

Community Pharmacy Bulletin

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Pre-election guidance for NHS organisations – General Election 2024

A general election will take place in the UK on Thursday 4 July 2024. This note sets out longstanding guidance which always applies to the NHS during the run-up to an election. Communication activities during a general election should avoid competing with parliamentary candidates for the attention of the public.

This note gives guidance to NHS organisations on:

- the handling of requests for information and other enquiries during a general election campaign
- briefing of MPs, prospective parliamentary candidates and ministers during the election period
- carrying out business as usual activities during an election campaign

Please click on the link below for further information:

[NHS England » Pre-election guidance for NHS organisations – General Election 2024](#)

Data Security and Protection Toolkit (DSP) 2023/2024

There are several planned webinars providing a Data Security and Protection Toolkit update, and question and answer session. The events are aimed at organisations who are working on their DSP Toolkits for 2023-24.

Please see link below for further information: [News \(dsptoolkit.nhs.uk\)](#)

The deadline for the Data Security and Protection Toolkit is **30th June 2024**.

A downloadable copy of the Assertions and Evidence items for the 2023-24 Data Security and Protection Toolkit is [Assertions and Evidence Items 23-4 V6.xlsx](#)

Please note – Headquarter Organisations

When completing the Data Security and Protection Toolkit, if you are submitting under a 'Headquarters' organisation, e.g., completing the toolkit for several branches under one headquarter code; please ensure you select all the appropriate linked branches. If you do not select the branches linked under your headquarter organisation those branches will not be complaint.

Consultation Rooms

Following regulations laid in 2020, since April 2023 it has been a requirement under Schedule 4, paragraph 28A of the Terms of Service for all community pharmacies to have a consultation room available **or** the contractor should have applied for an exemption if it was believed that the pharmacy was too small to accommodate a consultation room prior to this date. The consultation room needs to be part of the footprint registered with the GPhC for provision of pharmaceutical services. The consultation room should be:

- a) clearly designated as a room for confidential conversations.
- b) distinct from the general public areas of the pharmacy premises; and
- c) a room where both a person accessing pharmaceutical services and a person performing pharmaceutical services are able to be seated together and communicate confidentially.

The Approved particulars sets out specific further requirements in relation to premises and consultation rooms and this information can be found here: [NHS England » Approved particulars – premises](#). In the approved particulars, we would bring your attention to the requirements around stock storage and what is on display in the consultation

room. In our experience, it is not uncommon to find materials on display in the consultation room that are not healthcare related (e.g. office items like files and folders which are not for use during consultations with patients).

Contractors are requested to declare as part of the CPAF process that they either have a consultation room or an agreed exemption in place. There are a handful of pharmacies across the South West with an exemption agreed via PSRC. We have recently been made aware of several pharmacies where no consultation room is present and are working through the implications of this with the relevant contractors.

FOR ACTION: If you do not have a consultation room or an approved exemption, please get in touch with us (via england.pharmacysouthwest@nhs.net) as soon as possible so that we can work through this with you.

Reminder: NHSmail multi-factor authentication

The NHSmail team **previously** announced that multi-factor authentication (MFA) is set to become mandatory across the platform for all NHSmail users from later in 2024.

[What is MFA?](#)

Normally you use your email address and password to log into your NHSmail account. MFA is an additional security measure that verifies your identity when logging into your account. It will become the default method for accessing NHSmail accounts.

MFA has been around for some time on the platform, and you may already be using it in NHSmail (or in your personal life such as for online banking). It is currently an optional feature, but there are many benefits to it. The NHSmail team have said that:

- *More than 99.9% of accounts compromised by cyber attacks can be blocked by using MFA (Source: Microsoft, 2022)*
- *MFA can prevent disruption to patient care, referrals and appointments*
- *MFA helps keep any patient data in a more protected environment*

As online working becomes the norm, so does the need to keep yourself and the data you work with safe.

NHSmail is a secure communication platform and MFA is intended to help keep it that way. It is being introduced across all NHSmail user accounts.

