

# Essex LPC Newsletter

February 2018

Issue No 18/1



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## Contract Reminders

### Contractual Audit 2017/18

There has been no contractual audit set by NHS England this year, and we feel that if any were to be announced now it would probably not be reasonable to complete it in the required timescale. There is, however, still the requirement to undertake an audit of the pharmacy's own choosing. There are numerous suggestions on PSNC website. You might, however, want to think about using some of your own information to develop an audit which has a more practical value to you or that you can use for more than one indicator. An example might be to improve the area where you recorded the lowest score on your patient survey, an audit of dispensing errors and near misses, or perhaps prescriptions dispensed at a loss or time spent sourcing medicines?

### Information Governance Toolkit

You will need to complete IG toolkit version 14 before 31st March 2018. This should be relatively easy as there are no major changes from last year's toolkit, although if you didn't complete the toolkit last year you will have a bit more work to do. Because Easter falls at the end of March this year you will lose 30th and possibly 31st to holidays/weekends, and Thursday 29th March will be stupidly busy so we strongly suggest you get this one done quite soon.

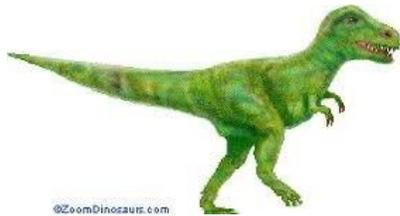
Next year the IG toolkit may well change to reflect the General Data Protection Regulations which come into effect on 25th May 2018. (We will be looking at that change and any implications in more detail in coming weeks) Remember that IG toolkit information is published, and so it is a no-brainer for NHS England to check compliance remotely.

## CPPQ (Patient survey)

Most of you will have completed this and published results on NHS Choices as part of last year's quality payment scheme (QPS.) Just to remind you this is still an annual contractual requirement, and you do need to complete, analyse and publish a Community Pharmacy Patient Questionnaire regardless of any possible QPS in the future.

## Evolution of the Pharmacy Leaflet

Many of you will know that since 2013 we have reported on the Approved Particulars for the Pharmacy Practice Leaflet.



The Approved Particulars were published in 2012, when we still had Primary Care Trusts and NHS Direct, and they have never been updated. Therefore to produce a leaflet that met the contractual Terms of Service you needed to refer to two organisations that no longer existed, and in order to have a leaflet that was actually useful to patients you were not compliant with the Terms of Service.

We are pleased to report that there has been an outbreak of evolution at NHS England, and that revised Approved Particulars have been published with regard to the Pharmacy Practice Leaflet. The changes include reference to NHS111 and to NHS England as the commissioning body. Pharmacy Practice Leaflets must be compliant with the new Approved Particulars by **31st July 2018**.

*Could this mean the Death of the Dinosaur....?*



Well not quite.

The Approved Particulars include a statement that the pharmacy complies with the Data Protection Act 1998, however the new General Data Protection Regulation (GDPR), which replaces the Data Protection Act 1998, will apply from **25 May 2018**, two months **before** the leaflets have to comply with the new Approved Particulars. Watch this space...



## NHS England dispute resolution

Essex LPC recently attended a NHS England dispute resolution day run by Primary Care Commissioning. This was attended by all of the NHSE pharmacy contract team from our region, and looked at managing contract breaches and the sanctions available.

There was a lot of emphasis that there is one national contractual framework and one NHS England, and that local teams do not have any discretion in the application of the regulations. You will already be aware that a lot more evidence is being requested through NHSBSA, this is likely to continue and expect supporting documentation for **flu vaccine claims** to be requested at some point soon.

The first step in almost all NHSE's contract matters is to communicate with the contractor to try and achieve a local resolution: there is also an obligation to work with the LPC if requested to do so by the contractor. If you are informed by NHSE of a performance or contract concern and want LPC input please contact us as soon as you can, so that we can plan support appropriately.

