

Community Pharmacy Bulletin



11 June 2021



NHS England and NHS Improvement – South West

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Coming Up

	June	July	August
Week 1	Public Health England COVID-19 Vaccination Campaign materials to be displayed from 1 June 2021 ----- Boosting COVID-19 Vaccine uptake in African and Caribbean Communities Webinar Thursday 3 June 1.30-2.30pm	Public Health England COVID-19 Vaccination Campaign evaluation survey on PharmOutcomes closes 5 July 2021	Public Health England COVID-19 Vaccination Campaign materials to be removed from display 1 August 2021
Week 2	Staff Vaccination Survey 7 June 2021, 9am ----- Public Health England COVID-19 Vaccination Campaign Conversations start 7 June 2021	CPCS GP Referral pathway engagement deadline to claim for payment 5 July 2021	
Week 3	Community Pharmacy Workforce Survey 2021 Closes Mid-June	Staff Vaccination Survey 12 July 2021, 9am	

	June	July	August
Week 4	<p>HEE Workforce Survey Closes 18 June 2021</p> <p>-----</p> <p>Public Health England COVID-19 Vaccination Campaign Conversations finishes 20 June 2021</p> <p>-----</p> <p>Public Health England COVID-19 Vaccination Campaign evaluation survey on PharmOutcomes opens 21 June 2021</p>	<p>Community Pharmacy Assurance Framework (CPAF) screening questionnaire ends 24 July 2021</p>	
Week 5	<p>Community Pharmacy Assurance Framework (CPAF) screening questionnaire 28 June 2021</p> <p>-----</p> <p>Data Security Toolkit deadline 30 June 2021</p> <p>-----</p> <p>Community Pharmacy Patient Safety Group Conference 30 June 2021 2.00-4.30pm</p> <p>-----</p> <p>Deadline for Claiming GP CPCS engagement and set up fee 30 June 2021</p>		

Headlines from the Week

NHS England

- None

NHS England South West Regional Team

- None

PSNC Bulletin

- [Don't forget to submit your C-19 test service data this week](#)
- [Survey on Plan for Inclusive Pharmacy Practice](#)
- [Workforce Development Group publish review](#)
- [The importance of COVID-19 test distribution service users reporting their test results](#)
- [RPS launches Pharmacy Inclusion and Wellbeing Pledge](#)
- [Deadline approaching for completion of the work within PQS Part 2 2020/21](#)
- [Opportunity to join the PPE portal engagement panel](#)

New Resources - GP Referral Pathway to NHS Community Pharmacist Consultation Service

(taken from Primary Care Bulletin 8 June (Issue 135))

A new [briefing note](#) and [case study](#) has been produced in conjunction with the Royal College of General Practitioners, Royal Pharmaceutical Society, Pharmaceutical Services Negotiating Committee and Primary Care Pharmacy Association, which outlines how GP practices and PCNs can start referring into the service as soon as the [secure electronic referral process has been agreed with local community pharmacies](#).

The pathway was introduced as a new route to refer patients to CPCS, in addition to referrals from NHS 111 and should be a fundamental part of restoring and increasing access to primary care services following wave two of the COVID-19 pandemic.

[An implementation toolkit](#) supports practice staff and PCNs to implement the service with NHS England and NHS Improvement regional teams.

Public Health England COVID-19 Vaccination Campaign

Further to the previous article in Weekly Community bulletin 28 May 2021. If you have not yet received your campaign pack please email partnerships@phe.gov.uk to request a campaign pack to be sent out to your pharmacy.

There is a requirement for you to record your conversations during this campaign. The attached “Covid-19 Vaccination Campaign 2021 – Tally Sheet” will aid you in recording these conversations during the period **7 June – 20 June 2021**.

Embedding Freedom to Speak up (FTSU) Within Primary Care

(taken from Primary Care Bulletin 10 June (Issue 136))

Following on from the National Guardian’s report [exploring FTSU in Primary Care](#), the NHS England and NHS Improvement FTSU team want to understand more about the successes and challenges associated with embedding FTSU across primary care. Fostering a healthy speaking up culture can support the retention of our skilled and dedicated workers and enable senior leaders to provide an ongoing focus on health, well-being, civility, respect and inclusion.

They have created a [short questionnaire](#). If you are part of a leadership team or a practice manager within a primary care provider, please complete and submit it by Friday 9 July.

Extending Medical Examiner Scrutiny to Non-Acute Settings

The attached document “BO477 Letter extending medical examiner scrutiny to non-acute setting” sets out what local health systems now need to do to implement the [national medical examiner system](#) for scrutiny of non-coronial deaths across all health settings.