[FAQs](#)

[What does this mean for pharmacy NHSmail users?](#)

Pharmacy NHSmail users are encouraged to enroll for MFA before it becomes mandatory. There are three methods available, and using the Authenticator App is recommended as it provides the strongest security. Users who trial MFA before it becomes mandatory can switch it off if needed.

[What lessons are being taken from other pharmacy MFA rollouts?](#)

Community Pharmacy England has fed back to NHS England and the NHSmail team the experiences of pharmacy teams with the recent rollout of MFA in a clinical services IT system, so these lessons are being considered by the NHSmail team.

[How do I try out MFA share comments and make NHSmail MFA requests?](#)

Read more in this [step-by-step guide for trying pharmacy NHSmail MFA](#).

It is important that pharmacy team members using NHSmail take up the chance to try MFA out now so that any issues can be identified and addressed before the mandatory rollout of MFA.

Pharmacy First – When can you claim?

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, Community Pharmacy England have published a resource to assist with this. The resources list 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. Follow the link for further details:

[Pharmacy First – When can you claim? - Community Pharmacy England \(cpe.org.uk\)](https://www.cpe.org.uk/Pharmacy-First-When-can-you-claim/)

Pharmacy First: Recognition of tick bites and the symptoms of Lyme disease

As we move into Spring, pharmacy teams may start to see people presenting with tick bites and potentially symptoms of Lyme disease.

While tick bites/Lyme disease is not treatable under the Pharmacy First clinical pathway for infected insect bites, with patients needing to be signposted onwards, patients may present with a tick bite with an erythema migrans (EM) rash – also known as a bullseye rash. Therefore, understanding more about the signs and symptoms should help pharmacy teams recognise the symptoms and allow them to signpost patients as appropriate.

Read further: [Pharmacy First: Recognition of tick bites and the symptoms of Lyme disease](#)

Pharmacy First – Working with your GP practice teams

If the Pharmacy First service is to deliver the maximum possible benefit to patients, the NHS and community pharmacies, it is important that there is a strong relationship between community pharmacies and local general practices.

Such strong local relationships will give confidence to general practice teams to make referrals to the Pharmacy First and other community pharmacy services wherever appropriate for patients.

We all know achieving long-term changes in practice can take time and consequently the work to embed referrals from general practice to Pharmacy First will in most cases need to be sustained over several months or perhaps longer.

We have received positive feedback from many LPCs and pharmacy teams about how local community pharmacy/general practice relationships are driving a good volume of referrals and benefits to patients. However, some pharmacy teams are experiencing low levels of referrals or none at all.

Previous experience from the rollout of GP referrals to the Community Pharmacist Consultation Service is that sustained effort may be required to ensure that referrals are made and continue to be made over the following months.

Read Further: [Pharmacy First – Working with your GP practice teams - Community Pharmacy England \(cpe.org.uk\)](https://www.cpe.org.uk/working-with-your-gp-practice-teams)

Hypertension Case-Finding Service reminder: How do I engage with my general practices

This is to help pharmacy owners and their teams to maximise the potential of the Hypertension Case-finding Service (HCFS).

The re-launch of the service, including the ability to use the wider pharmacy team to provide parts of the service, allows pharmacy owners to review how they provide the service and this series of articles will focus on a range of topics to support you in doing that.

A key requirement of the service specification, is for pharmacy owners to engage with local general practices and/or primary care network (PCN) colleagues to make them aware the pharmacy is providing this service.

How could this service assist general practices?

Uncontrolled hypertension is a leading risk factor for cardiovascular disease. High blood pressure, often described as a 'silent killer', affects an estimated 32% of adults. As the condition rarely has any symptoms, approximately 3 in 10 of these remain undiagnosed, equating to 4.2 million people in England. The aim of this service is to assist general practice to identify these missing patients.

Hypertension management in general practice was significantly impacted during the COVID-19 pandemic. While progress on recovery is being made, the NHS **ambition** is to have 80% of the expected number of people with high blood pressure diagnosed by 2029 and 80% of those diagnosed with high blood pressure treated to target by 2029.

