



## Welcome new committee 2018-22

It has been a year of change for the LPC- with Fiona departing and taking up a role with CPPE, Liz moving on to pastures new and a new LPC committee forming at the start of the financial year.

The majority of the committee members retained their posts, and we would like to welcome **Neetan Jain from the Spa Pharmacy** in Cheltenham to the committee as our newest independent representative. The LPC committee of 12 persons consists of 3 members representing Independent Pharmacies, 3 members representing AIMp (the Association of Independent Multiple Pharmacies) and 6 members representing the CCA (the Company Chemists Association).

The full committee meets every 2 months and works towards a programme of support, development and representation for all pharmacies in Gloucestershire. We meet regularly with the NHSE Area Team, representatives from the CCG, Gloucestershire County Council Public Health and other local and regional groups.

The executive members and officers meet between meetings to ensure progress is on track and make decisions where needed.

The LPC welcomes any interested contractor, pharmacist or pharmacy staff member along to LPC meetings as an observer. Just drop us an email and we'll send you more details.

### The Committee

- Andy Kings (Vice Chair)- CCA (Lloyds)
- Iqbal Topia (Treasurer)- AIMp (COOP)
- Sian Williams- CCA (Boots)
- Gary Barber- Independent
- Mike Powis- Independent
- Neetan Jain- Independent
- Pete Arthur- CCA (Boots)
- Peter Badham- AIMp (Badham Pharmacy)
- Wayne Ryan- CCA (Boots)
- Will Pearce- CCA (Boots)
- Matt Courtney-Smith- CCA (Lloyds)
- Rebecca Myers- AIMp (Day Lewis)

### Officers of the Committee

- Employed Chair- Andrew Lane
- Contractor Development- Sam Bradshaw
- Partnerships- Rebecca Myers

*Please get in touch with officers or members if you need help or support in your pharmacy, or would like more information about the LPC.*

### **Notice of AGM**

The postponed **LPC AGM** will be held on the evening of **Tuesday 27th November**. Details of timings, venue and agenda will be sent out towards end of September.

### **Confirmed speakers**

**Simon Dukes- Chief Officer PSNC- The Future of the Pharmacy Contract**

**John Palmer- Pharmacy IT Lead NPA- Falsified Medicines Directive**

### **Upcoming LPC meetings:**

13th September 2018

8th November 2018

### **Quit Manager training for smoking cessation advisors**

September 26th PM and October 2nd AM.

For booking contact:

supportglos@lpcoffice.org.uk

# Flu Special

Flu season is nearly upon us and the NEW NHS Service Specification and PGD have finally been released by the NHS. If you have not yet accessed the 2018/19 documents they can be found on the PSNC website at [www.psn.org.uk](http://www.psn.org.uk) in the 'services and commissioning' section.

We hope you have a successful season, and do please get in touch if you need any local support with service delivery

There have been several changes to training requirements this year. The [National Minimum Standards and Core Curriculum for Immunisation Training for Registered Healthcare Practitioners](#) was updated in February and all training courses should have been updated to reflect the new requirements. There is a recommendation for new vaccinators to undertake some supervised practice- although this is not compulsory and is up to individuals. All pharmacists should be completing a competency checklist prior to starting vaccinating- and undertaking any additional training/reading that they feel necessary.

The NHS PGD was released last week- and the Face to Face training requirement has been changed from every 2 years to every 3 years- PLEASE NOTE- if you are also delivering a private service then the face to face requirement may be different in your private PGD.

The Declaration of Competence form has also changed- and is now just a general 'vaccination services' Declaration of Competence- this can be found on the CPPE website.

Please make sure that you keep copies of all your training and signed PGDs in your pharmacy in case of inspection- if you work in multiple pharmacies you should have a copy in every pharmacy you work in.



NHSE guidance sets out a three-phased prioritisation approach to vaccinating patients aged 65 years and over:

- ◆ First priority should be given to those aged 75 years and over or those in a care home.
- ◆ Second priority should be given to those aged 65-74 years in a clinical risk group.
- ◆ Third priority should be given to those aged 65-74 years NOT in a clinical risk group.

