

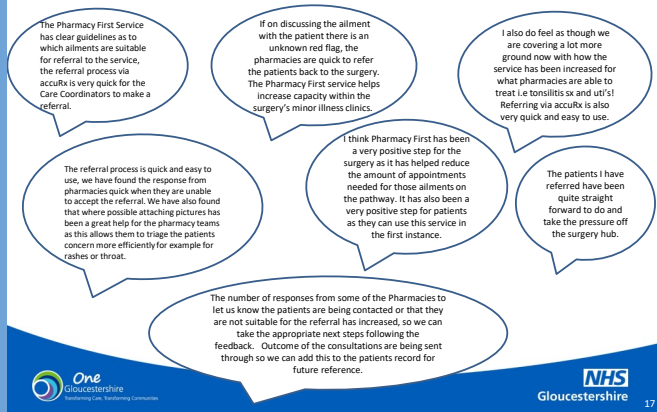
Spring is upon us and with a busy season ahead for Community Pharmacies here is a snap shot of what's been happening in Gloucestershire and useful information for Pharmacy Teams.

Pharmacy First Service

With a 100% sign up to provide the service in Gloucestershire, we have had a great start. CPG continue to work with the ICB as part of the PFS Steering Group to engage reception teams to utilise the service; fantastic feedback from a large Gloucestershire Surgery has been received.



Feedback from Care Navigators



PFS Training—what do you want?

CPG has provided successful training events for Otoscopy and Dermatology to support the service. We are looking to put on more events, get in touch if you have any ideas!

PFS TOP TIPS

- **Remember that all referrals from local surgeries should be via NHS Mail. If you are near a county border you may also get referrals direct to Pharmoutcomes from practices using PharmRefer. If you are getting verbal referrals let us know so we can help encourage electronic referrals!**
- **Patients should contact the Pharmacy to arrange a consultation— but if you haven't heard from the patient after a few hours, please try and contact them.**
- **If you are unable to provide the service for any reason, send the referrals on to another Pharmacy and let local surgeries know so they temporarily stop referring to you . Don't send patients back to the surgery without an intervention.**
- **No referrals are inappropriate! You are the clinical assessor not the receptionist or care navigator. With an electronic referral you can still provide a Minor Illness consultation and claim your funding even if you cannot provide treatment.**
- **Build relationships with your surgeries—the most successful areas have good pharmacy/surgery communications.**
- **Remember to link to other services e.g. HCFS where appropriate**
- **Train counter staff to screen walk in patients to identify those suitable for referral into Pharmacy First to maximise income from the service.**
- **If the pharmacy needs the GP to do something for the patient following a referral/consultation/assessment then as well as the post event message on Pharmoutcomes they should call the surgery using the 'bypass' number, Surgery bypass numbers can be found on [NHS Service Finder - NHS England Digital](#)**

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New Gloucestershire drug and alcohol service

From 1 April 2024, the adult community drug and alcohol service for residents of Gloucestershire aged 18+ is called **Via Gloucestershire**.

How to refer

1. Complete **online referral form**:
<https://www.viaorg.uk/get-help/gloucestershire-referral/>.
2. Download **Word document referral form**:
<https://www.viaorg.uk/wp-content/uploads/2024/03/Via-Gloucestershire-Referral-Form.docx>



How to get in touch

Phone: 01452 223 014

Email: gloucestershire@viaorg.uk

Secure email: gloucestershire@viaorguk.cjsm.net

Cheltenham	Gloucester
Bramery House, Alstone Lane, Cheltenham, GL51 8HE	41-43 Imperial Chambers, Longsmith Street, Gloucester, GL1 2HT
Opening times: Monday 09:30-17:00 Tuesday 09:30-19:00 Wednesday 13:00-17:00 Thursday 09:30-17:00 Friday 09:30-17:00	Opening times: Monday 09:30-17:00 Tuesday 09:30-19:00 Wednesday 13:00-17:00 Thursday 09:30-17:00 Friday 09:30-17:00
Stroud	Cinderford
Bankfield House (rear), Wallbridge, Bath Road, Stroud, GL5 3JQ	Belle Vue Centre, 6 Belle Vue Road, Cinderford, GL14 2AB
Opening times: Monday 09:30-17:00 Tuesday 09:30-19:00 Wednesday 13:00-17:00 Thursday 09:30-17:00 Friday 09:30-17:00	Opening times: Tuesday 09:30-17:00 Thursday 09:30-17:00

Working together for healthy, independent lives and enriched communities

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THE NELSON TRUST

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INTUITIVE THINKING SKILLS

Healthy lifestyles

Gloucestershire

ABL Health has commenced the delivery of Healthy Lifestyles Service as of April 2024.

