

Essex LPC

JUNE 2020 Newsletter

Contents

Thank You

Abandoned, Paused, Retained

Business Continuity & Resilience

Delivery Service, a blessing & a curse?

Flu Season 2020/21

Testing. Testing 1,2,3

Essex LPC goes virtual
EMOP/TCAM

Essex LPC Annual Report

Essex LPC website

Stop Smoking Service

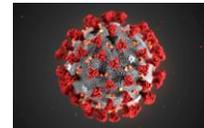
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Firstly, a huge thank you all within Community Pharmacy for their commitment and rising to the challenge over the last few months.



Abandoned, Paused, Retained

In March as we entered the pandemic a number of emergency changes were made to both the community pharmacy contractual framework requirements and other frameworks.

Abandoned

The national contractual audit (antimicrobial resistance) was abandoned in March. It has also been agreed that pharmacies will not be penalised if they didn't complete the Community Pharmacy Patient Questionnaire (CPPQ, the "patient survey") or its analysis, or a pharmacy-determined clinical audit by end March 2020. There is nothing at the moment to suggest that this will extend to 2020/21.

Paused

The Data Security and Protection Toolkit (formerly the IG toolkit) completion deadline was pushed back from 31st March 2020 to 30th September 2020. This probably means that a selected few contractors (you know who you are 😊) will phone Essex LPC in a state of panic on 29th September instead of 30th March.

Bear in mind that September is likely to be very busy with Flu this year and may be when we see a second wave of covid-19, so please don't leave this until the last minute.

The NHS complaints team paused complaints investigations (unless there were genuine concerns for patient safety) for 3 months from 28th March. Patients have had complaints acknowledged and have been told they will not be investigated until end June. This may mean that there is a flurry of complaints in July and August as they catch up. As ever, Essex LPC is available to help, in confidence, with any complaints you may have through this route, and we are happy to assist in drafting or reviewing responses. The main thing is not to ignore any formal complaints: A well-handled complaint can actually improve relationships with customers, a badly handled complaint can end up with the performance directorate.

Still no news regarding the Pharmacy Quality Scheme (PQS) for this year, which includes the funding and arrangements for the Primary Care Network (PCN) leads. We are also awaiting further information on the terms of service changes regarding consultation rooms and Healthy Living Pharmacy L1.

Retained

The essential service Disposal of Unwanted Medicines has been retained throughout the pandemic and is seen as an important service to protect the public. There have been some concerns about accepting returns from known covid-19 patients, our advice is that as patients can be asymptomatic or pre-symptomatic to treat all returns as potentially contaminated. See joint guidance from NPA, RPS and PSNC below.

<https://www.npa.co.uk/wp-content/uploads/2020/05/COVID-19-guidance-on-dealing-with-patient-returned-medicines-ENGLAND-May-2020.pdf>

We have discussed waste collection with the local NHS England team, as we recognise concerns about excess waste build-up. If you do require an additional collection please email england.pharmacyeast@nhs.net with “additional waste collection” in the subject line, and include in the email how many bins you have that need collecting (and how many empties you require!)

It would be great if you could also cc office@essexlpc.org.uk in the email so we can monitor this, thank you!

Business Continuity and Resilience



Flexibility in opening hours.

There is still some flexibility in opening hours, recognising that team members could still become ill, or need to self-isolate, at short notice. There is still a general understanding that NHSE will not issue breach notices for pharmacies that do not fulfil their

contractual hours temporarily providing they have notified NHSE and amended their DoS entry when appropriate, however this is being monitored a bit more carefully at premises where “temporarily” may have been interpreted differently.

Closed door working

Pharmacies can still, at the discretion of the responsible pharmacist, work behind closed doors for part of the day if needed to catch up on work, carry out a deep clean, allow staff a break etc. There must be someone on the premises, and it must be possible to contact the pharmacy in an emergency. Closed door working should not operate between 10am and 12 noon or between 2pm and 4pm, and it would be really helpful if you could discuss this with neighbouring pharmacies and stagger closed door working times as far as possible. This flexibility is not being used as much as it was at the start of the pandemic, but it is useful to know it is still there if needed. You do not need to notify anyone if you are working behind closed doors, and more copies of the enclosed posters can be downloaded

<https://coronavirusresources.phe.gov.uk/nhs-resources-facilities/resources/isolate-your-household-nhs-resources/>

Temporary Closures

If you know you will be unable to open your normal contractual hours you must notify NHS England, stating the reasons, 24 hours in advance and amend your DoS entry. You should also advise when you expect to return to normal hours. There is a form for this on PharmOutcomes, unfortunately this is not fully integrated so you will still need to send it via email to england.pharmacyeast@nhs.net . You will need to repeat this if you are not able to open when you expected to, or if you are able to open earlier than anticipated.

