

Essex LPC Newsletter



March 2016

Issue 1

Raising the Bar: The Battle of Cavendish-Ridge

Many of you attended our “Raising the Bar” event at Best Western Furze Hill in February, where we started to build some “system resilience” into Essex community pharmacies in the face of financial cuts, sector restructuring and other threats posed by the Department of Health letter (Signed by Will Cavendish from NHS and Keith Ridge at DH, hence the Battle of Cavendish-Ridge!)

Essex LPC have agreed that there are two clear approaches that have to be taken in response to the proposals: One is the outward-facing campaigning and lobbying to MPs, councillors and other influential individuals, media campaigns, petitions etc. We will be carrying out this work both independently on an Essex-wide basis, and in partnership with the national bodies’ campaigns.

However, whatever may be achieved through campaigning and negotiation, some change is inevitable.

The second approach we have to take is to support every pharmacy to plan and prepare for the impact of these changes: “Raising the Bar” was a kick-start for this.



The evening was opened by Ian Andrews, a change management specialist, who gave a clear, practical and readily adaptable approach to managing change that could be applied equally to business, service provision or patient lifestyle choices.



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Contractors then attended two of three workshops:

The Perils and Pitfalls of Pharmacy Regulation

As the Department of Health propose to reduce pharmacy numbers by up to 3,000, one of the easiest places to start would be pharmacies that are not complying with their contractual Terms of Service.



This session went through some of the elements of the pharmacy contract, and some other bits of regulation, that it is all too easy to overlook. The session started with a quiz, and ended with the reporting requirements table attached to the end of this newsletter.

The (Work)force Awakens

As work patterns and practices change, so the pharmacy workforce needs to develop and adapt to keep pace. This is often seen as risky by smaller organisations, but support is available and much can be learned from developments in larger organisations and the managed NHS sector.



This session highlighted some workforce development tools that can be used by smaller pharmacy businesses, and signposted potential sources of training and development funding and support available in Essex.

We Are The Champions

Pharmacies will need to look increasingly to commissioned services, in addition to dispensing, to maintain a viable income.

Two of our brave contractors ran a lively peer-to-peer workshop on how they set up and developed the New Medicines Service in their pharmacies.

The evaluation of the evening was very positive, and Essex LPC hopes that contractors, particularly those smaller organisations, feel a bit more confident to develop their strategies to meet the challenges ahead.

Next Steps

We are continuing with a programme of resilience development over the coming weeks and months, including

Summary Care Record (SCR) workshops

We are working with NELCSU, the commissioned training provider, to offer the mandatory face-to-face SCR and Privacy Officer training workshops.

The first of these is in Mid-Essex on 15th March, but there will be a rolling programme across all localities over the summer.

Forum Meetings

We will be circulating details of the forum meetings in each locality to everyone. We know that many of you live in a different locality to where your pharmacy is, or may find some nights of the week more convenient than others. You are more than welcome to attend a forum in a different locality to where your pharmacy is based, the LPC agenda will be the same across the county.

Unrecorded Activity Audit

We are developing a brief audit which we would like all pharmacies to complete in late spring, noting how many contacts you have with customers in your pharmacy other than prescription services. We know that the role of pharmacy in supporting self-care and promoting healthy lifestyles is largely unrecorded, and wouldn't wish to change that as it is usually what works best for patients and pharmacy businesses: However the downside is that we have very little evidence that this is happening at all. It will be a simple tally chart, for a week, details to follow, **please take part!**

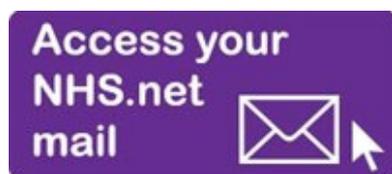
NHS Mail: Urgent

Those of you who use your NHS.net email address (or those of you that have one and don't use it...) may have received the following message

Your NHSmail account has been marked as a 'leaver' from your current organisation. If you're not leaving your organisation please ask your Local Organisation Administrator (LOA) to reverse the change. If you are leaving, please contact the LOA in your new organisation and ask them to join your account. If your account isn't re-joined to your current organisation or joined to a new organisation within 30 days, it will be deleted. You won't be able to restore it, access its contents or re-use the email address.

This is because the old Essex CSU no longer exists.

The advice we have been given is to forward details to james.marjoram@nhs.net before 1st April, or your account will disappear forever.



CCG QIPP plans: Two cheers?

Essex LPC was invited to attend the Essex-wide CCG

medicines management leads meeting in February, where all the CCGs except Basildon and Brentwood and Thurrock were represented.

All the CCGs present reported that their QIPP (Quality, Innovation, Productivity, Prevention) plans for 2016/7 will shift the focus away from prescription switching, and towards medicines optimisation: we feel this is a positive step for pharmacy contractors, as Essex LPC had been highlighting concerns about switching programmes throughout 2015/6.

