

# Community Pharmacy Brent & Harrow Newsletter Harrow

*Stay up to date with the latest announcements from your LPC*

## Important Dates

**Between 1<sup>st</sup> April and 30<sup>th</sup> June 2024**

**ToS:** Pharmacy owners are required to verify and, where necessary, update the information contained in their **NHS website** profile **and** their **DoS** profile at least once each quarter of the financial year. The new quarter starts on 1st April and ends on 30th June 2024.

**This is a mandatory requirement for all pharmacy owners.**

### **Actions:**

- Register for **NHS Profile Manager** with your personal NHSmail address if you haven't already.
- Once registered, update your NHS Profile Manager pharmacy profile; for each profile check that the pharmacy's opening times, contact information and services information are up to date or verify this information if it is correct (even if no changes have been made during the financial quarter, pharmacy owners must still verify this information using NHS Profile Manager as this creates a record which will act as evidence to NHS England that these actions have been undertaken)

**Between 3<sup>rd</sup> and 16<sup>th</sup> June 2024**

Commencing on **Monday 3<sup>rd</sup> June**, pharmacies will be asked to record data about patients seeking informal advice (outside of the Pharmacy First service) over the course of any single day within a two-week period. The audit has been designed to be as straightforward for pharmacy teams as it can be and full instructions will be made available shortly.

For the latest information, please visit: [cpe.org.uk/adviceaudit](https://cpe.org.uk/adviceaudit)

**30<sup>th</sup> June 2024**

**ToS:** Final deadline to complete the Data Security and Protection Toolkit (DSPTK).

**Action:** If not completed, do so by the end of the day.

**COVID-19:** COVID-19 Spring 2024 booster campaign ends.

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**[Pharmacy Advice Audit: Starting soon](#)**

Pharmacy owners and their teams can now access guidance about the upcoming national Pharmacy Advice Audit, including full details of how to take part **between 3<sup>rd</sup> and 16<sup>th</sup> June 2024**.

**As announced earlier this month**, Community Pharmacy England's audit will help demonstrate how pharmacies are supporting their communities every day and assist in gathering critical evidence for use in our funding discussions with Government and the NHS. Your data will help us make the case for increased funding for the sector – and capture healthcare advisory work not being covered by Pharmacy First.

**From Monday 3<sup>rd</sup> June**, pharmacies are asked to select just one day over a two-week period and record data about patients seeking informal advice (outside of the Pharmacy First service). The audit has

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been designed to be as straightforward as possible, with full instructions on how to take part outlined in the guidance below.

The huge number of pharmacies taking part in previous audits conducted during the COVID-19 pandemic provided compelling evidence for use in Community Pharmacy England's negotiations with Government and the NHS, and the results were also critical in helping to persuade MPs to support our case for COVID-19 costs and a funded walk-in pharmacy advice service, which became Pharmacy First.

We hope to receive data from as many pharmacy teams as possible to build a strong evidence base, and would be hugely grateful to anyone who is able to take part.

### [TeamGuide](#)

This sets out the criteria for inclusion, what needs to be recorded and how to reflect on your pharmacy's results.

### [AuditTemplate](#)

This provides a simple way to record the required data, making things smoother for data entry onto PharmOutcomes.

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## [Expanded Pharmacy Contraception Service](#)

This expanded service that launched 1<sup>st</sup> December 2023 will enable pharmacists to initiate oral contraception, as well as continuing to provide ongoing management of oral contraception that was initiated in general practice or a sexual health clinic (or equivalent). In CPE's work with NHS England and the Department of Health and Social Care (DHSC), other minor changes to the service specification and PGDs have been agreed.

**18 pharmacies within Harrow are currently not registered for this service.**

Updated service specification, PGDs and webinars can be found at the following link:

<https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-contraception-service/>

## Pharmacy Contraception Service Webinar

The Middlesex Group of LPCs held 2 webinars on the Contraception Service held by Community Sexual and Reproductive Health Consultant Dr Maryam Nasri and sponsored by Exeltris – please see attached slides from the webinars.

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### Pharmacy First

The service was **announced** as part of an agreement setting out how the £645 million investment pledged within the **Delivery plan for recovering access to primary care** will be used to support community pharmacy services.

The two previous elements of the **Community Pharmacist Consultation Service (CPCS)** were incorporated into the Pharmacy First service.

**1 pharmacy within Harrow are currently not registered for this service.**

### Pharmacy First Service Webinars – Save the date

The Middlesex Group of LPCs are planning 2 Pharmacy First Webinars to cover Clinical pathways for impetigo, shingles and infected insect bites on

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Tuesday 4<sup>th</sup> June and Clinical pathways for sore throat, acute sinusitis, and UTI on Thursday 13<sup>th</sup> June 2024 between 7:30 and 9:30pm

Full details and invite have been sent out, please email [emma@middlesexpharmacy.org](mailto:emma@middlesexpharmacy.org) if not received.

## Pharmacy First – When can you claim?

We have received queries about when it is appropriate to make a claim for a Pharmacy First consultation and when a clinical record needs to be created.