Shared Learning from Incidents

Risk Associated with the Use of Summary Care Records

What happened

In this case, the patient had epilepsy and his Consultant wrote to the GP to change his medication from Keppra to Lamotrigine on 6 August 2020. Following an appointment with the GP on 14 August 2020, the new medication (Lamotrigine) was issued as per the consultant's instructions and Keppra was removed from the repeat prescription list the same day.

On 13 September 2020 the patient attended the pharmacy advising that he had run out of Keppra (despite him no longer being on this drug). A prescription request for Keppra was sent to the GP practice. On 17 September 2020, the patient went back to the pharmacy enquiring about the prescription for Keppra. After checking the system, the pharmacist established that nothing had been issued by the GP practice. The patient stated that he needed the tablets as this was his regular medication and he could not miss any as this would have a negative impact on his health.

The pharmacist checked the summary care records to confirm the dose of Keppra that the patient was on and confirmed this with his medical records and past prescriptions. He then provided an emergency supply of Levetiracetam (generic brand) and not the branded Keppra as these were the only tablets they had in stock to ensure that the patient did not miss a dose. When the patient got the drugs home, he realised that these were wrong and contacted his GP practice so none were actually taken.

How the error occurred

During our investigation we received screenshots from both the GP practice and Pharmacy to show what they could see in the patient's records. The pharmacist had a very simplified view of the prescribing which did not mirror exactly what was on the GP system. The pharmacist from his view was not to know the Levetiracetam (Keppra) had been stopped as his view did not indicate this. Our professional GP adviser stated that this is a shortfall in the software.

Mitigations

- The pharmacy has now confirmed they will not issue any emergency supplies of medication without first checking with a patient's GP
- A request has been escalated nationally to revise the SCR to include a more detailed medication view
- Providers are asked to ascertain the current views on SCR for Community Pharmacy Providers to ensure risks are understood and mitigated

Useful Information

INFORMATION



NHS England & Improvement – South West Region Community Pharmacy
Contract Management Team contact information

Team Member	Telephone	Address
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Webpages

Please see our websites for more information and any blank templates, forms and documents:

[Cornwall & Isles of Scilly, Devon, Bristol, Dorset, North Somerset, Somerset and South Gloucestershire](#)

[BaNES, Gloucestershire, Swindon or Wiltshire](#)

[Interpretation and Translation Services](#)

To: CEOs at foundation trusts and NHS trusts
GP practices
Clinical commissioning groups
Integrated care systems

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

08 June 2021

Dear colleagues,

System letter: extending medical examiner scrutiny to non-acute settings

This letter sets out what local health systems now need to do to implement the [national medical examiner system](#) for scrutiny of non-coronial deaths across all health settings.

The National Medical Examiner's team has been supporting acute trusts to set up medical examiner offices since 2019. The progress made at local and national levels mean we are now in a position to begin work on the next phase of implementation which will extend medical examiner scrutiny to non-acute settings.

We recognise the challenges in doing this. The National Medical Examiner advocates that medical examiner offices take an ambitious but incremental approach to build skills and capacity as they extend their scope.

The government's white paper, [Integration and innovation: working together to improve health and social care for all](#), confirms the intention to put medical examiners on a statutory footing; the Royal College of Pathologists has now trained more than 1,200 medical examiners; and the National Medical Examiner's office has established the legal basis for providers to share records of deceased patients for medical examiner scrutiny, and the [order](#) confirms NHS trusts' legal basis for scrutinising any relevant deaths.

Medical examiners provide independent scrutiny of the causes of death in cases not investigated by a coroner, and give the bereaved a voice by asking them whether they have questions or concerns about the care of a patient before they died.

Acute trusts

Medical examiner offices should be putting measures in place to extend medical examiner scrutiny of non-coronial deaths across all non-acute sectors as early as possible in 2021/22, so that all deaths are scrutinised by the end of March 2022.

Medical examiner offices should engage with local partners if they have not already done so. Regional medical examiners will support trusts on matters such as geographical boundaries, networks and how best to work incrementally towards a comprehensive medical examiner system. As they expand their medical examiner workforce, acute trusts should also consider whether their recruitment processes will encourage representation across medical specialties, including GPs.

Specialist, mental health and community trusts, and GP practices

Established medical examiner offices will need to work with GP practices and chief executives and medical directors at specialist, mental health and community trusts to plan how they will facilitate medical examiner scrutiny of deaths of their patients. Each organisation will need to work with one established medical examiner office. [Regional medical examiners](#) will help guide medical examiner offices and health providers through implementation. Annexes A and B set out suggested processes for GP practices, and specialist, mental health and community trusts, respectively.