Website: For information about services or to make a professional or individual referral please visit www.hlsghos.org

Phone: 0800 755 5533

Email: glicb.hlsghos@nhs.net.

Don't forget.....

CPG have funded training from Virtual Outcomes for



Pharmacy Teams to keep up to date with services and useful training modules for all Pharmacy staff!

Topics include; PFS, Contraception Service, Hypertension Case Finding and many more.....

To access the free training -

[About Virtual Outcomes - Virtual Outcomes](#)

EHC Training update -

Face to Face training is no longer required to provide EHC in Gloucestershire, instead Pharmacists should ensure they have completed the CPPE training on line and completed their Declaration of Competence.

Remember all contraception conversations should include provision of patient information about LARCS, and why not offer the Pharmacy Contraception Service after qualifying patients present for EHC.

STOP PRESS- EHC service fee has just been increased to £13.38 and condom supply to £1.80

6. Training and Staff requirements

The Provider must ensure that all Staff involved in providing the Service:

- i. Have the necessary training, knowledge and competencies to deliver the service in accordance with the Service Specification and PGD;
- ii. Have signed up to, and are using the PGD;
- iii. Are aware of and adhere to requirements on Service User confidentiality, which takes into account the needs and requirements of under 16s.

The Provider must ensure that all Staff providing the Service:

- i. Have an up to date Centre for Pharmacy Postgraduate Education (CPPE) Declaration of Competence (DOCs) for emergency contraception; and ensure they are reaccredited every two years;
- ii. Attend an online CPPE Emergency Contraception event at least every four years;
- iii. Have completed the following CPPE modules:
 - a. Consultation skills for pharmacy practice
 - b. Contraception
 - c. Emergency contraception
 - d. Sexual health in pharmacies
- iv. Attend a face to face local safeguarding training event covering children and vulnerable adults at least every four years; information on local safeguarding training can be found via [Gloucestershire Safeguarding Adults Board](#)
- v. Are only recruited or engaged in compliance with the Safer Recruitment Guidance set out in Schedule 4 of the Contract.
- vi. Remain in good standing with the General Pharmaceutical Council or alternatively have current registration with the Disclosure and Barring Service (DBS);



Medicines Optimisation Update

Every year the ICB set the Primary Care Offer for GPs to release additional local funding provided the practices hit local targets. This years targets that are relevant to community pharmacy are as follows:

- Generic apixaban should be prescribed for >50% of new DO-AC prescribing
- Generic sitagliptin should be prescribed for >50% of new gliptin prescribing
- **Switch Fostair MDI to Fobumix DPI (Target >25% of patients)**
- Broad spectrum antibiotics <10% of total antibiotic volumes
- Amoxicillin 500mg should be 5 day course in >50% of cases
- Participate in penicillin allergy delabelling project
- Structured Medication Reviews (SMRs) targeting reducing opiate prescribing and reducing overprescribing in frail/elderly patients.
- Statin initiation in patients with CVD Qrisk score >10% (this will only affect a small numbers of practices/patients)
- All practices to have a named prescribing lead, a prescribing cost efficiently plan and an annual practice prescribing review

Independent prescribing

We have been informed that there is likely to be more funding released shortly for community pharmacists to take up IP training.

If this is something that you are considering then please keep an eye on your emails and start to check out the university webpages for when their application widows open and close.

CPPE have a useful 'Preparing to train as an independent prescriber' course that you may want to check out

<https://www.cppe.ac.uk/career/preparingtotrainip>



Dressings supply

The LPC have spent a considerable amount of time recently fighting against the ICBs proposed changes to dressing supply. Unfortunately we have been unsuccessful, and over the next few months the ICB will be telling doctors practices that they must order dressings using a direct supply portal rather than on FP10. This means that the majority of prescriptions coming to pharmacy for dressings (usually from district nursing teams) will stop.

