The LPC Newsletter

A special edition e-newsletter from Northamptonshire and Milton Keynes Local Pharmaceutical Committee

Photo supplied with kind permission of Deep Dhanoa, Hilltops Pharmacy, MK deep cleaning on Monday 9th March

Human Coronaviruses were first identified in 1962. Coronaviruses are a large family of viruses that can cause diseases ranging from the common cold to Severe Acute Respiratory Syndrome (SARS). SARS is caused by the SARS coronavirus, known as SARS CoV. There have been 2 self-limiting SARS outbreaks, which resulted in a highly contagious and potentially life-threatening form of pneumonia. Both happened between 2002 and 2004.

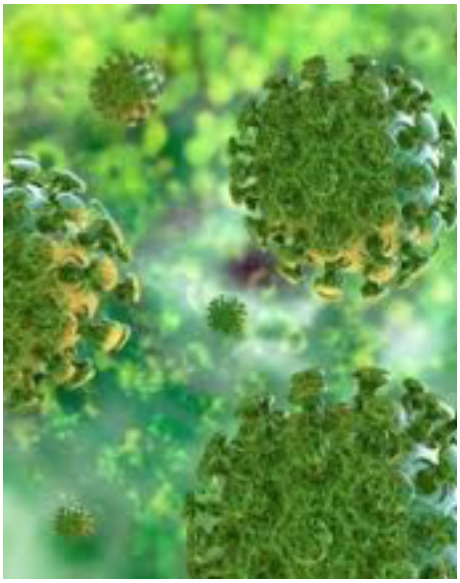
Since 2004, there have not been any known cases of SARS reported anywhere in the world.

Middle East respiratory syndrome (MERS) is a viral respiratory disease caused by a novel coronavirus (Middle East respiratory syndrome coronavirus, or MERS-CoV) that was first identified in Saudi Arabia in 2012.

Coronavirus (COVID-19) is a respiratory illness caused by a new virus. Coronavirus (COVID-19) was first reported in December 2019 in Wuhan City in China. Symptoms range from a mild cough to pneumonia. Some people recover easily, others may get very sick very quickly. There is evidence that it spreads from person to person. Good hygiene can prevent infection

Most people who catch the new coronavirus recover at home, and some need hospitalisation to fight the virus. But in a number of patients, the disease called COVID-19 is deadly. Scientists can't yet say for sure what the fatality rate of the coronavirus is, because they're not certain how many people have become infected with the disease. But they do have some estimates, and there is a widespread consensus that COVID-19 is most dangerous for elderly patients and those with preexisting health burdens.

On March 5, Tedros Adhanom Ghebreyesus, director-general of the World Health Organization, said during a news conference that about 3.4% of reported COVID-19 patients around the world have died. In a Chinese analysis, 2.3% of those confirmed or suspected (based on symptoms and exposure) to have the virus died. Patients above 80 years of age had an alarmingly high fatality rate of 14.8%. Patients ages 70 to 79 years had a fatality rate of 8%. In Italy, where the death toll from the virus stood at 52 as of March 4, the fatalities were all in people over age 60.



Speaking to MPs on the health and social care committee, Chief Medical Adviser, Prof Whitty said the country was now "mainly" in the delay phase of the government's four-part plan to tackle the virus, but was still following aspects of the first phase.

Downing Street said it would formally announce when it switches from the contain to delay stage of taking on the virus.

"Contain phase" then "delay"

The exact response to COVID-19 will be tailored to the nature, scale and location of the threat in the UK, as our understanding of this develops.
According to gov.uk work is in hand to contain the spread of the virus. This includes extensive guidance provided to individuals returning from areas where there are cases being reported, and encouraging self-isolation as the primary means to contain the spread of the disease. Given that there is currently neither a vaccine against COVID-19 nor any specific, proven, antiviral medication, most treatment will therefore be towards managing symptoms and providing support to patients with complications.
The majority of people with COVID-19 have recovered without the need for any specific treatment, as is the case for the common cold or seasonal flu. The expectation is that the vast majority of cases will best be managed at home, again as with seasonal colds and flu.