Read Further : [Hypertension Case-Finding Service reminder \(#3\): How do I engage with my general practices? - Community Pharmacy England \(cpe.org.uk\)](https://www.cpe.org.uk/hypertension-case-finding-service-reminder-3)

Health Campaigns

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

For further details: [Pharmacy - HEP C U Later](#)

Quality & Regulations

GPhC Chief Executive examines meaning of good clinical governance

GPhC Chief Executive, Duncan Rudkin, told the Pharmacy Business Conference on Sunday 28 April 2024 that good clinical governance is key to pharmacies providing safe, effective, and good quality services to patients and the public.

It comes after the GPhC conducted a themed review across Great Britain to find out what drives good clinical governance in community pharmacy.

Clinical governance is the system through which healthcare organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which clinical excellence will flourish.

The review involved the GPhC analysing common themes from a range of pharmacies around Great Britain that were identified as offering good clinical governance.

Common themes found amongst examples of good practice included:

- an ethos of continuous learning and improvement
- governance, risk assessment, clinical audit, training and development, and oversight of prescribing and clinical services were seen as just as important as dispensing services.
- active and effective team meetings and robust clinical oversight and advisory structures.

General Pharmaceutical Council Chief Executive, Duncan Rudkin, said:

“Community pharmacy businesses providing services need to start by creating the culture in which professionals can be professional. This means taking responsibility as business leaders for safety and quality of care, and making sure you have the right quantity of confident staff able to work within their competence.

“Looking after your clinicians, supporting them to live up to their standards, and having systems in place to ensure that they are able to do that in practice: these steps are critical if you are to look after your patients.”

For further details: [GPhC Chief Executive examines meaning of good clinical governance at Pharmacy Business Conference](#)

Dispensing Doctors

Dispensing GP practices who intend to participate in the Dispensary Services Quality Scheme (DSQS) for 2024/25 will be required to notify the NHS South West Collaborative Commissioning Hub of that intention by 1 July 2024. 7

On the **31 May 2024** an invitation to sign up to the scheme will be sent to all dispensing practices across the region; deadline for sign to the scheme will be midnight on the **30 June 2024**.

All Dispensing practices signed up to the 2024/25 scheme will be required to meet the scheme's requirements by the end of the scheme year 31 March 2025 to qualify for the scheme's payment.

Key Milestones for 2024/25

This year to assist practices with the submission of evidence throughout the year and help ease the burden of having to submit all the evidence at year end the SW Collaborative Commissioning Hub (CCH) has set out below a

timetable of key dates. The reason we set out these key dates is if the practice needs to re-submit evidence to ensure they comply with the requirements this gives sufficient time to submit the final evidence before the deadline of the 31 March. Please note the dates for submitting evidence are recommended and not mandatory; the official deadline practices have is until the 31 March 2025 to submit all evidence.

Requirements	Date Sent	Date Due
Sign up to DSQS scheme 2024/25.	31 May 2024	Midnight 30 June 2024
Sign up to DSQS scheme 2024/25 – submission reminder	17 June 2024	Midnight 30 June 2024
Clinical Audit - Proposed Audit Title details	07 July 2024	14 February 2025
Clinical Audit - Submission of any alternative titles for approval	07 July 2024	02 August 2024
Quarter 1 (reporting period 01 April - 30 June)	22 July 2024	31 August 2024
Quarter 2 (reporting period 01 July - 30 September)	01 October 2024	31 October 2024
Self-Assessment Declaration circulated.	27 September 2024	24 January 2025
Clinical Audit – submission reminder	13 December 2024	14 February 2025
Self-Assessment Declaration – submission reminder	13 December 2024	24 January 2025
Quarter 3 (reporting period 01 October - 31 December)	02 January 2025	31 January 2025
DRUMs Declaration circulated.	24 January 2025	14 March 2025
DRUMS Declaration – submission reminder	14 February 2025	14 March 2025
Scheme Deadline - all evidence to be submitted.	-	31 March 2025
Quarter 4 (reporting period 01 January - 31 March)	01 April 2025	30 April 2025

Throughout the year we will send out reminders (reminder dates shown above) for practices to return submissions. Please ensure you have up to date contact details recorded with the CCH so you do not miss reminders and updates. We advise you share with the wider team and record the dates in diaries. The CCH will not be chasing individual practices for outstanding submissions.

