**Key News and Guidance for LPCs**

 *Week ending 27th March*

**Last week’s news stories:**

**Reminder: claiming payment for the Pandemic Delivery Service**

Community pharmacy contractors are reminded that claims for the Pandemic Delivery Service (Advanced service) must be submitted no later than **5th April 2022** to be remunerated for any deliveries made on or before 5th March 2022. Read more here: [**https://psnc.org.uk/our-news/reminder-claiming-payment-for-the-pandemic-delivery-service/**](https://psnc.org.uk/our-news/reminder-claiming-payment-for-the-pandemic-delivery-service/)

**PQS: Updated ESPAUR antibiotic checklist data**

The NHS Business Services Authority (NHSBSA) has published an updated spreadsheet from ESPAUR showing the number of antibiotic checklists that have been submitted via the portal application for each community pharmacy contractor; submitting this data is one of the requirements of the Prevention domain of the Pharmacy Quality Scheme (PQS). Read more here: [**https://psnc.org.uk/our-news/pqs-updated-espaur-antibiotic-checklist-data-published/**](https://psnc.org.uk/our-news/pqs-updated-espaur-antibiotic-checklist-data-published/)

**March 2022 Price Concessions 1st Update**

The Department of Health and Social Care (DHSC) has granted the initial list of price concessions for March 2022 Read more here: [**https://psnc.org.uk/our-news/march-2022-price-concessions-1st-update/**](https://psnc.org.uk/our-news/march-2022-price-concessions-1st-update/)

**Pharmacy IT arrangements survey closing soon**

PSNC, working with the Community Pharmacy IT Group (**CP ITG**), is currently running a survey to gather feedback from pharmacy teams about community pharmacy IT arrangements. This survey will close in early April. The survey results will help shape the priorities of the CP ITG and system suppliers in the future. Read more here: [**https://psnc.org.uk/our-news/pharmacy-it-arrangements-survey-closing-soon/**](https://psnc.org.uk/our-news/pharmacy-it-arrangements-survey-closing-soon/)

**Medicine Supply Notification: Disopyramide 100mg and 150mg capsules**

The DHSC has issued a Medicine Supply Notification (MSN) for **Disopyramide 100mg and 150mg capsules.** Read more here: [**https://psnc.org.uk/our-news/medicine-supply-notification-disopyramide-100mg-and-150mg-capsules/**](https://psnc.org.uk/our-news/medicine-supply-notification-disopyramide-100mg-and-150mg-capsules/)

**Service case study: Umbrella sexual health service**

Umbrella provides free, accessible and confidential sexual health services in Birmingham and Solihull and is part of the University Hospitals Birmingham NHS Foundation Trust. Umbrella introduced the service in 2015 and they run it in partnership with other organisations and providers across the region. Community pharmacy is one of the partner organisations. Find out more: [**https://psnc.org.uk/our-news/service-case-study-umbrella-sexual-health-service/**](https://psnc.org.uk/our-news/service-case-study-umbrella-sexual-health-service/)

**Launch of NHS Profile Manager delayed**

The new NHS Profile Manager will no longer launch this month (March 2022). A new go-live date has not currently been announced, but PSNC will inform community pharmacy contractors when we have more information. While awaiting the launch of the NHS Profile Manager, contractors should continue to update the information on **both** their NHS website profile and Directory of Services (DoS) Profile. Find out more: [**https://psnc.org.uk/our-news/launch-of-nhs-profile-manager-delayed/**](https://psnc.org.uk/our-news/launch-of-nhs-profile-manager-delayed/)

**2022 Spring Statement: Financial concerns remain for pharmacies**

Following Chancellor Rishi Sunak’s Spring Statement to Parliament, PSNC remains very concerned about the chronic underfunding of community pharmacy, including the imminent loss in income from the winding down of some of the COVID-related services. This underfunding is a key focus for PSNC in the ongoing Year 4 Community Pharmacy Contractual Framework (CPCF) negotiations, in which we have made another bid for a funding uplift for the sector.  Read more: [**https://psnc.org.uk/our-news/2022-spring-statement-financial-concerns-remain-for-pharmacies/**](https://psnc.org.uk/our-news/2022-spring-statement-financial-concerns-remain-for-pharmacies/)

