

#### **April 2013**

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For calendar events and local pharmacy forum meetings visit www.essexlpc.org.uk

## ESSEX LPC NEWSLETTER APRIL 2013

## \*\*\* Market Entry News \*\*\* Pharmaceutical Needs Assessments (PNAs)

We have received the first few pharmacy applications under the new PNA market entry regulations, (NHS (pharmaceutical services) Regulations 2012, The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013) and while it will take some time to develop the expertise that it would be nice to think we had in applying the earlier regulations we are beginning to see some patterns emerging already.

Since 1<sup>st</sup> April, the responsibility for developing and maintaining the PNA has been with the Local Authorities, through the Health and Wellbeing boards: The responsibility for market entry decisions based on these PNAs falls to the Commissioning Board (NHS England.) It may be interesting to see how this works out, as the organisation that develops the PNA is not the same organisation that has to fund any new pharmacy contracts!

The timescale for updating PNAs has also been moved from 2014 to 2015, to try and stop PNAs being carried out hastily by new organisations that may not have had the chance to become familiar with the process: however the requirement to update PNAs prior to that date if it becomes apparent that needs have changed remains.

There are two approaches to changing the PNA: issuing supplementary statements, and reviewing all or part of the PNA.

Supplementary statements should be issued when a **fact** stated in the PNA changes, for example;

- ♦ A new pharmacy opens, or if a pharmacy changes its opening hours so that it no longer opens on a Saturday afternoon.
- A pharmacy no longer provides a sexual health enhanced service that it used to.

When the regulations changed in 2012 the PCTs were generally very good at ensuring supplementary statements were issued regarding pharmacy openings and closures, although no statements appear to have been issued where services have been decommissioned or when new services have been provided.

A review of the PNA should take place when the needs for pharmaceutical services change. This may be that there is an increased need for services, for example;

- A huge housing development which substantially increases the population is completed in the area;
- Or a decreased need;

# \*\*\* Market Entry News \*\*\* Pharmaceutical Needs Assessments (PNAs) (continued)

- A residential area is cleared for redevelopment;
- Or when a previously identified need is met;
- A pharmacy starts to provide services to support substance misusers in a town where previously no services were provided.

It may also be that the **cumulative** effects of a number of changes recorded as supplementary statements has the **effect** of changing the needs for pharmaceutical services, for example;

\* a pharmacy changes its hours to close on Saturday afternoons would be recorded as a supplementary statement.

All of the six pharmacies in a town change their opening hours to close on Saturday afternoons would be recorded as six supplementary statements, but;

- This would also identify a **gap in provision** and therefore a **need for pharmaceutical services** in the town on Saturday afternoons and so **the PNA would need to be changed** to reflect this.

Four of the applications that we have received for comment so far under the new regulations have used information or evidence from the PNA that was no longer current. In some cases this has been directly related to the additional provision of pharmaceutical services: in two cases the PCT had not issued a supplementary statement that a service was now being provided; in another case the applicant did not appear to have seen the supplementary statement that had been published. In a fourth application there had been a big change in the area since the PNA had been drafted, in that an area of fairly run-down industrial units had been redeveloped into a high-rise residential development, which probably increased the need for pharmaceutical services in that area.

Why is this important to you? There are a number of technical issues relating to when applications get considered, and these may allow contractors to expand their service offer if an application is received. Make sure that all the services that you provide are listed in the PNA, and if you start to provide any new services or change your opening hours then make sure that a supplementary statement is issued. However you are also working, and possibly you and probably your staff are living, in the area where your pharmacy is located. We know that pharmacy contractors are interested in proposals such as GP practice relocations and health centre developments, but keep an eye out for other developments that may be used to support a pharmacy application, and be prepared to change the services you provide.

Remember, the Health and Wellbeing board is responsible for the PNA, and is less involved with the potential pressure on funding that a new pharmacy causes than the PCTs were. As we have seen, the existing PNAs may in a large part still be valid, but may have enough changes and inaccuracies in the smaller details to allow them to be challenged. Although the PNA-based market entry regulations are largely a welcome development they are not a guaranteed "ring fence" for existing contractors, and you will still need to keep your eyes open!



