

Essex LPC Newsletter

August 2017

Issue 1

Welcome

Apologies that this is the first newsletter of 2017, but because of the pace of change earlier in the year (with various deadlines and Quality Payment Scheme updates) we stuck to weekly emails for a few months.

I'm a bit wary of saying "things seem to have settled down a bit" as that may be the cue for an avalanche of forms to fill, surveys to complete and declarations to make, but there are a lot of other things happening and several resources we would like you to have.

We are also enclosing the flyer for our annual conference in September, and we really look forward to seeing as many as possible of you there. Meanwhile enjoy what's left of summer!



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Compliance Aids Revisited

Some things (like flared trousers and wedge heels) seem to go in and out of fashion quite regularly, usually with just enough difference to keep the clothing manufacturers and their sweatshops ticking over...

...Our equivalent would be Compliance aids and electronic prescription nominations.
Compliance aids.

Do I have to dispense medicines into a compliance aid/blister pack/Dosette Box or other such Multi-compartment Compliance Aid (MCA)?

It depends.

Yes If	Usually yes if	No if
The patient is wholly responsible for their own medicines	Another pharmacist has assessed the patient (e.g. hospital discharge)	The patient has a paid carer who prompts/administers their medicines (it is not a CQC requirement despite what the agencies might say!)
You have assessed the patient's needs* and feel that a MCA is most appropriate (if the patient gets confused what to take it might help, if they forget completely then they will forget the MCA)	An informal carer such as a spouse or neighbour assists the patient with their medicines	A GP, district nurse, practice nurse, physiotherapist, occupational therapist or receptionist demands it (they can request that you assess the patient but can't insist on the outcome!)
The medicines they are taking are all suitable (stable etc.) for dispensing into an MCA	The medicines they are taking are all suitable (stable etc.) for dispensing into an MCA	Only some of the medicines can be dispensed in an MCA (a higher proportion of administration errors occur with "mixed systems")
Your indemnity cover allows for it	Your indemnity cover allows for it	Your indemnity insurance does not cover this activity.

Can I refuse a request to assess a patient?

No, you have to assess a person's needs if they have a disability (equality act 2010) A person is regarded as being disabled, if they have a physical or mental impairment which has a substantial adverse effect on that person's ability to carry out day to day activities.

You do not, however have to assess them to see if they require an MCA, you assess them to see what support they require.

Can I request 7-day prescriptions for patients using MCA?

It depends.



If you have good clinical reasons for requesting a 7 day prescription, for example the patient's medication changes regularly or you have concerns that it would be unsafe for a patient to have more than one week's supply at a time then you should document this and request 7-day prescriptions. You must only give a 7-day supply on each occasion.

However, if you are requesting 7-day prescriptions to claim the additional Single Activity Fees to cover the costs of supplying MCA (and are actually supplying 28 days' worth against 4x7day prescriptions) then no. Essex LPC does not support the use of 7-day prescriptions as an informal method of funding MDS, as this undermines any attempt to negotiate a commissioned professional service.

OK then, can I charge patients to dispense their medicines into MCA?

It depends.

If you have assessed them and you feel that it is appropriate for them to have their medicine dispensed in MCA then no, you can't. Likewise if the MCA has been recommended by another pharmacist it would be professionally discourteous to charge. You are making what used to be called a "reasonable adjustment" under the disability discrimination act, now the Equality Act 2010.

If however, you are dispensing into an MCA because a carer/care agency or other third party has requested it then you can charge. Some agencies are happy to take this from personalised budgets, and some patients will be self-funding anyway.

Isn't there a risk that I will lose the prescription if I refuse to dispense in MCA or if I charge?

Yes.

Electronic Repeat Dispensing Guide

Most of the CCGs seem to be promoting electronic repeat dispensing within their practices, this has several advantages:

From a practice perspective it reduces workload for prescription clerks, ensures patients have access to their regular repeat medicines, and (according to regulations*) ensures that pharmacies will make every effort to let the practice know of any issues that arise over the duration of the prescription.

From a patient perspective it avoids the need to order prescriptions several days in advance, and reduces the likelihood of running out of medicines or of their prescription going to the wrong pharmacy.