## Flu service for next winter (2018/9)

You will hopefully already have seen the NHSE/PHE letter regarding next year's flu immunisation service, in response to the effectiveness or otherwise of the strains in the 2017/8 vaccine. In brief 18-65 clinical at-risk patients will be offered quadrivalent vaccine, over-65s will be offered trivalent vaccine, and orders will only be guaranteed if placed before **29th March 2018**. Terms and conditions for next season's service will be the same as this year, and it is useful to know this early that the service will definitely be commissioned next year.



## Quality payments 2017/18 and reconciliation payments

You should have received the payment for November QPS declarations in your end January payments. These are subject to validation processes at NHS BSA. Once these payments have been validated the "underspend" from the allocated funding will be distributed pro rata according to the number of points you achieved, in June 2018. We still have no information regarding QPS for 2018/19.

## Hospital Medicines Information project - The Project with No Name (yet)

Work is underway across the Eastern region (the Academic Health Science Network region specifically) to implement the electronic sharing of patients' medicines information when they are discharged from hospital. In Essex this is likely to commence in West Essex and Southend first, but the plan is to roll this out across the county in the next 6 months or so. This is funded by the AHSN with input from hospital trusts, STP and CCG pharmacy leads and both Essex and neighbouring LPCs.

There have been a few pilots in other parts of the country, for example the eTCP project in Cheshire and Merseyside ([www.e-tcp.co.uk](http://www.e-tcp.co.uk)) or Refer to Pharmacy in Lancashire

([www.elht.nhs.uk/](http://www.elht.nhs.uk/) refer) which send patient discharge medicine information to their usual community pharmacist subject to consent. You may want to have a look at these to get an idea of how you would use similar information in your pharmacy.

There is no commissioned service attached to the facility, however you will be better placed to arrange hospital discharge MURs and NMS interventions, should be able to plan work better, and may reduce waste eg special orders or compliance aids: there is some evidence of cost savings in the evaluations of other services.

Essex LPC broadly welcomes this initiative, it has been a facility that pharmacists have been requesting for some time as it benefits patient care, it may be easier than trying to obtain discharge information through GPs or trying to contact the hospital, and importantly offers an opportunity to provide further evidence of the value that community pharmacies add to the dispensing process.

It has been decided that the service in Essex will be "opt out" ie all pharmacies will be registered onto the service but can ask to be removed (a bit like PharmOutcomes and the NHS Advanced Service Seasonal Flu Vaccination, which is available to all of you but some choose not to use it) rather than being "opt in" (like implementing Summary Care Record was).

There are still a few details to address such as a catchy name/acronym for the service, and it is yet to be decided who will be able to see individual pharmacy activity (for example how many referral messages are accessed, what follow-up action is recorded) and what support or follow up (if any) there should be for pharmacies who do not engage or who do not access referral messages. Along with our broad support for the initiative we are mindful that there is a risk of "performance management by stealth."

We would welcome your thoughts and comments on these points or anything else pertinent to the proposed service.

A series of engagement events is planned to let pharmacies know more about the service, watch out for these in your locality and make sure you try and attend, or send a representative from your pharmacy.

## Making It Happen: Spring Conference 2018



Essex LPC held a Spring Conference at Best Western Ivy Hill on 30th January 2018. The Spring Conference has become an established feature of the LPC calendar, and we try and ensure workshops and speakers are geared towards more practical and operational issues.

With no details yet on a Quality Payment Scheme for 2018/9 the focus was on some of the other issues that we know concern contractors: Maximising Income and Minimising Loss from dispensing, with Liam Stapleton, Sharing Information with Patients with Nicole Naylor from the Patient Information Forum, and Business Models for Service Delivery with LPC Chief Executive Ash Pandya.



Over 60 contractors attended, and feedback has been very positive. As a result of this we are currently in discussion with Liam Stapleton to run some whole-day training sessions in the coming months.

