



Welcome to the first edition of this new style of newsletter. You will be receiving already the LPC weekly bulletin by email, which sets out details of what activities are taking place in Somerset, local clinical issues and items of

local administrative importance. The purpose of this newsletter is to focus on national issues, and items of general interest to all who are involved in Community Pharmacy.

We are sending this newsletter in hard copy, rather than email, in the hope that this will enable it to be more widely read in the pharmacy, and perhaps passed around the whole pharmacy team.

Finally, and no apologies for the repetition, have you got involved in the Campaign for Community Pharmacy's future? If not, it is important that you do so without delay—see LPC e-bulletins w/e 25th March w/e 1st April for ideas for what you can/should be doing.

If this is not enough (!) then check out the PSNC website psnc.org.uk/campaign

THE CHANGING FACE OF SOMERSET—PLANS TO INTERGRATE HEALTH AND SOCIAL CARE

Somerset CCG aims to provide Taunton's Musgrove Park Hospital, Yeovil District Hospital and Somerset Partnership NHS Foundation Trust with financial incentives to work more closely with each other in order to ensure their services are more joined up, and provide the necessary support to patients who are living with multiple chronic health conditions, like Type II diabetes, lung and heart disease. In this way they hope to reduce the number of preventable and costly admissions from this group of people.



Patients living with at least three or more long term health conditions represent just 4% of the population of Somerset (about 25,000 people out of a population of 540,000) however, they call upon some 50% of the county's £750 million annual Somerset CCG budget.

All the health organisations in Somerset hope that the money and clinical staff freed up by developing new models of care, whether in the patient's GP practice, community hospital or in their own home, will enable more resources to be directed to meeting the growing levels of patient demand. If CCG do nothing and leave health services precisely as they are, they face a potential budget short fall of over £200 million within the next five years.

The plans to join up health and social care services is part of the 'Somerset Together' programme, and we understand that Somerset Clinical Commissioning Group's Chairman, Dr Matthew Dolman, has been named as the new 'Senior Responsible Officer' for Somerset, and will be overseeing the development of its Sustainability and Transformation Plan (STP).

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REGISTERING ON THE PCSE PORTAL INSTRUCTIONS FOR MAIN CONTACTS

To register your pharmacy on the PCSE, please follow the steps below:

- 1** Visit www.pcse.england.nhs.uk/register
- 2** Complete the Registration Form. You will need the following information to hand:-
 - ⇒ Your name
 - ⇒ Your job title
 - ⇒ Your postcode
 - ⇒ Your work telephone number
 - ⇒ Your work email address
 - ⇒ Your unique identifier. This can be found under your address at the top of the letter sent to your pharmacy
 - ⇒ The contact details of a second person in your pharmacy. This is needed for security purposes.
- 3** Click on the 'Submit' button.

What happens next?

When you have completed and submitted the registration form, you will receive a confirmation email.

When the portal is available for your pharmacy, you will receive an email with instructions on how to log on. You will then be ready to order all your PCSE supplies online.

Easy step-by-step instructions will be available when you login, covering everything from how to order and trace your supplies, manage returns, set up additional users for your pharmacy, and what to do if you forget your password.



YOUR NEW QUICK AND EASY SUPPLIES MANAGEMENT SERVICE

What will be different?

PSCE has changed the way you order supplies from them, and how these orders are fulfilled and tracked. They have introduced an online portal, which enables quick and easy supply ordering and tracking for pre-printed forms, EPS tokens and other NHS stationery.

These new arrangements include:

- Introducing an online portal which houses the national catalogue of approved items. You will place and track all orders on the portal and see expected delivery dates
- Using one national courier firm to securely deliver supplies to every pharmacy
- Simplifying returns, which you can manage through the portal, and which will be collected and returned by their national courier firm.

