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***Welcome to this edition of the Devon LPC newsletter.***

First of all I would like to thank everyone who made the effort to attend the Devon LPC AGM and special meeting held recently. The audience heard from Dr Paul Johnson, Medical Director of the Devon Integrated Care System and Alastair Buxton, Director of Professional Services at PSNC. Paul Johnson was very positive about the opportunities that will be coming our way for increased collaboration and integration of community pharmacy with the whole system as NHSE&I devolve the community pharmacy budget over the next couple of years. Alastair provided a whistle stop tour of the new Hypertension case finding service.

The formal business of the evening included the proposal that Devon LPC amended the LPC constitution to extend the current term of office for LPC members for a further year, to take account of the Pharmacy Representation Review as we wait to see the outcome of the recommendations and subsequent contractor vote at the beginning of next year. This proposal was accepted by contractors.

The Committee and Secretariat team would like to say a massive thank you to all our pharmacy teams for the incredible amount of work and effort you are putting in to supporting your local communities and patients. Thank you.



**Seasonal Flu Vaccination Service**

Wow, pharmacies across the South West have made a phenomenal start to the flu season despite the difficulties being experienced with delays in deliveries of stock. In Devon, you have already delivered 62324 vaccines, which is 90% of the total number for the whole flu season last year. Remember as part of your PQS you will need to engage with your local practices and the PCN community pharmacy lead. More about this below.....

Community pharmacy staff are also eligible for a free flu vaccination. For more information read here <https://www.england.nhs.uk/publication/community-pharmacy-seasonal-influenza-vaccine-service/> although we understand that the amended PGD is still awaited.

Guidance has also been published about how community pharmacy contractors can access the national stock of [flu vaccine](#).



**Pharmacy Quality Scheme PCN Domain**

To successfully meet the requirements of the PQS 2021-22 PCN Domain, Community Pharmacy Teams and contractors who wish to participate must have engaged with the Community Pharmacy Primary Care Network Lead to communicate that they would like to be involved in increasing the uptake of flu vaccination to patients aged 65 and over for the 2021-22 influenza season.

We are helping to support our PCN Pharmacy leads where required, but in the meantime please respond to any messages you receive from your lead regarding the PCN Domain, as it is crucial that you attend any local meetings arranged. Be sure to return information relating to your flu vaccine delivery as requested. If you are not sure who your PCN pharmacy lead is, there is an updated list on the [LPC website](#) Primary Care Networks page,

We still have a vacancy for a PCN pharmacy lead for the Barnstaple Alliance PCN. This means currently that contractors in that PCN will be unable to claim against the PCN domain until this is filled. If you are interested in this role please contact the LPC on [admin@devonlpc.org](mailto:admin@devonlpc.org).

The PQS deadline for communications between the PCN pharmacy lead and the PCN community pharmacies is the 31<sup>st</sup> December 2021, so if you are interested in taking on the Barnstaple Alliance role please let us know ASAP.

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## **Reminder: The Hypertension Case-Finding Service is now Live!**

### **Aims of the service;**

The service aims to:

- Identify people aged 40 years or older with high blood pressure who have previously not had a confirmed diagnosis of hypertension. At the discretion of the pharmacist, people under the age of 40 may also be included in the service.
- Where the person's blood pressure is high, they will be referred to their general practice to
- confirm diagnosis and for appropriate management.
- At the request of a general practice, undertake ad hoc normal and ambulatory blood pressure measurements.
- Provide another opportunity to promote healthy behaviours to patients.

There are set up fees and incentive payments linked to the service so if you've not already signed up please consider doing so.

PSNC has published guidance for pharmacy teams <https://psnc.org.uk/services-commissioning/psnc-briefing-042-21-briefing-for-pharmacy-teams-the-community-pharmacy-hypertension-case-finding-advanced-service/>

You can also access the PSNC on-demand webinar about the service. <https://psnc.org.uk/our-news/hypertension-case-finding-service-webinar-now-on-demand/>

There is a VirtualOutcomes training video for pharmacy teams; remember VirtualOutcomes is commissioned by Devon LPC to support our contractors and the training is FREE.

