





This bulletin contains information about the following topics:

 Page

1. Changes to the Pharmacy Contractual Requirements 2014/15 2-3
* MUR & NMS
* Repeat dispensing
* Patient Safety Incident Reporting
* Multi Sector Audit

1. Summary Care Record in Community Pharmacy Project 3
2. Ask Your Pharmacist Week – 10-16 November 4

1. European Antibiotics Awareness Day – 18 November 14 4
2. Confidentiality in pharmacies 4
3. Disposal of sharps 5
4. ‘Feeling under the weather’ campaign 5
5. Ebola: Community Pharmacy’s role in protecting public health 5-6

 Primary Care Pharmacy Team Contact Details 6



**1. Changes to the Pharmacy Contractual Requirements 2014/15**

The following changes to the Pharmacy Contractual Requirements 2014/15



have been made and will be implemented from November onwards:

**MUR and NMS services**

From the implementation date community pharmacies must carry out at least 70% of their MURs within any given financial year on patients in one or more of the agreed target groups. These groups will include a new target group which will become effective at the same time as the change in target level, as outlined below.

Transitional arrangements will apply for 2014/15 such that the 70% requirement will apply only to MURs provided in the period from the implementation date to 31st March 2015, rather than to the total of all MURs provided in the financial year. For MURs provided between 1st April 2014 and the day prior to the implementation date, the previous target for 50% of MURs to be provided in one of the three existing target groups will apply.

**Repeat Dispensing**

All pharmacies will be encouraged to support activities to increase uptake of repeat dispensing by prescribers in their area. These could include:

* identifying and notifying prescribers of suitable patients; and
* seeking to transfer patients already using managed repeats to repeat dispensing.

The terms of service will be amended to require pharmacies to give advice to appropriate patients about the benefits of the repeat dispensing service (appropriate is defined as ‘patients with long-term, stable conditions who require regular medicines and whose condition is unlikely to change in the short- to medium term’). This may be undertaken in a number of ways such as:

* verbally explaining about the service and its benefits to patients; and
* providing patients with a leaflet describing the service when they are collecting a prescription.

**Patient Safety Incident Reporting**

Since 2005, pharmacies have been required to record patient safety incidents in an incident log and report these to the National Reporting and Learning Service (NRLS) on a monthly basis. The requirements for patient safety incident reporting by community pharmacy contractors are set out in the [*Approved Particulars*](https://www.gov.uk/government/publications/clinical-governance-approved-particulars) . The existing Approved Particulars will be amended from the implementation date to require the identification of pharmacies making reports to the NRLS and will also clarify which patient safety incidents should be reported to the NRLS. At present the Approved Particulars require that all patient safety incidents must be reported to NRLS. This will be amended to clarify that patient safety incidents that did or could have led to patient harm must be reported. Incidents where there was no implied or actual patient harm, for example picking errors that are identified and corrected during the pharmacy’s checking procedures, will not be required to be reported to the NRLS.

From the implementation date pharmacies will need to identify the pharmacy when reporting a patient safety incident to the NRLS. Where reports are submitted via the NRLS eForm there is an option to include the pharmacy’s ODS code (F code) prior to submitting the report. Contractors may also wish to review their current approach to reporting incidents to ensure that they are meeting the contractual requirements.

**Multi Sector Audit**

It has been agreed that in 2014/15, rather than audit topics being chosen by area teams, one nationally agreed audit will be undertaken by all pharmacies on the emergency supply of medicines.

This will be an opportunity for the sector to demonstrate the positive impact that pharmacy emergency supplies can have in reducing the demand for urgent and emergency services such as out of hours GP care, NHS 111 and Emergency Departments. The audit may also be useful in helping pharmacies to identify patients suitable for the repeat dispensing service.

The details of the audit are still being finalised. But, the data which pharmacies will collect is likely to include basic patient details; the reason for their request for an emergency supply; reasons for supplies being made or not made; actions the patient would have taken if the service had not been available; and details on who orders the patient’s repeat medicines for them.

The audit will be piloted in a small number of pharmacies later this year to help ensure that it works in practice.

For further information: <http://psnc.org.uk/wp-content/uploads/2014/09/PSNC-Briefing-015.14-Settlement-Contractual-Changes-Sept-2014.pdf>





 **2. Summary Care Record in Community Pharmacy Project**

 **- Northamptonshire**

The Health and Social Care Information Centre has been commissioned by NHS England to deliver a small proof-of-concept (PoC) project for viewing the Summary Care Record (SCR) in community pharmacies.

Northamptonshire were chosen as one of 5 areas in the Country to take part and a selected number of local pharmacies across Northamptonshire are involved in the project.  We now have over 20 pharmacies live in the County with the remaining pharmacies coming on board in the next few weeks.  The trial will run between the period of October 2014 – March 2015.

With consent from the patient the SCR will be accessed by community pharmacies for unscheduled and unplanned care scenarios. Patients will be asked at the point they present for treatment in the pharmacy if their record can be viewed.  Every SCR accessed is fully audited, detailing who accessed the record and when and where it was accessed. There are strict security processes and Information Governance controls in place to check that there was a legitimate need to access the record.

