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# NHS Fu Vaccination Service 2021/22 PGD now published

Both the service specification and PGD for this year's flu vaccination advanced service have been published; download the documents <a href="https://example.com/here.">here.</a>. This year, the PGD can be used by an appropriately trained practitioner to provide the Advanced Service. This will therefore allow contractors to use other healthcare professions listed in the PGD (e.g., nurses) to provide the service under the supervision of a pharmacist. (Note that pharmacy technicians are not currently one of the groups of practitioners authorised to work under a PGD).

NHSE&I has confirmed that they are looking to have a National Protocol in place to support this year's flu vaccination programme. Contractors could use this protocol as an alternative to the PGD, where they can use the skill mix flexibilities allowed by the protocol. The final decision on authorising use of a national protocol has not yet been made.

The national flu vaccination is a key system priority as we approach the winter season and the community pharmacy contribution to this vaccination drive will be crucial.

Gloucestershire LPC has kindly extended an invitation to Devon pharmacists to join a virtual meeting, being held on Thursday 26<sup>th</sup> August at 7.30 pm to help clarify some of this year's changes to the service, including the governance arrangements for delivering offsite vaccinations and the potential use of a Protocol.

There will also be an update on whatever information is available about how the flu service is likely to progress this year alongside a potential phase 3 COVID booster programme. Deborah Hylands from the GPhC will also be attending the meeting to help answer any questions.

If you are interested in attending, please register for this meeting in advance by clicking on the link. https://us02web.zoom.us/meeting/register/tZUqd-qgrTwtE9AKxMG6VHWjaeKXhURLQsA9

### Face to face Flu Training

We have one more face to face flu training workshop (including BLS) scheduled on the 12<sup>th of</sup> September at the Exeter Court Hotel, Kennford. Places are limited, how to book will be sent out to all contractors on Monday 23<sup>rd</sup> August, so you can take advantage of the training being available locally.

Flu vaccination service team engagement – VirtualOutcomes online training video FREE to Devon pharmacy teams now available to view. To access the course visit: <a href="https://www.virtualoutcomes.co.uk/">https://www.virtualoutcomes.co.uk/</a> pharmacy-training

# Pharmacy Quality Scheme 2021-22 Announced

Initial details of the new Pharmacy Quality Scheme (PQS) have been released. The scheme will officially begin on the 1<sup>st of</sup> September 2021 with a declaration period in February 2022. Read the full announcement here. The PSNC have advised all PCN Community Pharmacy leads to start discussions with their PCN Clinical Directors to urgently discuss a joint way forward; and to work collaboratively within their pharmacy network. Please look out for and respond to any requests for information you may receive from your PCN Community Pharmacy Lead over the next few weeks.

NB: We do have some vacancies for PCN Community Pharmacy Leads in Torquay, Barnstaple and Newton Abbot. If you are interested in taking on this role, please let us know at the Secretariat. Remember that if there is no PCN Community Pharmacy lead appointed pharmacy contractors within that PCN will be unable to claim the relevant PQS points.

### **GP Referrals to the NHS Community Pharmacist Consultant Service (GP-CPCS)**

A number of local practices are now referring into the CPCS. Since the start of the service in Devon we have seen just under 300 referrals from general practice. Whilst we seem to be on a slow burn there are one or two practices that have really started to run with the service, and we'd like to thank you and your teams for everything you are doing to help make the service a success.

### Some early learnings from the service: -

Please keep briefing your teams and make sure that your locums and relief pharmacists are fully up to speed with the requirements of CPCS, whether the referrals come into the pharmacy via 111 or general practice. Show anyone not familiar with the service how the referral will come into the pharmacy.

For GP referrals, once your pharmacy has received the referral you must make contact with the patient within 12 hours to discuss with the patient what needs to happen next, either a face-to-face consultation or a remote consultation on the phone.

If you have to escalate a patient back to their GP use either the escalation number or email that you have been provided for this purpose and remember to complete the Notes section, so the surgery knows why a patient has been referred back. As much information as you can provide is very helpful to the practice. It has been noticed that in some cases, no further detail is being entered where a patient has been escalated to higher acuity care or back to the GP for urgent or non-urgent referrals. This data is really important to ensure the referrer is aware of those reasons, and is also really helpful when the service is being reviewed

If you do have to refer a patient to another setting or provider, make sure that you "Complete and Save"; then you will be paid for the consultation.