We will need to see further details about community pharmacy involvement, in particular improving communications between GP practices and pharmacies, which can sometimes contribute to inefficiencies for patients, frustration for commissioners and adversarial relationships between the professions and their practices.

As a starting point the CCGs have agreed to share the lists of the most appropriate person to deal with in a practice on medicines or prescription related issues- this may not always be the GP- and their direct phone number.

NHS England Contract Monitoring:

CPAF!

Following on from last year's "light touch" contract monitoring survey, NHS England have started the next steps.

Any contractor who did not successfully complete and/or submit the short survey should have received the full Community Pharmacy Assurance Framework (CPAF) document from NHSBSA.

Any contractor who did not achieve at least Level 2 against each of the criteria on the short survey will also have been sent the full CPAF document.

Finally, a random sample of contractors who **did** successfully submit the short survey have been selected to receive the full CPAF document, to enable NHS England to validate their own processes.

If you have received the full CPAF document for any of these reasons you need to consider:

You do not **have** to complete or return the CPAF document, although we recommend that you do: Completing it is a good way to check that you

are complying with all the contractual requirements, or will inform your action plan if you are not quite there.

NHS England is planning to visit any pharmacy that does not submit the full CPAF, or where there are other concerns, to conduct a contract monitoring visit.

We have been quite vocal that contract monitoring processes should be neutral: by limiting visits to pharmacies where there is a cause for concern the monitoring visits are being used as a performance management process.

Contract monitoring visits provide an ideal opportunity for NHS England to see good ideas and innovative approaches in delivering pharmacy services that cannot be captured in a CPAF document: however the NHS England view is that it has to use its limited resources to best effect.

Essex LPC are happy to support any contractor who receives the full CPAF document, and in particular we **strongly recommend** that you contact us if you are notified of a contract monitoring visit: Regulations allow you to have an LPC representative in attendance during a visit, and we can work with you and NHS England to ensure any follow-up action plans are fair and proportionate.



2016 / 2017 Contract Monitoring Process

It is proposed that there will be another “light touch” short survey this year, during the summer. This will again be administered by NHSBSA on behalf of NHS England.

Emerging Developments: Good Stuff Happens!

Just to keep you up to date with the smaller service developments that are underway across the county. Some of the pilots and local service are intended for wider roll-out, so keep an eye on your in-box.

Essex County Council: Simple Aids to Daily Living

Lots of you expressed an interest in providing this service, the current status is that we have the draft catalogue for a small focus group to review, and Essex County Council will start the roll-out in early April.

There will be opportunities for more pharmacies to offer the service once those who originally expressed an interest are trained and operational.

J&J Lifescan: ISO Compliant Blood Glucose Meters

We have been working with J&J in North East Essex to update blood glucose meters to meet the new ISO requirements that come into effect in May 2016.

Pharmacists displayed a poster advising diabetic patients of the change, and provided replacement meters free of charge: This also provided an opportunity to show patients how to use the new meters, and to offer a targeted MUR where appropriate. The pharmacists were paid a flat-rate fee for this to meet compliance requirements.

There are plans to run a similar programme in each of the localities where J&J meters are on the CCG formulary in the next 2-3 months.

This is a good opportunity to start conversations with your diabetic patients, and with an average of 250 diabetic patients per Essex pharmacy it is a good patient group to engage.

Anglia Community Enterprise: Tier 2 Weight Management Support (Pilot)

We are working with Anglia Community Enterprise (ACE)

weight management service to support people in their Webex programme. The programme supports people who are unable to attend a group programme by providing a weekly one-to-one web-based session with a weight loss counsellor, however there is no objective way of measuring progress.

ACE have commissioned a small proof-of-concept project to assess the added value of pharmacy support to these clients, providing a weekly weight and blood pressure management recording and reporting service. The pilot will run for six months from April 2016, with an evaluation starting in July and plans to commission from more pharmacies if the evaluation is positive.

Thurrock Council NHS Healthchecks

Thurrock Council are commissioning NHS Healthchecks from 5 specific pharmacies here where there is no GP provision, or where GP provision is poor. The invite letters will specify that people should attend the pharmacy, and all equipment will be provided: Because of this the remuneration will be lower than the ACE commissioned service in Essex County Council areas, but still represents a good return for participating pharmacies.

Other Ways of Getting Our News



We have recently set up a closed Facebook group as another medium for getting key messages to contractors and pharmacy staff in Essex. The group will not be open to commissioners, industry partners etc, although they will continue to get relevant newsletters and email through current channels.

If you would like to join the group, you just need to log into Facebook and follow the link <https://www.facebook.com/groups/496186403895183/> and apply to join. You can then read and post messages, although these **will** be moderated: please keep any messages clean and relevant.

