

# GOOD TO KNOW

Deadlines | GPCPCS | GF Northants

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June video update from  
PSNC's CEO

The [PSNC CEO video update for June](#) is now available to watch.

In the video PSNC Chief Executive Simon Dukes encourages community pharmacy contractors to get engaged with the work of the Pharmacy Review Steering Group (RSG) as it begins to map out new structures and ways of working for PSNC and LPCs.

Simon advises contractors that now is the time to get interested as the Group looks to improve what contractors get in return for their levy. The RSG programme is entering an important phase of work, and Simon asks that the sector focuses on consensus and compromise and works to find an answer to the future of contractor representation and support together.



## Contractual deadlines

Contractors are reminded that the work within the Pharmacy Quality Scheme (PQS) Part 2 2020/21 must be completed **Wednesday, 30th June 2021**. This follows a [request from PSNC](#) to DHSC and NHS England and NHS Improvement (NHSE&I) last year that contractors be given more flexible timings for completion of this work.

This means that contractors have until the end of the month to meet the domains they declared as having met earlier this year and collate the evidence to demonstrate that they are compliant with the requirements.

[Find out more about the PQS Part 2 deadline](#)



## CPCS IT

Action Required: CPCS IT changes from 1 October

NHS England and NHS Improvement (NHSE&I) [previously](#), announced that that funding for the [Community Pharmacist Consultation Service \(CPCS\)](#) IT systems was extended for an extra six months – until 30 September 2021. From 1 October 2021, community pharmacy contractors providing the CPCS will need to procure their own IT support from the range of system suppliers in the market offering CPCS functionality. Full details can be found on the [PSNC website](#).



## Gluten Free

Despite multiple attempts to understand how our GF service in Northamptonshire will look after 30th June, I am still in the dark.

In mid June, a report from the engagement exercise went to a Governance meeting. Unfortunately, I am still waiting for a senior management decision to communicate the outcome. **STOP PRESS PAGE 8**

Contractors are reminded that in order to claim the £300 engagement and set up payment for the GP Community Pharmacist Consultation Service (GP CPCS), the activities listed in Annex F of the CPCS service specification **must be completed by Wednesday, 30th June 2021**.

Payment can be claimed until 11.59 on 5th July 2021 using the Manage Your Service (MYS) platform, and contractors should retain documented evidence of completion of these activities for Post Payment Verification purposes.

If your pharmacy was unable to send a representative to these events, please contact [chiefofficer@pharmacynorthamptonshire.co.uk](mailto:chiefofficer@pharmacynorthamptonshire.co.uk) urgently to discuss how we can support you to meet this requirement.

[Find out more about the GP CPCS service requirements](#)

## Data Security and Protection Toolkit

The Toolkit, used to make a pharmacy's information governance (IG) declaration, must be completed **by 30th June 2021**. The deadline for the 2020/21 Toolkit submission has been extended from the usual 31st March cut-off as part of measures designed to address contractor workload pressures during the COVID-19 pandemic. PSNC has collaborated with NHS Digital and PMR suppliers to keep the workload manageable but the data security protections appropriate. <https://psnc.org.uk/our-news/data-security-and-protection-toolkit-psnc-guidance-now-available/>

## CPAF

Pharmacies should have received information and instructions on how to complete the 2021/22 [Community Pharmacy Assurance Framework \(CPAF\) screening questionnaire](#) either via email from the NHS Business Services Authority (NHSBSA) or from their own Head Office this week. Community pharmacy contractors are required to complete the questionnaire between **Monday 28 June 2021 and midnight on Saturday 24 July 2021** via the [Manage Your Service \(MYS\) Portal](#).

## Discharge Medicines Service

The long awaited go-live for PharmOutcomes and Northampton General Hospital is finally here! NGH have been ready to go-live since the week of Monday 10<sup>th</sup> May 2021.

Unfortunately the news from Kettering is still less positive. The problem with their ePMA system and clinical noting is a much bigger problem than first thought. The IT department cannot slot this extra workload into their schedule until end of June. So unfortunately their project is on hold for now until IT can start working on this again. KGH apologise but it is out of their hands at the moment.

