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## Devon LPC Annual General Meeting Monday 10<sup>th</sup> October 2022; 7.15 pm to 8.30 pm

This is a reminder that our virtual Devon LPC Annual General Meeting is on Monday 10<sup>th</sup> October 2022, being held on Zoom.

We are very pleased to welcome Janet Morrison, OBE, Chief Executive PSNC to our meeting as our guest speaker. Janet will be talking about ***the Big Issues including The CPCF Year 4 Update, Current pressures facing contractors and what PSNC is doing to address them, changes at PSNC and the Transforming Pharmacy Representation programme, Q&A***

Please register in advance on Zoom and if you can “bring a friend” so much the better! [Book here](#)

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### Discharge Medicines Service

We had a fantastic evening in Plymouth last week with community pharmacy teams from Plymouth, Kandarp Thakeer, Chief Pharmacist University Hospitals Plymouth NHS Trust and members of the hospital pharmacy team; PCN pharmacists and technicians. There was lively discussion with delegates hearing about the process for handling discharges from the different sectors as part of the overall patient journey. Community pharmacies in the Plymouth and West Devon localities will start to see more referrals over the next few months as Derriford starts to refer patients that meet the high risk criteria as set out in the service specification.

Please remember that the DMS is an essential service. For more details of the requirements of the service [read the PSNC guidance](#). Referrals will be received in the pharmacy via PharmOutcomes, and you must accept the referral within 72 hours of receiving it.

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### Out of Stock Medication

Availability of various different medicinal products has been a significant barrier to prompt supply of medicines to patients over the last year. For a range of different reasons, shortages are becoming more frequent, which in turn causes additional work for pharmacy teams in requesting alternatives from GP practices and scoping other available products. A range of online tool are available to support with medicines shortages, including the [SPS medicines availability tool](#) (free for pharmacists to register for) and a [pharmacy guide for dealing with stock shortages](#) for RPS members. If you wish to report a new medicines shortage or pricing issue, letting the [PSNC know via their online form](#) will help expedite a national solution.

The fastest way to source an alternative prescription is to inform the patient's registered GP practice of available alternatives (if there are any!) or what groups of medicines are completely unavailable (e.g. if all the bisphosphonates are out of stock, telling the practice this at the point of requesting an alternative will ensure you will not get a new prescription for another medicine which is also unavailable). Think about your communications in the day to day work in the pharmacy with your GP practices - if you don't have a quick route in or an easy way to request alternatives, this might be something you could discuss as a group of pharmacies in your PCN footprint before having a conversation about comms with your local GP practice.

Devon LPC has available a stock shortage/alternative request form which might be used as part of the day to day process, which can be sent to GP practices when requesting an alternative medication - <https://devonlpc.org/pharmacy-resources/resources-g-l/medicines-shortage-guidance/>

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## Flu vaccinations

Please ensure you are using the correct flu vaccines for each patient cohort within the NHS flu vaccination service.

Please note, there is no provision for the use of standard egg-cultured quadrivalent influenza vaccine (QIVe) in the 65 years and over patient cohort.

In addition, vaccination of **50 to 64-year olds NOT in a clinical at-risk group should not be offered vaccination before the 15<sup>th</sup> October 2022.**

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## Patient Satisfaction and Workforce Survey

Workforce challenges are currently adversely impacting most sectors of the UK economy, but they are being particularly acutely felt within community pharmacy with serious consequences for community pharmacy contractors. PSNC and the other national pharmacy bodies have called for improved workforce planning to be undertaken by the Government and the NHS but for this to happen, high quality workforce data for community pharmacy needs to be available.

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## Mandatory Completion of workforce survey

For this reason it has been agreed that it will be a Terms of Service requirement for contractors to complete the annual Health Education England (HEE) Community pharmacy workforce survey which will then provide a full picture of the community pharmacy workforce, including identifying the number of vacancies and regions where these are particularly hard to fill.

In recognition of the workload pressures on pharmacies the requirement to undertake an annual patient satisfaction survey will be removed from the Terms of Service from 1<sup>st</sup> October 2022. [Find out more here.](#)

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## ***Pharmacy Support has launched the ACTNow! wellbeing campaign that is running from 25th September until 22nd October.***

This year the ACTNow! Campaign is focusing on breaking the silence of mental health and wellbeing, transforming workplace cultures, developing the pharmacy team, and prioritising individual wellbeing.

Pharmacy staff who sign-up for the campaign will receive free, weekly, dedicated wellbeing information from Pharmacist Support alongside practical resources specifically for pharmacy organisations, teams and individuals.

[Sign up to the ACTNow! campaign](#) and encourage your team members to do the same as they need to be reminded to look after themselves!

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## Pharmacy Quality Scheme 2022/23 PQS – making a start

While we wait for full details to be published here are a few things to start working on when capacity allows

### Gateway criterion – New Medicine Service

One of the Gateway criteria requires contractors to have claimed for 20 completed New Medicine Service (NMS) provisions between 1st April 2022 and 31st March 2023. Contractors could review the number of NMS that they have claimed for since 1st April 2022 to see whether they already meet this criterion or if not, consider what action they need to take, to ensure they can meet this Gateway criterion by 31st March 2023.

### View further information on the NMS

### 2) Training requirements

There are several training requirements that contractors will need to meet in the different domains.

Several of the training requirements have been included in previous Schemes; however, **this year there is a new requirement that may mean that staff are required to repeat training and e-assessments** that they have completed previously. This will depend on the stated validity period and when staff completed the training and e-assessments.