We anticipate/hope that this should have a small financial impact on most pharmacies who may only supply the odd dressing prescription– but a large impact on those pharmacies that are the only pharmacy in a local area, those who have become know as reliable holders of stock or those who supply a large number of nursing homes.

We will be sending out some more information about timescales and what the ICB have agreed to do to support pharmacies– but effective immediately we would encourage all pharmacies to do the following:

- **DO NOT order any dressings to hold in stock for future prescriptions, only order when prescriptions are received!**
- Try to run down/use up any stock you currently have sat on the shelf– e.g. ask prescribers if they could amend prescriptions if you have 12.5cm when 10cm has been prescribed.
- Only order dressings when a prescription is received.
- If a prescription is written for a 'split pack' and it is something you are needing to order– either contact the surgery and ask for it to be changed to a whole pack so you have no wastage, contact local pharmacies and find out if anyone has any in stock that can be used before ordering or use an agency that supplies split pack (if you have an arrangement in place)
- Use your local Whatsapp networks to help each other get rid of dressings in stock before ordering if you have the time/capacity. We are all in the same boat here– nobody is winning- so lets help each other.

The ICB have committed to helping minimize the impact of their decision on community pharmacy and we will be sending out more information to individual pharmacies as and when the ICB have a proposed roll out schedule– but if you have any concerns or want to speak to someone at the LPC now please do get in touch at Rebecca.myers@cpglos.uk

Community Pharmacy Resilience

Supporting the resilience of community pharmacies in the UK is critical, especially in the context of growing demand, changing patient needs, and evolving healthcare roles. A strategy to bolster resilience can be framed around several key components: enhancing operational efficiency, diversifying services, fostering workforce development, ensuring financial stability, and strengthening community engagement.

1. Enhancing Operational Efficiency

Implement Technology Solutions: Use digital tools to manage inventory more effectively and automate routine tasks. Ensure that PMR functionality is utilised to help with stock control and ordering, use modules available to reduce duplication of work and to offer accessibility options to patients. Encourage the use of NHS app where there is no in-house product to give patients control over prescription ordering and to minimise time spent on phone calls and prescription requests.

Optimize Space and Layout: Redesign the pharmacy layout to improve the flow and efficiency of service delivery, potentially reducing waiting times and increasing customer sales. Optimise dispensary to reduce pick times and increase productivity.

Lean Management Practices: Apply lean management techniques to minimize waste and improve productivity, focusing on value creation for the patient (see next page)

Maximise Cashflow: Ensure that claims are made in a timely and accurate manner to maximise cash flow. Process prescriptions accurately and ensure endorsements are correct, highlight expensive items, order and complete owing items promptly or if ongoing supply issues inform surgery and cancel item so remainder of script can be claimed. Ensure staff are exemption checking to minimise switches, Implement a robust end of month process such as order blocking for last 3 days, or bulk ordering of fast moving lines early in the month to maximise length or credit with wholesalers. Check all services to make sure claims are completed correctly (e.g. all 3 parts of DMS completed, correct meds claimed in pharmacy first, exemption forms completed and submitted correctly)

2. Diversifying Services

Extended Services: Promote and offer all nationally and locally commissioned services- where possible offering services using trained staff to deliver parts of the service to free up pharmacist time. Link NHS services together– such as PCS when offering EHC or HCFS with Pharmacy First. Consider supplementing NHS service offering with private services which can provide additional revenue streams.

Collaborations with Local Healthcare Providers: Network with local GPs, hospital trust, and care homes to offer promote and drive footfall into commissioned pharmacy services such as Pharmacy first, PCS, HCFS.

Specialization: Consider development of niche areas of expertise, such as paediatric care, dermatology or travel health to meet specific community needs and differentiate from competitors.

3. Fostering Workforce Development

Continuing Professional Development (CPD): Invest in regular training and development opportunities for all staff to keep skills updated, enhance service quality and maximise sales revenue. Offer seasonal refresher training sessions and focus on upselling and link selling techniques. Ensure product and advice offerings are in line with local and national guidance.

Support and Wellbeing: Establish a supportive work environment that promotes mental and physical health, reducing burnout and improving staff retention. Use nationally available free resources (e.g. NHS health and wellbeing hubs) or company resources to support staff wellbeing. Ensure staff have their contracted breaks and are taking mental breaks to reduce potential for error. Encourage staff to ask for help.