Northamptonshire Healthcare NHS Foundation Trust stepped back from transfer of care around medicines (TCAM) but are now wondering whether in the long-term they could be involved. They are now rolling out EPMA, and although are still a way off using the system to produce discharge information they are keen to understand about bit more about DMS. Hopefully DMS can then be added to their wish list going forward.

For Milton Keynes, we continue to work with Bedfordshire, Luton and Milton Keynes Commissioning Collaborative to try and engage with MKUH.

## COVID-19 Costs: PSNC reaches deal with HM Government

After months of uncertainty, PSNC has accepted an offer from HM Government that will allow all community pharmacy contractors in England to claim for their COVID-related costs.

The revised offer from HM Government was a significant improvement on their original proposal which was rejected by PSNC last summer.

Specific improvements made to the offer mean that:

- HM Government has removed the restrictive upper limit on the amount of claims it will pay for, as it had originally proposed to impose a cap of £120m;
- Contractors can now claim costs incurred from March 2020 to March 2021, i.e. a 13-month period (the original offer had to be to cover costs for just three months);
- Contractors can now claim for a wider range of costs, including for non-staff costs which had been excluded from the original offer;
- Contractors' costs will now not be written off against the retail grants claimed by some pharmacies; and
- Multiple contractors can now make a single claim per business (the original offer had sought a separate claim per branch, which would have constrained costs claims).

Under the agreed deal, contractors will receive payments for their COVID costs on

1st October, following a claiming period between **5th July and 15th August 2021**.

Contractors can now read two further briefing documents from PSNC on the COVID costs agreement:

[Summary of the COVID Costs Agreement and Frequently Asked Questions](#)

## GP CPCS

GP referrals into the CPCS is being rolled out under a "soft" launch. This is because there are some important local discussions between interested surgeries and all the pharmacies within that vicinity (and potentially wider) to ensure that the governance requirements of the national service specification are met and that patients have an equitable choice of pharmacies to be referred to via agreed pathways.

The LPC continues to discuss with our local CCG about coordination of interest into a plan for supported rollout, which again will involve a wider range of partners.

ALL pharmacies should have had at least ONE STAFF MEMBER that attended [the LPC webinar](#). It is advised that pharmacies who did not attend one of the events view the slides and then read the information below. If after completing all of these actions you have any questions please contact your LPC team.

**All** relevant members of staff to read the briefing materials on the LPC GP-CPCS website page. Record this. This fulfils [GP CPCS Annex F Requirements](#) (part c)

**Create a brief action plan** for implementing the new referral pathway in the pharmacy, including plan to update SOP. This fulfils Annex F requirement d).

**All** relevant staff members to read and understand the [updated CPCS service specification](#) and [pharmacy toolkit](#). Keep a **record** of completion. This fulfils Annex F requirement e).

More information will follow, most likely in the form of case studies and worked examples, to help contractors to make their claims once the claim period begins. PSNC will also notify contractors when the claim form is available. Please [sign up to PSNC emails](#) to ensure you receive these as soon as they are ready.

In the meantime, contractors can start to think about the claims they want to make and how they will evidence those: this needs careful consideration. Contractors should note that claims, particularly those which are higher in value than the Advance Payment received by the contractor, may be subject to a verification of evidence process by NHSBSA.

Read further information [HERE](#)

## **\*NEW DATE\* Hold the date for this joint HEE, GPhC & NHSE/I webinar: Initial Education and Training Reform - Foundation Training Year 2021/22**

Please join on the revised date of Tuesday 13<sup>th</sup> July 7pm-8pm: [Click this link to join on Teams](#)

The webinar, jointly hosted by the General Pharmaceutical Council, NHS England and NHS Improvement and Health Education England, exploring how the Initial Education and Training reform programme will be implemented in the 2021/2022 Foundation Training Year (the new name for the pre-registration training year).

**Save the date:** This online webinar will now be held on **Tuesday 13<sup>th</sup> July 7pm-8pm** for community pharmacy employers and leads, educators and training providers.

The webinar will be co-hosted by: **Mark Voce** (Director of

If you are not currently signed up to CPCS, this can also be done via MYS (ensuring all relevant training is completed as stipulated in service specification). Free CPCS training is available for Pharmacists via [RPSGB](#)

Northamptonshire and Milton Keynes LPC also commissions **Virtual Outcomes** on behalf of all our contractors:

- Visit [www.virtualoutcomes.co.uk](http://www.virtualoutcomes.co.uk)
- Select the required modules and
- Use your Pharmacy ODS code to access and register.

