Pharmacy Locum Guide

Pharmacy Address:-

Telephone Number:-



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| WelcomeThank you for your help today. If you are able to take a minute to read the guide to our pharmacy it will help you with any questions, queries or troubles you may encounter today to ensure your day runs as smooth as possible.Please feel free to leave any feedback you feel is required regarding this guide.  |  |
| Our Opening Hours Monday………..to……….Tuesday…….....to………. Wednesday to……….Thursday……....to……….Friday………......to……….Saturday……….to……….Sunday………....to……….Bank Holidays…………….The pharmacist usually takes a lunch break from…………..to……………We ask that you try to maintain this lunch break for service consistency |  |
|  |  |
|  |  |
| Meet The Team |  |
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| --- | --- | --- | --- |
| Name | Job title | Job description | Primary Role |
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 |  |
|  Passwords |  |
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| --- | --- |
| PMR System Log in |   |
| ODS code for Pharmacy |   |
| Fax number of Pharmacy |   |
| NHS email address |   |
| NHS password |   |
| Pharm Outcomes login |   |
| FMD log in |   |
|   |   |
|   |   |

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Where will I find?

|  |  |
| --- | --- |
| CD Keys |   |
| CD cupboard |   |
| CD register |   |
| Methadone Register |   |
| Private Rx book |   |
| Fridge |   |
| Contact telephone numbers |   |
| Computer manual |   |
| Till manual |   |
| SOPs |   |
| References |   |
| Signposting details |   |

Contacts

|  |  |
| --- | --- |
| Pharmacy Manager |   |
| Store Manager |   |
| Delivery driver |   |
| Area Manager |   |
| IT Department/helpdesk |   |
| Superintendent Pharmacist Name and Number |   |
| Local contact number for substance misuse |   |
| CD accountable Officer Name and Number |   |
| Devon LPC Number |   |
| Safeguarding Contact Name and number |   |
|  Local surgery contact telephone numbers |   |
|   |   |

Daily Checklist

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| --- | --- |
| Display RP poster |  |
| Check smartcard access |  |
| Check NHS email |  |
| Check PharmOutcomes for service referrals such as DMIRs |  |
| Check CD keys & register |  |
| Check skill mix and priorities |  |
| Check SOP folder |  |
| Supplier/ordering info |  |
| Cut off am delivery time |  |
| Cut off pm delivery time |  |
| Contact number for main suppliers |  |
| Phone number of this pharmacy |  |
| Fax number of this pharmacy |  |
| ODS code of this pharmacy |  |

**Finding a prescription on NHS Tracker**

If your pharmacy regularly downloads prescriptions from the NHS Spine, you should find it within your Pharmacy Medicine Record (PMR) system.
If you can't find an EPS prescription, follow the steps below:

Do a routine prescription download -If the prescription downloads into your PMR system, prepare and dispense it as usual. Search for the prescription on the [EPS Prescription Tracker](https://portal2.national.ncrs.nhs.uk/prescriptionsadmin/) (search by NHS number)

If the prescription is listed in the search results as 'To Be Dispensed', you can copy the Prescription ID from the EPS Prescription Tracker and paste it into your PMR system search box to force the prescription to download from the Spine. Then prepare and dispense.

TIP: To copy and paste highlight and copy the Prescription ID by selecting the text with your mouse, and copy (Ctrl + c) from the EPS Prescription Tracker and then paste (Ctrl + v) it into your PMR system.
If the prescription is listed in the search results as 'With Dispenser', click on the Prescription ID to view details

There are then 2 scenarios:**The prescription is listed as 'With Dispenser' and the dispensing site information shows your site as the dispenser.** This indicates that the prescription is 'stuck/lost' within your PMR system, and you should contact your system supplier to have the prescription reset. In the meantime, the prescriber could issue a paper token, enabling you to dispense the prescription.

The prescription is listed as 'With Dispenser' and the dispensing site information shows a different site as the dispenser. If the patient still wants you to dispense their medication, you can contact the other pharmacy using the details from the [EPS Prescription Tracker](https://portal2.national.ncrs.nhs.uk/prescriptionsadmin/) and ask them to return the prescription to the Spine. Once they have done that, the status on the tracker will change to 'To Be Dispensed'. You can then force the prescription to download from the Spine using the process detailed in point 2 above.

