

Essex LPC Newsletter

April 2018

Issue No 18/2



Essex LPC Members



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Also attached:

Pharmacy Quality Scheme

PSNC Briefing 018/18: Flu Vaccination Service 2018/19 – important update for contractors

CPPE Workshops 2018

Inclusion Open Day

Stop Smoking Update Training for Advisors

Provide L2 Stop Smoking Training

As from the 1st April 2018, Essex LPC Members will be:

Simon Moul - Day Lewis - Nominated AIMp Rep.

Babatunde Sokoya – Easter Pharmacy - Elected Contractor Rep

Bina Patel – Kalsons Chemist - Elected Contractor Rep.

Hamish Borno – Borno Chemist - Elected Contractor Rep

Penny Skellern – Maylandsea Pharmacy - Elected Contractor Rep.

Rajiv Sharma – Great Berry Pharmacy - Elected Contractor Rep

Sanjay Patel - Boots - Nominated CCA Rep

Michael Donnachie - Rowlands - Nominated CCA Rep.

Matthew Nimmo - Lloyds - Nominated CCA Rep.

Edwin Panford-Quianoo - Lloyds - Nominated CCA Rep.

Poonam Jagdev - Well - Nominated CCA Rep

WELCOME TO YOU ALL

With apologies to Mr Shakespeare...

“Two households, both alike in dignity, In fair Essex, where we lay our scene, From ancient grudge break to new mutiny, Where civil blood makes civil hands unclean.”

(Or what to do with complaints about (or from) other contractors.)



Scenario one, a care home complains to the GP practice that they have not been happy with the pharmacy that usually supplies their medicines, that there have been some delays and issues obtaining stock. The GP practice forwards the complaint to the CCG and the CCG complains to the pharmacy contracts team at NHS England.

Scenario two, a patient attends an extended hour's pharmacy (not their usual pharmacy) to get an urgent prescription dispensed. During the transaction the patient is asked to sign a piece of paper. A couple of weeks later the patient goes to collect his repeat prescription from his regular pharmacy only to discover that the prescription has been sent to the extended hours pharmacy. The patient complains to his regular pharmacist, who then asks the LPC to “sort it out” but not to share.

Scenario three, a vulnerable elderly patient to whom you deliver medicines phones to say that the driver hasn't been. You check and discover that the nomination has been changed to a pharmacy in which the GP has an interest, and which doesn't provide deliveries. You report this to a manager in your company.

“Why, thou wilt quarrel with a man that hath a hair more, or a hair less, in his beard, than thou hast”

Whether it is more demanding customers, increased time pressures or tougher competition, there seems to be a greater willingness to complain, however it appears that more complaints are going awry which is helping neither patients nor contractors.

The first thing to consider in each of the scenarios above (and more others than you

could shake a spear at) is whether or not the complaint originates from a patient (or a legitimate representative, for example the care home.) Assuming it does, then the first step would be to encourage the patient to raise the complaint directly with the pharmacy involved. If this is not possible, or the patient doesn't want to, **or if the patient has done this and not had a satisfactory resolution** then you should signpost the patient to NHS Complaints (details below.)

Likewise if a patient complains about their GP practice to you, you should encourage them to complain directly to the Practice, but if they are not happy to do so then again provide NHS Complaints details.

This should ensure that the complaint is investigated objectively, with all necessary assurances to the patient regarding confidentiality, and a proper follow up.

“And here he writes that he did buy a poison of a poor 'pothecary”

We have mentioned before that the patient can **'Phone** NHS complaints on 0300 311 22 33 and give their complaint verbally, they will then be sent a written transcription of the complaint to confirm: They do not have to send a **written** complaint, however if the wish to this should go to: NHS England, PO Box 16738, Redditch, B97 9PT or **email** england.contactus@nhs.net



If there is no **patient** complaint then Essex LPC can sometimes assist, for example we endeavour to resolve some matters informally with our colleagues at Essex LMC if something crops up between a GP practice and a pharmacy (or vice versa), particularly during 'flu season.

We sometimes send “Dear Colleague” emails to **all** contractors if a particular problem crops up in more than one locality, or we may support individual contractors if the problem appears to be a Terms of Service issue.

As a representative organisation however, we have a duty to support **all** contractors in Essex, and to promote community pharmacy. Generally speaking we cannot get involved in contractor complaints about other contractors, although we can signpost to other agencies where appropriate.

General Data Protection Regulations (GDPR)



This one crept up on us a bit... The General Data Protection Regulation comes into effect on 25th May 2018. This is an EU regulation, but there is equivalent UK legislation (currently in bill stage) to allow for continuity post-2019.

If you have kept all your systems and processes compliant with the current Data Protection Act (1998) and you have satisfactorily completed IG toolkits annually then there will not be too many changes. If this is not the case, however, or if you have connections to Cambridge Analytica (*other data mining organisations probably exist), or you have sold patient data from your PMR to a third company then you may have a bit more work to do.