ICSSs and CCGs

ICSSs and CCGs will be important partners in the implementation of independent scrutiny by medical examiners. They should facilitate partnership working across systems, and respond positively to requests for support from local and regional medical examiners.

We are grateful to all colleagues who have already made significant progress, both in establishing medical examiner offices and in starting to extend their scope. There is much still to do. To help you, the National Medical Examiner's office has made resources and support available, including advice about legal and information governance considerations for medical examiners, and [information for GPs](#). We anticipate that colleagues in health systems across all regions will be eager to embrace this work and the opportunities it presents.

Yours sincerely,

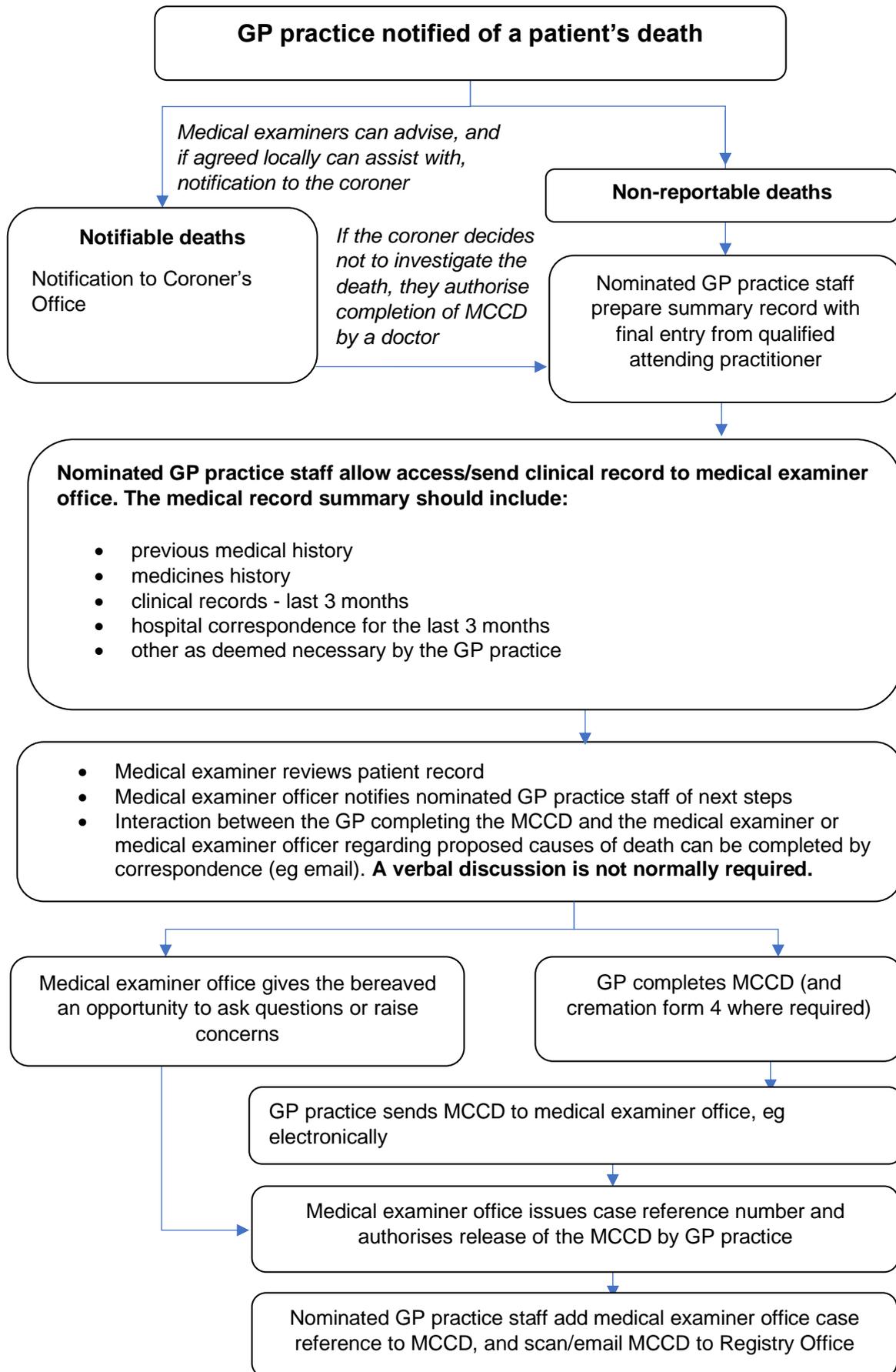
Dr Alan Fletcher
National Medical
Examiner

Dr Aidan Fowler
NHS National Director
of Patient Safety and
Deputy Chief Medical
Officer