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| --- | --- | --- | --- |
| Service | Y/N | Qualifications | Reporting |
| MUR |   | Pharmacist must have completed training and received MUR accreditation which must be sent to the AT |   |
| NMS |   | Self assessment declaration |   |
| NUMSAS |   | Must have access to SCR. Core competence |   |
| FLU |   | Face to face training every three years |   |
| Pharmacy First Chloramphenicol Eye Drops |   | CPPE e-learning cert |   |
| Pharmacy First Timodine Cream |   | CPPE e-learning cert |   |
| Pharmacy First Nitrofurantoin |   | CPPE e-learning cert |   |
| Pharmacy First Multistix |   | CPPE e-learning cert |   |
| Pharmacy First Fusidic Acid 2% Cream |   | CPPE e learning cert |   |
| Needle Exchange |   |   |   |
| Supervised Consumption |   |   |   |
| DMIRS |   | Core competence |   |
| TCAM |   | Core competence  |   |
| EHC |   |   |   |
| Smoking Cessation |   |   |   |

Pharmacy Services - MUR & Prescription Intervention Service

MUR – Pharmacist reviews the patients use of their medication ensuring they understand how their medicines should be used and why they have been prescribed, identifying any problems and feeding back to GP where necessary –not conducted more than once a year

A Prescription Intervention is simply an MUR which is triggered by a significant adherence problem which comes to light during the dispensing of a prescription; it is over and above the basic interventions relating to safety which a pharmacist makes as part of the dispensing process

**Training & Accreditation** - Pharmacists providing the service must have successfully completed an assessment undertaken by a higher education institution based on the nationally agreed MUR competencies. A copy of the ‘MUR certificate’ for each pharmacist providing the MUR service must be supplied to the AT.

**Restrictions -** An MUR should not be undertaken on a patient who has, within the previous six months, received the ***New Medicine Service (NMS*),** unless in the reasonable opinion of the pharmacist, there are significant potential benefits to the patient which justify providing MUR services to them during this period. If the patient has recently been discharged from hospital and had changes made to their medicine while they were in hospital, then they are able to receive a post discharge MUR within six months of receiving the NMS.

MURs can only be conducted with patients on multiple medicines, except where the patient is taking one of the high-risk medicines (see paragraph 3.3). In this circumstance an MUR can be provided for a patient taking only one medicine.

If the patient has recently been discharged from hospital and had changes made to their medicine while they were in hospital then this is treated as a change in the patient’s circumstance and the patient can receive a post discharge MUR within 12 months of their last MUR

**Specification -** At least 50 per cent of all MURs undertaken in a year (01 April – 31 March) must be on patients who fall within one of the national target groups. There are three national target groups, which are: Patients taking high risk medicines, patients recently discharged from hospital and patients prescribed certain respiratory medicines.

**The fee for provision of an MUR is £28.** Contractors will be paid for a maximum of 200 MURs from 1st April to 30th September 2019.  This is because further discussions about the service will form part of the wider negotiations for 2019/20.

Pharmacy Services – New Medicine Service

The NMS service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is initially focused on particular patient groups and conditions.

**Training & Accreditation** - pharmacists must have the necessary skills and knowledge and are required to sign the NMS self-assessment form to declare this. The completed form should be kept as a record by the community pharmacy contractor. Forms available at:- <https://psnc.org.uk/services-commissioning/advanced-services/nms/pharmacist-knowledge-and-skills-requirements>

Specification- The service is split into three stages, which are outlined below:  patient engagement  intervention  follow up.

The NMS service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is initially focused on particular patient groups and conditions.

Patient engagement - Following the prescribing of a new medicine3 for the management of a LTC, patients will be recruited to the service by prescriber referral (which could include referral for medicines prescribed to the patient as a hospital inpatient or outpatient) or opportunistically by the community pharmacy.

Initial advice will be given to the patient about the medicine and its use in accordance with the Terms of Service. At this stage the pharmacist may also offer the patient opportunistic advice on healthy living / public health topics in line with the promotion of healthy lifestyles essential service.

The pharmacist and patient will have a discussion at the agreed time and via the agreed method. It is expected that this will normally be a face-to-face conversation but alternatively it could take place as a telephone conversation if the patient prefers this. If the discussion does not happen at the agreed time, the pharmacist will make at least one attempt to follow up with the patient.

Community pharmacy contractors earn between £20 and £28 for each completed NMS they provide depending on the total number of patients who receive the service in the month. Further details can be found at ; <https://psnc.org.uk/funding-and-statistics/funding-distribution/advanced-service-payments/#mur>

Pharmacy Services – NUMSAS

Requests for medicines needed urgently account for about 2% of all completed NHS 111 calls. These calls normally default to a GP appointment to arrange an urgent prescription and as a result block access to GP appointments for patients with greater clinical need.

NHS 111 or the IUC CAS will use the integrated Directory of Services (DoS) to offer patients the most appropriate pharmacy which is participating in NUMSAS, based on location and availability. If this pharmacy is not suitable, the next appropriate alternative will be offered. NHS 111 or IUC CAS will refer appropriate patients to pharmacies using electronic messaging via **NHSmail**

NHS 111 or the IUC CAS will provide the telephone number of the selected pharmacy to the patient, advising them to call the pharmacy in the following 30 minutes so that the pharmacist can assess their need for an urgent supply of a medicine or appliance.