PSNC have produced guidance and a workbook which is available at-
<http://psnc.org.uk/our-news/psnc-publishes-gdpr-guidance-for-community-pharmacies/>

these are explained in more detail in their webinars-the first of these has already taken place, but there is another webinar on 12th April, details below-

<http://psnc.org.uk/our-news/psnc-to-hold-gdpr-compliance-webinars/>

In addition Essex LPC has arranged a face-to-face training session on Sunday 22nd April at Ivy Hill Hotel, from 10am to 2.30pm. This will be delivered by Leyla Hannbeck from NPA, and will give you an opportunity to ask any specific questions, share ideas with each other and realise you are not alone!

Details have already been circulated, however if you wish to attend please e-mail office@essexlpc.org.uk or phone 01245 460079 to confirm your place.

Electronic Medicines Optimisation Programme (EMOP) comes to town!

EMOP is the local name for the electronic transfer of information to community pharmacies when patients are discharged from hospital. This is rolling out across the three STP areas covering Essex in the coming months, with Southend looking to go live first in May. The programme uses PharmOutcomes to send medicines at discharge information to the patient's usual pharmacy, subject to consent (which we are sure will be GDPR compliant.) And let's face it, it will often be the only way you know patients have been admitted to hospital.

The range of information will vary according to different hospital protocols, as a minimum it will be medicines on discharge but some will include presenting condition, discontinued medicines, ongoing advice etc.

Currently the proposal is for an "opt-out" service, i.e. pharmacies will get sent the information unless they say they don't want to, but we are checking this with GDPR.

There will be engagement events across the county in the next few months, the first of these in in Skylark Hotel, Southend on 2nd May, but can be attended by anyone in the Mid and South Essex STP area.

E-mail office@essexlpc.org.uk if you would like to attend on the 2nd May.

Decriminalisation no, “statutory defence” yes.

From April 16th 2018 there will be a statutory defence against Section 64 of the Medicines Act 1968 dispensing errors: (the Pharmacy (Preparation and Dispensing Errors- Registered Pharmacies) Order 2018).

This is not a licence to throw caution to the wind however, as there are a number of criteria that must be met for the statutory defence to apply. In brief the product must have:

1. Been dispensed at a registered pharmacy. Seems fairly obvious, but “dispensed” is not defined in the medicines act, so what about errors that occur in delivering medicines?
2. Supplied against a prescription or as an emergency where there was an urgent need. This may be a good time to remind you that there is no legal framework for “loans” and that urgent supplies, whether at patient’s request, prescribers request or through the NUMSAS pilot must be **documented**.
3. Before being charged the pharmacist didn’t know about the error OR as soon as they realised there had been an error they took all steps to notify the patient. Not “took all steps to make sure that the patient never found out...”
4. The person who dispensed the product was a registrant acting in the course of their profession. This might seem obvious, but will include complying with the expected Standards for Pharmacy Professionals, such as acting in the patient’s best interests and being open and honest when things go wrong.

I suspect it will keep the lawyers happy for a while, and probably needs a few test cases, but please try and make sure they are not in Essex!

Prescribing Restrictions: Guidance

Following a consultation period which finished in March, NHS England has issued **guidance** to CCGs to restrict prescribing of certain products of limited clinical value. The guidance makes it clear that the underlying condition, rather than the product itself, should decide whether to prescribe or not. Seven product areas are being recommended for blacklisting (Co-proxamol, Omega 3 fatty acid compounds, Rubefaciants (excluding topical NSAIDs), Glucosamine and chondroitin, Lutein and antioxidants, Homoeopathy, Herbal treatments) however none have been blacklisted yet, and restrictions on other products are **guidance: If you are presented with a prescription for any of the restricted products you are still required by your Terms of Service to dispense it.**

You may find that more patients are being referred to you to purchase items that they previously obtained on prescription, we would advise that you support this where possible. If patients raise complaints about this please direct them to NHS complaints (see separate article at beginning of newsletter.)

We are aware that the implementation of this guidance is somewhat inconsistent, and we are in regular (positive!) communication with our LMC colleagues on this subject. Please let us know if you or your patients are experiencing particular problems and we will be happy to escalate where we can.



Dates for The Diary

Sunday 22nd April

General Data Protection Regulations (GDPR) &
GPhC revalidation Event
Ivy Hill Hotel, Margetting
Start: 10am – 2.30pm

Tuesday 24th April

South Essex Forum Meeting
Holiday Inn, Basildon
Start: 7pm

Wednesday 25th April

North East Essex Forum Meeting
At Banquet Chinese, Stanway
Start: 7pm

Wednesday 2nd May

Electronic Medicines Optimisation Pathway (EMOP)
Skylark Hotel, Southend-on-Sea
Start: 7pm

Wednesday 9th May

Mid Essex Forum Meeting
Ivy Hill Hotel, Margareting
Start: 7pm

Early May – date to be confirmed

West Essex Forum Meeting

Essex LPC Office
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Springfield
Chelmsford
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Please visit www.essexlpc.org.uk for events taking place