The UK is well prepared for disease outbreaks, having responded to a wide range of infectious disease outbreaks in the recent past, and having undertaken significant preparedness work for an influenza pandemic for well over one decade. Planning draws on the idea of a 'reasonable worst case' (RWC) scenario. This is not a forecast of what is most likely to happen, but will ensure readiness to respond to a range of scenarios.

As the number of cases in the UK reaches 319 (when I started writing the newsletter on 6th March it was 163), the government is still deciding what measures will be taken in the delay phase, but has previously said they could include banning big events, closing schools, encouraging people to work from home and discouraging the use of public transport.

But Prime Minister Boris Johnson said the government's scientific advisory group for emergencies (Sage) had told him that closing schools and stopping big gatherings "don't work as well perhaps as people think in stopping the spread".

Mr Johnson said it would be "business as usual" for the "overwhelming majority" of people in the UK.

Some people are wearing masks as they go about their normal business, although this is not Government advice.

Stockpiling

As coronavirus, and the fear of it, continues to spread, there are a growing number of reports of empty shop shelves as people rush to buy products such as hand soap, toilet roll, pasta and rice.

Some supermarkets have reported seeing spikes in demand, amid concerns there could be shortages. Reports also of pharmacies started rationing sales of hand sanitisers after stocks ran low. My son, a student at Reading University

photographed the soap section in his local Morrisons, following the announcement on 6th March by The Royal Berkshire NHS Trust that a woman in her 70's was the first virus fatality in the UK. According to Patrick Vallance, the government's chief scientific adviser, there is "absolutely no reason" for people to panic-buy. The government has contingency plans for the unlikely event that large numbers of people are quarantined.

As of this week the Incident Management Team at the CCG are co-cordinating the health response for Northamptonshire.

What contractors and pharmacy teams can do now

Catch it, bin it, kill it. Soap and water for 20 seconds just as effective as hand sanitiser.

Contractors and pharmacy teams can take the following actions to ensure they are well prepared:

1. Read the NHSE&I guidance and implement its recommended actions regarding preparing for COVID-19;
2. Clearly display the COVID-19 posters at points of entry to your pharmacy and near the medicines counter;
3. Read your business continuity plan and consider whether it needs to be updated to reflect the current and emerging situation;
4. Keep up to date with developments by regularly checking the information on **COVID-19 on GOV.UK** and checking your NHSmail shared mailbox on a regular basis for updates from NHSE&I.

Personal Protective Equipment (PPE)

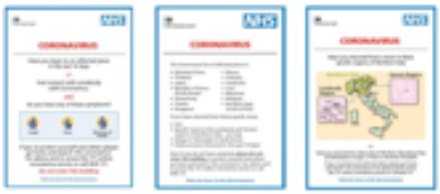
The NHSE&I guidance recommends that pharmacies have disposable fluid-resistant face masks ("surgical face masks"), disposable gloves and aprons for use in the event that an emergency means that pharmacy staff have to enter a designated isolation space where a person with suspected coronavirus infection is present. The PPE would also be used when decontaminating a designated isolation space, after a person with suspected coronavirus infection has left the premises. Based on the current expert advice, the NHSE&I guidance does not recommend that PPE needs to be used in other circumstances, e.g. when serving patients on the medicines counter.

Pharmacy contractors have reported that PPE, particularly face masks, are currently difficult to source. HM Government is aware of this and they are taking steps to ensure that face masks will be available to order from pharmacy wholesalers, so contractors can obtain supplies for use by staff in the above circumstances.

Keep up-to-date with the hub page: **psnc.org.uk/coronavirus**

In real life, this is how it looks:

PSNC has commenced discussions with HM Government on matters such as the provision of protective equipment for pharmacies; contingency funding for any pharmacies who need it; protection for pharmacies against sudden medicines price rises; and ensuring ongoing provision of pharmaceutical services in the case of significant volumes of staff absences.
Much of this builds on discussions PSNC have had with the NHS previously about pandemic planning. I have raised the point that pharmacies in our area cannot obtain PPE.



With regard to displaying posters: LPC Chief Officers have raised the fact that contractors should not be responsible for downloading and printing information for display in the pharmacy. We would always prefer that campaign materials arrive pre printed. It is important that the posters are displayed however and we would ask for your cooperation.