From a pharmacy perspective (yes, we know there are disadvantages too, however...) you have some assurance that the prescription is where it should be and you can plan resources (stock, workload etc.) better. It also (according to regulations*) provides assurances to CCGs and their member practices that there are checks in place that only the medicines that are required each month are dispensed.

We'll have the discussion some other time that in fact, if a patient is compliant with all their medicines and their prescription is synchronised, they should need all their medicines every month.

In order to assist this PSNC have produced a quick check guide which we have enclosed for you to use in your pharmacy.

**(Schedule 4 part 2 paragraph 9 (4) lays out the requirements for the old "four checks" for repeat dispensing, i.e. the patient is taking the medicine, they are not suffering any side effects, their medication regime hasn't changed and their health hasn't changed)*

EPS Nomination and prescription direction, or “Dude, where’s my prescription?”

If prescription nomination or direction were a medical condition it would be one described as a condition of remission and relapse: It never quite goes away, it’s always there in the background, but seems to be more problematic at some times than at others.



Elements of this are specific to the electronic prescription service (EPS), for example the current arrangements that only permit one pharmacy nomination to be set, and that require patients to ask someone else if they wish to change this nomination. The EPS also provides tracking and audit data, so the fluid movement of prescriptions that always used to happen under the tree-based (i.e. paper) system can be more closely scrutinised, and the GP contract specifically prohibits the direction of electronic prescriptions.

Development proposals for the electronic prescription service will address these up to a point, but the restructuring of community pharmacy funding to the Single Activity Fee (SAF) creates an environment where capturing nominations and associated prescriptions is critical to many contractors, some pharmacy companies have targets or performance indicators including EPS nominations and, let’s not forget, the more predatory advertising and direct marketing campaigns by SOME well-known distance selling pharmacies, which we have recently discussed with colleagues at the LMC.

Somewhere in the middle of all this, before we forget them, are the patients. Many of these do not understand the electronic prescription service or electronic repeat prescriptions despite NHS Choices stating that “All patients must be provided with sufficient information about EPS and give their consent before a nomination is recorded.”



So, in order to minimise complaints, maximise transparency and simplify things for patients we would encourage a quick review of your EPS procedures. This will naturally vary between pharmacies, but from the complaints we have followed up there are some common themes:

If your area is being targeted for a direct mail campaign by a certain well-known distance selling pharmacy please let us know- we have an A3 poster you can use (and pass copies on to your local surgeries.) The text has been approved by PSNC and NHS Digital, as we have to be careful that we are not seen to be restricting patient choice but at the same time want to ensure patients understand what they are signing up to;

It is not a requirement of EPS to have signed consent to set/change a nomination, but if you do it can save you a lot of hassle in the event of a complaint;

Keep a small stock of EPS patient leaflets available in case you are not sure if the patient has fully understood EPS, or if you want to cover off the requirement that “All patients must be provided with sufficient information about EPS and give their consent before a nomination is recorded. These can be downloaded at <http://www.nhs.uk/NHSEngland/AboutNHSservices/pharmacists/Documents/eps-patient-information-sheet.pdf>

Be especially thoughtful before setting a patient’s nomination if they are presenting an acute prescription, particularly if it is presented later in the evening, on the weekend, or from an address some distance away; If you do receive prescription(s) for patients that you do not recognise you will need to consider if there has been an information governance breach: This may be the case if the prescription has been sent to you (electronically or otherwise) without the patient’s consent, even in error. This is usually an isolated

incident, for example if a GP practice picks the wrong branch of a pharmacy from the drop-down menu, but we have seen incidences of a more systematic approach, for example GP practices with a “default” pharmacy that prescriptions are sent to.

Finally, if you do still have concerns it is possible to ask NHS England to run a nomination audit, but this is a very slow process. Essex LPC monitors the overall nomination activity on a monthly basis and highlights any unexplained “outliers” in terms of nominations changed, but this is very rare and usually reflects the normal flow of prescriptions between pharmacies in any given locality.