For further information

If you have any queries about the registration process, please read our FAQ (questions and answers) at www.PCSE.england.nhs.uk/help or email us at PCSE.enquiries@nhs.net

Whilst the portal has, in theory, been up and running since the beginning of this month, we understand from other LPCs that there have been serious delays and teething problems which are being taken up by PSNC.



DRUG SHORTAGES & ALTERNATIVES—SUGGESTIONS SHOULD BE MADE TO GPs

With all the drug shortages at the moment pharmacies are finding that they have to get in touch more and more with the GP practices to discuss the need for an alternative, and sometimes the alternatives are also unavailable. Understandably this has led to frustration with GPs and patients alike. Having discussed the issue with our GP colleagues they have expressed the wish that when phoning, the Pharmacist should let the GP know what alternative (s) they have available.

DRUG DRIVING LAW CHANGES 2ND MARCH 2016

Please note there was a change in the legislation for Drug Driving that came into effect on 2nd March 2016. This relates to medication as well as illicit drugs. The following link <https://www.gov.uk/government/collections/drug-driving> (https://www.gov.uk/government/collections/drug-driving) takes you to the government website detailing all the information.

Please take a moment to look into the change, as the Government is recommending that patients who are unsure should speak to their pharmacist.

NEW PHE ADULT HEALTH CAMPAIGN

Healthy
Living

Public Health England (PHE) has launched a new adult health behaviour change programme “One You” to help adults live longer, healthier and happier lives. The campaign focuses on seven key lifestyle behaviours: check yourself, be smoke free, eat well, move more, drink less and sleep better, and support people to make simple changes.

You and your teams have always played an important role in maintaining and improving the health of the communities you serve, and PHE is calling on you to support this campaign.

Many adults can expect to live into their mid 80s. Far too many people believe that a gradual deterioration in physical and mental health is an inevitable part of aging. But so much of how we age is down to the lifestyles we adopt.

As the NHS Five Forward View made very clear, the nation has to get serious about prevention. Without such a focus, recent improvements in tackling life expectancies will stall and health inequalities will deepen.

The campaign launched on the 7th March and is being seen by everyone either on TV, out of home (eg billboards and bus stops), digital marketing (eg social media), PR or prominently displayed by a range of partners.

A toolkit has been developed for Community Pharmacies to help staff promote health and wellbeing messages in your pharmacies. It also provides a great platform for staff to initiate conversations with customers and patients about lifestyle behaviours and encourage them to do something about their health before it's too late. The toolkit will include: 50 x conversations starters, 1 x dispenser, 2 x window clings, 1 x poster, 1 x counter card and 2 x shelf barkers. You can place an order for a toolkit by calling 0300 123 1019. The order line will be open Monday to Friday, from 8am to 6pm, until 8th May 2016 or whilst stocks last.

MAKE USE OF YOUR LOCAL PHARMACIST

Whilst you will all be aware of the contents of this article, it demonstrates a timely reminder on the lines to take when talking to others about Community Pharmacy.

Gone are the days when the white-coated pharmacist stayed in the back of the shop counting out pills, and checking medicine bottles. Nowadays, although pharmacists still carry out their core business of making up prescriptions, they are also kept busy providing expert advice to their customers.

It is not uncommon for a pharmacist to talk to between 40 and 50 people every day, sometimes over the counter, and sometimes for a more confidential chat in a private part of the shop.

If someone has tried self treatment for a condition, for example, a sniffly nose in winter, and they are still not happy with it, they can come to a pharmacy where they can be helped with treatment. They might be advised to go to their GP or signposted to other places they can get help.

“Usually pharmacies are not restricted by appointments and some pharmacies are open at least six days a week. So people can drop in at a time that's convenient to them and get one to one advice for minor ailments like coughs, headaches or diarrhoea.”

Most people have a pharmacy close to their home—in fact nationally, 96% of the population have a pharmacy within 20 miles of where they live. Often people find they can talk more freely in an informal chat with their pharmacist, who is a highly skilled health professional with at least five years of training and practical experience.





