

End of Life (Palliative) Care

Advance notice of the diamorphine to morphine switch 11th June 2018 – make sure you are prepared!

The first line strong opioid for subcutaneous administration when needed to manage pain and breathlessness in dying adults will change from diamorphine to morphine from 11th June 2018, when the updated Shared Care Plan will also be launched.

Reasons for the switch include

- Morphine supplies being more reliable;
- Relative ease of administration as dilution is not required;
- Consistency of practice across the borders of the county;
- Potential financial saving.

When administered at the correct dose, morphine is as effective as diamorphine and can be similarly mixed with other symptom control medications in a syringe pump. However the conversion ratio from oral morphine to subcutaneous morphine does differ.

What does this mean for you as a Community Pharmacist?

- Start reducing stock-holding of diamorphine ampoules;
 - ⇒ Maintain a small stock of morphine ampoules in preparation for the switch, and adjust according to demand;
 - ⇒ The stock-holding list for commissioned “palliative

care” pharmacies has been updated. Make sure your minimum stockholding is in line with the new list: <http://psnc.org.uk/gloucestershire-lpc/services/access-to-emergency-medicines/> (service spec);

⇒ Be aware that there will still be prescriptions for diamorphine;

- * For patients who are already prescribed diamorphine for subcutaneous injection. The new guidance applies to new patients only;
- * From prescribers who are not yet aware of the updated guidelines.
- Know where to access the new guidance on the G-Care website: <https://g-care.glos.nhs.uk/pathway/257/resource/3>
 - ⇒ For your own information
 - ⇒ To direct prescribers
- If you provide palliative care support (to prescribers and patients), sign up to attend multi-disciplinary launch training
 - ⇒ 12th June, 6.30pm – 8pm at Unit 10, Highnam Business Park, Glos, GL2 8DN. contact irene.hardisty@careuk.com to book;
 - ⇒ Daytime training sessions also available (email communications@lpcoffice.org.uk for details).

C-Card Scheme Condom Ordering

There has been some confusion on the ordering and receiving of Condoms through the C-Card scheme in recent weeks so here is some clarification:

Using PharmOutcomes Sexual Health Level 2 – C-Card order form

Input the number of boxes of condoms required (each box contains 20 bags of pre-packed condoms).

Click on ‘delivery information’ to download a spreadsheet, and find your pharmacy for details of the GP surgery that your condoms will be delivered to.

If you require a new poster or window stickers, but do not want to order any more condoms, place a zero in the condom selection box.

Remember to record all activity on PharmOutcomes!

C-Card order form (Preview)

Order Date

Supplies Required

Condoms boxes

Each box contains 20 bags of pre-packed condoms

Which GP Surgery will my condoms be delivered to? (Add here if download delivery information)

You can also use this form to order a poster or window sticker to promote the service if you do not already have them

Poster posters

Window Stickers stickers

Useful numbers

Cut out and keep this useful list of contact numbers.

More useful numbers can be found on our web site at

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

Sam Bradshaw LPC Support Officer	Email: supportglos@lpcoffice.org.uk, Tel: 07895 731973
LPC web site For information about services, useful resources, LPC meetings and much more.	http://psnc.org.uk/gloucestershire-lpc/
Sharon Hodges Senior Administrative Support, Primary Care Team	Email: sharon.hodges2@nhs.net, Tel: 0300 4211590 PCT email: england.bgs-w-primarycare@nhs.net
Out of Hours Professional Line (Care UK)	Tel: 01452 687001
Change, Grow, Live (CGL) for queries about substance misuse (SM services are managed by Lloyds Pharmacy on behalf of CGL)	Email: anna.white@lloydspharmacy.co.uk
Pharmacy closure (exception reporting)	Contact leanne.sutton@nhs.net or Tel: 0113 8253511 and complete the form for unplanned closures at www.england.nhs.uk/commissioning/primary-care/pharmacy/app-forms/
Smartcard Office	Email: scwcsu.smartcards@nhs.net, Tel: 01793 422336

Exemptions

Making sure patients tick the right box when claiming prescription exemption often comes up at LPC meetings. And if we get confused, we are sure that some of you and the patients get confused too!