## Cancer Research “Talk Cancer” presentation

Essex LPC was happy to facilitate a Cancer Research UK “Talk Cancer” event for pharmacy staff in South West Essex on 8th February. This came about through some collaboration between Cancer Research UK, Thurrock CCG and Thurrock public health team, and MSD.



The event was targeted at front line staff as well as pharmacists, and over 40 delegates attended the event. Contractors were reminded that the Community Pharmacy Assurance Framework (CPAF) includes evidence that staff have undertaken training suitable to their role, and that this session could be used to meet that requirement.

The presentation was given by two trainers from Cancer Research UK, with the aims of increasing knowledge of key messages around cancer prevention, screening and early diagnosis; building confidence to talk to the public about cancer and helping to encourage people to make lifestyle changes, access local services and visit their GP promptly with any concerns.

It would have been too easy for this to have been a dull and/or depressing presentation, however the trainers made for an entertaining as well as informative evening. There was a good mixture of statistical information, myth busting and hard-hitting case studies, served up with a generous dollop of good humour.

Following the main presentation there was a brief session on the outreach groups and other services offered by the local hospice for people who have had cancer.

Feedback from the evening was probably some of the most overwhelmingly positive we have ever had; The pharmacists who attended did not feel “talked down to” and the support staff found the presentation informative, with lots of practical tips to use with customers.

There is a debrief scheduled for early March, and we hope to plan sessions across the rest of Essex after that.

## Supervised Consumption

During Quarter 4 of 2017, there was an emerging theme of patient safety incidents involving supervised consumption of buprenorphine and methadone.

Examples of a number of cases reported are:

- Patients had received standard methadone oral solution instead of sugar-free
- The wrong dose was dispensed (especially where there had been recent dose changes)
- A patient was given another patient's supervised dose

In more than one example, more than double the prescribed methadone dose was provided to the wrong patient

Quarter 4 (October – December) 2017 © The National Pharmacy Association. January 2018. Produced by the NPA Pharmacy team.

<https://www.npa.co.uk/wp-content/uploads/2018/01/MSO-report-Q4-2017-final.pdf>

## Stay Well Pharmacy resources

You should by now have received a campaign kit for the PHE Stay Well campaign, through your wholesaler, following earlier delays. This campaign does form one of the (up to) six national campaigns under the “promotion of healthy lifestyles” essential service, ie it is a contractual campaign, to run until end March 2018.

We have not been given any information regarding data capture for this campaign (NHS England can request that you tell them how many people you have given campaign information to.) You therefore do not have to send any information to NHSE, however we strongly recommend that you make a note of numbers,

and any significant interventions as a result of the campaign, as this may be requested as part of contract monitoring processes.



The campaign focusses on pharmacy management of coughs and colds, sore throats and GI symptoms, so it might be a good idea to make sure your staff are aware of this and are familiar with OTC treatments, practical advice and when to refer customers.

## MPs Visit Community Pharmacies in Essex

On Friday 2nd February James Cleverley MP visited Christchurch Pharmacy in Braintree Essex. He saw the different levels of services provided through community pharmacy and how Pharmacy is supporting the NHS. He was amazed by the dispensing robot installed at Christchurch Pharmacy to improve efficiency and speed up the dispensing process. This frees up staff to deliver a range of services including medication reviews, travel vaccinations and ear syringing.

Mr Cleverly also visited Christchurch Clinic, Christchurch Cares and Christchurch Training Academy. This is a very innovative approach adopted by proprietor Baba Akomolafe to fully integrate health and social care. James Cleverly said “this really is what we should be doing. Pharmacy is an untapped resource and this innovative approach adopted by Christchurch Pharmacy really puts pharmacy in the heart of the community”.



James Cleverly with Staff at Christchurch Pharmacy Braintree



James Cleverly outside Christchurch Cares and Christchurch Health Centre

Rebecca Harris MP visited Elora Pharmacy for her annual flu vaccination. She said “We really should be promoting the use of community pharmacies and all their services”. Proprietor Bharat Patel took the opportunity to highlight the problems faced by community pharmacies as a result of the cuts imposed and also the cash flow issues incurred by pharmacies due to the shortages and NCSO. Ms Harris said she could not understand how businesses survive, but was very impressed by the commitment to patient care demonstrated by community pharmacies.