Our CCGs are setting up Incident response teams. I will be in contact with these groups and will be able to help you to make sure that your business continuity plan is up to date.

NHSE&I are looking into what happened in the GP practice closures that occurred in Devon to identify any learning points which can be disseminated to community pharmacy and their regional teams.

Medicines shortages and price concessions are currently at a normal level there were 54 concessions granted in February and 55 in January.
PSNC is not receiving increased volumes of reports on shortages yet, but are of course watching the situation carefully and will work HM Government to try to protect the continuity of supply of all medicines.

HM Government is in the early stages of planning the response to COVID-19. There are many details still to be worked out and PSNC will be a part of those discussions, looking at how we can best protect the network of community pharmacies and allow them to continue their crucial work through this crisis.
PSNC and the LPCs will remain in close contact and will continue to update contractors as the situation develops.
This is a scenario that has been discussed previously with the NHS as part of pandemic planning – where pharmacies were forced to close due to staff absences we expect that the NHS would step in to ensure that all available staff were strategically deployed to maintain pharmaceutical services in any given region. This would need to include provisions for appropriate essential funding for contractors to continue if a pharmacy is closed and staff are redeployed elsewhere. In such circumstances it will also be necessary for contractors to have special indemnity arrangements in place, and this is all part of what PSNC will be discussing with HM Government. More details about the action plan:
https://www.gov.uk/government/publications/coronavirus-action-plan
DHSC are leading discussions on medicines supply – the Department's Medicine Supply Team has well-established procedures to deal with medicine shortages.
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As well as banning the parallel export of some medicines DHSC have asked medicine suppliers who still retain some of their EU exit stockpiles to hold onto these.
Suppliers have also been asked to assess the risks relating to continuity of supply, as a result of COVID-19, particularly medicine supplies from China and other areas affected by COVID-19.

Other News

National Antimicrobial Stewardship Clinical Audit cancelled

Following discussions with PSNC, NHS England and NHS Improvement (NHSE&I) have taken the decision to waive the requirement to complete the National Antimicrobial Stewardship Clinical Audit for 2019/2020 with immediate effect; at this time NHSE&I instead want to ensure that pharmacies are focused on the actions set out in national communications regarding COVID-19.
The audit was due to be repeated in 2020/21, but it will now be undertaken for a first time in that year; further details on that will be provided later in 2020.
During this COVID-19 outbreak, the provision of information to patients or relatives to achieve the above aims is even more important than during a "normal" winter period, so any suggestion that the audit was not relevant or useful is incorrect. I know that some of you have already spent some time on the audit or even completed it. This will likely have been a highly relevant refresh of your knowledge in relation to the management of patients presenting with URTI symptoms and will enable you to hit the ground running when the audit is required later in year..

Changes to FP10 forms and tokens

Pharmacy teams are now starting to see the new FP10 forms/tokens and most of the questions received relate to the missing contraceptive exemption category 'X'.

As a reminder:

- Box 'X' has been removed because contraceptives listed in the DT will be automatically processed by the NHSBSA

- There is no contraceptive exemption category for patients to select on the reverse of new paper prescriptions and tokens
- Pharmacy contractors will still need to select the relevant exemption category when submitting EPS prescriptions for payment
- Patient declarations are not required on existing Tokens for contraceptives only and these are not required to be submitted to the NHSBSA at the end of the month
- Prescribers can endorse prescriptions with the new 'FS' prescriber endorsement for 'free supply of sexual health treatment' to indicate to dispensers that a product is being prescribed for the treatment of an STI and therefore can be provided to the patient free-of-charge (FOC)
- 'FS' endorsement is not intended to be applied to prescriptions for contraceptive drugs and appliances

For further information, please go to the detailed guidance on the **'Changes to the FP10 NHS Prescription Form'** and to PSNC's **FAQ briefing** on this.

