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**1. Christmas and New Year Opening 2014/15**

Please be aware that NHS England’s stance in regard to opening on Christmas Eve and New Year’s Eve will be the same as last year, i.e. that there will be no agreement to any changes to pharmacies core contracted hours, however, if the appropriate 90-day notification is received in relation to changes to supplementary hours then this will be considered (see item 2 below; Planned and Unplanned Closure Procedure). If you require clarification of the split of core/supplementary hours for any of your pharmacies then please contact Sharon York on 01707 369739.



 **2. Planned and Unplanned Closure Procedure**

There are procedures for pharmacy contractors to notify the Area Team of NHS England for both planned and unplanned closures and these are reproduced below.

**Requests for temporary closures within a contractor’s control**

Where a contractor knows in advance that it will not be able to open its premises it may request a temporary suspension of services for a set period. Three months’ notice must be given and the following form should be used:



**For Closures known within normal office hours (9am – 5pm)**

**Pharmacies must:**

* Make a request via the FHS at NHS England to

 Steve Jackson on (01707 369735) or Sharon York on (01707 369739)

* Inform their local surgeries of their revised opening times.
* Signpost patients by way of a visible notice within the pharmacy area to alternative open pharmacies including their opening times and telephone numbers and include information about the NHS Choices link as follows:

<http://www.nhs.uk/servicedirectories/Pages/ServiceSearch.aspx?ServiceType=Pharmacy>

* Include in the notice when they will be next open
* Not have any patients expected to return that day to collect urgent medicines.
* Contact methadone or supervised consumption clients to check their attendance at the pharmacy. Where pharmacies are unable to contact clients the client’s prescribing service must be notified that the client is unable to collect their medicine(s) from the normal pharmacy and other arrangements must be made.
* Inform repeat dispensing patients expected to collect prescriptions during the closure time.

**Notification of temporary closures outside of a contractor’s control**

* There may be occasions when a contractor is unable to open its premises for a reason that is beyond its control. This includes flooding of premises; lack of electricity; premises have been broken into; pharmacist has not arrived.
* It does not include planned refurbishment. It also does not include situations where the pharmacy occupies part of a larger building and the rest of the premises are closed as it is expected that contractors will have put in place arrangements to ensure they are able to fulfil their terms of service regarding their core and supplementary opening hours.
* Where there is a temporary closure outside of the contractor’s control they are required by the 2013 Regulations to notify the AT. Please use the following form:



**Retrospective Closures (including late opening of the pharmacy)**

**Pharmacies must:**

* Inform the FHS at NHS England - contact either Steve Jackson on (01707 369735) or Sharon York on (01707 369739) - at the earliest opportunity ideally no later than the next NHS England working day.

Be aware that it is likely that lost core opening times will need to be made up within an agreed reasonable period.



**3. Pre-Registration funding update**

Pharmacist trainees who fail their pre-registration examinations for the second time are required to undertake an additional six months supervision. The General Pharmaceutical Council Registration Assessment Regulations state that this extra six months is categorised as supervision and not pre-registration training. NHS England is therefore not responsible for funding trainees who are in this position. The Area Team will therefore decline requests for this type of funding.



1. **Contract Monitoring 2014/15**

With the possible exceptions of any pharmacy relocation or where there are concerns or risks with a particular contractor, pharmacies that submitted the 2013/14 Community Pharmacy Assurance Framework (CPAF) documentation in full will not be asked to complete this for 2014/15. All new pharmacies, or any that changed ownership since the CPAF was completed, will be required to submit a CPAF return. You will be informed by the Area Team by the end of November 2014 should one be needed. Monitoring visits during 2014/15 will again be prioritised based on the latest completed CPAF.



 **5. Community Pharmacy Seasonal Flu Vaccination Service**

We are pleased to announce that the Hertfordshire and South Midlands Area Team has agreed to commission community pharmacies to provide a seasonal flu vaccination service across the Hertfordshire and South Midlands geography. This is to maximise patient opportunities by increasing access points for flu vaccination. We anticipate commissioning pharmacists will increase the capacity across the area to deliver vaccinations to the target group and provide eligible patients with a convenient and safe option to access flu protection, ultimately increasing the level of flu protection in our communities, reducing the spread of the flu virus and reducing complications from flu for those with long term conditions.

Community pharmacies will be asked to provide vaccinations to the following groups of patients: Patients in the at risk groups who are aged 12 – 64 and all pregnant women.

The flu vaccination service will be commissioned from pharmacies that can clearly demonstrate that they meet the accreditation criteria in terms of training, suitable premises and clinical and information governance systems.

To support the administrative process for this year’s flu programme Sonar Informatics has been commissioned to provide this service. Pharmacies have been asked to register an Expression of Interest, at which time they will be able access further detail about Sonar informatics, the Service Level Agreement and Policy and Patient Group Directive (PGD).