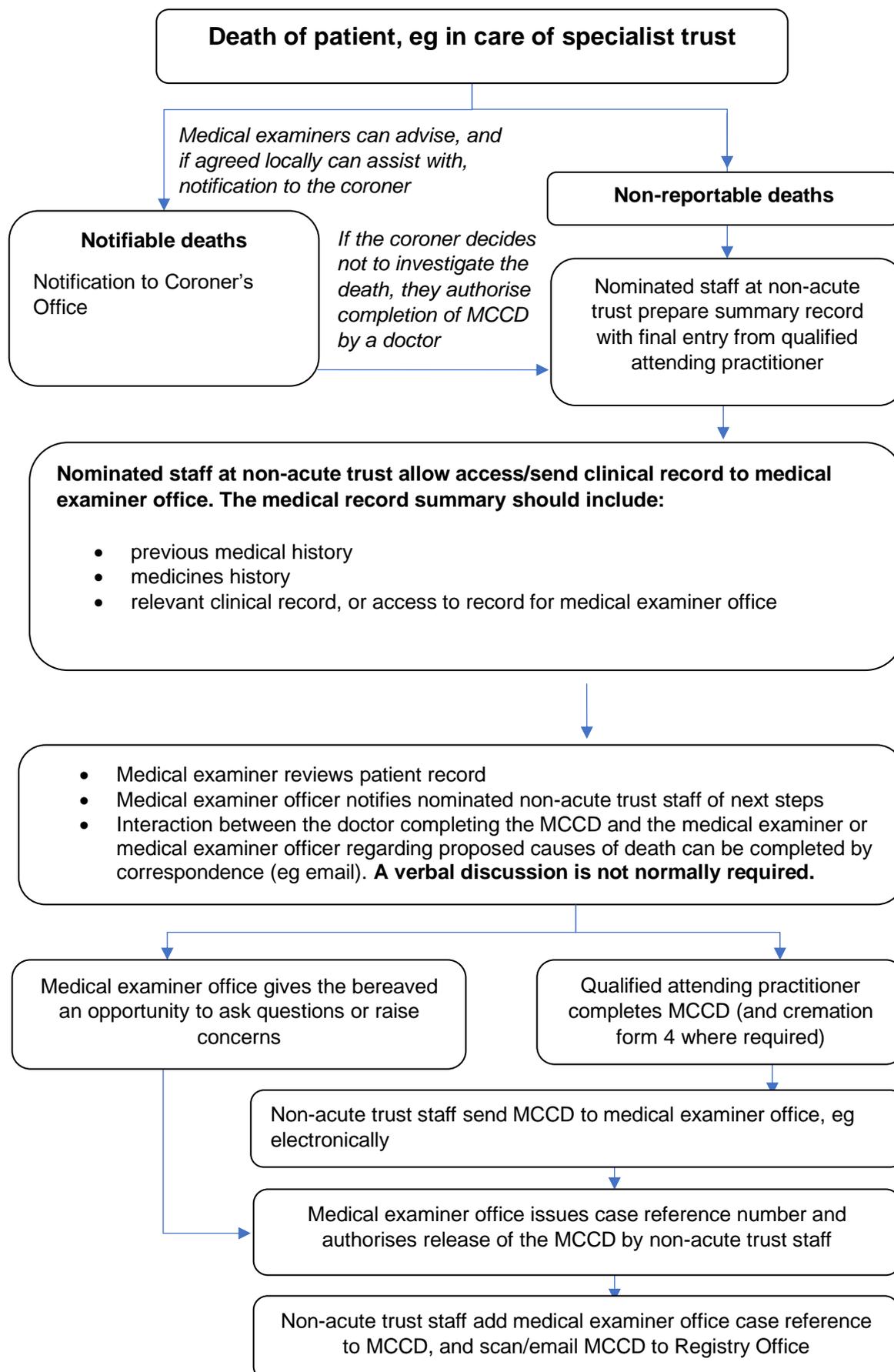
Professor Steve Powis
National Medical
Director

Dr Nikita Kanani
Medical Director for
Primary Care

Annex A: Medical examiners and GPs – example process



Annex B: Example process for trusts without medical examiner offices





Protecting and improving the nation's health



Mandatory COVID-19 Vaccination Campaign 2021 – tally sheet

Criteria	Number of interventions – 7 June 2021 to 20 June 2021	Total
Example	### ### ###	15
Total conversations regarding the COVID-19 vaccination campaign?		
Total COVID-19 vaccination campaign conversations during NMS consultations?		

Thank you for your support during this pharmacy contract campaign and for making a positive impact on the health and wellbeing of your local population. We will be producing evaluations for each campaign and will ensure you receive regular updates on the impact of the campaigns.