

Pharmacy Best

Thomas Bisset



Barnsley Clinical Commissioning Group



BARNSELY LPC
Represent Support Lead

7:15 Welcome and introductions

7:20 **Health Start Vitamins**

Dr Amy Baxter, Public Health Senior Practitioner, BMBC

7:40 **The Protect project:**

Hypertension case finding and changes to anticoagulant prescribing

Chris Lawson, Head of Barnsley Medicines Optimisation

8:00 **Advance Services Update**

8:15 **Pharmacy Contract 2022-23 and 2023-24**

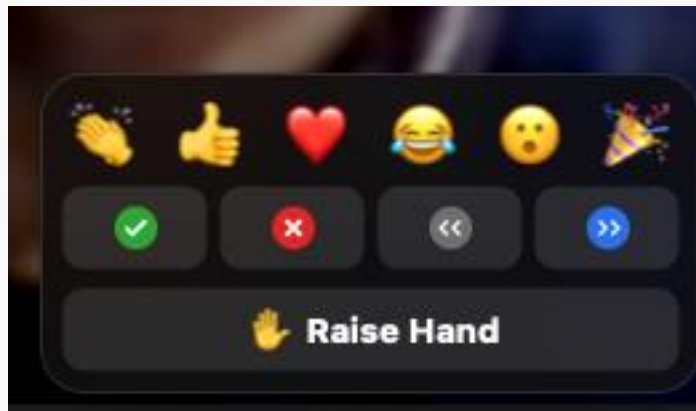
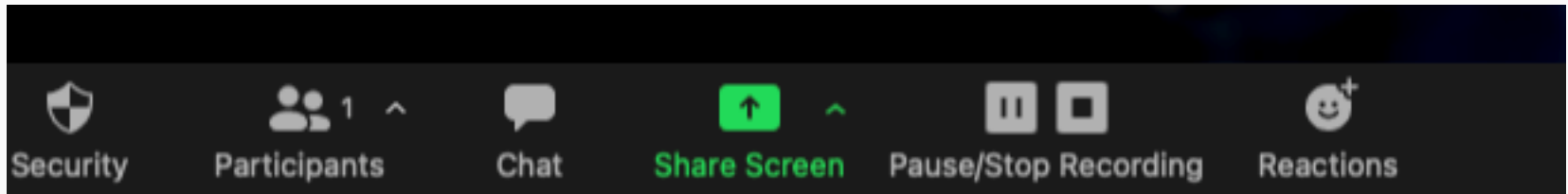
8:30 **Incident Reporting**

8:40 **Questions**

Pharmacy BEST
September 2022

Housekeeping

- Introductions
- Mute
- Questions



Pharmacy BEST: Aims & Objectives

- Barnsley Education Support & Training
 - Best.barnsleyccg.nhs.uk
 - Help Pharmacies deliver quality services
 - Align with CCG plans
 - Help Barnsley patients access healthcare in the appropriate place, at the appropriate time from the appropriate person

BEST website


BEST Portal Everywhere Search [Create account](#) • [Log in](#)













[Contact numbers](#) [Diagnostic tools](#) [Prescribing guidelines](#) [Patient information sheets](#) [Investigation/referrals](#) [Useful websites](#)

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Home

Clinical support by body system

 Brain and mental health	 Ophthalmology and ENT	 Respiratory and Smoking	 Cardiovascular and Lipids
 Endocrine and Diabetes	 Gastroenterology	 Renal, Urology and Mens Health	 Women's and Sexual Health
 Paediatrics	 Dermatology, MSK and Rheumatology	 Cancer, Palliative Care, Pain and Older People	 Laboratory investigations and Infections

<https://best.barnsleyccg.nhs.uk>

The Protect project

Changes to Anticoagulant prescribing Hypertension case finding

*Chris Lawson,
Head of Medicines Optimisation*

HOW'S TH TICKER?

Get your
blood pressure checked.

We're in your local area doing
free blood pressure checks, no
appointments needed.

Keep an eye out for times and locations on our leaflets or
Barnsley Council's social media channels.

Getting your blood pressure checked is quick, easy and could save your life!