Emergency closure

You may have to close the pharmacy completely for a period of time, for example if the whole team are advised to self-isolate. You will need to contact NHS England and amend the DoS entry, and there is a checklist of tasks <https://psnc.org.uk/wp-content/uploads/2020/03/PSNC-Briefing-019.20-Emergency-closure-checklist-for-community-pharmacy.pdf> that need to be completed.

Again, please remember to notify everyone when you are back!

Delivery service, a blessing and a curse?

The Pandemic Delivery services are still in place until the end of June 2020, at time of writing it is now not clear what will happen to these services after that.



There are two elements to the delivery service:

The essential service which requires pharmacies to identify shielded patients, to help them find a volunteer or to arrange a delivery, and;

The advanced service, which is to deliver medicines to shielded patients either on behalf of your own pharmacy or when requested by another pharmacy or dispensing doctor.

The service is only for shielded patients, as flagged on the Summary Care Record, and deliveries are only for patients who cannot have prescriptions collected and delivered by a family member, neighbour or appropriate volunteer. It is NOT for self-isolating patients, everyone over 70 or when requested by another healthcare professional.

There is a lot of post-payment verification being conducted against claims for the advanced service, in particular “outliers” or where the number of deliveries seems high compared to essential service payments. This may be because, for example, you are carrying out the advanced service element for a number of neighbouring pharmacies or dispensing doctors, which is appropriate: If, however, it is because you are claiming for patients who are not flagged on the SCR as shielded then claims will not be met.

Unfortunately, Community Pharmacy risks looking like the bad guy in this as there is a lot of confusion regarding who is shielding, who is vulnerable and who is self-isolating. There is also a sizeable shift of patients to Distance-Selling pharmacies, and guaranteed delivery services may be driving some of this.

Finally, if the service is decommissioned at the end of this month OR extended for three months and decommissioned at the end of September, there will be a lot of difficult conversations with patients who have got used to the “free” delivery service.

Flu season 2020/2021



We still have limited information on what the expectations are for the 'flu service this autumn, but we are expecting an update this week. Once this information becomes available we will set up a webinar specifically to discuss this.

Telephone MURs

There is once more a requirement to obtain approval from NHSE to conduct MURs by telephone, although we understand that this, and the consent requirements are being looked at nationally. We have asked the local team what grounds they would give for refusing approval for telephone MURs and it was that the patient didn't have capacity, that there were not assurances that the call would not be overheard, or if no reason for wishing to conduct an MUR by phone was given (yes I know. It was a "sit on my hands and count to 10 moment!"). Oh apparently if you put "hospital discharge MUR" in the subject line they will turn around the approval the same day.

Testing, Testing, 1,2,3

Covid-19 testing

This is the easy bit. If you, or your staff, or any staff household members (over age 5) develop symptoms of covid-19 then you/they must get tested. This can be accessed at <https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested#arrange-a-test-if-youre-an-essential-worker> which gets priority access. If the person with symptoms is able to drive/be driven this will often be to a same-day test site, and results are often back within 48 hours. If they cannot access a drive-through site they will be sent test kit(s) in the post, which obviously adds a couple of days to the results process.

The other option is to phone 119, but this is the general phone number and will not access priority testing.



Test and trace.

We are aware of the potential for pharmacy teams to be impacted by the test and trace system, either because a member of the team is a contact of a confirmed case OR because a member of the team is a confirmed case and the rest of the team are potentially considered to be contacts.

There is a lot of guidance around this, but at time of writing nothing definitive has been produced. The general view seems to be that pharmacies that have

installed Perspex screens on counters have mitigated against patient:staff and staff:patient transmission.