We know that the current environment is very challenging for everyone and appreciate all of your hard work. If you need any further help or support, please contact <a href="mailto:admin@devonlpc.org">admin@devonlpc.org</a>

# Minor Injuries - Signposting to the right place

We have had some feedback recently about referrals being made to GP practices from community pharmacy for minor injuries which need to be signposted either to GP practices that are signed up to the local Minor Injuries LES or Minor Injuries Unit. Not all GP practices are signed up to the GP Minor Injuries LES – those that can receive these types of referrals, however if they are not then the patient would be better directed to a Minor Injuries Unit via NHS 111. We have produced a summary guide of which Devon practices are signed up to the LES (the spreadsheet also contains a list of injuries that could be seen under the LES and what the exclusions are), and where the minor injuries units are so help you and your teams identify where best to signpost your patient. Patients should be advised to contact 111 for referral into Minor Injuries Unit rather than just turning up).

Patient presents with minor injury not appropriate for treatment in community pharmacy

Is GP practice registered to provide Minor Injuries LES?

Check spreadsheet for details

No > Refer patient to minor injuries unit via 111 (patient to contact 111 for referral into Minor Injuries Unit)

# Community Pharmacy HEE Funded Pre-Registration Pharmacy Technician (PTPT) Training Placement in 2021

Following successful single sector and cross sector Pre-registration Pharmacy Technician (PTPT) training placements in 20/21, we are pleased to inform you that Health Education England (HEE) have secured funding to support the growth of the pharmacy technician workforce in 21/22.

Funds will be available to further support expansion of PTPT training capacity in community pharmacy **or** as part of a cross sector apprenticeship programme (see attached flyer for information).

HEE would like to invite you to join a webinar on **Monday 23 August 2021** where information regarding training programme requirements and the funding application process will be shared. Please see the HEE flyer for details of the webinar or follow the link below to complete the registration form to attend.

Link to registration form

# **Bites and Stings**

We have had some really positive feedback about patients who have received excellent advice and support for management of insect bites and stings from their local pharmacist. However, we are also hearing that patients are requesting appointments from their GP and quoting that they have been referred by their pharmacist. We appreciate this feedback is anecdotal but just as a reminder, many bites & stings will not require antibiotics and can be self-managed; however, we thought it would be helpful to highlight the red flags that would require escalation to a GP; together with some links to further information. Most reactions are transient and will resolve in around 10 days

# Only refer patient to GP / 111 if (red flags)

- Sting or bite in mouth, throat or near eyes
- There is a large, localised reaction around the bite, which becomes progressively red and swollen symptoms of a wound infection (cellulitis), such as rapidly spreading red, swollen and tender skin, purulent discharge or increasing pain that does not respond to OTC steroid cream or antihistamines
- Symptoms of systemic infection, such as raised temperature, swollen glands and other flu-like symptoms

#### **Further resources**

https://dermnetnz.org/cme/arthropods/insect-bites-and-stings/ https://cks.nice.org.uk/topics/insect-bites-stings/management/management-in-primary-care/ https://cks.nice.org.uk/topics/cellulitis-acute/diagnosis/diagnosis/

# Do you want to be an early adopter? Needle and Syringe Provision (NSP) - Single Use Kit Provision

Following a pilot programme involving three Community Pharmacies in Exeter Devon County Council is wanting to roll out the provision of single use injecting equipment as a new way of delivering NSP which aims to reduce drug litter and reduce unused wastage.

# What's Involved?

#### Equipment

The single use kits are to be provided by Orion Medical. The kit includes everything necessary for an injecting episode, except for foil, and includes a discrete biro-sized sharps disposal bin, almost tamper proof. Contents are in the training guides attached.

#### **Training**

To be delivered by the Orion Medical remotely to all pharmacy staff involved in NSP delivery for those pharmacies expressing an interest. The training delivery takes approximately 30 minutes.

#### Remuneration

The fee is £2.26 per transaction (up to 7 kits at any one time) to 30/9/2021 and £2.33 from 1/10/2021. Fee calculation is based on a transaction fee rather than per kit/pack dispensed

Up to 7 single kits may be taken at one time by an individual. However, if more than 7 kits are requested then the requisite pack should be dispensed.