AN LPC PHARMCIST SPEAKS

"I have been a reluctant user of NHS services recently, and what strikes me is the amount of time spent by patients waiting, as the clinicians struggle to meet the demand. And you can expect to wait anywhere from one to four hours before being seen by the clinicians. I compare and contrast that with the amount of time that is spent by community pharmacy patients waiting for their prescriptions, it can literally be minutes. In the waiting rooms I saw the expectation that patients had, they knew they would have to wait. BUT in pharmacy we have built the expectation that you don't have to wait, we have "lost time" to add value to the service we provide. Medicines are complex, and we need to work with the Pharma Companies to ensure that they are used appropriately. This is perhaps one of the reasons that MUR and NMS uptake suffers, whilst I and the other patients were reluctantly resigned to waiting to see the doctor when he/she was free. I am not offered the same level of space when I conduct an Advanced of Enhanced service.

When attending the many meetings an LPC member is obliged to attend, the chats before and after the meeting can be very informative. Recently I was chatting to a rather senior CCG Officer, and asking his opinion about co-commissioning. His response was 'PCT minus Public Health'. It seems the reforms are slow being reverted back to where we were in the 2000s, and all we've managed to do is weaken the NHS, and spend a lot of money in the process. There are concerns about the conflict of interests about commissioners also being providers that somehow everybody forgets!

During the General Election much was made of the NHS, and in whose political hands the NHS is safe in, perhaps the NHS is safest in the hands of us, the general public. I came across an interesting quote 'Health Education England spends £5bn educating clinicians, but nothing educating patients'. Maybe, just maybe, we need to start educating the general public about the benefits of staying healthy, and this education has to start at all levels, but if it is to have any impact it surely has to start in schools, in primary schools. There is a funding gap in the NHS, we all know it is there, and the only way to plug it is for all of us to use less of the NHS. So how do we start? Perhaps a simple commitment to exercise for 30 minutes a day, eat a bit healthier, drink a bit less, stop smoking, walk rather than drive, and take the stairs instead of the lift. If we as health professionals commit to little changes then perhaps we can encourage those that visit our pharmacies. Think if the potential savings to the NHS!

At a local gathering I saw an elderly lady using her inhalers improperly, and together with another pharmacist friend we managed to talk to her about her asthma and inhalers. It came as a surprise that she had not been offered an MUR at all, and her inhaler technique was so poor. In addition, she was using the Salbutamol Easi-Breath without the top, and using it as conventional MDI. It was little wonder she was so breathless!

On a separate occasion, a close relative asked me why his brown inhaler doesn't work. On questioning him it became very apparent that he viewed his blue (Salbutamol) as working, because it provided immediate relief! He also had not been offered an MUR to help understand the importance of steroid inhalers in asthma. What was disappointing was that he visited his GP, who kept increasing the dose, and at no time had any healthcare professional asked him
1) did you use the inhaler? and
2) how do you use it?

So on two occasions, I provided impromptu MURs which would not have been recorded with the relevant feedback for the GP. I did advise both of them to visit their respective pharmacy for an official MUR, so that it is recorded, the appropriate intervention made, payment made and most importantly a positive outcome for the patients: no more episodes of unnecessary breathlessness.

No such thing as a free lunch! So why is it that so many Community pharmacists offer free services? Free collections, deliveries and MDS provided at no cost. But for every service this is a cost element and normally this always goes upwards. For example, free deliveries now require protocols, DBS checks for driver, special arrangements for fridge lines and Controlled Drugs. All these are costs to the pharmacists, and what I have found is if you're going to offer a quality service, there is always a cost to it. I have no problem with free services, but I would like Community Pharmacists to aspire for better funded services, which allows us to invest in more services for patients."

"This Blog is intended to start pharmacists and other healthcare professionals to start thinking about patient services. It is meant to stimulate debate, and for pharmacists to engage with the LPC. The views are personal and should be viewed as such."



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