Where the waters are perhaps a bit muddier is staff:staff transmission. This isn't helped by the vague guidance from Public Health England about the use of PPE (in this case fluid-resistant surgical masks) by pharmacy teams. We take the view (remember this is Essex LPC opinion only!) that it is not possible in most community pharmacy settings for team members to consistently maintain a 2m distance from other team members, and therefore a mask should be worn by all team members while in the pharmacy.

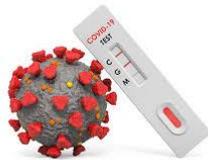
You may also need to ensure that your team members do not then become close contacts (within 2m for 15 minutes or within 1m for any amount of time) when they stop for lunch or breaks. These may need to be staggered, or you may need to ask staff to take lunch breaks away from the premises.

This may offer some mitigation if a member of staff tests positive: If the contact tracer is told of the use of PPE in the pharmacy, and the avoidance of close contacts by team members during breaks, then it is less likely that the whole team will be required to self-isolate.

It should go without saying that team members who are told to self-isolate must do so, and that staff with symptoms must get tested. Please contact us if this means that the pharmacy may need to close for a period of time: PSNC is looking at funding to cover this eventuality.

Antibody testing

You will have seen from MHRA alerts that currently there are no antibody test kits approved for capillary blood testing: Any capillary blood samples sent to the laboratory have not been tested, and kits must not be sold for this purpose.



Pharmacy staff are entitled to NHS antibody tests, but please bear in mind this will just tell people whether or not they have antibodies, and nothing else. There is not enough evidence that a positive antibody test gives ongoing immunity, nor does it provide an “exemption” from self-isolation requirements through test and trace.

The real value is in monitoring the protective effect of antibodies in individuals likely to be repeatedly exposed to covid-19, i.e. frontline health and social care workers.

It is likely that pharmacy staff, along with other NHS staff, will be offered an antibody test if attending a GP or phlebotomy service for any other reason, such as routine blood monitoring, investigations etc.

There will also be an opportunity to have an antibody test on request, however we understand from our local NHS team that this is not planned to be before July 10th. As soon as we get more information we will let you know.

Essex LPC goes virtual

We saw the forum meeting go virtual in June. It was great to know so many of you logged in to watch. If you didn't get a chance, please go to our website <https://essexlpc.org.uk/latest-news/calendar-of-events/> for the recordings. If you have any suggestions for a webinar or Zoom meeting please let us know, we are happy to host smaller group meetings or webinars on specific subjects on request"

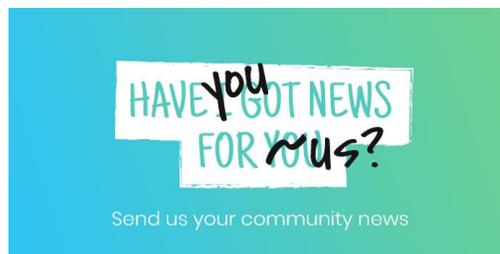


EMOP/TCAM

Work continues with supporting and improving the completions of the EMOP (at risk patients, discharge from hospital). This is now known as TCAM ,Transfer of Care Around Medicines. This has been achieved with your help and support. In some of the Hospital Trusts we are achieving 77% completions. The TCAM is such a beneficial service to our patients that we are now having an even more focused approach with any patient that has care home communication, who have been discharged from Hospital. To contact Frank McLaughlan, please e-mail office@essexlpc.org.uk

Annual Report Articles – can you help?