Community Pharmacists wanting to express their interest should email substance misuse - mailbox <u>adultsc.substancemisuse-mailbox@devon.gov.uk</u> by **Friday 27**<sup>TH</sup> **August 2021**.

# **August 2021 Bank Holiday Pharmacy Opening Times**

The August 2021 Bank Holiday pharmacy opening times which we have received from NHS England & NHS Improvement (NHSE&I) can be found on the LPC website. <a href="https://tinyurl.com/ygw7qxhx">https://tinyurl.com/ygw7qxhx</a>

NHSE&I has asked that pharmacies display the Bank Holiday Opening Times poster in the window, or somewhere that it can be viewed clearly, to signpost patients / public to the nearest open pharmacy during the Bank Holiday periods.

# STOP PRESS: CPCS IT: change to funding and procurement

Currently, a national procurement model is in place to support community pharmacy contractors with the delivery of the Community Pharmacist Consultation Service (CPCS). This was due to terminate on 1st October, but the national procurement model is extended to the end of March 2022, providing contractors additional time to complete the transition to their own CPCS IT systems.

Contractors are recommended to start considering which supplier they want to choose well in advance. From **the autumn**, contractors will be able to transition to their own contractual arrangements with one of the four assured IT providers:

Cegedim (providers of the Pharmacy Manager PMR system)

Positive Solutions (providers of the Analyst PMR system)

**Sonar Informatics** 

**PharmOutcomes** 

An NHS buyer's guide will be made available to support pharmacy contractors making choices about the right IT solution for them. The guide will recommend that any contracting decision made well in advance.

Further information Community Pharmacist Consultation Service (CPCS) IT support

# Information on what to do if you have to close your pharmacy

PSNC Briefing 019/20: Emergency closure checklist for community pharmacy - <a href="https://psnc.org.uk/wp-content/uploads/2020/03/PSNC-Briefing-019.20-Emergency-closure-checklist-for-community-pharmacy.pdf">https://psnc.org.uk/wp-content/uploads/2020/03/PSNC-Briefing-019.20-Emergency-closure-checklist-for-community-pharmacy.pdf</a>

#### COVID-19 and preparing prior to an emergency closure

If you need to close your community pharmacy because of the ongoing COVID-19 pandemic, it is important that you do as much as you can before you leave the premises, if safe to do so. The pharmacy may be run by locums or other staff unfamiliar with your procedures, or the pharmacy may be closed. It's important that you do what you can, if it is safe to do so, to make sure everything is in place to ensure patients are able to access their prescriptions, and that your business can resume easily and effectively. You should not put yourself, your staff, or your patients at any unnecessary risk.

# Actions: extracts from the emergency closure checklist – see the full briefing for more information

#### Check your NHSmail shared inbox for any urgent emails that require your attention.

The inbox owner/administrator should then set an 'out of office' message on the shared inbox so that everyone is aware the pharmacy is closed. If the owner/administrator of the shared mailbox is unavailable, email the Pharmacy Admin team (<a href="mailto:pharmacyadmin@nhs.net">pharmacyadmin@nhs.net</a>) from any of the email addresses that are linked to the shared mailbox and request that they add a message on your behalf.

If you use the EPS 'automatic prescription download' feature in your PMR system you may be able to switch it off yourself; if not, your system supplier should be able to help you turn this feature off.

#### **EPS Nominations:**

Depending on the potential closure duration, consider whether you need to let certain nominated patients know about the pharmacy closure. Nominations are set for patients against a pharmacy's ODS code. You can check the pharmacy's total number of nominations prior to the temporary closure by referring to the 'Nominations by dispenser' spreadsheet downloadable from NHS Digital's website.

#### Process any partly dispensed EPS prescriptions

Completed prescriptions should have both their EPS Dispense and Claim notification messages sent in a timely manner, bearing in mind the EPS 5-day window. Not all partially processed prescriptions may be retrieved by

other pharmacies but where appropriate and criteria are met, other pharmacies may provide emergency supplies based on the pharmacists' professional judgement (refer to submission guidance below).

#### Return any EPS prescriptions, that have not yet been dispensed to the Spine

This should include any batches of electronic Repeat Dispensing (eRD) prescriptions which have not yet been dispensed. Your system supplier may be able to support you with returning appropriate scripts to the Spine. The more you can do before leaving the pharmacy, the easier it will be for your patients to continue to obtain their medicines while the pharmacy is temporarily closed.

