



# Newsletter

## EPS troubleshooting

As EPS spreads out more widely, we learn more of the pitfalls and issues. It is not going to go away so let's share any grief and learn how to minimise it....

### 1. Are you getting paid correctly?

- a. One pharmacy in Wiltshire built up an enormous backlog of unpaid prescriptions which had been marked as "dispensed", but not "claimed". Are all relevant staff in your pharmacy aware of the difference?
- b. Don't forget about prescriptions that you have put to one side with owings that the patient has not collected – do you have a process for claiming these in a timely way?
- c. Are you correctly recording exemptions?

### 2. Do all relevant staff have Smartcards?

- a. There has been a recent problem across the NHS with some smartcard users unable to log on. The more staff with smartcards, the



- more robust your contingencies.
- b. Do you have a sponsor and identity agent set up in your organisation to facilitate applications for new staff, or staff transferring between pharmacies? The LPC can help you make appropriate applications for these roles

### 3. Are you nominating patients?

- a. GP surgeries that want to maximise EPS use will set patient nominations – but will they get set to the patient's usual pharmacy? The only way to be sure is for you to discuss EPS with your patients and set the appropriate nomination

### 4. Are you making your dispensing process straightforward?

- a. As EPS increases, think about your flow and timing of workload – don't try to make EPS fit your old systems. Think about what works best in a new system

### 5. Report problems!

- a. Things do go wrong. Most of them the developers know about and are trying to resolve **BUT**
- b. They don't know that something is a problem to you **UNLESS YOU TELL THEM** and keep telling them.

Fiona

The **Smartcard Management System is being changed**. The current systems will be switched off on midnight of Thursday 27th November, and the new CARE ID system will be operational from 9:00 Tuesday 2nd December. During these specified dates it will be impossible to get cards unlocked/reset/created.

The new system will make it easier for nominated Pharmacy RA Agents and Sponsors to manage smartcards without having to send cards back to the Smartcard Team. The Central Southern CSU is developing User Guides for circulation to local RA Sponsors and RA Agents.

This will not affect your ability to use EPS.

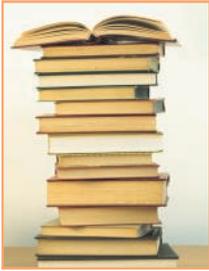
## November 2014

### Things to do:

- Check that you are being paid correctly for EPS claims
- Work around the Smartcard system change to make sure you are not affected
- Apply for academic funding from the CATP or RIICP by 30 November
- Book to attend the multi-disciplinary dementia session on 10 December
- Ensure you are in control of the EPSr2 nominations process
- Do you know enough about the pros and cons of e-cigarettes to offer neutral advice to quitters?
- Consider sending a member of your team to our HLP Champions training
- Use the Antibiotic Guardian quiz supplied with this newsletter to engage customers with the message of European Antibiotic Awareness Day.

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Time for higher study?

## Applications invited for academic funding

Applications are now being invited for Clinical Academic Training Programme and The Research Innovation and Improvement Capability Project.

It is open to pharmacists for the first time this year and Health Education South West would be really pleased to receive applications (please note that at the time of writing pharmacists are not actually listed on the website but this is being addressed).

There are two opportunities available. These are:

### 1. Clinical Academic Training Programme Internships

This is a bursary to provide salary support and to cover other costs for individuals who wish to develop a proposal for PhD or other higher level study. This can be in any clinical area that is supported by your Clinical Commissioning Groups strategy plans.

### 2. The Research Innovation and Improvement Capability Project

This is to cover the course fees for individuals who wish to complete a Masters level

programme which will develop practice in one of the following three areas:

- Patients and clients with dementia;
- Meeting the needs of the frail elderly;
- Delivering care closer to home.

**The closing date for applications is 30 November 2014.**

The details of the South West scheme can be found at the following link

<http://southwest.hee.nhs.uk/ourwork/clinical-academic/>

## Multi-disciplinary dementia session

The Frail Older People Clinical Programme Group is holding a GGPET accredited countywide dementia PLT session on 10 December at Cheltenham Racecourse for primary care teams.