You can get your blood pressure checked at:



Your GP



Your local pharmacy



Or you can buy a blood
pressure monitor and do it
regularly yourself at home.

Visit: nhs.uk/conditions/high-blood-pressure-hypertension

Counselling checklist for DOACs

Counselling points	Sign
Explanation of an anticoagulant (increases clotting time and reduces risk of clot formation) and explanation of indication for therapy	
Differences between DOAC and warfarin (if applicable for patients converting from warfarin to DOAC therapy <u>or</u> offering choice of anticoagulation agent) <ul style="list-style-type: none"> No routine INR monitoring Fixed dosing No dietary restrictions and alcohol intake permitted (within national guidelines) Fewer drug interactions 	
Name of drug: generic & brand name	
Explanation of dose: strength & frequency	
Duration of therapy: indefinitely for AF	
To take with food (dabigatran and rivaroxaban). Not required for apixaban or edoxaban	
Missed doses: <ul style="list-style-type: none"> Edoxaban and rivaroxaban can be taken within 12 hours of missed dose, otherwise omit the missed dose Apixaban and dabigatran can be taken within 6 hours of missed dose, otherwise omit the missed dose 	
Extra doses taken: obtain advice immediately from pharmacist/GP/NHS Direct (111)	
Importance of adherence: short half-life and associated risk of stroke and/or thrombosis if non-compliant	

Counselling points	Sign
Common and serious side-effects and who/when to refer: symptoms of bleeding/unexplained bruising. Avoidance of contact sports. <ul style="list-style-type: none"> Single/self-terminating bleeding episode – routine appointment with GP/pharmacist Prolonged/recurrent/severe bleeding/head injury – A&E Major bleeds managed/reversed by supportive measures, Prothrombin Complex Concentrate (PCC), and availability of antidote	
<ul style="list-style-type: none"> Drug interactions and concomitant medication: avoid NSAID's. Always check with a pharmacist regarding OTC/herbal/complimentary medicines 	
Inform all healthcare professionals of DOAC therapy: GP, nurse, dentist, pharmacist i.e. prior to surgery	
Pregnancy and breastfeeding: potential risk to foetus – obtain medical advice as soon as possible if pregnant/considering pregnancy. Avoid in breastfeeding	
Storage: dabigatran <u>must</u> be kept in original packaging – moisture sensitive. All other DOAC are suitable for standard medication compliance aids/ dosette boxes if required	
Follow-up appointments, blood tests, and repeat prescriptions: where and when <ul style="list-style-type: none"> Issue relevant patient information AF booklet/leaflet and anticoagulant patient alert card 	
Give patient opportunity to ask questions and encourage follow up with community pharmacist (NMS – New Medicine Service)	