### **What's included in the VirtualOutcomes training?**

Module 1 - To support the whole pharmacy team to understand the background to the service and why it so important that they get involved in promoting to their patients and community (20 mins)

Module 2 - To support the pharmacist who will deliver the service to understanding the requirements. This also includes a look at the different results and how to respond (15 mins)

Latest courses <https://www.virtualoutcomes.co.uk/pharmacy-training/>

Need help logging on to watch the webinar – [VirtualOutcomes Login Easy Guide](#).

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## **Emollients and Fire Risk**

We have just been contacted by the Devon & Somerset Fire Service as recently there have been some serious incidents involving people using emollient creams. They have asked us to remind our local pharmacy teams to offer advice on how to safely use emollients. The MHRA has a campaign that advised patients against using naked flames, or getting close to "anything that may cause a fire while wearing clothing or a bandage that has been in contact with skin creams."

There may also be opportunities to offer patients using emollients who smoke support with quitting.

There is a toolkit available to be used with patients, and other materials such as posters and leaflets. For more information take a look at the MHRA campaign information. <https://www.gov.uk/guidance/safe-use-of-emollient-skin-creams-to-treat-dry-skin-conditions>

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## Plymouth Pharmacies only

### **Electronic Nicotine Replacement Therapy Voucher - Reminder**

An electronic process via PharmOutcomes has now replaced the paper version of the NRT voucher. Following a training session, this went live on 1<sup>st</sup> Sept, 2021. Unfortunately, there have been several issues with vouchers not being read on PO and therefore delaying clients quit attempts and access to medication. Please ensure you check PO daily for any NRT requests. Alternatively, it is possible to purchase a Pharmalarm from Pinnacle which will raise a notification when a voucher is requested. If you would like further information contact Vicky Bond on [victoria.bond@emishealth.com](mailto:victoria.bond@emishealth.com).

If you have any further queries, please contact Mel Edwards, deputy Head of health Improvement on 01752 437177 or [melanieedwards1@nhs.net](mailto:melanieedwards1@nhs.net)

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### CPD Opportunity

#### **ANTICOAGULATION STEWARDSHIP: PULLING PHARMACISTS TOGETHER TO DELIVER OPTIMAL PATIENT CARE**

*(Organised and funded by Pfizer Ltd on behalf of the Bristol Myers Squibb - Pfizer Alliance)*

#### **Various Dates in the Series; Join via WebEx**

##### ***What you will learn from this series:***

Utilising the Integrating NHS Pharmacy and Medicines Optimisation (IPMO) programme framework to better understand the impact of the changing NHS landscape through the lenses of pharmacy professionals, in order to deliver the best patient outcomes, value from anticoagulation medicines and excellence in practice.

##### ***Remaining Sessions***

**Wednesday 17 November 2021 - 7.15pm - 8.45pm**

Session 2: 'The New Medicines Service (NMS) – Connecting All the Pharmacy Sectors'

**Wednesday 19 January 2021 - 7.15pm - 8.45pm**

Session 3: 'CVDPREVENT: Understanding the New National Audit –

The Pharmacist's Role, Focus & Opportunity'

**Wednesday 16 February 2021 - 7.15pm - 8.45pm**

Session 4: 'Pulling Together and Driving Clinical Excellence in Practice: Implementation Examples'

Further details, including Session Agendas and Booking Instructions can be viewed on this [FLYER](#)

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

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## Special GPCS Edition

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

NHSE&I recently published the document “Our plan for improving access for patients and supporting general practice” which outlines a package of assistance for practices.