The event will focus on current issues in primary care for dementia: diagnosing in practice, prescribing, dementia specialist support and the potential to improve QoF return through coding review.

An open invitation is extended to pharmacists/Healthy Living Champions in Gloucestershire. There is no backfill funding available, however if anyone is able to go it is a good opportunity to be involved in a multi-disciplinary event and pharmacy teams will be made most welcome.

Detailed information, guidance and FAQs can be found on the refreshed CCG dementia webpage at <https://ccglive.glos.nhs.uk/>

under CCG -> Clinical Programmes -> Frail Older People.

To book your place, contact [neil.penny@nhs.net](mailto:neil.penny@nhs.net) 0300 421 1852 or [elizabeth.hankey@nhs.net](mailto:elizabeth.hankey@nhs.net) 0300 421 1938

Date and time:

- 10 December 2014
- Lunch is available from 12.30. The programme runs from 13.00 - 16.30.
- Cheltenham Racecourse, Cheltenham, GL50 4SH



Living well with dementia

## EPS and the importance of nomination

Do you and your team actively recruit and nominate patients to use EPS? And if not – why not?

Are you worried that it is all too much work? Maybe you shouldn't. Ignore it and it might go away – but don't be surprised if all your patients go away too!

Nomination rates vary widely across active sites. We are all naturally concerned that the potential for prescription direction is very much higher with EPS. Is the discussion about and recording of

choice of pharmacy something you really want to leave in the hands of your local GP Practice?

Your best protection to keep your existing patients is for YOU to be the person that explains what nomination is and the benefits for the patient.

If you have not explained to a patient that you can offer this service, don't be surprised if they take up the offer from someone else...

Fiona



This might be your pharmacy... or the one down the road

### CONGRATULATIONS!

Feedback on the October Stop Smoking Campaign informs us that participating Community Pharmacies spoke to 1786 customers; gave out 405 scratchcards to smokers and recruited a whopping 80 smokers to start a Quit Attempt with a Pharmacy Stop Smoking Advisor!

**WELL DONE  
GLOUCESTERSHIRE  
PHARMACIES!**

## Safe use of electronic cigarettes

Gloucestershire Stop Smoking Service has acknowledged that clients being supported to quit may want to use e-cigarettes.

Although they can't be supplied or recommended to patients under the Stop Smoking Service, a pharmacy can continue to provide support to and claim for support to a client who is setting a quit date and would like the support of an advisor, even if they are not receiving NRT from the pharmacy

E-cigarettes have significant potential to help smokers quit by delivering nicotine in a way that seems to be safer than smoking cigarettes. Many smokers have successfully used them to quit or reduce their smoking.

However, whilst there are undoubted potential health gains from fewer people smoking tobacco, there are safety issues which should be considered surrounding the use of e-cigarettes.

### Some of the issues

E-cigarettes are currently regulated as consumer products rather than medical products. This means that they don't have to provide a list of ingredients, identify the nicotine content, ensure a constant delivery of nicotine, or even be child-proof. This will all change in 2016, when new EU rules come into force that will improve e-cigarette safety

and quality by requiring most of them to be licensed as a medicine.

The *Fire Service* is concerned over the safety of e-cigarette chargers as some of these products have been the source of household fires across the country. Their advice for e-cigarettes is (as for appliances such as mobile phones and laptops) don't leave them to charge whilst you are out of the house or asleep, and keep them well away from flammable materials.

The liquid nicotine containers/refills in these products also pose an *extreme risk to young children*. Nicotine is highly toxic through ingestion, inhalation or skin contact, especially for young children. Ingestion of only a tiny amount can be fatal.

The Child Accident Prevention Trust suggests that products should be regarded as medicines or poisons and kept well out of reach of children.

New Regulations under the Children and Families Act 2014 are due to come into force in 2015. These will restrict the age of sale of some nicotine products to 18 and is anticipated to include electronic cigarettes devices, nicotine cartridges and nicotine refills, but exempt licensed NRT products.