**PQS: Updated NMS gateway criterion data**

NHSBSA has updated their spreadsheet showing which community pharmacy contractors have currently met the Pharmacy Quality Scheme (PQS) 2021/22 Advanced Services gateway criterion. Find out more: [**https://psnc.org.uk/our-news/pqs-updated-nms-gateway-criterion-data/**](https://psnc.org.uk/our-news/pqs-updated-nms-gateway-criterion-data/)

**Share your views: HIV capacity and skills development needs assessment**

HIV Prevention England has invited pharmacy teams to complete a survey that aims to determine which areas and topics to focus on within the scope of their capacity and skills development work. The survey should take less than 10 minutes to complete and closes on **Monday 18th April 2022**. Find out more: [**https://psnc.org.uk/our-news/share-your-views-hiv-capacity-and-skills-development-needs-assessment/**](https://psnc.org.uk/our-news/share-your-views-hiv-capacity-and-skills-development-needs-assessment/)

**NHSBSA Wakefield Processing Centre Relocating**

Pharmacy contractors who normally send their end of month submission bundle to the NHSBSA’s Wakefield Processing Centre will have received communication regarding its relocation and notice that from 1st April 2022 (for prescriptions dispensed in March 2022) bundles will need to be submitted to NHSBSA’s new Newcastle office for processing. Find out more: **https://psnc.org.uk/our-news/closure-of-nhsbsa-wakefield-processing-centre/**

**COVID-19 Appendix**

**Remember: Key actions to take during the pandemic**

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

* Read the [**NHSE&I guidance**](https://psnc.org.uk/the-healthcare-landscape/covid19/contractor-guidance-and-support/) **and implement its recommended actions;**
* Clearly display the [**COVID-19 poster**](https://psnc.org.uk/the-healthcare-landscape/covid19/information-for-the-public/) **at points of entry to your pharmacy;**
* Read your [**business continuity plan**](https://psnc.org.uk/contract-it/essential-service-clinical-governance/emergency-planning/) **and consider whether it needs to be updated to reflect the current and emerging situation;**
* Keep up to date with developments by regularly checking the information on [**COVID-19 on GOV.UK**](https://www.gov.uk/government/collections/wuhan-novel-coronavirus)**, the** [**NHSE&I Coronavirus Primary Care**](https://www.england.nhs.uk/coronavirus/primary-care/) **webpage and checking your NHSmail shared mailbox on a regular basis for updates from NHSE&I; and**
* Where possible, display the [**public health advice posters**](https://campaignresources.phe.gov.uk/resources/campaigns/101/resources/5016) **on hand washing, face coverings etc.**

**Guidance for healthcare professionals**

The key guidance for health professionals is available on the Public Health England (PHE) section of the GOV.UK website:

[**COVID-19: guidance for health professionals (GOV.UK)**](https://www.gov.uk/government/collections/wuhan-novel-coronavirus)

NHS England and NHS Improvement (NHSE&I) published guidance for primary care teams on 27th February 2020. This includes a specific document for community pharmacy teams, which takes the guidance already available on the [GOV.UK website](https://www.gov.uk/government/collections/wuhan-novel-coronavirus), but contextualises it for the community pharmacy environment.

[**NHSE&I Coronavirus Primary Care webpage**](https://www.england.nhs.uk/coronavirus/primary-care/)

The guidance explains how to deal with patients presenting in the pharmacy with suspected COVID-19 infection and preparations pharmacy contractors can take to deal with such a scenario. All pharmacy contractors should read the guidance and then undertake appropriate preparations for dealing with potentially infected patients.