

August 2016; North Staffs & Stoke LPC ; Elissa Pateman Administrator & Treasurer ; HLP Facilitator; nslpcoffice@gmail.com

Public Health Campaign for Pharmacies in Staffs and Stoke

All pharmacies to promote oral health during August. HLPs to promote for August and September



Staffs & Stoke Pharmacies

www.staffsandstokepharmacies.co.uk



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Hello and welcome to the LPC newsletter.

I hope that you are all having a fabulous Summer so far! Just a few points to consider in the next few weeks. The national Flu Service will commence from 1st September, to see what has changed in this years PGD see further below in the newsletter. The PSNC are holding a webinar explaining all of the changes to the current years PGD on Wednesday 24th August. Details on how to register for the webinar are below in the newsletter. Please ensure that you read about the new features on Pharmoutcomes which include Accessible Information Standards and recording of smoking cessation services, update provided by Dr Gill Hall who has developed these modules. Finally, information on how to access Summary Care Records is provided below. Staffordshire and Stoke-On-Trent have been identified as the lowest area of uptake of access to SCR. HSCIC have advised that if you missed the training for SCR you could speak to a colleague that has attended and this would be sufficient as they are not providing any more training sessions. There is a CPPE module to complete to provide you with a certificate. The relevant forms you will need to register your pharmacy for SCR will be attached to this newsletter.

Regards

Elissa Pateman

Have you accessed SCR yet?

CPPE  CENTRE FOR PHARMACY POSTGRADUATE EDUCATION

New Summary Care Records registration process

If you are completing the Summary Care Records (SCRs) assessment you can now opt in to share your assessment completion with the Registration Authority of behalf of the HSCIC. www.cppe.ac.uk/services/scr

How do I opt in?

When you log in to the CPPE website you will be prompted to either opt in or out of sharing your SCR assessment information.

You can also opt in via the My CPPE section of the website under the Summary Care Records assessment registration process section.

55 million



or

96%

patients have

Summary Care Records

Key facts

- SCRs are free and easy to use.
- One in ten pharmacies use SCRs at the moment, there is an aim to increase this.
- It is estimated that 5 million patients have an SCR - meaning you can treat patients more efficiently and safely.

CPPE SCR e-assessment

We recommend completing our *Summary Care Records in community pharmacy e-learning* before completing the *Summary Care Records e-assessment*. Passing the CPPE SCR e-assessment is a requirement for access to SCRs.

Powered by  **Health Education England** Developed by  **MANCHESTER 10th**
The University of Manchester

Point to Consider:

If a patient came to harm due to a pharmacy not accessing their SCR when they could have, there may be questions of liability.

Staffordshire and Stoke-On-Trent has the lowest take up rate of SCR in the country. For details of how to access SCR see below.

Summary Care Records (SCRs) help pharmacists to treat patients more effectively and efficiently with less need to contact GPs, even out of hours.

All community pharmacists can get access to SCRs on their NHS smartcards once they have completed the [SCR e-assessment](#). It will be useful to develop your knowledge of SCRs by first working through our [SCR e-learning programme](#).

Once you have completed the e-assessment, you can tick the box under the 'Summary Care Records assessment registration process' heading in your profile on the [My CPPE section of the website](#). This will allow the Registration Authority (on behalf of HSCIC) to see that you have passed the assessment and then allow you access to SCRs on your NHS Smartcard.

Summary Care Records

- SCRs are free and easy to use.
- One in ten pharmacies use SCRs at the moment, and there is an aim to increase this.
- About 55 million patients (over 96 percent) have an SCR.
- Patients can be treated more efficiently, effectively and safely.
- Passing the CPPE SCR e-assessment is a requirement for access to SCRs, and data-sharing will improve the process of access.

Process to go live with SCR

In 2015 Summary Care Records (SCR) was piloted nationally across the country within the community pharmacy setting and has been proven a great success. The vision is that by 2017 all pharmacists and pharmacy technicians will recognise that access to SCR will be an essential tool to help deliver high quality care. Use of the information within SCR will help to improve the efficiency of delivery, information decision making and help to ensure safer outcomes.

All you need to do to be able to go live with Summary Care Records is complete the 5 simple steps below

1. Complete the attached SCR2 Pharmacy Form with the names and UUID of your nominated Pharmacist or Pharmacy Technicians with SCR and your Privacy Officers
[There is no limit on the number of people who can have access to Summary Care Records but it is recommended that you have at least 2 Privacy Officers]
2. Complete your CPPE e-learning (for those registered colleagues who wish to access Summary Care Records)
[Your Privacy Officers do not have to be GHpC registered nor do they have to do the CPPE e-learning]
3. Send the form and a copy of your certificate(s) to mlcsu.scr2pharmacy@nhs.net or fax to 01172 214977
4. Complete the online Acceptable User Agreement, which can be found at: <https://www.surveymonkey.com/r/scruseragreement>
5. Update your SOP (a sample document is attached)

The Project Team at Midlands and Lancashire CSU will inform you just as soon as your Pharmacy is live and your smart cards have been updated.