For the full low-down on anything you might want to know – please head to the NHSBSA website: <https://www.nhsbsa.nhs.uk/help-nhs-prescription-costs/free-nhs-prescriptions> where everything is set out in detail. You can direct patients to this page as well.

NHS Counter-fraud are making more and more checks on the exemptions claimed. If a patient has claimed an exemption and is not entitled, they will receive a fine in addition to the charge. Always recommend to patients or those collecting on their behalf that if they are not sure, it is better to pay, get a receipt and claim back than to risk the fine.

Universal Credit is the benefit currently causing confusion, as the roll-out of this benefit continues and the back of the prescription form does not include a relevant box!

Entitlement to free prescriptions is limited to those on Universal



Credit whose earnings (as an individual or couple if claiming as such) were below specified limits in the assessment period (calendar month) before the date that the prescription exemption is being claimed – i.e. January earnings would affect entitlement to free prescriptions during February. If entitled, the “Income based Jobseekers Allowance” box should be ticked.

Also remember – while the price of prescriptions per item keeps going up, the price of a prepayment certificate has remained stable. A 3 month certificate is equivalent to the cost of 3.3 prescription items. This is suitable for a Stop Smoking attempt, or where a patient has a seasonal condition. A 12-month certificate costs very slightly more than 12 prescriptions, so 1 year of 28 day prescriptions is still cheaper on prepayment. Prepayment certificates can be post-dated by a month – so if you suggest purchasing one, remember to give a receipt for any prescription charge that they pay at the time.

And a final reminder – prescriptions generated in prison are automatically exempt – there is NO box to tick!

Fiona

Out of Stock communications

We would like to encourage consistency of good practice and preparation before contacting GP practice over stock shortage. To this end we have created a check list for you to cut out and keep:

- I have determined how much medication the patient has in hand
- I have contacted the wholesaler and more stock is expected
 - Date _____
 - No date available
- I have contacted two other local pharmacies and they:
 - Do have stock but need the item on a separate prescription
 - Don't have stock
- I suggest that this alternative* is prescribed: _____

* Make sure you don't advise a change to something else that you don't have in stock!

Messages... (from GP to patient)

GP practices still use the message functionality on the repeat slip to inform patients about medication reviews etc.

As part of the EPS arrangements, you are obliged to pass on "Non-routine Clinical Information" This includes:

- Last repeat dispensing batch issue
- Change in dosage of medicine
- End of repeats process – for example, 'when repeats have run out please contact surgery for a review'
- Details of review appointments, for example, instructions for the patient to arrange an appointment with the prescriber for a blood test where this is non-routine for that patient.

You are not obliged to pass on "routine information" – please see the PSNC website: <http://psnc.org.uk/dispensing-supply/eps/dispensing-in-eps-release-2/eps-supplementary-clinical-information/> for further details.

Please remember to give the patient a copy of their repeat slip if there is a message on it, or find another way to communicate this information. This should be done even if you are keeping a copy as part of a managed repeat scheme.

Some GPs will also highlight the message to you using "notes to dispenser".

Messages... (from pharmacy to GP)

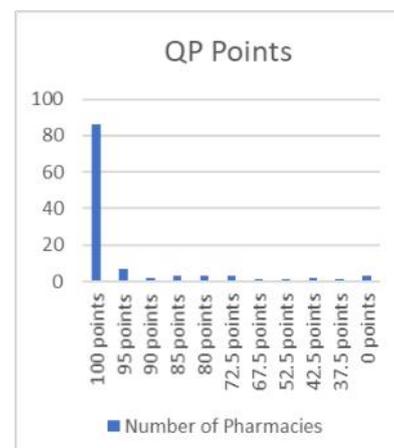
When an item is not available, please remember to suggest a suitable alternative when returning the prescription to the prescriber. You are the experts in medicines and in current availability!

You can read Gloucestershire Local Medical Committee's newsletter at www.gloslmc.com under 'News' > 'Latest newsletter'.

Quality Points 2017 - LPC report

There are 112 pharmacies in Gloucestershire (5/4/18). There have been pharmacy openings, closures and changes of ownership during and since 2017 QP declarations which can confuse some of the figures.

- 87 pharmacies claimed all available points
- 3 Current pharmacies claimed zero points; one does not have a consultation room. 1 contractor does not engage with the LPC.
- At £64 per point, funding of £716,800 was available in the area. £665,600 was claimed. Slightly more was paid out due to balancing payments.