During the pharmacy’s opening hours, the shared NHS mail mailbox or other local secure system (if being used instead of NHS mail) must be regularly checked, especially within traditional OOHs periods such as weekday evenings, weekends and holidays, to pick up referrals in a timely manner. This includes checking the NHS mail mailbox when a pharmacy opens and before the pharmacy closes each day. <https://www.england.nhs.uk/wp-content/uploads/2019/03/numsas-service-specification-february-2019.pdf>

**Training & Accreditation** - Pharmacists providing the service must have access to the SCR. The necessary knowledge and skills to provide the service should be a core competency for all pharmacists, but pharmacists will want to ensure they have an up to date understanding of the HMR in relation to the emergency supply of POMs.

A Consultation fee of £10, and an Administration fee of £2.50 per consultation to reflect the additional work/documentation required to support evaluation of the service. Where a medicine or appliance has been supplied, a supply fee of £1.50 will be made for the first item and an additional £0.50 will be paid for each additional item supplied.

Pharmacy Services –FLU

Flu is a key factor in NHS resilience. It impacts on those who become ill, the NHS services that provide direct care as a result, and on the wider health and social care system. The annual immunisation programme helps to reduce unplanned hospital admissions and pressure on A&E

**Training & Accreditation** - Pharmacists should demonstrate to the pharmacy contractor that they have the necessary knowledge and skills to provide the service by completing the vaccination services Declaration of Competence (DoC) The pharmacy contractor must ensure that pharmacists providing the service are aware of the National Minimum Standards13 in relation to vaccination training, and are compliant with the training requirements within those Standards that apply to pharmacists providing the service, as set out in the vaccination services DoC. Pharmacists providing the service should undertake face-to-face training for injection technique and basic life support (including administration of adrenaline for anaphylaxis) at least every three years.

<https://www.england.nhs.uk/wp-content/uploads/2017/08/service-specification-for-seasonal-flu-v5.pdf>

Payment will be £7.98 per administered dose of vaccine plus an additional fee of £1.50 per vaccination (therefore a total payment of £9.48 per dose of vaccine administered). (2018/2019)

Pharmacy Services -DMIRS

DMIRS is a new service commissioned by NHS England .It is funded by the Pharmacy Integration fund DMIRS aims to appropriately manage patients contacting NHS 111 with low acuity conditions, by referring the patient to a community pharmacy. The primary aim of the DMIRS is to increase capacity in the system and relieve pressure on existing urgent care services; delivering care closer to home in the community and promoting self-care

<https://devonlpc.org/wp-content/uploads/sites/20/2018/09/DMIRS-Devon-SLA-and-service-specification-FINAL.pdf>

Patient presents in the pharmacy –check if referred by NHS111. Pharmacist consults with the patient, gives appropriate advice on self-care and prevention

**Patient does not require medication**. Self-care advice and printed info supplied

**Patient requires OTC medication** as well as self-care advice and printed information

**Patient requires higher acuity care** -escalate

Pharmacist escalates to in hours GP, 111\*7 out of hours or 999 as appropriate

**Patient can purchase an OTC product**

Pharmacist completes the PharmOutcomes consultation page and ensures that any relevant patient information leaflet is supplied

Patient

Post event message (PEM) is sent to GP

Patient is always advised“ IF SYMPTOMS DO NOT IMPROVE, OR BECOME WORSE THEN EITHER COME BACK TO SEE ME OR SEEK FURTHER ADVICE FROM YOUR GP”

Remuneration will be made to the pharmacy at £14.00 per consultation

Pharmacy Services -TCAM

Using the contact number found on the referral, the pharmacy contacts the patient to book an appointment for an MUR or NMS. This should be done within 3 days of receiving the discharge.

You must then either ‘Accept’ or ‘Reject’ the referral. Reasons for rejection may be that the patient is not yours, or you cannot contact the patient after three attempts. Please add the reason for the reject as this information will go back to the hospital

Pharm Outcomes notifies the pharmacy of the impending notification via email and also under the 'Outstanding Referrals' section on the 'Services' tab on Pharm Outcomes

The initial consultation, be it an MUR or NMS should ideally be done within the first 10 days of the patient being discharged. To conduct an MUR for a housebound patient in their own home, or in exceptional cases only over the phone, approval from the NHS England pharmacy team must be obtained in the normal way. A signed consent form still needs to be gained for any NMS consultations.

After you have spoken to the patient, go back into the referral on Pharm Outcomes and select ‘Complete’. This will then give you further tick boxes detailing outcomes of the consultation such as interventions made, adverse drug reactions reported etc. Ensure all information regarding adverse drug reactions is recorded accurately and concisely as this information will be sent to the patient's GP.

If there are any adverse drug reactions to report, the system will either automatically email the GP if they have an nhs.net account, or you will be asked to print the pre-populated letter and send this manually. On completion of the referral, the information you provide on your interventions will be sent back to the hospital so they can see the outcomes

Training pack available at : **https://devonlpc.org/wp-content/uploads/sites/20/2019/04/Medicines-Support-Service-Implementation-Support-Pack-Pharmacy-.pdf**

Pharmacy First Services

**Training & Accreditation** – CPPE e-learning certificate or confirmation of previous accreditation using Common Clinical conditions and minor ailments and assessment. See attached PGDs and specifications