Pharmacy Contract Monitoring - Submission of Evidence for Financial Year 2019/20

NHS England's local offices have responsibility for monitoring the provision of Essential and Advanced services. Arrangements for monitoring locally commissioned services may be set out in local contracts or Service Level Agreements.
NHS England's local offices use the Community Pharmacy Assurance Framework (CPAF) to monitor pharmacy contractors' compliance with the terms of the community pharmacy contractual framework (CPCF).

The 2019/20 annual returns are now due. The three elements that are required to be completed **by 31 March 2020** are:

- Annual Complaints Report
- Clinical Audit
- Community Pharmacy Patient Questionnaire

Complaints report

The Clinical Governance Framework requires all pharmacy contractors to have in place arrangements, which comply with the requirements of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, for the handling and consideration of any complaints made on or after 1 April 2009.

An 'annual report' about complaints must be published and made

available to anyone who requests it. **A copy of the report must also be sent to NHS England and NHS Improvement - Midlands for our Northamptonshire pharmacies and to NHS England – Midlands & East (Central Midlands)for Milton Keynes** . A summary of complaints received by the pharmacy should be submitted, even if 'zero' complaints have been received. Enclosed with this letter is a template copy of the PSNC complaints report for the pharmacy to populate.

If your Head Office (if applicable) retains this information, please instruct them to provide this information to NHS England and NHS Improvement - Midlands. For further information regarding NHS Complaints procedures, please see the following pages on the PSNC Website: https://psnc.org.uk/contract-it/essential-service-clinical-governance/complaints/

Clinical Audit

As part of the community pharmacy contract, pharmacists and their staff must participate in a pharmacy based clinical audit, the topic of which will be of your pharmacy's choosing. This audit must have a clear outcome which will assist with developing patient care and should be capable of being completed within five days of pharmacist time.

Please note you are not required to submit the pharmacy-based audit to your NHS England and NHS Improvement - team. However, a copy of the audit must be retained within the pharmacy, as evidence of completion will be required during the Community Pharmacy Assurance Framework (CPAF) monitoring visits.

A continuous cycle of quality improvement

The following headings should be included within your pharmacy based clinical audit:

- Problem or objective identified
- Identified areas for improvement
- Necessary changes made
- Re-audit date

The quality of the audits reviewed in previous financial years have varied, therefore NHS England and NHS Improvement wish to remind contractors of what constitutes a clinical audit.

What is a clinical audit?
Clinical audit is a continuous cycle of quality improvement that seeks to improve patient care and outcomes through systematic review of care (including procedures and services) against explicit standards and best practice, and to use any shortfalls in standards of care to enable improvements to be made.
Its aims differ from those of research and service evaluation in the following ways:

Aims of clinical audit: To determine whether a current service or procedure reaches a specified standard, to use that information to inform improvements in care, and evaluate those changes by re-auditing (see *Clinical Audit Cycle* figure below).

Aims of service evaluation: To determine what standard a service or procedure achieves.

Aims of research: To derive new knowledge by generating or testing a hypothesis.

Clinical audit cycle
As part of a quality improvement process clinical audit should focus on improving practice. Standards should be used as a basis for defining quality and data are used to drive improvements to achieve best practice.

Repeating data collection through re-audit is an essential part of the process and should not be seen as 'another audit'. Re-audit is vital for completing the audit cycle and will demonstrate the effectiveness of changes in practice intended to produce improvements (see diagram below).

Although clinical audit is essentially about identifying weaknesses and improving patient care, audit can often be used as a mechanism for improving your own situation – not least for identifying areas of practice where you and your team are performing excellently. Audit is a well-established process by means of which pharmacists can change practice to their own advantage and improve the service that they provide.

Community Pharmacy Patient Questionnaire (CPPQ)

As part of the community pharmacy contract each pharmacy must undertake a patient satisfaction survey annually, using the community pharmacy patient questionnaire (based on the national template). The minimum sample size of returned questionnaires varies in line with dispensing volume as described in the table below.
You should review your questionnaire results and consider changes which could improve service provision. This report should identify the areas where the pharmacy is performing most strongly and the areas for improvement together with a description of the action taken or planned

Average monthly script volume	Minimum number of returned questionnaires
0-2000 items	50
2001-4000 items	75
4001-6000 items	100
6001-8000 items	125
8001 upwards	150

Results of the survey are not required to be submitted to NHS England and NHS Improvement; however, the pharmacy must publish the results of the survey. Results can be published either on the pharmacy's website or displayed within the pharmacy.