In addition - if you do have to close, it's important that you communicate this early with your practices, so they are aware not to send patients, further prescriptions or referrals (I.e., CPCS) to your pharmacy whilst you are closed; It is also really important to update your DOS profile if closed so you don't get any 111 CPCS referrals.

Thank you for your efforts to support your patients throughout the pandemic so far; it has been noticed and very much appreciated by the wider NHS system and patients alike. Your LPC is here to support you as we move through the next stages of the pandemic and would encourage you to contact us if you have any queries or issues that we can support you with, on <a href="mailto:admin@devonlpc.org">admin@devonlpc.org</a>

# DMS – service claiming

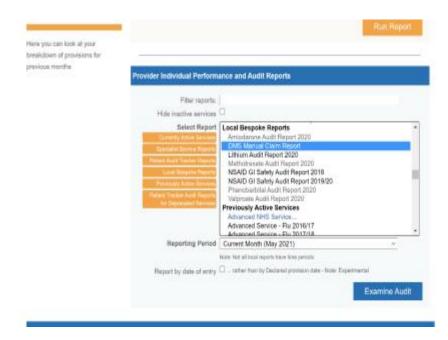
We have been made aware that a number of referrals are not being claimed for on MYS. Automation of claiming directly from PharmOutcomes is not yet live – you have to manually add to MYS in order to get paid (automation is imminent – likely to be before the end of this year – watch this space!)

The Pinnacle team have developed a bespoke report in the interim to help with data return. This report effectively converts your DMS records to a format aligned with the requirements of the MYS portal. This will reduce workload for pharmacy team members.

### How to use the report

Access the report from the "Reports" tab. Scroll to the bottom of the page. Under the heading "Provider Individual Performance and Audit Reports", click the orange button "Local Bespoke Reports" to the left of the reports list as shown below. The DMS Manual Claim Report appears in the list for selection.

Click on the report and select the month required from the drop-down box "Reporting Period" (you can view previous months' as well as current month).



The report sets out the data in the format and order you will be required to input to MYS.

portal.

#### This report contains patient identifiers - if this report is printed, it MUST be securely destroyed

#### Referral details

What is the patient's NHS number?

4106470886

What date did you receive the referral?

30 04 2021

Which trust did the referral come from?

RSF | St Mary's NHS Trust

Clid the referral from the NHS trust meet the minimum essential dataset requirements?

# Yes O No

Was Stage 1 of the DMS Provided?

# Very Children

DMS Stage 1

Were prescriptions in supply system intercepted to prevent.

the patient receiving inappropriate supply?

0.991

O No

# No such prescriptions exist.

# Stage 1 issues

Record Details

on the MYS portal.

Provision Record: 342629759

Local Claim Status: Cisimple

Were there any issues or clinical actions identified?

Hospital Referral using ITK Electronic Discharge Info.

The Local Claim Status is not whether the referrel has been

claimed on the MYS portal; it indicates whether it has been gathered together in the month's claimable records for menual entry

○ Yes # No

#### DMS Stage 2

Was Stage 2 of the DMS Provided?

# Yes O No

Who completed it?

O Pharmadat

# Phermacy technician

#### Stage 2 issues

Were there any issues identified?

O Yes

# None - medicines reconciliation pharmacy completed

#### DMS Stage 3

Was Stage 3 of the DMS Provided?

⊕ Yes ○ No

Who completed 87

O Phamaciel # Phamacy technician

Select the method of consultation

O in-pharmacy consultation

# Telephone consultation

O Video consultation

O Home visit

#### Stage 3 issues

Were all important changes understood by the patient or carer?

# Yes O No

Was advice provided and questions answered around the

medicines routine? # Yes © No

Was a referral made?

○ Yes # No.

Was another Community Pharmacy Contractual Framework

service provided?

○ Yes # No

#### Referral details

What is the petient's NHS number?

4001592158

What date did you receive the referral?

10 05 2021

Which trust did the referral come from?

RTF | SI Mary's NHS Trust

#### Record Details

Hospital Referral using ITK Electronic Discharge info

Provision Record: 343647645 Local Claim Status: Claimsbir

The Local Claim Status is not whether the referral has been

claimed on the RYS ports; it indicates whether it has been gathered together in the month's claimable records for manual entry

on the MYS portal

# DEVON LOCAL PHARMACEUTICAL COMMITTEE www.devonlpc.org

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