For more information please see PSNC [Community Pharmacy Consultation Service \(CPCS service\)](#) website page.

Northamptonshire CCG and Northamptonshire and Milton Keynes LPC have produced a video explaining the service pathway suitable for SystmOne practices, from start to finish. The video is about 7 minutes long and can be viewed here using the code CPCS <https://vimeo.com/565521252> All practices in MK are SystmOne. Several practices Northamptonshire are EMIS and these practices will need to wait a little longer to go live. This is because the GPCPCS referral templates still need to be embedded into EMIS by our CSU.

Education and Standards, GPhC), **Nick Haddington** (Pharmacy Dean for the South West, Thames Valley and Wessex, HEE), **Helen Porter** (Pharmacy Dean for London, Kent, Surrey and Sussex, HEE) and **Richard Cattell** (Deputy Chief Pharmaceutical Officer, NHS England and NHS Improvement).

The revised [Standards for the Initial Education and Training of Pharmacists](#) (IETP) were published in January 2021, and all training sites [are required to use the new interim learning outcomes for the Foundation Training Year 2021/22](#).

In the revised standards for IETP, the GPhC have set out the responsibilities of Health Education England in the quality management and design of the Foundation Training Year.

In this webinar the GPhC, NHSE/I and HEE will set out the collaborative approach that is being taken to support all training sites with understanding and working with the important changes introduced by the new standards.



## Statutory requirement for staff to report test results from LFDs

Community pharmacy contractors and pharmacy teams are reminded that patient-facing pharmacy staff who choose to use the Lateral Flow Devices (LFDs) – this is a voluntary test – to test for COVID-19 must report their results on the [GOV.UK website](#) **each time** they do a test.

[Read more here](#)

## Thyroxine

### Levothyroxine: new prescribing advice for patients who experience symptoms on switching between different levothyroxine products

A very small proportion of patients treated with levothyroxine report symptoms, often consistent with thyroid dysfunction, when their levothyroxine tablets are changed to a different product. In such cases, the MHRA advises that:

- if patients report symptoms after changing their levothyroxine product, consider testing thyroid function
- if a patient is persistently symptomatic after switching levothyroxine products, whether they are biochemically euthyroid or have evidence of abnormal thyroid function, consider consistently prescribing a specific levothyroxine product known to be well tolerated by the patient. Problems only occur in a very small minority of patients. Generic prescribing of levothyroxine remains appropriate for the majority of patients and the licensing of these generic products is supported by bioequivalence testing.

## MHRA safety alert

### Polyethylene glycol (PEG) laxatives and starch-based thickeners

The MHRA has warned that the addition of a polyethylene glycol (PEG)-based laxative to a liquid that has been thickened with a starch-based thickener may counteract the thickening action, placing patients with dysphagia at a greater risk of aspiration.

## Prescribing News

### • **Steroid Emergency Cards**

The deadline for implementing the national patient safety alert on steroid emergency cards has passed. Practices will have confirmed that they have identified the appropriate groups of patients who should receive a card.

To support implementation, the Society for Endocrinology, the Specialist Pharmacy Service (SPS), and the British Association of Dermatology (BAD) produced more detailed guidance. [https://www.endocrinology.org/media/4091/spssfe\\_supporting\\_sec\\_final\\_10032021-1.pdf](https://www.endocrinology.org/media/4091/spssfe_supporting_sec_final_10032021-1.pdf)

In summary, the following groups were identified as requiring steroid emergency cards:

- Long-term oral glucocorticoids (i.e. 4 weeks or longer) at a dose equivalent to Prednisolone 5mg or more
- Short-term oral glucocorticoids (one-week course or longer and has been on long-term course within the last year or has regular need for repeated courses) at a dose equivalent to Prednisolone 40mg or more
- patients receiving repeated intra-articular glucocorticoid injections, plus additional steroid e.g. via inhalation should be considered
- Inhaled steroids at doses of beclomethasone or equivalent greater than 1000 microgram per day. If patients are also receiving nasal steroids, the threshold is lower at 800 microgram per day.