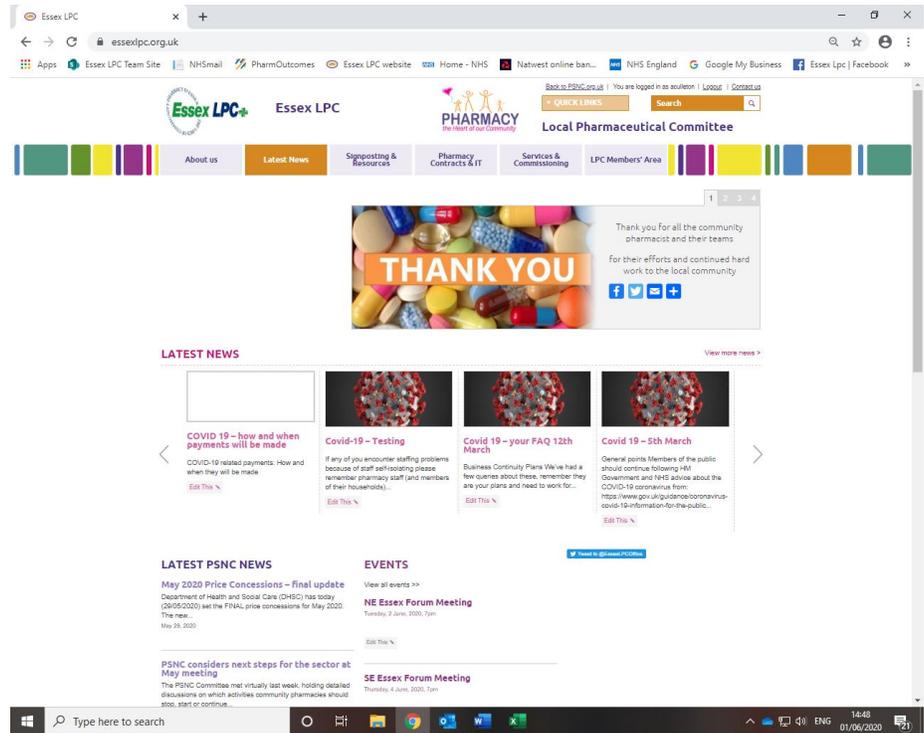
As you will know Essex LPC produces an annual report, this year we are really keen to have contributions from pharmacies, this may include photos from outreach events, success stories, recognition and acknowledgements you may have received. It would be great to include as many articles in the annual report as possible.



Please chat within your team and think of ideas or situations that occurred between 1st April 2019 and 31st March 2020 let me know the details and/or photos by e-mailing me at angela@essexlpc.org.uk by 30th June 2020. It would be great to share your news and stories with others.

Essex LPC website - www.essexlpc.org.uk

Over the last year I have been developing our website www.essexlpc.org.uk and I do hope many of you already referred to it.



More recently we have been bombarding you with e-mails about updates on COVID-19, but thankfully the website holds all the details in one place proving to be a useful central resource which I hope you have found more beneficial especially when time has been precious and workloads stretched.

If you have not had a chance to look at the website yet, please take a few minutes to do so. I would be more than happy to hear from you if you have any suggestions or would like to see specific details on website, e-mail angela@essexlpc.org.uk.

Stop Smoking Service

Great news and thanks to all the pharmacies that offer the stop smoking service, during April 2019 to March 2020 just over 1400 people quit smoking due to your support through the programme. Lisa Lovell has been instrumental in assisting with your queries and supporting the stop smoking adviser. Well done everyone involved.



Please continue to deliver the service via phone/video consultation and remember not to use the CO monitor.

Contact office@hlpa.co.uk if you would like your pharmacy to provide the stop smoking service.

EPS4 – Southend, Castle Point & Rochford CCG

NHS Southend CCG and NHS Castle Point & Rochford CCG are pleased to announce the rolling out of EPS Phase 4 across all surgeries within these localities.

We are required to give all surgeries and pharmacies at least 4 weeks' notice of the intended Go Live date, which is Wednesday 15th July 2020. So please mark this date on your calendars!

The implementation of EPS Phase 4 will mean that patients who do not currently have a pharmacy nomination in place, will receive a printed token from the surgery instead of a signed prescription, as these prescriptions will now be signed and sent electronically. The patient will present the token at a pharmacy of their choice, which will then be scanned, and the prescription retrieved from the NHS spine in the usual manner.

EPS Phase 4 does not affect existing EPS nominations.

As many of the benefits of EPS are achieved through nomination, new nominations for appropriate patients should still continue to be set.

There is a wealth of further information available from NHS digital at : <https://digital.nhs.uk/services/electronic-prescription-service/phase-4> Please see in particular the section on Information for Dispensers, which includes a Fact Sheet and a Checklist for each pharmacy to work through prior to the roll out.

We would also encourage increased dialogue with your local surgeries on this matter.

If you have any questions please do not hesitate to contact the Medicines Management team at sccg.medicinemanagement@nhs.net or phone 01702 212400 during office hours.

The information provided to contractors cannot be construed as legal advice
