprised to see that in

some cases BP had actually decreased. For example — one chap's readings went from 130/96 with a pulse of 77 at rest, to 118/79 with a pulse of 123 after exercise!

Two of the BP readings gave John and Sheila concern, so these members were privately advised to see their GP — resulting in a changed dose of medication for both.

Three weeks after this initial session, Sheila was invited back to give a session on alcohol awareness, using scratchcards from the 'Dry January' campaign and

discussing the calories in alcoholic drinks. Club members found this a real eye opener, one or two being concerned enough about their consumption to speak to the Robinsons afterwards.

These sessions will continue on a regular basis and members will be able to see how their 'numbers' change over the weeks.

Well done Charlton Pharmacy — a really innovative way of reaching a notoriously hard to target group!



Getting fit, getting healthy - the pharmacy way

BHF and HLP — a great combination



Well done to Leo, Sarah and the team at Chesterton Pharmacy!

Chesterton Pharmacy recently held a fundraising event for the British Heart Foundation. They held a raffle and offered to take people's blood pressure. They raised an **amazing £387.50!**

"This was a great team building exercise and a good way to promote Healthy Living Pharmacy. It was a really helpful way for us to gain confidence and an easy way to engage in conversation with patients.

At the same time we were able to raise nearly £400 for the British Heart Foundation which is a very worthwhile charity."





Take care when signing patients up to EPS

Chairman's chat

EPS in Gloucestershire has been progressing rapidly and for the most part successfully. There are a few points to help this become even more successful.

1. Take care when signing patients up to EPS. The LPC has been made aware of cases where a nomination has been changed without the patient realizing what is happening only to find that their regular prescriptions are not where they expected;
2. Staff should be trained in how to cancel a nomination and also how

to return a prescription if it has not gone where the patient expected;

3. Not all items will go via EPS, for a variety of reasons. We need to work with local surgeries to identify any issues and try to correct them. If there are more general problems which can't be resolved contact the LPC – we may be able to find an answer.

Finally, the introduction of EPS has led to distance pharmacy providers sending out bulk mailings to patients. The LPC supports fair completion, and if the letters

are read carefully the service being offered is clearly stated. Unfortunately the LPC is aware that some patients are confused by the letter – particularly as it includes a reference to the nearest GP surgery. The LPC and LMC have advised GP surgeries of the nature of these letters in case patients contact them. You may wish to discuss this with your regular customers who may value the benefits of having a local service available for both repeat and acute prescriptions, and face to face advice.

Chris Gifkins

EHC and Chlamydia training from CPPE

17th and 24th March,
Thistle Hotel, Gloucester Road, Cheltenham, Gloucestershire GL51 0TS

Need to revalidate your skills in Gloucestershire? Two CPPE evening events have been arranged for pharmacists seeking to complete the new CPPE Declaration of Competency (DoC) in EHC/ Chlamydia.

The first night (17th March) will take pharmacists through the Gloucestershire pathways for the provision of Chlamydia testing and treatment under PGD; the second night (24th March) will cover provision of EHC under PGD.

Both events provide an opportunity to practice skills through role play.

These workshop events

deliver only part of the competencies necessary under CPPE DoC, which can be accessed from the CPPE website, <https://www.cppe.ac.uk/services/declaration-of-competence>.

To satisfy all the competencies required for the Sexual Health level 2 basket of services in Gloucestershire, pharmacists will need to complete *all the relevant online CPPE modules (or equivalent)*. You can opt to allow others to view your CPD achievements or download certificates.

Please complete the CPPE online EHC and Sexual Health e-learning and assessments before attending the training. You will also need to complete the CPPE Consultation Skills e-learning for Declaration of

Competency. Check the LPC website for more details at <http://psnc.org.uk/gloucestershire-lpc/services/>

If a pharmacist has worked through this pre-learning then they will be able to sign the EHC PGD at the end of the second evening.

If preparatory work has not been done, then they may have to attend one of the EHC evaluation days on 13th or 14th May.

The events are also a good refresher for anyone lacking confidence, and for technicians supporting the service (especially Chlamydia).

