

THIS WEEK'S ROUND UP 28TH FEBRUARY 2021

Covid vaccine site Eol

I know that many of you were not able to access the NHSE&I webinar on Wednesday.

The webinar recording and slides are available here:
<https://future.nhs.uk/PCN/view?objectID=23714672>

The process is that applications go to NHSE (as they commission community pharmacy services) but they will only progress applications where a need for a pharmacy site has been identified by the integrated care system (ICS, formerly known as STP!).

This may be a geographical need OR where a particular group of patients are under-represented in vaccine uptake. The list of localities where gaps have been identified is being updated up to close of business today, however it MAY be amended in the coming weeks as other (mass) vaccination sites may become unsustainable, or PCN-led sites move towards business as usual when the "clinical" cohorts (ie cohort 6 and above) have been vaccinated, as all the age-eligible cohorts are being sent to vaccination centres and pharmacies.

The ask is still for a minimum of 400 vaccines/week which is steep, and MAY require 8am to 8pm 7 days a week, depending on what the need in the locality is. Bear in mind also that the LES runs to August 2021, and has a 6-week notice period. It is still very, very different from offering 'flu vaccine at this stage, and the vaccine supply is still quite unpredictable.

There is a good list of considerations on PSNC website at, <https://psnc.org.uk/the-healthcare-landscape/covid19/covid-19-vaccinations/> this is regularly updated with input and learning from current live sites.

For those of you who choose not to put in an expression of interest there are still opportunities to get involved, we are linked in to the workforce bureau which is co-ordinating additional training, and placements for all grades of staff in mass vaccination sites and non-PCN sites. This will offer some valuable (paid!) experience at preparing and administering vaccines, which may come in useful if the commissioning of vaccine services changes once the first 9 cohorts have been vaccinated.

Discharge Medication Service

Apologies, I have to admit defeat. Angela is on a week of well-earned leave this week, and I have failed to be able to upload any recordings to the website (note to self- add this to LPC business continuity plan!) She is back on Monday, and as soon as she has had her first cup of tea it will be top of her list 😊

I have had some queries about EMOP/TCAM referrals coming in through PharmOutcomes this week, you can process these as DMS referrals, you don't have to wait for something to come through with DMS stamped all over it in big black

letters. The service specification refers to a secure electronic referral to a pharmacy, so this could be PharmOutcomes, or an email to an NHS premises mailbox for example.

It does NOT cover situations where patients or their carers bring in a copy of the discharge letter.

PQS

Just a reminder that you have just over a week to submit PQS2 claims, there are three themes emerging:

1. I haven't been contacted by my PCN lead to discuss business continuity planning
2. I am a PCN lead and I'm having problems contacting one or more of my pharmacies/my clinical director
3. I don't know what the total uptake of flu vaccines in >65's is in my PCN.

PCN lead details for each network are on our website, so if your lead hasn't contacted you that's your first step: If that hasn't helped please email frank@cpesx.org.uk as he is supporting this for one last week.

PCN leads are actually human beings too, and many are chasing the deadlines as much as everyone else! If it has not been possible to contact all your pharmacies you must demonstrate "best endeavours" to do so (and again Frank may be able to help). Some Clinical Directors are more accommodating than others, and unfortunately there is no reciprocal requirement (yet!) for them to engage with community pharmacy leads, so again "best endeavours" may be what you base your claim on, but bear in mind post-payment verification may require evidence of this: emails requesting a meeting, screenshots of whatsapp messages etc are all useful in this regard.

You don't need to know the total uptake of flu vaccine in >65s in the PCN, you just have to report your own pharmacy's contribution to the total (ie how many you did). All the vaccines in the network will be aggregated centrally, and payments assessed on that. (This takes into account, for example, that a patient accessing a flu vaccine in a pharmacy may not be "in" the PCN where their GP registration is).

Educational meeting

Finally, please see attached details for an educational meeting this Wednesday, 24th February, with Drs Sanjeev Rana and Daniel O'Toole, but which we have had input into designing and commissioning. In brief its about tackling over-use of SABAs (and it's corollary, under-use of ICS) in asthma, but instead of beating patients with sticks about it the workshop is looking at behaviour change models to help patients "unlearn" dependence on their salbutamol. The invite does ask you to email Gabby at Chiesi for a link, but if you are either shy or lazy I am happy to forward details on your behalf! I am trying to work with Dr Rana to develop a structured salbutamol behaviour change programme a bit like the stop smoking support, so it's a good area to update on.