We are already getting positive news stories from local users that have been faced with scenarios that the Summary Care Record has proved valuable in helping treat patients.

**Important things to remember:**

* Sharing of smartcards amongst users is not permitted and it is important that smartcard pin numbers are not shared.  If you are having difficulties or problems with using your smartcard this should be reported to the local Smartcard/RA Support Team via 0300 1231020 option 4.
* Records should only be viewed when there is a legitimate reason to do so and when it is in the interests of patient care.  Under no circumstance should a staff member view their own record or the records of a family member.  In line with the Information Governance Toolkit, staff are bound by professional codes of conduct, employee contracts of employment, Data Protection Act, etc.





**3. Ask Your Pharmacist Week (10th-16th November)**

The NPA is encouraging pharmacies to get involved in this year’s Ask Your Pharmacist Week (10-16th November), by displaying ‘come to pharmacy first’ posters, and encouraging people to avoid unnecessary GP and A&E visits by instead seeking the support of local pharmacies to stay well this winter.

NPA Members can download resources from [www.npa.co.uk/ayp2014](http://www.npa.co.uk/ayp2014)



**4. European Antibiotics Awareness Day 18th November 2014**



All Community pharmacy contractors are strongly encouraged to participate

 in the European Antibiotic Awareness day on 18th November 2014.

Both healthcare professionals and other pharmacy team members can sign up to make a pledge to be antibiotic guardians here: <http://antibioticguardian.com/>

Further resources and materials to promote the key messages about the importance of antibiotic stewardship can be found at:

<https://www.gov.uk/government/collections/european-antibiotic-awareness-day-resources>



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**5. Confidentiality in Pharmacies**

A concern was raised at Northamptonshire Safeguarding Board regarding reports that confidential information, eg patient address, is being shouted across pharmacies to let people know when their prescription is ready.

This is a reminder for you, and for your teams of the importance of confidentiality. It is an obligation for all staff. Staff are bound by the NHS Code of Practice 2003: Confidentiality which means that there is a Confidentiality clause in their contract and they are expected to participate in induction, training and awareness raising sessions.

For further information please refer to the NHS England Policy on Confidentiality (June 2014) <http://www.england.nhs.uk/wp-content/uploads/2013/06/conf-policy-1.pdf>

OR

GPhC Guidance on Patient Confidentiality (April 2012)

<http://www.pharmacyregulation.org/sites/default/files/Guidance%20on%20Confidentiality_April%202012.pdf>



**6. Disposal of Sharps**

As part of their Essential Services, Community Pharmacies are required

 to accept patient returned medicines, and the funding for its disposal is

the responsibility of NHS England Area Team.  However, this does not include needles and/or syringes that have been used to administer medicines. Patients should be directed to their local authority to arrange collection of sharps.

The disposal of any sharps waste generated by a pharmacy carrying out private services e.g. diagnostic services and flu vaccination etc is the responsibility of that pharmacy. Therefore the pharmacy will need to contact one of the Waste Management companies to make arrangements for collection of the sharps.





**7. 'Feeling under the weather' campaign**

NHS England is running a national campaign called

‘Feeling under the weather’ (last year this went under the name of ‘The earlier, the better’), which is about signposting people to appropriate services at the earliest opportunity.  This campaign specifically signposts people to their local pharmacy when they’re ‘feeling under the weather’.  Please see attached document for information.





**8. Ebola: Community Pharmacy’s role in protecting public health**

Please note the latest information about Ebola (ref PSNC website) October 28, 2014

Following the spread of the Ebola virus in West Africa, the UK Government has been monitoring the situation closely but the risk of the virus arriving in the UK remains low and to date no cases have been contracted in the UK. The public should be made aware that Ebola can only be caught by direct contact with the blood or bodily fluids of a person who is infected; it is not possible to catch the virus from a person who is not showing signs of being infected.

**The Department of Health and all national pharmacy bodies are urging community pharmacy contractors to think and act now to protect the public’s health, provide help to people who may seek your advice, and at the same time protect your staff.**

The following steps are recommended:

**1. Display Ebola posters provided by Public Health England/NHS England**

Public Health England and NHS England have jointly issued pharmacy-specific posters which are currently being distributed to all pharmacies in England. If you have yet to receive copies of these, you can [download the posters here](http://psnc.org.uk/our-news/nhs-england-distributes-ebola-information-to-pharmacies/).

**We encourage all community pharmacies to display these posters prominently**.

**2. Ensure pharmacy staff are well informed**

Display the [poster/flyer aimed at pharmacy staff](http://psnc.org.uk/our-news/nhs-england-distributes-ebola-information-to-pharmacies/)  in an appropriate location, **e.g. behind the pharmacy counter**. Pharmacy contractors should be confident that all their staff have read the poster and understand how to respond should they encounter a person who they think is displaying symptoms of Ebola.

**3. Make sure you keep up-to-date**

Look out for further alerts and guidance from the Government; these will be publicised on the PSNC website as and when they are issued.



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