There are many scenarios within the Pharmacy First service therefore to help pharmacy owners and their teams know when you can make a claim for a payment, we have published a resource to assist with this. The below resource lists the different scenarios, whether you need to make an entry in your Pharmacy First IT system for that scenario and whether you can claim payment:

### The Pharmacy First service – When can you claim?

Ensuring that you are claiming for all appropriate consultations is especially important going forward as the minimum number of clinical pathway consultations that cross the Gateway point increases to ten per month from May 2024; this is the minimum number that needs to be achieved for pharmacy owners to be eligible for the monthly fixed payment of £1,000.

## Pharmacy First – Promoting the service to the public

Since the launch of the service, Community Pharmacy England and NHS England have published a number of resources to support pharmacy owners and their teams to promote the Pharmacy First service.

We have incorporated all of these into a Pharmacy First checklist so pharmacy owners can work through the checklist to see if there are any

additional activities that they or their teams could participate in to promote the service to the public:

Pharmacy First: Promoting the service to patients

## Pharmacy First - referral of patients back to NHS 111 / IUC CAS

### REMINDER: Referring patients back to NHS 111/IUC CAS

Local NHS 111/IUC CAS teams have reported that a significant number of patients have been told to ring NHS 111 after they have already been referred from NHS 111/IUC CAS to a Pharmacy First service (including an emergency supply of medicine).

This is causing additional pressure on NHS 111/IUC CAS, as well as frustration from patients who have already called NHS 111.

Pharmacy providers are reminded of the process for the onward referral of patients (where appropriate); please ensure **all pharmacy staff** (including locum pharmacists) are aware of the requirements, as outlined in the Community Pharmacy Advanced Service specification.

Key sections of the specification that relate to NHS 111/IUC CAS have been highlighted below:

#### **Emergency Supplies**

4.23. If it is not possible to make an emergency supply due to prohibitions within the legislation or other patient factors, the pharmacist will ensure the patient is able to speak to another appropriate healthcare professional by either:

- referring the patient to their own general practice; or
- by contacting a local out of hours provider.

**N.B. Pharmacists must not refer a patient back to NHS 111 or the IUC CAS by asking the patient to call back directly.**

#### **Onward referral for an urgent appointment**

4.30. There will be times when the pharmacist will need additional advice or will need to escalate the patient to a higher acuity care location (e.g., a GP, UTC or ED).

4.31. The pharmacist should use their clinical judgement to decide the urgency, route and need for referral and then choose one of the options below:

- **Option A – Refer the patient for an urgent in-hours appointment with their own GP.** After agreeing this course of action with the patient, the pharmacist should contact the patient's general practice to secure them an appointment.

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- **Option B – Call the NHS 111 service when the patient’s own general practice is not available.** The pharmacist should call NHS 111 using the healthcare professionals’ line for access to a clinician, to seek advice.
- **Option C – Signpost the patient to A&E or call 999.** If the patient presents with severe symptoms indicating the need for an immediate medical consultation, the pharmacist should tell the patient to attend A&E immediately or call an ambulance on behalf of the patient.

This will continue to be monitored and where this behaviour continues, the Commissioner may consider a suspension on the delivery of service by the pharmacy.

#### **NHS Service Finder**

Pharmacies can also utilise the NHS Service Finder tool to support access to other services such as patient GP practice bypass numbers. If you have not registered for NHS Service Finder, you can do so here: [Create an account - NHS Service Finder](#). Please remember to use your NHS.NET email.

**Where the pharmacy is unable to deliver the service for any unforeseen reason, you are reminded to update your NHS Profile Manager to temporarily pause any referrals to the pharmacy.**

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## **Virtual Outcome - Free Access**

Reminder that you have free access to the pharmacy training platform Virtual Outcomes, more information can be found at the below link:

<https://www.virtualoutcomes.co.uk/vo8539-wp-content/uploads/2020/06/VirtualOutcomes-Login-Easy-Guide-May-19.pdf>

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## **Expanded Hypertension Case Finding Service**

From 1st December 2023, suitably trained and competent pharmacy staff (pharmacists, pharmacy technicians and other non-registered members of the pharmacy team) can provide the service; currently it can only be provided by a pharmacist or pharmacy technician.

Please see below link for the updated service specification and PGDs:

<https://cpe.org.uk/our-news/hypertension-case-finding-service-updated-service-spec-published-2/>

**6 pharmacies within Harrow are currently not registered for this service.**

For more information see [Hypertension Case-Finding Service - Community Pharmacy England \(cpe.org.uk\)](#)

Register to provide the service at the NHSBSA [Manage Your Service \(MYS\) application](#)

## [Reminder for Hypertension Case Finding Service – ABPM Checks](#)

**Reminder to all contractors:** Where the clinic blood pressure measurements are 140/90mmHg or higher but less than 180/120mmHg, then ABPM should be offered to the patient in a timely manner. For example, either on the same day as the clinic reading where an ABPM device is available, as soon as convenient to the patient, or as soon as an ABPM device will become available. **GPs must be notified by email each time an ABPM check is carried out as part of the Hypertension Case Finding Service.**