PSNC has published a briefing which includes a table listing the training requirements, who needs to complete the training and the time periods in which staff must have completed training.

[View PSNC Briefing 031/22: Pharmacy Quality Scheme – Summary of the training requirements for the 2022/23 Scheme](#)

PSNC will hold an online contractor event on the CPCF for 2022/23 and 2023.24 on Tuesday 4<sup>th</sup> October at 7.30 pm. This will be a chance to hear from the Chief Executive and to ask questions about the announcement and arrangements. [Book your place](#)

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### NHS 111 Online Referrals to CPCS

From Monday 3 October, referrals from NHS 111 online to [CPCS](#) can also be made for minor illness, as well as for an urgent medicine supply. This follows a successful six-month pilot across Bristol, North Somerset, South Gloucestershire CCG and the North ICP. Contractors are reminded to check both their commissioned pharmacy IT system and NHS.net to ensure referrals are identified and managed effectively and that the pharmacy team is fully briefed to deliver the service as per the [CPCS service specification](#).

***Contractors shouldn't see anything different in terms of 111 referrals, but it is vitally important that you and your team continue to check your shared NHS.Net email regularly during the day when your pharmacy is open and action any messages.***

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### Community Pharmacy ENT Clinical Update – October 19<sup>th</sup> 7.00 pm – 8.30 pm

Devon LPC has partnered with the Devon Training Hub to provide an ENT clinical update for community pharmacy teams in Devon. Walk-ins with a sore throat wanting antibiotics? A patient with a gunky nose? A child tugging at a sore ear? We will cover common over-the-counter Ear, Nose and Throat conditions you might see OTC or as part of GP CPCS in a clinical update evening.

Delivered by Paul Horne, Advanced Nurse Practitioner. You will learn about ENT basic anatomy, common conditions, assessment, how to treat minor illness and when to refer red flags as part of our one-stop shop clinical update. Places are limited so be sure to register as soon as possible on the link below.

[Click here to book your place:](#)

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### Advanced Service – Smoking Cessation Service – Important Information

The hospital Trusts in Devon are preparing to go live with the nationally commissioned Advanced Smoking Cessation Service. At present, it is expected that the RD&E will go live between 10<sup>th</sup> & 17<sup>th</sup> October, with the other three trusts going live shortly after (before the end of December).

You are invited to a launch event webinar next **Thursday, 6<sup>th</sup> October, 7pm-8pm** on [Zoom](#). Please have at least one member of the team attend who can update the rest of the team on how the service will work. You can attend even if you are not yet signed up to deliver the service.

#### Agenda:

- Background – Long Term Plan & Ottawa Model of Smoking Cessation
- Pilots – overview & outcomes
- National implementation update
- Next steps
- Q&A

**IMPORTANT: You have been accredited to a readiness survey on PharmOutcomes – titled ‘Smoking Cessation Advanced Service – state of readiness’. Please ensure you have filled this in – the responses to this will be advised to the hospital trusts and they will only send referrals to contractors who have completed this.**

#### Please be aware of the below requirements prior to commencing the service:

- The service must only be provided by a pharmacist currently, although this will change to include pharmacy technicians in the future – the date of this change will be announced via PSNC in due course

- Pharmacies must have a consultation room in order to be able to offer this service, which meets the requirements in the Terms of Service. The consultation room must also have IT equipment accessible within the room to allow contemporaneous records of the consultations provided as part of this service.
- You must have a carbon monoxide (CO) monitor (which is suitable for use with pregnant women) and sufficient disposable single patient use mouthpieces. The minimum technical specification for a CO monitor that can be used for the service can be found in Appendix A of the [service specification](#)

**To provide the service pharmacists must have:**

- Read and understand the operational processes to provide the SCS as described in the [service specification](#);
- Successfully completed the following [National Centre for Smoking Cessation and Training \(NCSCT\) courses](#) and satisfactorily passed the assessments (where applicable):
  - Stop Smoking Practitioner training and certification;
  - Mental health and smoking cessation course;
  - Pregnancy and smoking cessation course; and
  - E-cigarettes: a guide for healthcare professionals course.
- Have read the [NCSCT Standard Treatment Programme \(STP\)](#), which will be used to support consultations.

**Pharmacy Team training**

Although the service must be provided by the pharmacist, it is important that the wider pharmacy team are aware of the SCS and how it will operate. You could consider:

- Holding a briefing session for your team;
- Providing them with the one-page overview (please see below) on how the service will work;
- Discussing as a team how you can work collectively to make the service a success; and
- Making sure team members are clear on the daily activity required, such as checking for referrals, diary management, etc.

[Download the PSNC Briefing for pharmacy teams on the service](#)

**Standard operating procedure**

Contractors must have a standard operating procedure (SOP) in place for this service covering provision of the service, which should include key contact details for the service; the process for maintenance and validation of the equipment used and infection prevention and control measures; and signposting to locally commissioned smoking cessation services.

**Face-to-face consultations and carbon monoxide (CO) monitoring**

The SCS is intended to be provided as a face-to-face service. On occasion there may be a requirement to provide behavioural support, monitoring, or follow up remotely, for example, telephone or video consultations. Remote consultations may only be considered if they will meet the requirements of the service specification and the patient agrees to this approach.

**NB: Employed pharmacists: If you are unclear about whether or not your pharmacy is signed up already to provide the service please check with your employer or Area Manager.**

**DEVON LOCAL PHARMACEUTICAL COMMITTEE [www.devonlpc.org](http://www.devonlpc.org)**

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