Advanced Services Update

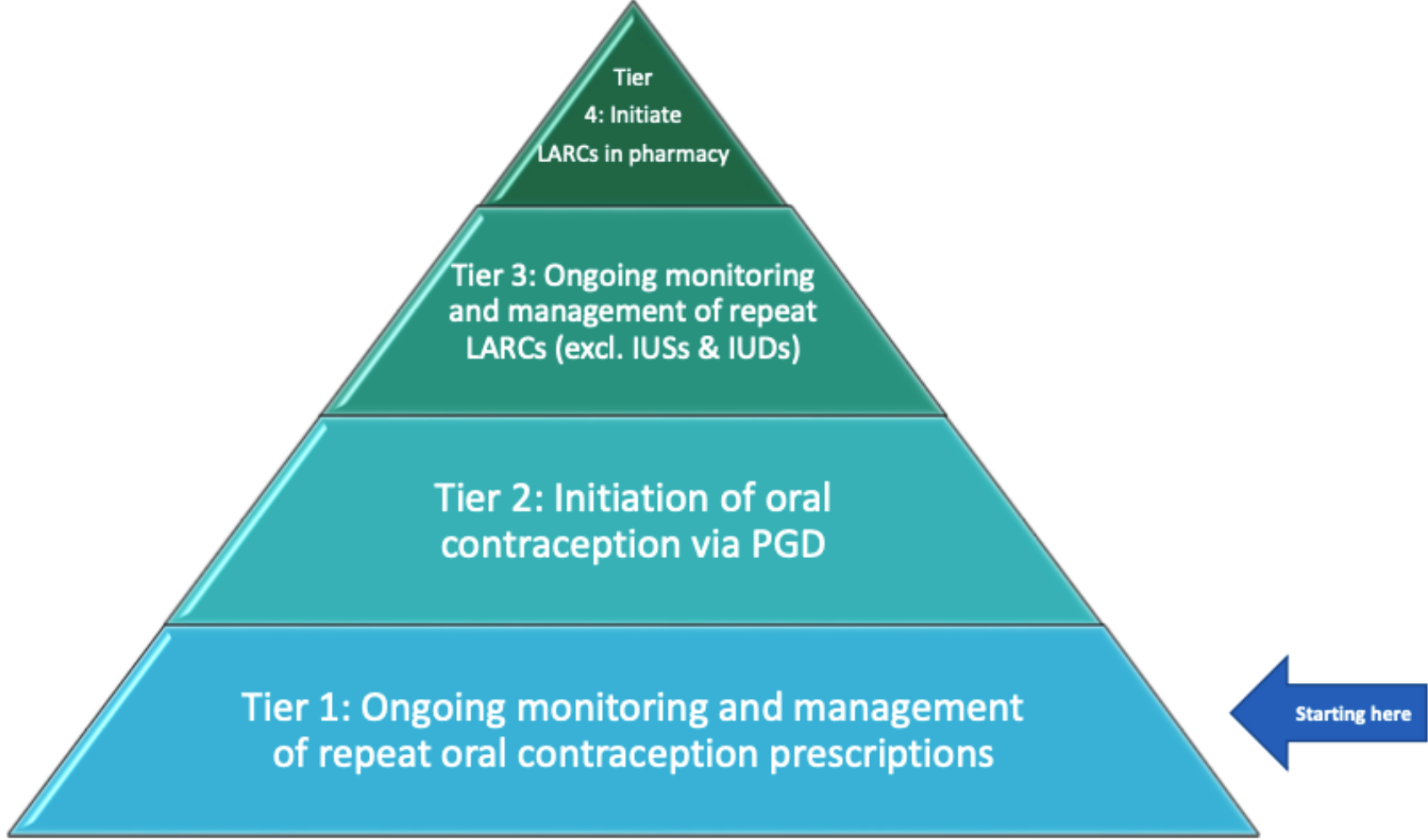
- Hypertension Case Finding
- CPCS
- Smoking Cessation

- Contraceptive

NHS Community Pharmacy Oral Contraceptive

- Access to Ongoing Oral Contraceptive via PGD

Model of care – Tiered approach



Key Points

- Routine monitoring of regular, ongoing oral contraception by following a national PGD
- Supply up to 12 months in appropriately labelled original packs
- Patients referred into the service when a clinical check is needed
- Web based data collection tool
- Message to GP via NHSmail
- Training requirements based on CPPE modules

**Need your next
supply of oral
contraception?**

**You can now arrange to get
your next supply directly from
our pharmacist in confidence.**

Find out more information
at [www.england.nhs.uk/
pharmacycontraception/](http://www.england.nhs.uk/pharmacycontraception/)
or scan the QR code



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Discharge Medication Service

- Reasons to reject
- Raising Queries

Barnsley Hospital: bdg-tr.dms@nhs.net

SWYFT: swy-tr.kendraypharmacyteam@nhs.net
or 01226644338

Questions?

Pharmacy Contract 2022-23 and 2023-24

- Contractors will benefit from a relative uplift to the Drug Tariff as £100m in excess margin earned by the sector in previous years is written off.
- DHSC has also committed to reviewing the implementation of the Price Concessions system.
- The Transitional Payment is also protected, with up to £70m per year being allocated in recognition of the pressures on the sector.
- An independent economic review will take place in advance of the next CPCF negotiations – this will help us to press Government and the NHS to follow good practice in economic regulation and to make more evidence-based funding decisions.