Support requirements for June 2018 should reflect unclaimed points in 2017

Pharmacy	Points unclaimed	Potential support 2018
FXXXX	Did not claim at April review point HLP, SCR, Asthma	
FXXXX	Did not claim at April review point HLP, Asthma	
FXXXX	Did not claim at April review point Safety Report Asthma	
FXXXX	Did not claim at November review point HLP	Had issue accessing nhs.net email account
FXXXX	Not trading at April review point CPPQ	No support needs – claimed all available to them
FXXXX	Did not claim at April review point	Misunderstanding about nhs.net mail requirement in April
FXXXX	Not trading at April review point	Appears to have been able to claim for publishing CPPQ when others in this position have been unable to do so
FXXXX	Did not claim at April review point	
FXXXX, FXXXX, FXXXX	HLP	
FXXXX, FXXXX, FXXXX	SCR (2 nd Review), Asthma (2 nd Review)	
FXXXX	Asthma (2 nd Review)	
FXXXX	SCR	
FXXXX, FXXXX, FXXXX	SCR (2 nd Review)	
FXXXX, FXXXX, FXXXX	SCR (1 st Review)	
FXXXX	Dementia (1 st Review)	

These results would indicate that the targeted support offered by the LPC to those pharmacies who did not declare in April was of great benefit.

Support proposals 2018

As requirements have changed little, LPC support should be directed as follows:

- Ensuring access to and understanding of the NHS.net shared email boxes.
- Supporting appropriate ongoing and growing use of SCR
- Supporting understanding off and engagement with the Asthma review process

Summary Care Records

Increasing or consistently high use of Summary Care Records remains a Quality Points element for June 2018.

The most routine use of SCR in Community Pharmacy is to support the Emergency Supply of medicines – whether through NUMSAS, the locally commissioned URMS scheme or privately.

Using the Summary Care Record, you can check:



- Is this medicine on the patient's record of regular medicines?
- When was it last supplied?
- Might there be an electronic prescription on the spine which you could download, or at another pharmacy where you could request return to the spine?

For any emergency supply of medicines, you should be speaking to the patient. This can be by telephone if a representative is attending on their behalf. If you are speaking to them – you can request permission to access SCR. If you are not able to speak to them, consider whether emergency access in the best interests of the patient apply?

So – have you got your smartcard permissions sorted for SCR access? All registered technicians and pharmacists can apply for access. Ensure that you have completed the CPPE training and assessment on SCR and then contact the smartcard office: scwcsu.smartcards@nhs.net tel 01793 422 336.

Your emergency care summary

On-line training modules

The LPC have purchased access to **Virtual Outcomes Training Modules** for use by all Gloucestershire Pharmacies **FREE OF CHARGE!**

Each month a new module is made available. To date we have :

- Childhood Illness
- Obesity
- Smoking
- Bowel Cancer

The modules are quick and easy to do (approx. 15mins each). They contain some interesting facts and information and they can be accessed by Pharmacy PC/laptop, Tablet or Mobile phone using the following link <https://www.virtualoutcomes.co.uk/>

Each member of staff that completes a module will get a certificate to print off – great for HLP Evidence Files and general ongoing staff training.

In each module there is a series of resource links that you will be able to access for ordering posters/leaflets and other display materials that is useful for your HLP displays and Staywell Campaigns.

Please make use of this free on-line training for your Pharmacy Staff . It's a fantastic resource provided by your LPC.



After a long-running campaign from RPS and the pharmacy profession, a **new law on dispensing errors** has come into force. It covers the whole of the UK and provides a new criminal defence for inadvertent dispensing errors made by registered pharmacists and pharmacy technicians in registered pharmacies.

Removing the fear of criminal prosecution for inadvertent errors is a profound change which will help increase patient safety by encouraging a more open culture of error reporting. It also brings pharmacists in line with other healthcare professionals on the issue. Thanks as ever to you, our members, for your continued support. We can't advance our profession, or help protect patients, without you.

The RPS has a new quick reference guide which explains more: <https://www.rpharms.com/making-things-right>

Preventing Prescription Fraud

The NHS Counter Fraud Agency has recently published updated prescription form security guidance.