The Forms you will need will be attached to the newsletter along with a sample SOP for SCR.

Figures for the uptake of SCR in Staffordshire and Shropshire.

Staffordshire & Shropshire Stats		09-Jun-16
No of Completed Sites		18
No of Pharmacies Applied for SCR		20
No of Pharmacies attended a briefing but not yet applied for SCR		111
No of Pharmacies outstanding		38
No of Pharmacies refused to attend		3
Queries raised via NHS England		6
Removed from list as multiples/distance selling/no longer operating		7
Well Pharmacies who have attended a briefing*		25
No of Well Pharmacies outstanding*		11
Total		239
*Weekly reports sent to Ifiti Khan (Superintendent). Ifiti sending out reminders to all Well Pharmacies.		

Prescribing guidance for patients travelling abroad

We receive regular queries regarding recommended duration of treatment to prescribe to patients travelling abroad. There is a policy on the CCG intranet and whilst this is dated 2011, the information still stands.

The CCG has agreed that prescribers should not usually prescribe treatment in excess of **THREE MONTHS'** duration for patients who are travelling abroad. Under these circumstances, clinicians cannot monitor the patient's condition or their response to therapy and the accepted view is that a 3 month supply of medication should be sufficient to allow the patient to register with a doctor in their new place of residence and arrange for continued supplies. Patient advice may be found at: <http://www.nhs.uk/chq/Pages/1755.aspx>

A detailed leaflet on travel health may be obtained from Post Offices or downloaded from:

<http://www.uclh.nhs.uk/PandV/PIL/Patient%20information%20leaflets/Health%20Advice%20for%20Travellers.pdf>



New PG Cert/Dip/Msc for Clinical Pharmacy in General Practice

The Centre for Professional Development and Lifelong Learning at Keele University developed a new programme following the NHS announcement to invest in clinical pharmacists in general practice. This is a clear sign that pharmacists are recognised as health professionals who are able to support patients in the management of long term conditions e.g. by optimising medicines. These roles offer exciting opportunities for pharmacists to develop in this area of practice. Our new postgraduate pathway 'Clinical Pharmacy for General Practice' allows you to combine your choice of modules from across our community pharmacy, Advanced Professional Practice and Prescribing Studies programmes (including the Independent Prescribing course) to meet your own personal learning needs whilst working towards a Postgraduate Certificate, Diploma or Masters award.

For further information on all our modules and postgraduate programmes please visit our website <http://www.cpd4all.co.uk> or email Amanda a.salt@keele.ac.uk

Don't just take our word for it, read about how studying towards an award has helped one pharmacist extend their role into general practice: <http://www.cpd4all.co.uk/news/community-pharmacy-cpd-plus-student-case-study/>

'The clinical knowledge and IT skills I developed during my first two modules gave me the confidence to try this new role. The communication and team building skills developed during my more recent modules have helped me develop my role in the practice. Now this module is developing my knowledge of medicines management and medicines optimisation to enable me to be an effective practice pharmacist.'



Latest News

<http://psnc.org.uk/>

Details of the 2016/17 Flu Vaccination Service



The launch of the national community pharmacy Flu

Vaccination Service 2016/17 is planned for 1st September 2016.

While not confirmed until the service specification and PGD are published, there a number of key points we believe community pharmacy contractors need to be aware of, visit the PSNC website

PSNC election for West Midlands

PSNC wishes to announce that the process to elect a new regional representative for the West Midlands Region (which covers Birmingham LPC, Coventry LPC, Dudley LPC, Herefordshire & Worcestershire LPC, North Staffordshire LPC, Sandwell LPC, Shropshire LPC, Solihull LPC, South Staffordshire LPC, Walsall LPC, Warwickshire LPC and Wolverhampton City LPC areas) is underway. Full details about the role of regional representative and the election process can be found at: ow.ly/PKJ6302JLUk

HSCIC is re-named NHS Digital

NHS Digital has become the new name for the Health and Social Care Information Centre (HSCIC). Its overall responsibilities have remained the same and these include Summary Care Records (SCR); implementation of the Electronic Prescription Service (EPS); and developing policy for local Smartcard Registration Authorities (RAs). Find out more at: ow.ly/quuE302Oe3z

New guide for working in care homes

The RPS has published a new guide, aimed at pharmacists working in or with care homes. The guide provides support, comprehensive signposting and an overview of the different roles pharmacists may have in care home service provision. Find out more about the guide at: ow.ly/ScT6302IPQB

NHS fraud checking notification

Flu Service Webinar Details

When is it?