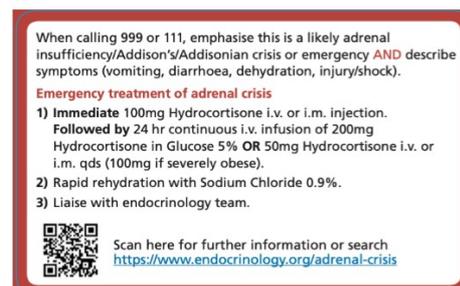
Therefore, patients and carers should be advised to avoid directly mixing together PEG laxatives and starch-based thickeners, especially in patients with dysphagia who are considered at risk of aspiration such as elderly people and people with disabilities that affect swallowing.

### 7 Day prescriptions

Just a reminder that dispensing pharmacists obligations to provide medication in MDS does not necessitate 7 day prescribing. Pharmacists are required to assess patients who may fall under the Equality Act (EA) 2010 (formerly the Disability Discrimination Act - DDA) and provide 'reasonable adjustments' to how they provide medications. Pharmacists should consider the advice of other healthcare professionals in their determination of the EA eligibility of a patient.

- Where a patient is considered eligible by the pharmacist for a medication compliance aid, a small amount of funding is already globally incorporated in the national pharmacy contract.
- An EA 'reasonable adjustment' provided by a pharmacist may include providing easy opening tops, reminder charts or an MDS device appropriate for the patient.
- Ambiguity arises if patients do not fall under the EA eligibility criteria, but request an MDS to aid compliance, either for themselves, or for carers to help them take their medications. National funding has not been incorporated in the pharmacy contract to include these patients.  
Where 7 day scripts are not agreed as necessary for patient concordance, it becomes a financial decision within the pharmacy whether to continue providing MDS for free, or to charge the patient for this non NHS contracted service.
- <http://archive.psn.org.uk/pages/>

- Topical high-dose (>= 200g/ week) potent or very potent glucocorticoids
- used across a large area of skin for 4 weeks or more .
- **Going forward, community pharmacies should issue the cards for new prescriptions.**
- Guidance on ordering the new cards and further information is available to you all on Virtual Outcomes <https://www.virtualoutcomes.co.uk/the-new-nhs-steroid-emergency-card/>



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## GLUTEN FREE NORTHAMPTONSHIRE.

Numerous CCGs across the country have decommissioned gluten free products except for 2 areas where provision remain under the NHS budget, these are: Cumbria where service is commissioned by the CCG and Northamptonshire where service continues to be commissioned by NHS England and Improvement. We are however not aware of any other NHSEI regions who commission a gluten free service via community pharmacies.

Gluten free products will continue to be available to patients in line with the guidance, however due to this service being specific to Northamptonshire only and based on the need to provide equitable services, NHSEI proposes that the community pharmacy led service is decommissioned.

You will shortly have access to the full report from NHSE&I in summary:

### Engagement Exercise:

The Midlands Region launched an engagement exercise to seek views on whether or not to make any changes to the availability of gluten free food via Community Pharmacies under the expense of NHS England and NHS Improvement.

By the service only being available within Northamptonshire, this has created a disadvantage to other areas and increases inequalities in how patients access gluten free products.

#### Outcome:

Findings from the engagement exercise is summarised in a report which will be communicated to you from NHSE&I.

Due to NHSE&I responsibility in providing an equitable service to all patients, the current service provision of gluten free food supply through Community Pharmacies will **cease on the 30<sup>th</sup> September 2021.**

Based on the NHS Long Term Plan and requirement to strive towards an equitable health and social care partnership, gluten free products will continue to be available to patients, however, this will be in line with the guidance issued to CCGs taking account of revised prescribing legislation for gluten free food.

NHSE&I have requested the CCG to consider the provision of gluten free food supply for the local population of Northamptonshire from 1<sup>st</sup> of October 2021. NHS England and NHS Improvement have informed the CCG and are communicating this outcome to Pharmacies, patients and Coeliac UK. It is expected that the CCG will take responsibility to notify Healthwatch, LA, LMC and GP Practices accordingly.

Thank you in advance for your cooperation and understanding.