Book via the CPPE website: www.cppe.ac.uk

Ev and Fiona



She looks like she could do with some advice

If your preferred learning style is group and tutor contact, then you can become fully accredited for the pharmacy SH level 2 service (EHC/Chlamydia treatment under PGD/C-Card) by attending the daytime training event given by Glos SH Services on 29th April at Sandford Education Centre. This will cover all clinical aspects of the service, with a further half day session to validate your consultation skills and application of the PGD (13th/14th May). You are required to have completed the CPPE EHC/Contraception online training and assessment.

Please book your place with Lis Jardine: lis.jardine@glosipc.co.uk

Drug driving: a new law

Drug drive law is changing to make it easier for the police to detect and prosecute drug drivers.

A new offence of driving with certain controlled drugs above specified limits is due to come into force on 2 March 2015. These new rules will mean it will be an offence to be over the specified limits for each drug whilst driving, as it is with drink driving.

Roadside drug screening devices using oral fluid (saliva) identify if the person driving or in control of the vehicle had taken a drug as listed below (or one that may be metabolised into one of these drugs). Following a positive screening result using oral fluid, the person can then be requested to provide a blood sample for evidential purposes, to enable prosecution for the new offence if above the specified limit.

Those individuals who have taken their medicine(s) in accordance with the advice of the prescriber or supplier of the medicine(s) (and/or the product information included in the medicine pack) who are found to have a blood level higher than that specified in the regulations are entitled to raise the

statutory "medical defence" at any stage (see below for full explanation), and might then not be asked to provide a blood sample.

Drugs covered by the new rules include not only cannabis, cocaine, ecstasy and ketamine but prescription medicines. These are:

- clonazepam
- diazepam
- flunitrazepam
- lorazepam
- methadone
- morphine or opiate and opioid-based drugs
- oxazepam
- Temazepam

These drugs have a significant liability to be abused, and the specified limits have been set at a higher level than illegal substances.

The higher limits are generally above the normal therapeutic range so most patients are unlikely to be driving with a concentration of a specified drug in their body above the specified limit. However, those on particularly high doses, for example, could test above the specified limit and would still be entitled to raise the statutory "medical defence".

You will need to highlight to patients receiving these medicines that:

1. They are included in the new drug driving offence, which includes a maximum blood level for driving;
2. If that level is exceeded because the patient is taking the medicine as prescribed, then there is an automatic "medical defence": although they are over the limit, they might not then be asked to provide a blood sample, or may be charged but would be found not guilty. A repeat slip or labelled pack will form the evidence for taking as prescribed. It would be best if this states a dose, not "as prescribed";
3. The offence exists because these medicines do cause impairment. This is especially so in early treatment. Patients need to use discretion and not drive if they are impaired.

Drug driving: guidance for healthcare professionals is available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/325275/healthcare-profs-drug-driving.pdf

Fiona

A patient could raise the statutory "medical defence" if:

- a. The drug was lawfully prescribed, supplied, or purchased over-the-counter, for medical or dental purposes; and
- b. The drug was taken in accordance with advice given by the person who prescribed or supplied the drug, and in accordance with any accompanying written instructions (so far as the latter are consistent with any advice of the prescriber).

High dose opioids

It has been brought to my attention that in a neighbouring area there has been a cluster of errors reported with Oxycodone 10mg/ml being prescribed in error when the lower 5mg/5ml strength was intended. This is due to the higher strength appearing first on GP systems and being clicked on in error.

Please help prevent similar errors harming your patients by double checking the prescriber's intentions when high dose products are prescribed.

Fiona



Medicines can cause impairment



I think these are actually 15mg and 30mg but YKWIM

Healthy Living Pharmacy



Get training, get campaigning and get signposting

Our pharmacy has signed up to be a Healthy Living Pharmacy. What next?

To date there are 30 Healthy Living Pharmacies within Gloucestershire with a further 47 working towards achieving HLP status.

Training is an important component of being a Healthy Living Pharmacy. Leadership training for lead pharmacist/manager can be accessed through CPPE. A further face-to-face training event will be organised for April for Gloucestershire (date and location to be confirmed). Health Champion training for RSPH Level 1 Understanding Health Improvement is scheduled for 19th March with further dates also to be confirmed. These dates will be made available on the LPC website and a message sent out via PharmOutcomes.

Each HLP pharmacy should now have a process to work through the HLP Assessment Criteria (see own Portfolio and PharmOutcomes) and to consider the health awareness for their clients through health campaigns and signposting.