Recruitment and Retention Strategies: Develop attractive recruitment packages and career progression paths to attract and retain talented pharmacist and support staff.

4. Ensuring Financial Stability

Revenue Management: Regularly review and optimize pricing and reimbursement strategies to ensure profitability. Leverage financial planning tools and seek advice to manage cash flows and investments wisely.

Funding and/or Grants: Stay informed about and actively pursue government or local grants, subsidies, and funding opportunities designed for healthcare improvements and innovations.

Cost Control: Keep a tight control on overhead costs and negotiate better terms with suppliers to reduce procurement costs. Conduct line by line analysis of controllable costs to identify areas of saving. Where possible work to actively reduce overheads so that funding for staff can be maintained.

5. Strengthening Community Engagement

Health Promotion Activities: Organize and participate in community health initiatives and education programs to raise awareness of health issues and pharmacy services, building trust and loyalty among community members.

Feedback Mechanisms: Implement systems to gather and respond to community feedback, ensuring services are aligned with patient needs and expectations. Encourage positive feedback on public facing platforms to maximise free promotional activity (e.g. NHS feedback)

Partnerships with Community Organizations: Work with local schools, businesses, and community groups to promote public health messages and support local health needs.

6. Advocacy and Policy Engagement

Policy Influence: Engage with MPs or local councillors to advocate for the role of community pharmacies in public health- especially for policies that affect pharmacy funding and operations.

Professional Associations: Encourage active participation in pharmacy associations which can provide support, resources, and a collective voice in negotiations and discussions with the government.

Implementation Steps

Assessment and Planning:

Conduct a thorough assessment of current operations and services. Develop a strategic plan with clear goals and timelines.

Stakeholder Engagement:

Involve staff at all levels and if relevant gather input from patients and the local community to ensure buy-in and relevance.

Pilot:

Consider piloting changes for a short period of time before adopting. Use feedback to adjust strategies accordingly.

Monitor and Evaluate:

Regularly review the impact of implemented changes using predefined metrics (e.g., customer satisfaction, financial performance, staff turnover rates).

Important contact information

NHS South West Collaborative Commissioning Hub england.pharmacysouthwest@nhs.net.

NHSBSA nhsbsa.prescriptionservices@nhsbsa.nhs.uk Telephone: 0300 330 1349

Gloucestershire Out of Hours Healthcare Professionals number—Ring NHS 111. Select Option 3 for Healthcare Professional (HCP) you will be presented with 3 options : 1- paramedic 2 – care home 3 – other Healthcare Professional (HCP) SELECT THIS OPTION and you will be routed to the HCP line. If for any reason the line is busy it will route you through NHS 111 whereby they can process your call as a HCP.

Community Pharmacy Gloucestershire (LPC) -

Sam Bradshaw sam.bradshaw@cpglos.uk

Rebecca Myers rebecca.myers@cpglos.uk

Lean management techniques

Derived from principles developed in the manufacturing sector, Lean Management Techniques are aimed at improving efficiency, reducing waste, and increasing productivity. These principles can be effectively adapted to the context of community pharmacy to enhance operations and improve patient care. Here are several key Lean techniques that can be implemented in a community pharmacy setting:

Value Stream Mapping (VSM)

Purpose: Identify all the actions (value-added and non-value-added) that take place from the initiation of a pharmacy process to its completion (e.g., from when a prescription is received to when it is dispensed and the patient is counselled).

Application: Use VSM to visualize workflows and identify bottlenecks, delays, or unnecessary steps in the prescription filling process. This can help streamline operations, reduce wait times, and improve customer service.

5S Methodology

Purpose: Organize and maintain the workplace efficiently and effectively.

Application: Implement the 5S steps—Sort, Set in order, Shine, Standardize, and Sustain—in the pharmacy setting. For example, organizing medication shelves systematically, keeping the dispensing area clean, and maintaining order can speed up workflow and reduce errors.

Kaizen (Continuous Improvement)

Purpose: Encourage continuous small incremental changes to improve quality and efficiency.

Application: Regularly engage staff in brainstorming sessions to identify areas for minor improvements in daily operations. Implementing these small changes can lead to significant benefits over time, such as improving workflow efficiency or enhancing customer interaction.