All enquiries regarding this pharmacy–based programme should be directed to the pharmacy email address at england.pharmacy-athsm@nhs.net



 **6. Stoptober**

The NHS Stoptober campaign, which is the 28-day national stop smoking challenge running throughout October, will launch this year on 8th September, encouraging people to be part of the challenge. Stoptober itself starts on 1st October and pharmacies can now start ordering their materials to take part in the campaign.

To order the free Stoptober toolkit to support the campaign call 0300 123 1019. The order line is open Monday to Friday, from 8am to 6pm, until 28th October 2014 or whilst stocks last.



 **7. Disposal of Unwanted Medicines – Nursing Homes**

Community pharmacies, as part of their contractual framework, accept returned unwanted medicines from households and individuals. This includes residential homes. However, pharmacists are reminded that returned medicines should not be accepted from nursing homes under the contractual framework. NHS England’s obligation to arrange disposal of waste extends only to the Essential Service 3, therefore any waste originating from nursing homes is not included.

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 **8. Improving medication error incident reporting and learning**

NHS England and MHRA are working together to simplify and increase reporting, improve data report quality, maximise learning and guide practice to minimise harm from medication errors by:

* sharing incident data between MHRA and NHS England reducing the need for duplicate data entry by frontline staff;
* providing new types of feedback from the National Reporting and Learning System (NRLS) and MHRA to improve learning at local level;
* clarifying medication safety roles and identifying key safety contacts to allow better communication between local and national levels; and,
* setting up a National Medication Safety Network as a new forum for discussing potential and recognised safety issues, identifying trends and actions to improve the safe use of medicines. The network will also work with new Patient Safety Improvement Collaboratives that will be set up during 2014.



The Yellow Card Scheme for reporting suspected adverse drug reactions to the MHRA will continue to operate as normal.

As part of the implementation, all large healthcare providers including community pharmacy multiples should

* identify the superintendent pharmacist to have the responsibility to oversee medication error incident reporting and learning;
* identify a Medication Safety Officer (MSO) and email their contact details to the Central Alerting System (CAS) team. This person will be a member of a new National Medication Safety Network, support local medication error reporting and learning and act as the main contact for NHS England and MHRA; and,
* identify an existing or new multi-professional group to regularly review medication error incident reports, improve reporting and learning and take local action to improve medication safety.

Small healthcare providers including community pharmacies in the independent sector should:

* continue to report medication error incidents to the NRLS using the e-form on the NRLS website, or other methods and take action to improve reporting and medication safety locally, supported by medication safety champions in local professional committees, networks, multi-professional groups and commissioners.

More detailed information to support the implementation of this guidance is available at: [www.england.nhs.uk/patientsafety/PSA](http://www.england.nhs.uk/patientsafety/PSA)

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**9. Private Controlled Drug Prescriptions (FP10PCD)**

The requirement to send FP10 PCDs to NHS Prescription Services arose from the Shipman Enquiry in order to enable the monitoring of private prescribing of controlled drugs.  It is important that these are received by the fifth day of the month, using the submission document (FP34PCD).  We perform regular monitoring in NHS England to identify any issues and anomalies according to the CD Regulations 2013.

<http://www.nhsbsa.nhs.uk/PrescriptionServices/Documents/PrescriptionServices/Controlled_drug_prescribing.pdf>

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1. **Wholesale Dealer and Controlled Drug Licenses**

With effect from 14 August 2012, Section 10(7) of the Medicines Act 1968 has been repealed. This was the exemption that allowed pharmacists to wholesale deal medicines without a wholesale dealer’s licence, where that dealing constitutes no more than an inconsiderable part of that business. We advise all pharmacies to review whether any of their normal business transactions involve the supply of stock to another organisation and to investigate the need for a wholesale dealers licence for their premises.

MHRA has previously given guidance that in situations where there is a specific patient need, a pharmacy needing to obtain small quantities of a medicine from another pharmacy may do so without the need for the supplying pharmacy to hold a WDA(H). This is subject to the supply meeting all of the following criteria:

* it takes place on an occasional basis
* the quantity of medicines supplied is small and the intention is to meet the needs of an individual patient
* the supply is made on a not for profit basis.

We advise you to contact the MHRA and Home Office to be certain what licences or exemptions should be in place for your premises.

You can contact the Home Office and MHRA using the following

MHRA: info@mhra.gsi.gov.uk or 020 3080 6844

Home Office: licensing\_enquiry.aadu@homeoffice.gsi.gov.uk

<http://www.mhra.gov.uk/Howweregulate/Medicines/Licensingofmedicines/Manufacturersandwholesaledealerslicences/index.htm#5>

**The Pharmacy Team Contact Details**

**General enquiries** england.pharmacy-athsm@nhs.net 0113 824 8893

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**Professional Pharmaceutical Adviser**

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The pharmacy team works from the Hertfordshire & South Midlands Area Team Headquarters in Welwyn Garden City.

The address is: Primary Care Commissioning – Pharmacy

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