Essex STaRS Supervised Consumption Scheme

North Essex Partnership NHS Trust merged with South Essex Partnership NHS Trust on 1 April 2017. The new Trust is called Essex Partnership University Foundation NHS Trust. (EPUT). All systems including procurement and finance have changed and the outsourcing arrangements with Serco are no longer in place. Until all the pharmacies participating in the scheme have been put onto the system purchase order numbers cannot be generated. In the interim please send invoices to c.fitton@nhs.net along with your data sheets. Please ensure that invoices include an invoice number, address, telephone and bank details as this information is required to enter the pharmacy onto the system. If any pharmacies have outstanding invoices from before April, please send them to c.fitton@nhs.net

The Essex STaRS Supervised Consumption Team apologies for the inconvenience and for any delays in payment.

Quality Payment Scheme Healthy Living Pharmacy (HLP) criteria



Several of you seem to be working towards this element prior to the November QPS review date. We have already supported several health champion and leadership initiatives, and the office has recently undertaken a training gap analysis to identify any further support that may be needed early in the autumn.

You might want to take some timelines into account now, and work backwards if you still need to achieve some of the requirements for the profession-led self-assessment, which can be accessed at <https://www.rsph.org.uk/our-services/registration-healthy-living-pharmacies-level1/assessment-of-compliance.html>

The November review date is 24th November 2017.

Once you have completed the profession-led self-assessment you currently need to allow 10 working days for certification/registration. Please bear in mind that is the situation now, but as we have seen with other QPS criteria, turnaround times get much longer nearer to deadlines. Royal Society for Public Health (RSPH) are not an NHS organisation, and are not under any obligation to speed up this process or put more resource into it just because there is a QPS deadline!

The time needed to achieve the Health Champion certification, successful achievement of the RSPH Understanding Health Improvement L2 award, also needs to be factored in, as this is one of the requirements for the profession-led self-assessment. Candidates will normally get their results and certificate about two weeks after their assessment has been submitted, you might find it useful to check with your training provider when their assessment dates are. Again take into account possible bottlenecks

around QPS deadlines, and also the possibility that your candidate(s) may not pass the assessment at the first attempt.

Realistically, therefore, you should be looking at early to mid- October as the latest date for Health Champion assessment, and if your candidate is undertaking this as a distance-learning course they will need about two weeks prior to the assessment date to complete the workbooks.

We have looked through the profession-led self-assessment, attached at the end of the newsletter, are some suggested answers and/or links to relevant information.

Flu Season 2017/18

At time of writing we are still awaiting the PGD and service specification for the National Advanced Service, Seasonal Flu vaccination for the 2017/18 season: It is not, however, expected that this will be hugely different to last year's specification.

Last year pharmacists in Essex delivered 41,611 vaccines as part of the Advanced Service, despite some concerns from other primary care colleagues this represented about 11% of the total NHS flu vaccines administered in Essex. Overall targets were missed in each category and in each CCG area, and the total number of eligible, unvaccinated patients was about 223,000. In other words, there is a lot of scope to expand the service!



We are once again working with LMC colleagues to try and manage any specific issues with individual practices and pharmacies, these generally reduce down to “practices are intimidating patients with texts/posters/messages on prescriptions” and “pharmacies are poaching all our patients and patients are not cancelling appointments.” We followed up all complaints against pharmacies last year and found one or two were perhaps being a little predatory, but on the whole patients were going to pharmacies for convenience, or because they felt they were doing the practice a favour by reducing demand on their time. We also encountered patients who had tried to contact practices to cancel appointments, but had been unable to get through on the phone.

Another gripe is that the service specification requires you to give patients information about other vaccines which they may be eligible for, or should be encouraged to have. The current guide accompanies this newsletter, and we are working hard with PHE and other commissioners to consider pharmacy in delivering some of these.

Generally our advice is as for previous here were years, which is to consider the broader picture with flu vaccination: yes it is an open market, but think about the ongoing impact on the relationship with the GP practice for the rest of the year. As we have already identified there were nearly a quarter of a million sleeves that didn't get rolled up last year so focus on those instead! If you do become aware of any intimidating or adverse materials regarding the pharmacy flu vaccination service please let us know and we can raise this with LMC.

Finally, make the best use of the two minute time (while you are waiting to see if your patient will keel over) to try and promote other services. Some of the 41,611 vaccinated last year must have been smokers or might have benefitted from a medicines use review or check on inhaler technique, or advise on healthy lifestyles. Use the opportunity while you have got them captive!