The two main uses of the Winter Access Fund will be:

- to drive improved access to urgent, same day primary care, ideally from patients’ own general practice, by increasing capacity and GP appointment numbers achieved at practice or primary care network (PCN) level, or in combination; and
- to increase the resilience of the NHS urgent care system during winter, by expanding same day urgent care capacity, through other services in any primary and community settings.

In order to access the funding, practices will need to demonstrate the access they are providing which includes referring patients to community pharmacy through the NHS Community Pharmacist Consultation Service (CPCS). <https://www.england.nhs.uk/coronavirus/publication/our-plan-for-improving-access-for-patients-and-supporting-general-practice/>

*Use of the Community Pharmacist Consultation Service (CPCS) can help alleviate pressure on GP appointments by harnessing the skills and knowledge of community pharmacists to treat a range of minor illnesses. Using the service gives a patient a same-day appointment in a community pharmacy and helps improve patient experience, as well as directing demand to the most appropriate setting. 800 practices are already signed up to provide the service. NHS England is providing support through a nationally procured resource that will help practices use the new service. **All practices are encouraged to sign up by 1 December 2021. Participation is a condition of a practice being able to benefit from the Winter Access Fund.***

Pharmacy teams should be ready and prepared for this. We would recommend attending relevant training events run by the LPC for your PCN and local practices when invited. There are supporting documents on the LPC website, under the advance service tab Community Pharmacist Consultation Service (Including GP CPCS).

GP CPCS referrals are increasing (just under 700 referrals in Devon since the start of the service), as are 111 CPCS referrals. There are differences – for example, 111 referrals will land with you in PharmOutcomes (subject to change based on the new provider pays model), whereas GP CPCS referrals in Devon are most likely to be sent to you via your pharmacy shared NHS mail.

We would highly recommend that you participate in the RPS free training workshops for CPCS [https://www.rpharms.com/events/cpcs-events#book\\_your\\_place](https://www.rpharms.com/events/cpcs-events#book_your_place). Feedback we have received from past participants includes:

*“The content was tailored and concise to the right level. I found both practical sessions and the main session useful because the practical sessions enabled learning from a small group of colleagues with different experience and idea. Listening to experienced facilitators was also a good session because their tips on gathering information, assessing and referral helped to build on pre-existing knowledge and practice and be more effective”.*

*“I thought this entire course was excellent and I will certainly be recommending it to my fellow peers. The clinical facilitators instilled increased confidence in delivering this service. The SBAR tool and referral to urgent care were particularly useful. It was a great experience to gain confidence about using the clinical parameters for sepsis and red flag assessment.”*

**Here are some GP CPCS Top Tips; please pass these on to your pharmacy team, especially your GP CPCS Champion and locums.**

### **Top Tips**

- You can find a video on how to fill out PharmOutcomes template on PharmOutcomes – please select ‘Help’ tab at top of screen > expand second option listed, titles ‘CPCS resource centre’ and select ‘CPCS Resources and User Guides’ > you will find user guides to filling the form in, and at the bottom you will find a CPCS Follow-up Video Guide
- GP CPCS will only refer for minor illness consultation. You will need to complete the blank template - no patient details will be pre-populated (as referrals are most likely to be received by NHS mail). If you do not complete the form, you will not receive payment.
- Check PharmOutcomes and NHS.NET regularly throughout the day for new or outstanding referrals. GP CPCS referrals have a 4-hour turnaround time in Devon, so you must ensure there is someone available in your pharmacy to access all systems (NHS mail, PharmOutcomes) at all times.
- Locums and relief pharmacists also are required to provide the service – a locum may however need support in accessing the referrals and access to PharmOutcomes to record details of the consultation. We have a locum checklist available to use in your pharmacy on our website in Advanced Services > Community Pharmacist Consultation Service (including GP CPCS) - <https://devonlpc.org/advanced-services/cpcs/>
- Once you have accepted a GP CPCS referral, you **MUST** contact the patient within 4 working hours.
- If you have had clear communication with a patient, but could not resolve their issue, please **do not** click ‘**Unable to complete**’ the referral because you **WILL NOT** be paid – you will lose £14 per referral in revenue. You should ‘**Complete and save**’ the referral and select the appropriate outcome.
- If the patient needs to be referred to another care setting like their GP/A&E then please click **Signposting** and select the appropriate option.
- ‘**Unable to complete**’ should be used for patients you cannot contact or for closing duplicate referrals.
- If you are referring the patient back to their GP urgently or non-urgently, call the escalation number for the practice that would have been provided when the practice went live with the service; or use their non-urgent email address, arrange an appointment for the patient and note on PharmOutcomes your reasons for referring the patient back to their practice.
- If for any reason you do not have a pharmacist that can complete the referral, you should contact the practice by phone to let them know; note the information on the PharmOutcomes template, and either refer onwards to another pharmacy with patient consent (having checked the pharmacist is able to accept the referral); or re-escalate back to practice with clear reasons why.
- Information on how to send a referral onward to another pharmacy is detailed in the user guides on PharmOutcomes mentioned at the top of this article.
- If you frequently have capacity issues or are unable to provide for a period of time, please remember that this is not an essential service – you can choose not to provide it, by