If you are interested in reading the full, practical, guidance it is available: <https://cfa.nhs.uk/fraud-prevention/fraud-guidance>

As more pharmacists become Independent Prescribers, the guidance around security of blank prescriptions becomes increasingly important. The analogy of a blank cheque is used throughout the document.

Here are paragraphs of particular note for Community Pharmacists:

“Pharmacists in particular should be alert to the possibility of forged and stolen prescriptions being presented in order to obtain medicines. Pharmacists should try to verify all prescriptions for medicines liable to misuse, not only for CDs. Unusual or expensive items and large doses or quantities should always be checked with the prescriber to ensure that the prescription is genuine. This includes making call-backs on all phoned-in emergency prescriptions and checking doctors’ names and phone numbers. Pharmacists should also keep a file of doctors in their local area, with contact information and sample signatures. If a prescription form is suspected of having been stolen, the matter should be reported immediately (see annex B). However, under no circumstances should staff

compromise their safety.

“An additional resource is the pharmaceutical penalty charge, which places an obligation on pharmacists to request evidence of entitlement from those claiming exemption from prescription charges. If the patient is unable to supply such evidence, pharmacists are asked to mark the relevant forms as ‘evidence not seen’ so that the forms can be targeted in post dispensing checks. Details can be found at <https://www.nhsbsa.nhs.uk/nhs-penalty-charges>.

“Pharmacists and dispensing doctors should be vigilant in scrutinising prescriptions for any signs of alteration not authorised (i.e. initialled and dated) by the prescriber. If corrections on a prescription form have not been initialled and dated, pharmacists should try to contact the prescriber to verify the changes. If they are unable to do this, the concern should be reported to the organisation’s LCFS or nominated anti-fraud specialist, or on the NHS Fraud and Corruption Reporting Line 0800 028 4060 or online at <https://cfa.nhs.uk/reportfraud>”

The guidance includes step by step instructions to reporting fraud concerns on the website. It highlights that prescriptions are categorised under “NHS Patient”. Patient frauds linked to pharmacies can be found near the top of the list.

Goodbye from Fiona...

I have been working with Gloucestershire LPC for four years and I hope you have all noticed some benefits! It is now time for me to move on. From the 1st June, I shall be taking up the role of Regional Manager with CPPE.

I will be leaving you in the capable hands of Sam Bradshaw for all of your support needs. Becky Myers will be continuing the development of potential new services. The committee

membership remains unchanged as we enter a new term of office. We will keep you informed of any changes to contact details as they become relevant.

Pharmacy remains an exciting profession to work in, and I look forward to supporting your development through CPPE.

Fiona

2018/19 Public Health Campaigns

Primary Care Team South Central have decided this year to undertake three local campaigns for BGSW:

1. Change4life – July 18 to August 18 to coincide with the summer holidays
2. Be Clear on Cancer – August 18 to September 18
3. Stroke – FAST – March 19 to April 19

In addition to the three national campaigns for this year.

We are working on the details with Public Health England and will update you as soon as these are finalised. We will then of course share with the contractors the process and details.



NHS Diabetes Prevention Programme

The NDPP is being rolled out across Gloucestershire county in phases (by locality). Currently, Gloucester city, Cheltenham and the Forest of Dean localities are fully engaged and actively referring onto the programme.

This is a national commissioned joint initiative between NHS England, Public Health England and Diabetes UK, which identifies people with non-diabetic hyperglycaemia (those at high risk of developing type 2 diabetes) and offers them a lifestyle intervention encompassing group educational sessions to reduce their weight and increase physical activity. The provider of the service is 'Living Well, Taking Control'. www.lwtcsupport.co.uk.

Patients who are known to be at high risk of developing type 2 diabetes (patients who within last 12 months have an HbA1c 42mmol/mol to 47mmol/mol or Fasting Plasma Glucose of 5.5mmol/L to 6.9mmol/L) are identified from a clinical records search on GP system and newly identified patients will be invited as identified) are sent a letter inviting them to attend sessions. The National Institutes of Health Research (NIHR) has carried out a study into the +25,000 nationwide referrals to the programme so far and has said that the incidences of diabetes in those who finished all the sessions were reduced by 88%.