Message from Boehringer Ingelheim...

A lot of pharmacists have asked how they will be billed and if there is an additional charge if they order directly from Boehringer. If their wholesaler is saying one of our products is out of stock or they have exceeded their quota, they can order directly from Boehringer, their delivery will come from Boehringer, but they will be billed as normal through their wholesaler and will still receive their wholesaler discount. There is no additional charge for using this service.



Apprenticeships

Did you know Colchester Institute offers the following Pharmacy Apprenticeships?

Level 2 Intermediate Pharmacy Services

Level 3 Advanced Pharmacy Services

Level 4 Advanced Pharmacy Services

Exciting CPD progression NOW available at Colchester Institute for Pharmacy Services



Now offer an Accredited Checking Registered Pharmacy Technician Course
Benefits to your pharmacy include:

- A flexible and excellent way to upskill your existing workforce
- It will free up some time of the pharmacist allowing for more patient care
- An increased service provision by delivery of clinically focused services
- Learning within your pharmacy setting and building up a better understanding of your business

Contact us to find out more at 01206 712727 / business.solutions@colchester.ac.uk

Dates for The Diary



WEDNESDAY 20th SEPTEMBER 2017

ESSEX LPC CONFERENCE AND AGM

Start: from 6.30pm

Venue: Best Western Ivy Hill, Margareting, Nr Chelmsford

PLEASE SEE ATTACHED FLYER TO REGISTER

Essex LPC Office
17 Clematis Tye
Springfield
Chelmsford
Essex, CM1 6GL

Phone: 01245 460079

Fax: 01245 467734

E-mail:

office@essexlpc.org.uk

Or

essex.lpc@nhs.net



@EssexLPCOffice

Chief Executive -
Ash Pandya

Email:

ash.pandya@essexlpc.org.uk

Contractor Development
Manager -

Karen Samuel-Smith

Email:

karen@essexlpc.org.uk

Tuesday 10th October 2017 - Mid Essex Forum

Thursday 2nd November 2017 – South East Essex Forum

Tuesday 7th November 2017 - West Essex Forum

Wednesday 8th November 2017 – North East Forum

Thursday 9th November 2017 – South West Essex Forum

CPPE Events –

further information can be found on the next page

Advance Inhaler Technique – Thursday 21st September 2017

Sexual Health (EHC) – Thursday 5th October 2017

Sexual Health (Chlamydia) – Thursday 19th October 2017

Sexual Health (EHC & Chlamydia) – Sunday 15th October 2017

Safeguarding – Wednesday 15th November 2017

Consultation Skills for Children and Young People – date tbc

Please visit www.essexlpc.org.uk for events taking place

CPPE are also facilitating the following events, for further information please look at their website <https://www.cppe.ac.uk/>

Inhaler Technique Learning Event:

Thursday 21st September - 7.30pm to 9.00pm

Ye Olde Plough House, Bulphan

<https://www.cppe.ac.uk/programmes/l/inhalers-w-00>

Emergency Contraception:

Thursday 5th Oct - 7.30pm - 9.30pm – Marks Tey Hotel

Sunday 15th Oct - 10.00am - 12.00pm - Holiday Inn, M25 Brentwood

<https://www.cppe.ac.uk/programmes/l/ehc-w-14>

Chlamydia Testing & Treatment:

Sunday 15th Oct - 1.00pm - 3.00pm - Holiday Inn, M25 Brentwood

Tuesday 17th Oct - 7.30pm - 9.30pm – Marks Tey Hotel

<https://www.cppe.ac.uk/programmes/l/chlamydia-k-05>

Safeguarding Children and Vulnerable Adults:

Wednesday 15th November - 7.30pm to 9.30pm

Zinc Arts Centre, CM5 0AD

<https://www.cppe.ac.uk/programmes/l/safegrding-w-05>

All the workshops will be available for booking shortly.

To reserve your place for any of the events above, please go online to book at www.cppe.ac.uk. It is very straightforward, simply **log in** and then scroll down to the bottom of the page where you will see a link to "Book a Workshop". Alternatively you can use the links to each individual workshop above.