Kanban (Visual Management)

Purpose: Manage workflow and inventory with visual signals.

Application: Use task cards to track inventory levels, manage reordering processes, and ensure that essential medications are always in stock without overstocking. This method helps maintain a smooth flow in the supply chain and reduces waste associated with expired drugs.

Just-In-Time (JIT) Inventory

Purpose: Reduce waste and free up resources by receiving goods only as they are needed.

Application: Implement JIT inventory systems to minimize the storage of large quantities of medications, which can help manage cash flow more effectively and reduce waste due to expired products.

Poka-Yoke (Error-proofing)

Purpose: Prevent errors by designing processes that make it impossible or difficult to make mistakes.

Application: Use error-proofing methods in the dispensing process, such as bar-code verification of medication or Tall man lettering checks before dispensing to ensure that the right medicines are given to the right patient.

Standardized Work

Purpose: Ensure consistency and predictability in processes.

Application: Make sure SOPs are followed for all routine tasks, from prescription intake and verification to dispensing and patient consultation. This helps in maintaining high quality and safety standards, reducing variability in how services are delivered. If SOPs aren't being followed then train staff, or review SOP accordingly.

Root Cause Analysis

Purpose: Identify and address the fundamental causes of problems rather than just dealing with their symptoms.

Application: When errors or inefficiencies are identified, use tools like the "5 Whys" technique to drill down to the root cause and then address it directly, preventing recurrence of the issue.



Community Pharmacy Gloucestershire – Priorities and Plan 2024/25

- Support contractors to maximise income from service delivery:
 - Support implementation and drive uptake of Pharmacy First Service.
 - Support contractors to deliver Hypertension Case Finding Service, Contraception Service, Influenza Vaccination and other advanced services.
 - Support contractors to use staff effectively to deliver services.
 - Use local networks to improve joint working and drive services through community pharmacy.
 - Attend meetings with local stakeholders to provide a voice for local community pharmacy contractors.
 - Negotiate to ensure comparable/equitable fee structures for locally commissioned services.
 - Support contractors to deliver robust services around patients discharged from secondary care to prevent readmissions.
 - Work to ensure the sustainability of the local community pharmacy network to stock and workforce shocks.
 - Provide training opportunities or signpost to other training to meet locally identified needs.
- Challenge practices that would negatively impact on Community Pharmacy contractual funding.
 - Maintain visibility on unscheduled closures and support contractors where possible.
 - Provide advice and escalation for contractors to stop script direction or other unfair practices.
 - Monitor and oppose local variation in prescribing that reduces contractual income (e.g. branded generics)
- Support contractors to meet their contractual requirements.
 - Provide briefings or training opportunities for any contractual or legislative changes.
 - Advocate for community pharmacy in contractual issues.
 - Provide support and advice to contractors on a proactive and reactive basis.
 - Work with the ICB and NHSE commissioning hub to ensure contractors are represented in contractual discussions.
- Ensure we meet our mandated obligations, including.
 - Provide a response to any contractual variations or new contract applications.
 - Work with the HWB to ensure that the PNA and supplementary statements are an accurate reflection of the pharmaceutical needs of Gloucestershire.
 - Ensure the committee is providing value for money for contractors.
- PCN collaboration
 - Help contractors to work collaboratively at a locality and PCN level.
 - Encourage the development of local communications and support pathways to encourage pharmacy resilience.
- Collaboration with other primary care
 - Develop a local representative committees' network to identify joint working opportunities and pathways.
 - Advocate for community pharmacy within the local primary care structures.

Improving Communications -

At our last Committee meeting we discussed ways to improve the way we get information across to Pharmacy Contractors efficiently, we currently use email to nhs mail pharmacy addresses to send out information but several Committee members have suggested a Gloucestershire 'WhatsApp' Group?

Over the coming weeks we will be asking for Pharmacies to supply mobile numbers that we can add to this group so Pharmacy Owners and Pharmacy staff can get information directly and quickly from CPQ, please look out for an email coming your way.....!



Andrew Lane- Chair
Rebecca Myers- Chief Officer
Sam Bradshaw- Support Officer
www.gloucestershire.communitypharmacy.org.uk