Clinical Audit 24/25

Once sign up to the new scheme is completed on the 1 July, the CCH will be sending out details on the clinical audit for 2024/25.

For the past 2 years a different approach has been agreed where the CCH has provided all dispensing practices with a suggested audit title. Given the success of the clinical audit approach for last 2 years it has been agreed this will continue for 2024/25. Details of the audit title will be provided in July as set out in the table of key milestones above. However, as in previous years if the practice has its own audit title, they wish to use they will be required to provide us with the detail of the audit title and rationale by early August for approval by the CCH.

If you have any queries with regards the above, then please do not hesitate to contact the team on england.pharmacysouthwest@nhs.net

Shortages

Serious Shortage Protocols (SSPs)

All current Serious Shortage Protocols can be viewed via [BSA website](#).

If you have any questions regarding SSPs please contact the NHS Prescription Service:

- Email: nhsbsa.prescriptionservices@nhsbsa.nhs.uk
- Telephone: 0300 330 1349
- Textphone: 18001 0300 330 1349

DHSC Medicine Supply Notifications

DHSC and NHSE/I have now launched an online [Medicines Supply Tool](#), which provides up to date information about medicine supply issues. The contents of these MSNs can now be viewed on the Tool. The Tool also details any changes to resupply dates and updates to the entries. To access the Tool, you will be required to register with the [SPS website](#).

The Medicine Supply Tool is moving on the SPS website. Update your links and bookmark its new home in the 'Tools' section: <https://www.sps.nhs.uk/home/tools/medicines-supply-tool/>

Medicine Alerts

For information on medical alerts, recalls and safety information regarding drugs and medical devices please see the Medicines and Healthcare products Regulatory Agency below:

[Medicines and Healthcare products Regulatory Agency - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

Digital & Technology

Updating NHS Website Profile and DoS Profile

Please ensure any changes to your opening times, contact information and services information including advanced services are updated using Profile Manager to ensure your pharmacy's NHS website profile and your DoS profile are kept up to date at all times.

Guidance and helpful video tutorials on how to check and update your profile using NHS Profile Manager can be found here [NHS Profile Manager](#).

NHS Smart Card

Could all contractors please ensure all pharmacists, especially locums, are reminded to ensure they have their smartcard with them for all shifts. This is especially critical at weekends and on bank holidays as there is likely to be more limited access to pharmaceutical services on these days.

If you have received automated messages about NHS smartcard renewal, please renew them as soon as possible.

If NHS Digital do not manage to increase the rate of renewal now, it will inevitably result in a rush of users requiring smartcard renewals through the Care Identity Service with increasing urgency.

This could lead to delays in access to systems and services, due to backlogs of renewals being requested for processing by Registration Authorities. Any impact on the Care Identity Service will not affect authentication and access to clinical systems for users with a valid smartcard. Please use the link for smartcard renewals [Self-renewal NHS smartcard service - NHS Digital](#)

GDPR email requirements

We would like to remind all contractors any emails containing patient identifiable information must be sent from a secure email address, preferably the pharmacies shared generic nhs.net store email address. Any emails with patient details must not be sent from a non-secure email address as this could result in a breach of GDPR.

Please see attached the guidance regarding the investigation and reporting of incidents where any potential breach of GDPR has occurred.

Email Correspondence – Signature Details

Please can you ensure when communicating with the NHS South West Collaborative Commissioning Hub's Community Pharmacy Team you include the following details within your correspondence to help us with responding to your enquiry. Many thanks.

- Contact Name
- Name of Contractor
- ODS Code (F Code)

Useful Information

Temporary Suspensions of Pharmaceutical Services

Following changes to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 from 31st July 2023, it is a Terms of Service requirement for each NHS community pharmacy owner to have a business continuity plan for a temporary suspension of service due to illness or other reasons beyond their control, and to action this when necessary.