Repeat Prescription Services (Again)

A current focus of all the CCGs in Essex is pharmacy managed repeat prescription services, in particular when they get complaints from their member GP practices about specific occasions where there has been excessive ordering. Although this can usually be addressed on an individual basis it does lead to reputational damage for all

pharmacies offering a prescription ordering service.

In Luton CCG, GP practices have universally stopped accepting repeat prescription requests from community pharmacists: We need to work with the Essex CCGs to prevent them taking the same approach here. Our CCGs do recognise that there is also work to do in other parts of the system, such as patient education, reviewing GP protocols, and supporting care homes. We will be working with them on this constructively, so that patients can continue to use services they have come to depend upon.

We have sent out reminders and our SOP guidelines on this several times over the past few years, these are likely to be updated soon. Meanwhile we would remind all contractors to check that you are only supplying the items specifically requested by the patient, and that if you are unable to check this, or if there is a specific reason for making a particular request that you document this in the PMR.

Updated NHS Contact Details

We hope to provide you with an updated 'Who's Who' early in April, when contact details for a number of the commissioned services have been finalised.

Meanwhile there are some updates from NHS England:

You should have received messages from both Primary Care Support England (PCSE) and Essex LPC (via email) regarding new arrangements for ordering NHS stationery, such as EPS2 tokens, FP57 forms etc.

This service is 'live' from 29th March 2016.

PCSE are also responsible for the administration of pharmacy market entry procedures, and are the contact for relocations, new pharmacy applications etc.

<http://pcse.england.nhs.uk>

For all other NHS England matters

North-East and Mid Essex

england.sgnmadmin@nhs.net

South-East, South-West and West Essex

england.sweprimarycare@nhs.net

If you are sending any contract-related matters or evidence we recommend that you keep a copy (not just in your 'sent items') as Litigation Authority determinations have depended on such things!

Witnessed Destruction of Controlled Drugs



NHS England has recently sent a letter regarding witnessed destruction of controlled drugs, from Dr Melanie Clements, the CD Accountable Officer. You may wish to note this change of Accountable Officer, which apparently took place in April 2015 although it has only just come to our notice. A copy of the letter is available on the LPC website under "contractor resources"

The letter highlights the process for requesting a witnessed destruction of controlled drugs, and a reference to a T28 exemption. This is the exemption that allows a pharmacy to handle waste generated on the premises, and can be found at:

<https://www.gov.uk/waste-exemption-t28-sort-and-denature-controlled-drugs-for-disposal#t28-sort-and-denature-controlled-drugs-for-disposal>



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Dates For The Diary

Tuesday 26th April 2016

West Essex Forum Meeting
Start: 7pm

Thursday 28th April 2016

North East Essex Forum Meeting
Start: 7pm

Wednesday 4th May 2016

South East Essex Forum Meeting
Start: 7pm

Thursday 5th May 2016

South West Essex Forum Meeting
Start: 7pm

Wednesday 11th May 2016

Mid Essex Forum Meeting
Start: 7pm



**For dates of other meetings in 2016, please
refer to www.essexlpc.org.uk**

Email: North East and Mid-Essex: england.sgnmadmin@nhs.net
 South and West Essex: england.sweprimarycare@nhs.net

Post: NHS England Midlands and East (East),
 Swift House, Hedgerows Business Park, Colchester Road, Chelmsford, Essex, CM2 5PF

Report/Documentation	When?	Other info
Things you must report/provide automatically		
Notifying any Fitness to Practise matters	As soon as possible after they occur but definitely within 7 days.	
Changes to supplementary opening hours	Notify at least 90 days before change.	Forms available
Changes to core opening hours	Apply at least 90 days before change.	Forms available
Reporting unscheduled closures	As soon as the contractor becomes aware of closure.	Keep record of notification.
Change of director or superintendent	Within 30 days	
Change of private address if sole trader	Within 30 days	
Incidents or Near Misses	As soon as pharmacist is aware of incident/near miss	Report to NRLS
Information Governance toolkit	Annually (this is published)	Report through HSCIC
Certificates of Conformity/Analysis (specials)	Monthly	
Things you must report/provide on request		
MUR report (there is an ongoing request in place)	Quarterly (within 10 days end June, Sep, Dec, Mar)	
Annual audit agreed by NHSCB	NB no audit set in 2015/6	
Annual complaints report		Includes zero returns
Data relating to agreed Public Health Campaigns	As stated in the campaign briefing	May be submitted to LPN
Things you don't have to provide, but may choose to		
Plans for opening on bank holidays		26 th Dec, 1 st Jan
Community Pharmacy Assurance Framework (CPAF) survey	Annually	NHSE are entitled to conduct contract monitoring visit
Full CPAF documentation	Random sampling OR if CPAF survey not returned	
CPPQ (patient survey) results		Must publish