unregistering on MYS & informing your local GP practices that you are unable to accept referrals, stating the duration that the service will be off-line for. Multiples should check with head office teams as this may be handled centrally.

- You can provide the service over the phone, and if you feel it necessary you can invite the patient in for a face to face consultation, which can be at a later date. You must however contact the patient within the agreed timescales.
- You should enter as much information as possible into the free text boxes on the PharmOutcomes consultation reporting template. Please bear in mind you should not include patient sensitive data, but a full summary of the consultation (history, consultation notes, action taken, and advice given for example).

© 2015. All rights reserved. Details of the support or advice provided and any additional information for the general practice is given below.

Patient Details	
Name	[REDACTED]
Address	[REDACTED]
Postcode	[REDACTED]
Date Of Birth	[REDACTED]
Referring GP	Corner Place Surgery, 46A Dartmouth Road, Paignton, Devon TQ4 5AH (L83103)
Consultation Details	
Presenting condition	Knee or lower leg pain swelling

See: C:\Users\CBK239\Desktop\GP Notification Form - Referrals for the acute minor items.docx

## GP notification

In this example, the patient was seen face to face in pharmacy, had the symptoms for more than 72 hours, had tried cold compress & OTC Ibuprofen, the knee had given way a few times resulting in a fall (no serious injuries sustained), provided with Voltarol gel & recommend referral to Physio. This was all recorded by the pharmacy but does not appear on the GP notification.

Notes should have been added:

'patient presented (seen f2f in pharmacy) with knee or lower leg pain swelling, >72hours onset, already tried cold compress & occasional ibuprofen. Resulted in falls on occasion after knee giving way. Advice and support given inc. recommended referral to physio. GP notified via email'

19/02/21, 2:40 PM GP Notification Form - Referrals for the acute minor items

Presenting condition if other	
Consultation Outcome	
Consultation Outcome	Appropriate advice given and sale of a medicine
If signposted or escalated details will appear below, if these are blank there has been no escalation	
Details if signposted	
Details if escalated	
Any red flag symptoms?	No
If red flag, action taken	
Medicine Supplied	
Medicine supplied	Voltarol 12 Hour Emulgel P 2.32% gel (GlaxoSmithKline Consumer Healthcare) 100 gram
Quantity	Voltarol 12 Hour Emulgel P 2.32% gel (GlaxoSmithKline Consumer Healthcare) 100 gram
Dose	Apply bid
2nd medicine necessary	No
Medicine 2 supplied if supplied	
Quantity	
Dose	
Further information	
Notes	

If there are any issues, you should contact the practice directly in the first instance to try to resolve. They have been advised to do the same – communication is key!  
**For CPCS queries, please contact Anna at [anna@devonlpc.org](mailto:anna@devonlpc.org)**