Rebecca Harris receiving Flu Jab at Elora Pharmacy

## Respiratory Service in North East Essex

Six pharmacies in North East Essex are piloting a COPD project aimed at reducing demand on GPs and Hospitals during the busy winter period. Funded through winter pressures money, the service pro-actively checks that COPD patients are aware of what to do if they start an exacerbation (whether this is a formal written plan or not) and also checks that they have a rescue pack at home if this is part of the plan. If they haven't, there is a PGD element to supply this.

The service is different to other rescue pack schemes in that rescue packs are discussed and supplied to patients when they are well, rather than when they have started to exacerbate.

The service had a “soft launch” at the North East Essex respiratory forum on 13th February, and will gradually be rolled out in terms of number of sites and additional support for COPD patients during March.

**PharmOutcomes: who sees what!**

PharmOutcomes is being used by an increasing number of commissioners across Essex and the broader Eastern region as a one-stop reporting and recording platform, when this is used by the commissioner there is no cost to the pharmacy. From the “Pharmacy end” you will have a list of services, but it may not be apparent to you who the commissioner is, or what information can be seen.

To the best of our understanding services currently available to you:

Service	Geography	Commissioner (can also view)	Viewer access only	Contact	Requirement
Seasonal Flu vaccination	East region	Public Health England	Essex LPC	<a href="mailto:nicola.taylor12@nhs.net">nicola.taylor12@nhs.net</a>	recommended
NUMSAS	East region	NHS England	?	<a href="mailto:e.roe@nhs.net">e.roe@nhs.net</a>	recommended
Essex Stop Smoking Service	Essex County Council	ECC, via Healthy Living Partnership (Essex LPC company)	None	<a href="mailto:office@hpa.co.uk">office@hpa.co.uk</a>	Necessary for payment
Essex Sexual Health service	Essex County Council	ECC, via Healthy Living Partnership (Essex LPC company)	None	<a href="mailto:office@hpa.co.uk">office@hpa.co.uk</a>	Necessary for payment
Essex NHS Healthchecks	Essex County Council	ECC via ACE	None	<a href="mailto:Lianne.Emmerson1@ac.ecic.nhs.uk">Lianne.Emmerson1@ac.ecic.nhs.uk</a>	Necessary for payment
NEE COPD PGDs (Pilot)	North East Essex	NEE CCG, via Healthy Living Partnership	None	<a href="mailto:karen@essexlpc.org.uk">karen@essexlpc.org.uk</a>	Necessary for payment
Thurrock AF and Hypertension (Pilot)	Thurrock	Thurrock Public Health	Essex LPC	<a href="mailto:karen@essexlpc.org.uk">karen@essexlpc.org.uk</a>	Necessary for payment
Thurrock & BBW Warfarin (Pilot)	Thurrock, Basildon and Brentwood	Thurrock and BB CCGs via Healthy Living Partnership	None	<a href="mailto:karen@essexlpc.org.uk">karen@essexlpc.org.uk</a>	Necessary for payment



## Dates for the Diary

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### Tuesday 17<sup>th</sup> April 2018

South East Essex Forum Meeting

Start: 7pm

### Thursday 19<sup>th</sup> April 2018

West Essex Forum Meeting

Start: 7pm

### Tuesday 24<sup>th</sup> April 2018

South West Essex Forum Meeting

Starts: 7pm

### Wednesday 25<sup>th</sup> April 2018

North East Essex Forum Meeting

Start: 7pm

### Tuesday 9<sup>th</sup> May 2018

Mid Essex Forum Meeting

Start: 7pm

### Wednesday 19<sup>th</sup> September 2018

Essex LPC Conference and AGM

Please visit [www.essexlpc.org.uk](http://www.essexlpc.org.uk) for events and news feeds