Please see service specification at <https://www.england.nhs.uk/wp-content/uploads/2021/11/PRN00173-adv-service-spec-nhs-community-pharmacy-hypertension-case-finding-advanced-service-v2.3.pdf>

**Test results, including 'normal' clinic readings (BP $\geq$ 90/60mmHg and <140/90mmHg), should be sent on a minimum of a weekly basis, or as locally agreed, to general practices for patients who complete the service that week and do not need a referral. These results should be sent at the end of each week with a standardised title, e.g. 'WEEKLY SUMMARY OF BP MEASUREMENTS FOR ENTRY INTO PATIENT RECORDS'.**

The service specification must be complied with in all respects.

## [Hypertension Case-Finding Service reminder \(#2\): How can I promote the service?](#)



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This is the second of a series of articles to help pharmacy owners and their teams to maximise the potential of the Hypertension Case-finding Service.

*What should I consider?*

While there are a variety of resources available for use by pharmacy teams; successfully marketing and promoting a service often requires using a number of different approaches and activities.

To assist pharmacy owners to consider these, we have produced a [promoting the service checklist](#). This contains suggested actions and activities that pharmacy owners can review, to consider if there are any enhancements or improvements that can be made to their existing service marketing and promotion activities. This checklist can be found at [cpe.org.uk/hypertension](https://cpe.org.uk/hypertension).

Have you ordered a copy of the **NHS [pharmacy campaign pack](#)**? There are still packs available.

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## [New resources to help eliminate hepatitis C](#)

Hep C U Later has been commissioned by NHS England to provide resources to help encourage hepatitis C testing amongst patients, to provide information to the public and update knowledge amongst healthcare professionals and their teams. It is estimated that around 70,000 people in England may still be unaware of having a hepatitis C infection.

The resources are available to pharmacy owners to support with raising awareness of hepatitis C and may be of particular interest to those offering supervised administration or needle and syringe programme services, as well as to those considering topics for a Healthy Living Pharmacy campaign. The resources include a:

- [Primary care toolkit](#) – detailing everything from NICE guidelines to testing methods and treatment;
- [National testing portal poster](#) – advertising the free, confidential at home testing kits, available to anyone in England;

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- [Leaflet](#) – for your community to understand the virus, the treatment and support; and
- [CPD](#) accredited hepatitis C training module – this is free to access.

### [Further information for pharmacies](#)

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## [Top tips to maximise dispensing income](#)

Community Pharmacy England has prepared a new factsheet to help pharmacy owners maximise their income from dispensing. The factsheet includes top tips to help maximise income or reduce losses when:

Dispensing  
Ordering  
Endorsing prescriptions  
Submitting claims/prescriptions for payment (including end-of-month MYS declaration)  
Reconciling payments against claims submitted

The factsheet also links to a wealth of resources available on the Community Pharmacy England website for more information on specific topic areas which can be accessed as needed.

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## [Funding & Reimbursement Shorts: Handling prescriptions with supplementary product information](#)

Community Pharmacy England is launching a series of digital guides to help pharmacy owners and their teams understand more about common funding and reimbursement topics.

The guides will aim to help pharmacy owners and their teams to develop good practices, maximising income and reduce instances of losing money or facing delayed payments as a result of small errors or not following the required processes. In the videos, our in-house Drug Tariff experts will outline

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the dos and don'ts of handling certain scenarios, as well as offering practical advice on prescription endorsement and submission.

This regular series has been launched to enhance understanding of specific topics and address common queries. It also supplements factsheets and briefings produced by our Dispensing and Supply team such as the guidance provided in our recent ['Top tips to maximise dispensing income' factsheet](#), which links to a wealth of resources and serves as a handy written checklist for the wider pharmacy team.

Video 1: Supplementary product information can be found at the following link:

<https://cpe.org.uk/our-news/funding-reimbursement-shorts-how-to-handle-prescriptions-with-supplementary-product-information/>

[Dealing with product information within the dose area](#)

[Dealing with EPS product info in dose area factsheet](#) (pdf)

[Dispensing & Supply \(EPS\)](#)

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## [Drug Tariff Watch – May 2024](#)

The [Drug Tariff Preface](#) published monthly, lists additions, deletions and other changes to products listed in the Drug Tariff. Below is a summary of the **changes coming into effect from 1 May 2024**.

<https://cpe.org.uk/our-news/drug-tariff-watch-may-2024/>

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**We here at the LPC office support all MPG contractors and pharmacy teams. We would love to hear any feedback you may have about your LPC and if there is anything you would like raised at our next committee meeting.**

Let us know on [group@middlesexpharmacy.org](mailto:group@middlesexpharmacy.org)

## Join the Harrow LPC WhatsApp Alert Group

Please see the below link to join our LPC WhatsApp alert group (if not joined already) or scan the QR Code on your smartphone

<https://chat.whatsapp.com/J9lkV4DcixN31nZ9REzVzi>