Next Steps

For the Community Pharmacy Contract 2019/20, the three requirements outlined above must be completed by 31 March 2020. **The complaints report is the only piece of evidence that is required for submission to NHS England and NHS Improvement.** This report should be submitted as soon as possible ***after*** 31 March 2020 and no later than **Monday 13 April 2020**, via the following methods:
Northamptonshire please use :
By email to: england.eastmidspharmacy@nhs.net

Or by post to:

NHS England and NHS Improvement – Midlands
Primary Care Contracting Team (Pharmacy)
Birch House
Ransom Wood Business Park
Southwell Road West
Rainworth
Nottinghamshire
NG21 0HJ

Milton Keynes please use:
By email to: england.pharmacyeast@nhs.net

Or by post to:

Primary Care Commissioning – Pharmacy
NHS England Midlands & East (Central Midlands)
Charter House
Parkway
Welwyn Garden City
Herts AL8 6JL

Drug shortage fears as India limits exports

I have been hearing from you that paracetamol in particular is becoming hard to source. The following BBC news story may explain the reason for this:https://www.bbc.co.uk/news/business-51731719

Please be assured that PSNC is keeping a close eye on the generics (including paracetamol) affected by recent price hikes which have been linked to slow down in output from China and a drug export ban in India. They have also commenced discussions with DHSC on protection for pharmacies against sudden price rises.

PSNC will share further information through the usual channels as soon as possible. In the meantime, please encourage contractors to use the reporting tool to help us build the evidence base:
https://psnc.org.uk/dispensing-supply/supply-chain/supply-issues-feedback/problems-with-obtaining-a-generic-medicine/

Hospital Discharge Service

National and local uptake of Transfer of Care around Medicines (TCAM) has been widespread and effective. Within the East Midlands, TCAM is live in six trusts, with over 6,800 referrals being made this year to date to community pharmacies. Two further Acute Trusts are in work-up phase of implementation.

The Department of Health and Social Care has announced the 'NHS Discharge Medicines (essential) Service', which is supported by the draft NHS Standard Contract 20/21 and the Community Pharmacy Contractual Framework. The draft NHS Standard Contract 20/21 will require Commissioners to agree Service Development and Improvement Plans (SDIPS) with providers of acute hospital services, to set out how, with the support of their local AHSN, they will jointly take forward implementation of the TCAM initiative. Therefore the work that the LPC has undertaken to date with Milton Keynes, NGH, KGH and NHFT will be valuable in the months ahead.

Northampton General hospital are all signed up, and progressing IT interfacing work but this has been taking longer than we had ever imagined, managing to get IT resources allocated is slow, but this is progressing .Next step will be to test the interface. A community pharmacy engagement strategy will then be worked up. Kettering are also engaged but want to wait for their EPMA upgrade before they progress any implementation work, so we are looking at least 6-12 months off before they progress this project.

Northamptonshire Healthcare (Foundation Trust) decided to put it on hold.

Medicines for Children online resource

Arti Chauhan (Nene CCG, Medicines Optimisation team) would like to signpost to a useful resource for healthcare professionals and parents to understand medicines for children's conditions, as medicines use can differ for children. The Medicines for Children website also hosts general resources on how to give children tablets, rather than more expensive liquid versions of medications.

A great example of how encouraging tablet use for children can create savings is the Kidzmed project, supported by North East and North Cumbria AHSN's Patient Safety Collaborative (PSC). The PSC funded a trial at Great North Children's Hospital, Newcastle Upon Tyne, where staff were trained to embed a system of converting eligible children to tablet medication. In three months 21 out of 25 children were successfully converted with added benefit of saving £46,588 per year.