Wednesday 24th August at 7.30pm

Who should sign up?

This webinar will be of most interest to those contractors and pharmacy team members who are planning to take part in this year's Flu Vaccination Advanced Service. Find out more about the service at: psnc.org.uk/flu

How do I register?

Please [sign up here](#)

What will be covered?

- Identify the main differences from last year's national flu vaccination service;
- Understand exactly how the service will work and how pharmacists can make their Declaration of Competence;
- Familiarise yourself with the data capture requirements for the service;
- Know how to sign up for the service and claim for payment; and

Get top tips on running the service from a practising community pharmacist.

Fire hazard with paraffin-based skin products



A recent fire death in Leicester has resulted in a Section 28 Letter from the HM Coroner of Leicester City and South Leicester being forwarded to all FRS in the UK with the aim of making all aware of the following detail.

The individual concerned was essentially bed bound and being cared for by a friend and had carers visiting 4 times daily. The carers were responsible for washing and dressing them and assisting them with simple activities of daily living. This included applying E45 daily after washing. The individual was a smoker, known to smoke whilst sat up in bed with no intention to stop smoking at any point. The Section 28 specifically refers to the use of E45 cream and the relevant extract from the letter is as follows:

Coroner's Concerns

During the course of the inquest the evidence revealed matters giving rise to concern. In my opinion there is risk that future deaths will occur unless action is taken. In the circumstances it is my statutory duty to report to you:

The MATTER OF CONCERN is as follows:

E45 is highly flammable as it is a paraffin based product, the residue of which acts as an accelerant. In this case there was a distinct lack of awareness of this fact, by the carers and the deceased.

This was in part due to lack of communication by the GP but also due to the fact that there were no fire hazard warnings on the prescription or product itself.

This product is widely available over the counter to the general public and commonly for vulnerable people such as children and the elderly. Worryingly there would appear to be no warnings on the packaging that this is indeed highly flammable, with the potential risk of ignition.

A copy of this letter has been provided to NHS England, the manufacturer and the Chief Fire Officers Association and those concerned have to respond to the coroner with details of the action taken or proposed action to be taken. In 2007 the NPSA issued a safety alert about the fire hazard with paraffin-based skin products. Further information, including a patient information leaflet to give to patients prescribed these products, may be found at this link: <http://www.nrls.npsa.nhs.uk/resources/?entryid45=59876>

Public Health have received some concerns regarding emergency contraceptive coil referrals

Concern: Pharmacists referring clients for an emergency contraceptive coil, can't get a quick appointment when ringing sexual health services.

Response: Where the staff know it is an emergency coil fitting they will do their best not to turn people away and will always try to squeeze them in to clinic. The bottom line is if they can fit them in there and then they will. However, there may be occasions where a trained fitter is unavailable and on these occasions they will try to book them in for the next day or so in order to meet the fitting deadline.

Issue of ordering meds that have reached quota

Concern: Patient needing Dalteparin

Response: Pfizer have advised they still have stock of Dalteparin but it is on restricted supply to ensure those patients that need them get them. Once pharmacies have exceeded their weekly ordering quota (currently set at 3 boxes a week) they are unable to order anymore. However, if the pharmacy has a patient who is in short supply of dalteparin the pharmacy can contact Pfizer directly to arrange supplies.

What's new on PharmOutcomes? This affects ALL pharmacies so please keep reading.....

In this section I have listed changes which affect you in your pharmacy.

The AIS change will add a question to every service you record Smoking Cessation Services and PivoTell Claims are moving to PharmOutcomes recording.

Accessible Information Standard (AIS) Health and Social Care Act 2012

Please Note: Organisations must follow the standard by law from the 31st July 2016. This is explained in Section 250 of the Health and Social Care Act 2012

What is AIS?

AIS aims to make sure that disabled people have access to information that they can understand and any communication support they might need.

As part of AIS, organisations that provide NHS or adult social care must do five things.

- Ask people if they have any information or communication needs, and find out how to meet their needs.
- Record those needs in a set way.
- Highlight a person's file, so it is clear that they have information or communication needs, and clearly explain how those needs should be met.
- Share information about a person's needs with other NHS and adult social care providers, when they have consent or permission to do so.
- Make sure that people get information in an accessible way and communication support if they need it

The PharmOutcomes Platform has been designed to provide support for the first 4 requirements and you will be asked about AIS needs when you register new patients on the system as well as being able to add AIS data for existing patients.