Most e-cigarettes and accompanying nicotine liquid refills already have an

advisory age restriction on the packaging and it is imperative that these are adhered to on grounds of safety. Once the regulations come into force there will be a penalty for non-compliance and as with the enforcement of the sale of tobacco, trading standards officers will be responsible for implementing the law. Until the Regulations are finalised it would be advisable not to sell these products to those who are under the age of 18.

Public Health England advises that we should be 'maximising the benefits whilst minimising the risks'. Pharmacy staff should be able to advise customers from a neutral perspective as opposed to their only being exposed to industry spin from company reps.

Smokers should be encouraged in making a quit attempt and reminded of the free support available from the Swindon Stop Smoking Service. If they choose to try an e-cigarette to achieve this, they can access the Stop Smoking Service for support but should also be made aware of these safety issues.

For more information, see the Cancer Research UK website: <http://tinyurl.com/kkqpgzt>

*Based on discussions with GSSS and an article prepared by Katie White, Health Protection, Swindon Borough Council*



A pack of e-cigs

**'Whilst there are undoubted potential health gains from fewer people smoking tobacco, there are safety issues which should be considered...'**

## Healthy Living Pharmacy

Are you involved in this project – or still thinking about it?

You and your staff can access the supporting training in either case.

Dates for Healthy Living Champion training are published on our web site under 'Events':

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

This training is open to ALL pharmacy staff members. Have you thought about the role your delivery drivers may have in communicating with vulnerable and lonely members of society?

...STOP PRESS...  
HLP Leadership Training will take place on Wednesday 11th February. Further details to follow.

A HLP Leader may be a pharmacist, or a non-pharmacist manager/supervisor.



**Get a taste for what HLP status might do for your pharmacy**

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:

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

## European Antibiotic Awareness Day

As we know, there is an international problem with growing antibiotic resistance and infections such as C.diff associated with antibiotic overuse, and we are all 'part of the solution'.

Gloucestershire benchmarks quite well (apart from two practices) on use of problematic antibiotics (Co-Amoxiclav, Quinolones and Cephalosporins) but our volumes are still high and we still use antibiotics too often.

A national campaign, centred around European Antibiotic Awareness Day on 18 November, is being planned and we fully intend to play our part in Gloucestershire.

As part of this, we are asking practices to look at the free resources available <http://ecdc.europa.eu/en/EAAD/Pages/Home.aspx> and develop a practice action plan to reduce their use of antibiotics. We would also encourage pharmacists to look at the antibiotic awareness campaign <http://www.rpharms.com/health-campaigns/antibiotic-awareness.asp>

The winner of the NICE Implementation Award was a practice that agreed a shared, consistent, monitored approach

The LPC is providing each pharmacy with 50 copies of an 'Antibiotic Guardian' questionnaire.

We want you to encourage patients to complete the quiz in the pharmacy, share their score, and take the sheet away with them for information/discussion with friends and family.

You will collect summary information on the scores via PharmOutcomes, which Fiona will then share with the national Public Health England lead for this campaign. This will be one of your six contractual Public Health campaigns.



which gave everyone the same messages and behaved in the same way. Leaflets, information 'prescriptions', delayed scripts etc. are all part of the way they made it work. The poster "Home care is best" has been developed to encourage self-help and reduce the demand for antibiotics. You will be sent copies of this poster and would be grateful if you could display it in your pharmacies. We will be sending this poster to General Practices, OOH, MIUs etc. within Gloucestershire.

The key message is that most common illnesses don't need antibiotics. The poster provides information regarding how long common illnesses may last:

- Ear infection 4 days
- Sore throat 1 week
- Common cold 1 weeks
- Sinusitis 2 weeks
- Cough or bronchitis 3 weeks

Please encourage everyone in your pharmacy to sign up to the [www.AntibioticGuardian.com](http://www.AntibioticGuardian.com) pledge campaign.

Your ideas and suggestions will be welcome. Please forward them to [karynprobert@nhs.net](mailto:karynprobert@nhs.net).

Charles Buckley  
CCG