If you have a patient who has received a letter from their GP and wants to know more about the programme please refer them to the living well taking control website and use the opportunity to reinforce healthy lifestyle messages about diet and exercise. Don't forget to document in your HLP folder as evidence of healthy lifestyle interventions, and why not speak to your local GP about where they are in the roll out and referral process and see if you can help them engage patients within the pharmacy.



Are you at risk of developing Type 2 diabetes? You can prevent this

If you receive a letter inviting you to join the **HEALTHIER YOU** diabetes prevention programme, it is important to take action.

- ✓ accept your place on this lifestyle change programme
- ✓ reduce your risk
- ✓ improve your wellbeing

HEALTHIER YOU
NHS DIABETES PREVENTION PROGRAMME

LW TC
Living Well
Taking Control



(Patients are eligible if they have received a letter, which includes information about how to sign up, from their GP surgery.)

Rebecca Myers

Improving access projects

All GP localities across the county are now offering appointments outside of their regular 9.00–6.30pm Monday–Friday slots as part of the 'improving access' workstream. The schemes offer appointments for patients between 6.30–8.00pm on weekday evenings and on Saturday mornings. Some of these 'improving access' schemes have been running since last October and some only started this month.

Most localities have clinics rotating between surgeries within a 'cluster' – so patients requesting an appointment may be offered an appointment at a different surgery depending on the day. Some localities are using Gloucester Health Access Centre (GHAC) or GDOC to provide cover, some are using their own staff on a rota and some are using locums to cover.

Patients wanting an appointment in the evening or on a Saturday morning should be advised to telephone their own surgery and surgery staff will advise them of times and locations available.

The Gloucester Health Access Centre (Eastgate House, 121–131 Eastgate Street, Gloucester, GL1 1PX 01452 336290) is also open from 8am–8pm every day of the year and sees registered and non-registered patients, as well as those from out of county. Patients should be advised to telephone GHAC for an appointment.

After 8pm patients should be advised to telephone NHS111 if they need to see a GP urgently, or pharmacists can telephone the 00H professional line if the patient has already been through NHS111, been referred to you and you are unable to help.

Online training: help to save a life

April 2018's free online course is all about **bowel cancer screening**.

The 16 minute online course covers

- Background and health impacts of Bowel Cancer
- Signs and symptoms and what to look out for
- How to get screened
- How to mount an effective Bowel Cancer campaign (great for HLP)

<https://www.virtualoutcomes.co.uk/pharmacy-training/>



Your CPD Certificate: once complete, you will be able to print off and keep your certificate to add to your HLP folder. You can also add this to your GPhC training folder.

Joint community/general practice pre-reg training 2019

We are happy to share that Gloucestershire has been successful in securing 7 HEE placements for joint pre-reg training in 2019. Community and Hospital pharmacies were asked to put in an expression of interest for a joint placement with Pharmacy in General Practice and the following partnerships have been approved for a training place:

Candidates will be interviewed and offered placement through the Oriel system to start their placement in summer 2019. This should bring some good future pharmacists into Gloucestershire and the LPC will be working closely with all the teams to support trainees in their learning journey.

Exception reporting

Please consider yourself reminded of the procedures that all pharmacy contractors must follow should it become necessary to close the pharmacy or open for less than the contractually agreed opening hours.

Closure should only be considered following every effort to obtain full pharmacist cover. Should it become necessary to close the pharmacy the first step is to discuss this with the relevant NHS England South (South Central) contact (please see below), then forward a completed **unplanned temporary suspension of services form**, by fax, post or e-mail, by noon the following day.

Please ensure that you keep a supply of forms in an easily

accessible place and make sure all staff, including locums, are aware of the procedure to follow. Download the form at <https://bit.ly/2GH4Dgy>

Your area contacts are:

Gloucestershire and Swindon pharmacies: Leanne Sutton, Primary Care Team, NHS England South (South Central), Sanger House, Gloucester, GL3 4FE
leanne.sutton@nhs.net; Tel: 0113 8253511; Fax: 0300 4211853.

Bath and Wiltshire pharmacies: Joy Weeks, Primary Care Team, NHS England South (South Central), Bewley House, Chippenham, SN15 1JW
joy.weeks@nhs.net; Tel: 0113 8251543.

The LPC is here to help and advise pharmacy contractors in all NHS matters and to improve pharmaceutical services to the local population.

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

Office staff

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