Community pharmacy teams should use this information to inform the provision of vaccines from September to November 2018, but where the appropriate vaccine is available, and an eligible patient presents at the pharmacy seeking vaccination, they should be vaccinated at that point. If the recommended vaccine is not available, the patient should be asked to return when vaccine will be available

## Offsite vaccinations

Within the new service specification pharmacists are able to vaccinate in long stay care and residential facilities as in previous years- but also in a patient's home ONLY where it has been requested by the patient and where there is a prior relationship with the patient (i.e. they are one of your customers).

Pharmacists wishing to vaccinate offsite must have a current DBS certificate (within 2 years) and must send in the form within the service spec to the NHS Area team. You do not have to wait for a response or permission from the area team provided you have notified them.

## Recording Service Delivery

At this time we are not aware if the local NHSE Area team are going to use PharmOutcomes for recording service delivery or not.

We will keep you updated when we hear more information.

Claims for NHS vaccines delivered should be made through the NHS BSA portal as detailed in the service specification and can be made up to 6 months after the end of the service.

You DO NOT have to complete an NHS BSA declaration prior to delivering the service.

If you temporarily or permanently cease to provide the service, you should update your NHS Choices profile to reflect that the service is not available from the pharmacy as soon as possible

## What happens if I run out of vaccines?

There are 2 main vaccines this year- the adjuvated trivalent vaccine (aTIV) which is licensed and should be used for 65's and over, and the quadrivalent vaccine (quad) which should be used for all other patients.

In cases of supply issues with any of the vaccines you should follow PHE advice which can be found in [Inactivated influenza vaccine: information for healthcare practitioners \(PHE, August 2018\)](#)

Some key points to note, drawing upon the guidance:

- a. People 65 years and over should not be offered QIV other than in exceptional circumstances. If aTIV is not available, then the first step is to signpost them to another provider where it is available. In the event that aTIV is not available **and is highly unlikely to become available**, QIV may then be offered as a second line option (but see below).
- b. Where a general practice has not been able to order aTIV then they should work closely with local pharmacies to direct patients to a locally available source of aTIV.
- c. Conversely, where a pharmacy has not been able to order aTIV then they also should direct patients to a locally available source of aTIV either at their registered practice or another local pharmacy.
- d. Where [b] or [c] occur and where there is no locally accessible alternative supply, then it would be clinically appropriate to offer QIV to eligible patients as this will give them some important cover.

The LPC will again this year be investing in a social media campaign to promote the uptake of flu vaccines from Community Pharmacy.

Follow us on [www.facebook.com/GlosLPC](http://www.facebook.com/GlosLPC)



e. It is however, preferable to advise patients to wait for a November delivery of aTIV than to have QIV earlier in the season. If all ordered supplies of aTIV have been exhausted, as could happen late in the year, and there are no further supplies locally, then practices and pharmacies should offer QIV to any remaining eligible patients.

All patients should be giving informed consent. If offering QIV to individuals not recommended to receive it, when gaining consent for immunisation, practitioners should follow the guidance in [Inactivated influenza vaccine: information for healthcare practitioners \(PHE, August 2018\)](#).

If aTIV and QIV are both unavailable then a trivalent vaccine can be used- but we recommend that pharmacies wait for national guidance before ordering and using trivalent vaccines.

### Want to keep the flu away this winter?

Those eligible for a free flu jab can now **receive it from their community pharmacy!**



### Falsified Medicines Directive (FMD)

We are now less than 6 months from mandatory implementation of FMD, and authentication of medicines under FMD will start from 9th February 2019. SecurMed UK have been commissioned to provide the UK FMD system, and community pharmacies should be able to start getting connected to the system from September this year. The UK system will connect to the central EU FMD hub.

I'm sure many of you are asking '*What on earth is FMD, and what do I need to do about it in my pharmacy?*' PSNC have recently launched a new website for the UK FMD Working Group for Community Pharmacy [www.fmdsource.co.uk](http://www.fmdsource.co.uk) and John Palmer, Pharmacy IT lead at the NPA will be speaking about FMD readiness at our postponed AGM on the evening of November 27<sup>th</sup> (Venue TBC).