Campaigns

Your pharmacy leader will provide the overall strategic, motivation and direction, working with the Healthy Living Champion(s) to:

- Consider a dedicated area set aside for health campaigns;
 - Put a process in place to make sure you have a supply of relevant, up to date promotional literature for each campaign (Contact Health Promotion Resources —www.glosph-resources.nhs.uk)
 - Discuss with staff and advise how to target relevant customers and actively promote each campaign;
 - Consider method/process for capturing any interventions that fits your pharmacy.
- activity is recorded on the Pharmacy Intervention records;
- Proactively approach individuals about their health and wellbeing and know what is available in your area, i.e. Slimming World referrals;
 - Proactively signpost individuals to NHS Choices;
 - Refer would-be quitters to local Stop Smoking Advisors;
 - Actively promote chlamydia screening to young people and signpost to 'best2know' website;
 - Be able to signpost client to nearest emergency contraception service (if not commissioned to provide) checking first the pharmacy and qualified person is able to deliver.

Signposting

Update and maintain signposting information in a file whether from local commissioned services or independently sourced (e.g. Village Agents, Community Trainers) and ensure all staff are aware of the content. Be able to provide and support all pharmacy staff to:

- Identify individuals who need support for health and wellbeing and proactively signpost them to appropriate free at the point of delivery commissioned services. This may include a service within the pharmacy setting. This

There are resources available to help. Brief Advice on the above topics and more are available on the LPC website: <http://psnc.org.uk/gloucestershire-lpc/healthy-living-pharmacy/health-promotion-resources/>

Any questions please contact me at barbara.workman@gloslpc.co.uk

Barbara



I've no idea where you would buy giant scissors

HLP Media Support for In-Store Launch

In the glorious wake of the HLP level 1 accreditations, this is a great opportunity to celebrate and herald your team's good work to the public. If you are thinking of a public in-store launch, with local leaders and ribbon cutting please look out for the HLP Media Resource, which is now available on the LPC website.

Please note that from 31st March all public bodies go into pre-election 'purdah' which means they are unable to perform public duties. You may wish to plan your event before this date or delay until after the election. Contact Ev Beech for support: evelyne_beech@hotmail.com.

Gloucestershire contracts

Community Pharmacies have been working on “assumed contracts” for 2014-15 for services such as supervised consumption, sexual health and stop smoking.

Formal contracts for 2015

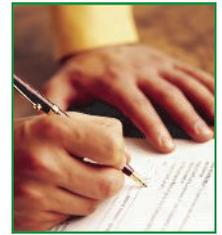
onwards will be distributed for signature in the second week of March.

We have sent out individual requests to companies for the relevant information about authorised signatories (names and roles) – you can

feed this information back via PharmOutcomes. Please do so NOW!

A similar request to create NHS contracts with the CCG for services such as URMS may follow shortly.

Fiona



Who's authorised to sign the contract for your branch?

Talking politics...?

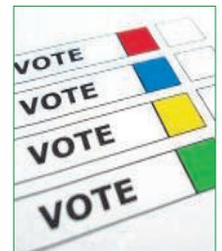
If you are planning your HLP launches before 31st March or if you are talking to parliamentary or council candidates, have you checked the post for the Community Pharmacy Manifesto? Launched in November 2014 by the All Party Pharmacy Group, it calls for politicians to sign up to five key pledges, as detailed below. It is a joint campaign by PSNC, Pharmacy Voice and the Independent Pharmacy Federation (IPF).

As the election campaigns hot up, pharmacy teams across the UK are using the Community Pharmacy Manifesto to engage with their local MPs and parliamentary candidates. If your pharmacy team wants to get involved, visit www.pharmacymanifesto.com for a template letter to send to your local MP and/or parliamentary candidate, as well as guidance on identifying and liaising with your local representatives. Contact the LPC if you intend to make contact.

The five key pledges

1. We will encourage patients to think pharmacy first and we will use pharmacy to help relieve pressure on GPs and emergency departments.
2. We will improve patient choice and healthcare by making it easier to commission pharmacy services and backing more national services.
3. We will help improve the public's health, recognising the accessibility and support community pharmacy can provide.
4. We will enable patients, especially those with long term conditions, to get more from their medicines through better use of community pharmacy.
5. We will help pharmacies to get access to the records and information they need to provide more effective and safer care to patients.