Dr. Gill Hall

Price Concessions for August 2016

Drug	Pack size	Price concession
Amitriptyline 50mg tablets	28	£3.44
Bumetanide 1mg tablets	28	£1.95
Dapsone 50mg tablets	28	£46.19
Desmopressin 10micrograms/dose nasal spray	60 dose	£24.00
Flecainide 100mg tablets	60	£10.90
Flecainide 50mg tablets	60	£11.57
Gabapentin 600mg tablets	100	£9.75
Isosorbide mononitrate 10mg tablets	56	£5.00
Isosorbide mononitrate 20mg tablets	56	£4.00
Lamotrigine 5mg dispersible tablets sugar free	28	£7.30
Mupirocin 2% ointment	15g	£12.45
Nitrofurantoin 100mg tablets	28	£13.99
Nitrofurantoin 50mg tablets	28	£16.00
Ropinirole 1mg tablets	84	£56.71
Trospium Chloride 20mg tablets	60	£18.50
Valsartan 40mg capsules	28	£3.99

No endorsements are required as these prices will automatically be applied to this month's prescriptions.

LPC Officers

Chief Officer – Tania Cork
taniacork@hotmail.co.uk

Chair – Nita Allen
Nita.Allen@boots.co.uk

Vice Chair- Clare Stott
clare.stott@uk.tesco.com

Administrator, Treasurer & Healthy Living Pharmacy

Facilitator – Elissa Pateman
NSlpcoffice@gmail.com
Hlp.sstot@gmail.com

Committee Members

Assie O'Connor
Assie.a@hotmail.co.uk

Mike Connolly
mike.x.connolly@boots.co.uk

Raj Morjaria
raj.morjaria@gmail.com

Hema Morjaria
hemamorjaria25@gmail.com

Sue Adams
sueadams1@nhs.net

Jackie Eeles
Jackie.x.eeles@boots.co.uk

Rebecca Norton
rebeccanorton7@gmail.com

Sue Pitt
sue.a.pitt@boots.com

Paul Insley
Paul.insley@cooperative.co

Greg Hyde

Ernie Amouko
stoke@miltonschemists.co.uk

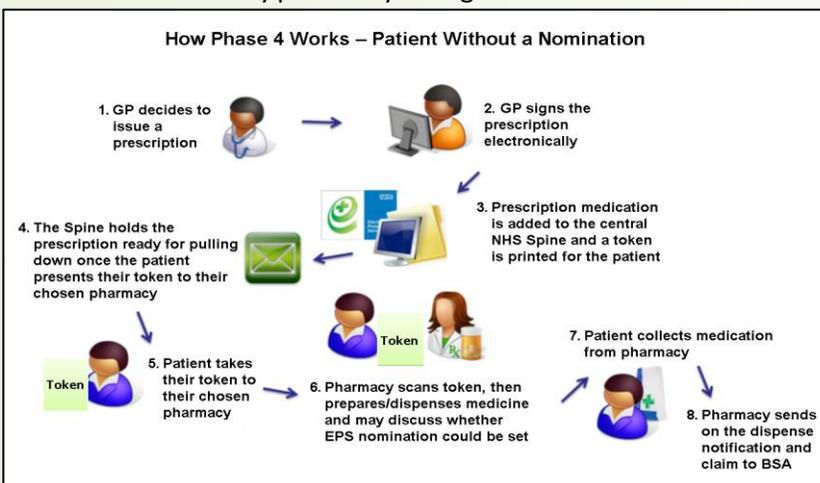
EPS Phase 4

Important information about the EPS Release 2 Phase 4 Pilots
This briefing provides pharmacy teams with information about the next phase of EPS (called 'Phase 4') - this is the point at which electronic rather than paper prescriptions become the default. We will test this initially in a small number of pilot GP practices soon.
EPS Phase 4

Currently patients need a nomination to use EPS but the next phase of EPS will mean that the majority of prescriptions will be signed and sent electronically, even for patients who don't have a nomination. Over 19 million patients already have a nomination and nothing will change for them. All existing nominations will remain valid and further nominations for appropriate patients should continue to be set. You don't need to do anything with those nominations already set.

Patient presenting non-nominated token
Patients without a nomination will be given a paper token by their GP practice (Patients may refer to these as "paper copies" of their prescription).

All pharmacies will need to be ready and know what to do should a patient present a token in your pharmacy. Remember patients can take their token to any pharmacy in England.



For more information about the future of the Electronic Prescription Service

There is more information available on the EPS Website: <http://systems.hscic.gov.uk/eps/future-eps> and on the PSNC website: <http://psnc.org.uk/phase4>. We will publish the small list of pilot GP Practices on the EPS and PSNC websites shortly. As explained above pharmacies who receive many prescriptions from GP practices will be contacted directly.