**Need help with a local service or looking for training- contact our Contractor Development Officer Sam Bradshaw on 07895 731973 or email her on [supportglos@lpcoffice.org](mailto:supportglos@lpcoffice.org)**

During July and August the LPC again had the opportunity to use the CCG Community Health Bus to promote pharmacy service. The bus visited 6 locations across the county and delivered health promotion advice, blood pressure monitoring, engaged patients with the 'Blood in Pee' PHE campaign and reminded patients about the availability of services such as flu vaccines from pharmacy. We gave out over 300

'Train like a Jedi' packs and balloons to children, measured over 100 blood pressures and made other interventions such as referrals to HLS and to Self Care services. **Big Thanks** go to Lee from Sainsburys Stroud, Matt from Lloyds, Chris from Alchem, Jess & Bev from Spa Pharmacy, June & Mandy from Badhams and our Contractor Development Officer Sam- who helped out on the bus.



### Valproate Safe Supply

A joint resource on valproate safety for pharmacy teams was launched on 25 June 2018.

This was developed by the Community Pharmacy Patient Safety Group and Royal Pharmaceutical Society, in partnership with the other pharmacy bodies represented on the MHRA's Valproate Stakeholder Network

Efforts to raise awareness of the risks around valproate containing medicines and pregnancy have not been successful to date, despite the fact that the most recent research shows every baby is at risk and the scale of the issue, and the harm caused, is bigger than thalidomide.

Changes to licensing means that valproate medicines (Epilim, Depakote and generic brands) must no longer be prescribed to women or girls of childbearing potential (age 12-49) unless they are on a **Pregnancy Prevention Programme (PPP)**. This brings valproate in line with other highly teratogenic medicines, such as isotretinoin and thalidomide.

In autumn 2018, the regulatory changes will be further supported by smaller pack sizes (to encourage monthly prescribing) and a warning image on valproate packaging and blister packs. However, in the interim, pharmacists should hand out a **patient card and patient booklet** when counselling every woman of childbearing potential (age 12-49) who presents in the pharmacy with a prescription for valproate.

**If you have not received the new 2018 patient cards, patient booklets and/or warning stickers from your wholesaler- contact Sanofi on 0845 372 7101 or email [uk-medicalinformation@sanofi.com](mailto:uk-medicalinformation@sanofi.com).**

You should also revise SOPs and undertake staff training to ensure that all staff who dispense and hand out prescriptions are aware of the pharmacist's responsibilities.



## 2018/19 Public Health Campaigns

A reminder of contractually required public health campaigns

Change4life should have been promoted over the summer along with Blood in Pee (ends 4th September). Please complete the evaluation when it is sent out from NHSE

The early Autumn campaign is **'Heart Age'** - and runs from **4th September to 28th September**. You should receive a resource pack in the post before the campaign start date - but extra resources can be ordered for free and a webinar is available at [www.campaignresources.phe.gov.uk/resources/campaigns](http://www.campaignresources.phe.gov.uk/resources/campaigns)

Please share any photos or stories of health promotion and healthy living displays with the LPC for inclusion in future newsletters.



Cut out and keep this useful list of contact numbers.

More useful numbers can be found on our web site [www.psn.org.uk/gloucestershire-lpc/lcp-resources/contacts/](http://www.psn.org.uk/gloucestershire-lpc/lcp-resources/contacts/)

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<b>LPC web site</b> For information about services, useful resources, LPC meetings and much more.	<a href="http://psnc.org.uk/gloucestershire-lpc/">http://psnc.org.uk/gloucestershire-lpc/</a>
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<b>Out of Hours Professional Line (Care UK)</b>	Tel: 01452 687001
<b>Change, Grow, Live (CGL)</b> for queries about substance misuse	Email: <a href="mailto:anna.white@lloydspharmacy.co.uk">anna.white@lloydspharmacy.co.uk</a>
<b>Pharmacy closure (exception reporting)</b>	Contact <a href="mailto:leanne.sutton@nhs.net">leanne.sutton@nhs.net</a> or Tel: 0113 8253511 and complete the form for unplanned closures at <a href="http://www.england.nhs.uk/commissioning/primary-care/pharmacy/app-forms/">www.england.nhs.uk/commissioning/primary-care/pharmacy/app-forms/</a>
<b>Smartcard Office</b>	Email: <a href="mailto:scwcsu.smartcards@nhs.net">scwcsu.smartcards@nhs.net</a> , Tel: 01793 422336
<b>POL- Prescription Ordering Line Sanger House</b>	0300 4211215.