Pharmacy Contract 2022-23 and 2023-24

- A Pharmacy Contraception Service will have a phased launch as an Advanced service, over 2022 and 2023.
- Extensions to the CPCS and to the NMS will be introduced, all developments to these existing services be modest.
- Contractors can take part in Pharmacy Quality Schemes in both years, whose scope has been reduced to reflect the workload and capacity constraints, including the impact of the late start in Year 4.
- The service specifications for the Blood Pressure Check Service and Smoking Cessation Service will be amended to allow delivery by pharmacy technicians, helping pharmacies to make best use of their skill-mix.

APC reports

Clinical Governance

APC Reporting



• APC Reporting provision successfully entered and saved

• The following system generated provision report letters are available

[Basic Provision Record](#)

[Barnsley Interface Issue Report >>](#)

Secure email is queued to send

APC Reporting

Date Completed

Issue Identified by: _____

Name

Job Title

Organisation

Issue category and who was involved _____

Issue Category

- Dispensing Error
- Prescribing Error
- Medication Supply Issue
- Medicines Administration
- D1 Communication
- Other Hospital Communication
- Formulary Related
- Shared Care Issue
- Summary Care Record
- Other GP Communication
- Care/Nursing Home
- Other

Issue Involving

- Hospital- BHNFT
- Hospital - SWYFT
- Hospital - non Barnsley
- General Practice
- Community Pharmacy
- Care/Nursing Home
- Care Organisation
- Community Nursing
- Other

Issue Details _____

Patient NHS Number

GP Practice

Date Issue Identified
Enter as dd-mmm-yyyy (eg 23-Feb-1989)

Issue Identified

Action taken and outcome

Date Action taken
Enter as dd-mmm-yyyy (eg 23-Feb-1989)

APC reports: Themes

- Incorrect / missing MDS medication
- Changes to MDS medication not notified by Surgery to pharmacy
- Problems around EPSrD supplies

APC reports: Examples

Pt with repeat dispensing – 10 months eRD issued for apixaban. This lady was 4months into the 10month batch.

When trying to stop this prescription – I called pharmacy to return any batches they have to spine so we can then stop the prescription on EMIS & ensure no further apixaban issues.

Pharmacy informed me they didn't have any scripts pulled down of the apixaban so this should be able to return on GP side.

I stopped the apixaban on eRD EMIS & selected the option to return the batch issues between 4-10months that were yet to be dispensed.

The return was rejected.

The pharmacy was called again & the process above was repeated. Return rejected again.

APC reports: Examples

Therefore its not possible to return the remaining 6months batches. Ie. not possible to stop a further 6months of anticoagulant from being dispensed. (unless local pharmacy make a note on their side as a reminder not to dispense these prescriptions, but no way to cancel from pharmacy side)

Having issues such as this frequently with repeat dispensing, this is often because the batches don't align between what the pharmacy has dispensed & our EMIS records (ie. pharmacy may have dispensed a prescription slightly earlier than the estimated batch dates on EMIS- which would mean the prescriptions that EMIS is trying to return don't align/match to the prescriptions that have already been dispensed).

The practice feel this is a safety risk with eRD & would like to feel reassured that eRD prescriptions can be cancelled mid way through the eRD batch issue if needed – especially for high risk medications such as anticoagulants.

APC reports: Example

MDS patient discharged from hospital with no tray.

Wife informed ward patient had medication at home but he had in fact only 2 days supply (for Friday and Saturday).

Hospital pharmacist contacted pharmacy to inform them there were no changes to medication and that patient to be discharged.

Pharmacist manager told that they had not got any scripts for patient as they were aware he was in hospital and were awaiting discharge letter before ordering new scripts (in case medication had changed).

Patient was consequently discharged without tray and only 2 days medication at home. TTO stated 2 weeks supply of medication issued.

APC reports: Example

Patient presented in A&E today stating she has taken accidental overdose of amlodipine.

This was due to a pharmacy error, the patient usually takes amitriptyline however her box of amitriptyline had been incorrectly labelled and this sticker has been placed on a box of 10mg amlodipine.

The patients usual does of amlodipine is 5mg per day however with this box incorrectly labelled she has been taking 15mg a day for 6 days.

Patient has contacted pharmacy and they said bring the box down and they will swap it.

Future Pharmacy BEST Meetings

16th November 2022 Teams