Ev



Which of your candidates have signed up to the Community Pharmacy Manifesto?

Inaugural meeting of BGSW Pharmacy Local Professional Network

On the 5th February the newly formed LPN met face to face for the first time. The meeting was arranged by the new Chair, Jonathan Campbell, to discuss how we will work closely with Commissioners, Health and Wellbeing Boards, other Networks, Clinical Senate, providers and patients to ensure that the contribution of Pharmacy is maximised in the improvement of outcomes and reduction in

health inequalities.

After introductions and scene setting we agreed our local priorities; these are designed to improve transfer of care, improve patient safety, understand how pharmacy can support management of long term conditions through care pathways and better utilise pharmacies role in medicines optimisation. We agreed how we will work with

key stakeholders to drive improvement in outcomes, in line with these local priorities.

The LPN will meet again next quarter to review activity and agree next steps – please ensure the views of community pharmacy are heard by feeding back to the LPC the issues you wish to see raised at this meeting.

Sam Ghafar

“We agreed our local priorities; transfer of care, patient safety, management of long term conditions, and medicines optimisation”

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

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HLP Project Officer

Barbara Workman
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barbara.workman@gloslpc.co.uk

[HTTP://PSNC.ORG.UK/
GLOUCESTERSHIRE-LPC/](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

Dry January in community pharmacy

Gloucestershire County Council and Gloucestershire LPC worked together to create a pharmacy based Alcohol Awareness Campaign run during January 2015.

Health Promotion Resources dispatched packs to pharmacies containing:

- Audit C Scratch-cards (100 to each HLP, approx. 50 to non HLP);
- Dry January poster;
- Leaflet "Your Drinking and You" (10 per pharmacy);
- Covering letter including tally chart.

Pharmacies were asked to keep a tally of Audit-C scores and provide feedback at the end of the month.

Results

42 pharmacies provided feedback on the campaign. All together they had engaged with 940 customers. Audit-C scores were reported as:

- 34% low risk;
- 24% increasing risk;
- 14% high risk;
- The remaining 28% took the scratchcard away without sharing their result.

227 people received further information/advice.

There was much positive feedback about how well the campaign was received by customers.

Impact of Healthy Living Pharmacy Status

21/30 accredited Healthy Living Pharmacies reported results and had engaged with 599 customers (28 per pharmacy)

11/46 pharmacies working towards HLP reported results and engaged with 212 customers (19 per pharmacy)

10/37 pharmacies not actively within the HLP project engaged with 129 customers (13 per pharmacy)

What went well?

Participating pharmacies made the following comments about the materials:

- Useful information about what a unit of alcohol is and how much is too much;
- Scratchcards provided an opportunity to open the conversation about alcohol;
- People enjoyed doing the scratchcards once they realised it was anonymous;

- The scratchcards worked well – a lighthearted talking point;
- "Your Drinking and You" leaflet very interesting – lots given out.

They made the following comments about how they used the materials to best effect:

- Had postcards (scratchcards) on the counter for open discussion while serving;
- We did a good display – posters good;
- We placed the scratchcards on chairs for people waiting for prescriptions;
- We used coloured water with "Drink-Aware" glasses – along with the scratchcards it created a real talking point with our customers young and old;
- We asked every customer so no-one felt they were picked on as an individual. We had leaflets on hand to give to customers or they could help themselves.

Four pharmacies reported that "what worked well for them" was the positive reception from customers:

- Making people aware of a unit and them not realising how much they drink;
- Engaging with patients – some at increasing risk promising to cut down alcohol intake;
- Talking to customers and making them aware of the services available;
- Established good interactions with the public.

What could be improved?

A number of pharmacies reported not receiving the packs at all, or receiving only scratchcards without instructions or the supporting posters/leaflets. A number of pharmacies reported a need for more materials – however some of those that were requested should have been in the packs distributed.

A number of pharmacies had not recorded data, as they had not found that aspect clear in the pack.

Greatest improvements in participation will only be achieved with better communication about any campaign – informing pharmacies in advance about timings, to expect materials; a process to report if materials not as expected; and information in more than one place about how the campaign should be run.