An NHS- *Making quality improvement a way of working in general practice*- case study has highlighted improved practices at the surgery in Winchcombe as saving the NHS time and money. Winchcombe Medical Centre has 6 GPs and over 7,000 patients and redesigning the repeat prescriptions process has:

- ◆ released over 150 hours of admin time a year\*
- ◆ released over 18 GP hours a year\*\*, offset by clinical workload
- ◆ improved audit trail for both the patient and practice and reduced the risk of errors within the process
- ◆ improved communication across the practice through better working and a more efficient process.

\* Time saving based on just over 4 hours released per month across 3 whole time equivalent members of admin staff

\*\* Time saving based on 2 hours per month across all GPs on moving to Batch Prescriptions

The surgery has done this by **working closely with local pharmacy and their practice pharmacist** to maximise use of electronic prescribing and repeat dispensing.

Over the next few months the LPC will be working with NHS Digital Transform to facilitate training with GP practice staff and pharmacy teams in electronic prescribing and the use of eRD- with the aim of improving repeat prescription processes and saving both GPs and Pharmacies time. Please get in touch if you'd like to be involved in this soon, especially if you have an engaged practice pharmacist or surgery prescription team.

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Deadline for applications to reduce Supplementary Hours for 24th December 2018 is 26th September

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The Court of Appeal has upheld the High Court ruling that the reduction in funding imposed on community pharmacies in October 2016 was not unlawful. This means that the current community pharmacy funding arrangements will remain in place pending negotiations with PSNC for this financial year and beyond

# Andy's Ethical Dilemma

It was a Saturday morning and I'd been asked to cover a half day in another pharmacy. A patient came in to pick up their methadone prescription and I gave them their Saturday and Sunday doses to take away. 20 minutes later the patient returned having dropped their prescription bag and broken their bottle of methadone. They presented me with a prescription bag that was still sealed, the bottle inside was the bottle I had supplied and the methadone was dripping all over my counter!

I telephoned the OOH service, explained the situation and they agreed to provide me with a prescription for another supply of methadone, which they would fax and then post, and I let the patient know what was going on.

An hour later OOH phoned back and told me that sorry, they were unable to issue prescriptions for methadone. It was now nearly closing time, and I had a patient at my counter who was starting to get very anxious about going without their methadone for the weekend. What should I do?

*'As an experienced pharmacist who has worked in many different community pharmacies I would check the patient record, and if they were a longstanding patient who collected regularly with no history of problems I would probably re-issue the medication without a new prescription in hand.'*

*'I would telephone another pharmacist and discuss it with a peer to get their view, and I would make sure that I documented my actions in the patient record. I would make the relevant records in the CD register so balances are correct. On Monday morning I would telephone the original prescriber, explain the situation and request a retrospective prescription to cover the additional supply.'*

*'Yes- I have broken the law, but have made the health and wellbeing of the patient a priority. If I refer the patient to ED or the Health Access Clinic are they really going to travel there and wait for 4-5 hours only to risk being turned away with no prescription again- or are they going to start looking for alternatives to methadone to see them through the weekend?'*



*'The Medicines Act and Controlled Drug Regulations are very clear- you cannot supply a controlled medication without a valid prescription. It is unfortunate that there has been this mix up with OOH but there are still plenty of alternative locations on a weekend where the patient will be able to see a doctor and get a prescription. There are pharmacies open until midnight on Saturday so they will also be able to get the prescription dispensed.'*

*'I would telephone the Health Access Centre, explain the situation and make the patient an appointment to see one of the doctors there. Alternatively we could speak to one of the doctors on duty at the ED' and refer the patient there.'*

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.

**Chair**

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