In accordance with regulations, contractors must notify the commissioner of any temporary suspension in service; including those for reasons due to illness or causes beyond the control of the contractor. In accordance with pharmacy regulations contractors must provide evidence to the commissioner they have undertaken the following:

- Notified the commissioner of the suspension as soon as practical.
- Used all reasonable endeavors to implement the business continuity plan required by paragraph 29D, Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, and
- Used all reasonable endeavors to resume the provision of pharmaceutical services as soon as is practicable. (Paragraph 23(10), Schedule 4, of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

In the event of you being unable to open please complete a Temporary Suspension closure form which can be found [here](#) and send this to our generic email address: england.pharmacysouthwest@nhs.net

Please click the link below to take you to the Microsoft Form:

- [Pharmacy contractor notification of a Temporary Suspension of Services](#)
-

Changes of director and/or superintendent pharmacist.

When a body corporate appoints a new director and / or a new superintendent they must inform the commissioner within 30 days of the person taking up that new position. Recent experience suggests that contractors sometimes overlook making these declarations.

To make such a declaration you should go to the Primary Care Support England (PCSE) website at <https://pcse.england.nhs.uk/services/pharmacy-market-administration-services/market-entry/> where you will be able to complete the necessary declarations.

Failure to notify any changes to directors and / or superintendent pharmacist maybe a breach of your terms of service.

Pharmacy Support for Health & Wellbeing

Please see below support available for our NHS people with free confidential coaching and support for the primary care workforce.

- Wellbeing apps:
 - NHS staff have been given free access to a number of wellbeing apps to support their mental health and wellbeing.
 - Link: <https://www.england.nhs.uk/supporting-our-nhs-people/support-now/wellbeing-apps/>
- Mental Health and Wellbeing:
 - Guidance and advice on how you can stay mentally healthy and boost your wellbeing from Pharmacists' Support.
 - Link: <https://pharmacistsupport.org/i-need-help-managing-my/mental-health-and-wellbeing/>
- Addiction support:
 - Information about the free and confidential addiction support provided by Pharmacists Support.
 - Link: <https://pharmacistsupport.org/how-we-can-help/addiction-support-programme/>
- Managing your finances:
 - Information and guidance on money management and finding financial assistance from Pharmacists Support.
 - Link: <https://pharmacistsupport.org/i-need-help-managing-my/finances/>
- Physical Health:
 - Support on Physical Health from Pharmacists Support, including how to easily incorporate exercise and healthy eating into your daily routine, and the benefits of doing so.
 - Link: <https://pharmacistsupport.org/i-need-help-managing-my/physical-health/>
- Royal Pharmaceutical Society Wellbeing Guide
 - Wellbeing Guide from the Royal Pharmaceutical Society
 - Link: <https://www.rpharms.com/resources/pharmacy-guides/your-wellbeing>

Training Resources for Pharmacists

- E-learning: Dealing with difficult discussions:
 - E-learning programme from the Centre for Pharmacy Postgraduate Education.
 - Link: <https://www.cppe.ac.uk/programmes/l/diffdisc-e-01>
- Resource Pack: Stopping violence in the Pharmacy:
 - Resource pack from the pharmacists' defence association.
 - Link: <https://www.the-pda.org/wp-content/uploads/stopping-violence-resources.pdf>

Interpretation and Translation Services

Interpretation and translation services are available for Community Pharmacies when treating NHS Patients. These services are commissioned and paid for by NHS England.

The information and how to access these are available on the South West Pharmacy website page via the following link [Interpretation & Translation Services](#).

The services commissioned cover the following areas:

- Bristol, North Somerset, and South Gloucestershire (BNSSG)
- Bath and North East Somerset, Swindon, and Wiltshire (BSW)
- Cornwall & Isles of Scilly
- Devon
- Dorset
- Gloucestershire
- Somerset

Contact Details and Further Information

South West Collaborative Commissioning Hub Community Pharmacy Contract Management Team contact information: email: england.pharmacysouthwest@nhs.net.

Website: [South West Community Pharmacy information](#) for more further information, blank templates, forms, and documents.