Duration of supply on prescriptions

Practices should not change their repeat prescription durations or support patients trying to stockpile: these actions may put a strain on the supply chain and exacerbate any potential shortages. Practices should consider putting all suitable patients on electronic repeat dispensing as soon as possible. The whole repeatable prescription can be valid for a year but each repeat should be for no longer than the patient has now. For example, if the patient has prescriptions for a month's supply now then the repeat dispensing should be set up as 13 x 28 days' supply. NHSE&I and DHSC agreed to issue guidance to practices that this should not happen. The below guidance is contained in Nikki Kanani's letter to general practices
If you observe that this guidance is not being followed, please immediately raise this with Anne-Marie chiefofficer@pharmacynorthamptonshire.co.uk There is a mechanism in place to report deviations from the guidance

The Chief Pharmaceutical Officer for England, Dr Keith Ridge has also written to pharmacies https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/preparedness-letter-primary-care-pharmacy-9-march.pdf

Our local CPPE events March-Nov

Please book your workshops in the usual way https://www.cppe.ac.uk

CPPE Events March – September 2020					
Event	Date	Time	Location	Event ID	Notes
Dementia Focal Point	04 March 2020	7.30 – 9.30pm	Campanile Hotel , Grange Park	49301	All GPhC registered
NHS Community Pharmacy Consultation Skills	08 March 2020	All Day	Hilton Hotel , Northampton	49709	Community Pharmacists only
Optimising inhaler technique: improving outcomes	29 April 2020	7.30 - 9.30pm	Hilton Hotel , Northampton , NN4 0XW	49952	All GPhC registered
Mental health and wellbeing in primary care	19 May 2020	All Day	Abbey Hill Golf Club MK	49953	All GPhC registered
NHS Community Pharmacy Consultation Skills	*14 June 2020*	*All Day*	*Mercure Leicester The Grand Hotel LE1 6ES*	49801	*Community Pharmacists only*
Confidence in consultation skills (full day event)	*05 July 2020*	*All Day*	*Mercure Leicester The Grand Hotel LE1 6ES*	49973	*All GPhC registered*
Safeguarding children and vulnerable adults	08 July 2020	7.30-9.30pm	Hilton Hotel , Northampton , NN4 0XW	49957	All GPhC registered
Chronic obstructive pulmonary disease (COPD)	08 September 2020	7.30-9.30pm	Hilton Hotel , Northampton , NN4 0XW	49954	All GPhC registered
Optimising inhaler technique: improving outcomes	28 September 2020	7.30-9.30pm	Abbey Hill Golf Club MK	49955	All GPhC registered
NHS Community Pharmacy Consultation Skills	*15 November 2020*	*All Day*	*Mercure Leicester The Grand Hotel LE1 6ES*	TBC	*Community Pharmacists only*

Italic = joint delivery Northants & MK and Leics
Gray = HEE training for new community pharmacy contract

CPPE
CENTRE FOR PHARMACY POSTGRADUATE EDUCATION

Get in touch with your LPC

chiefofficer@pharmacynorthamptonshire.co.uk

Tel: 07889412690

Check the website for updates and news: https://psnc.org.uk/northamptonshire-and-milton-keynes-lpc/

PCN Pharmacy Leads

We have held our first meeting for all your Pharmacy PCN Leads and here they all are so that you can put a face to the name.

Front row left to right

Sue Snelling (Brackley and Towcester and LPC Chair), Ritesh Gokani (Wellingborough and District)

Yuet Har Ng (Natalie) (Parkwood), Carolynne Freeman (Watling St and LPC Vice Chair)

Nicole Jackson (Triangle-Rothwell, Desborough, Gt Oakley), Emma Mingins (Daventry), Mimi Lau (Red Kite)

Yasmin Squire (Whaddon), Vinisha Sharma (Royal Parks), Bhavna Tailor (Rockingham Forrest)

Back row left to right

Rishi Hindocha (East Northants and LPC member)

Viren Bhatia (MMWF)

Amrit Minhas (Northamptonshire Rural)

Aadil Mitha (Blue)

David Ashton (Grand Union)

Trevor McNeilly (Kettering and SW Rural)

Jignesh Patel (M-Web), Anne-Marie (Chief Officer, LPC) absent: Krishan Modi (Westcroft), Pruthvi Patel (The Bridge), David Bean (East MK), Abena Ageman-Nelson (Nexus).