## **Health Checks Services**



One of the public health services that is attracting a lot of attention at the moment is the roll-out of NHS healthchecks across the Essex County Council area. For many contractors this is a new service, and for those who were providing the service previously there are changes in both the national and local service specification from previous years.

One big difference in the new commissioning arrangements is that the commissioner does not provide any training to enable contractors to provide the ser-

vice: the provider (contractor) has to declare that they meet the necessary competencies to deliver the service. Currently we are talking to a number of organisations who may be able to provide the necessary training and equipment, we will keep you updated.

It will be necessary to download the claim forms from the Ariba website as advised by your local authority contract.

Meanwhile you may want to consider how you are going to provide the service: as delivery is based on competency you may sensibly want to delegate the healthchecks to your support staff, particularly if you have Healthy Living Pharmacy Health Champions: as long as you have referral protocols in place for clients who may have unusual readings there is no need for the pharmacist to conduct the basic check. This may make the service a better proposition in terms of workload planning and remuneration.

## **Area Team Update**

Essex LPC met with Tracy Manzi, who is now the strategic lead for pharmacy, Essex area team, NHS England. For those of you who may have been away (and it would not need to have been a long holiday!) NHS England is the "trading name" for the NHS Commissioning Board.

#### Key points from the meeting:

- For now contractors should send all CoC/CoAs and quarterly MUR and NMS returns to Tracy at Swift House, Hedgerows Business Park, Chelmsford, CM2 5PF.
- ◆ For other queries the contact is currently Hiral Patel, St Margaret's Hospital, The Plain, Epping, Essex CM16 6TN Telephone No: 01992 566135 or email at hiralpatel@nhs.net
- The area team will be following NHS England guidance on contract monitoring. The exact details are not yet available, but it is likely that there will be a short questionnaire in June and visits will be based on agreed criteria. We discussed at length the questionnaire that had been sent out in March, including the inappropriate length of the questionnaire and the tone of the accompanying letter: It was agreed that contractors who had submitted that questionnaire would not be asked to complete another one this year. We hope that the area team will consult the LPC prior to sending out this year's questionnaire, and will advise accordingly.
- The enhanced services that migrated across to the area team are continuing, with a view to either reviewing them (for example the out of hours rota and other out of hours services) or formalising arrangements for CCGs to pick others up as commissioned health services (for example palliative care).

It was apparent with the dust still settling in the new organisations, contractors should expect regular updates in the coming weeks.

## 4 Week Smoking Quitters and NRT Reimbursement

	Current Provision  For smokers who have successfully	Provision from April 1 <sup>st</sup> 2013	
	stopped smoking for 4 successive weeks, smokers who set a quit date on or before the 31 <sup>st</sup> March who have since successfully stopped smoking for 4 successive weeks, pharmacists need to claim as below:	For smokers who have set a quit date from the 1 <sup>st</sup> April 2013 onwards and have stopped smoking for 4 successive weeks, pharma- cists need to reclaim as below:	
Locality			
Mid Essex	For a successful 4 Week Quitter		
	Send claims to CECS; Stop Smoking Support Service; 4 Week Quitter Reclaim, St Peter's Hospital, Spital Road, Maldon, Essex CM9 6EG	As described in left hand column	
	For NRT Reclaims		
	Send claims to Mid Essex Clinical Commissioning Group, NRT Reclaims, Swift House, Hedgerows Business Park, Colchester Road, Chelmsford, Essex, CM2 5PF	Send claims to Pharmacy Project Officer; Essex County Council, Public Health Team, Block A, County Hall, Market Road, Chelms- ford, CM1 1QH.	
North East Essex	For a successful 4 Week Quitter and NRT Reclaims		
	Send claims to ACE; Stop Smoking Support Service; 4 week quitter reclaim, Corner- stone, 5-7 Sir Isaacs Walk, Colchester, CO1 1JJ	Send claims to ACE; Stop Smoking Support Service; 4 week quitter reclaim, Corner- stone, 5-7 Sir Isaacs Walk, Colchester, CO1 1JJ	
West Essex	For a successful 4 Week Quitter and NRT Reclaims		
	Send to Debra Wyrill-Ryan, Essex County Council, Public Health Team, Block A, County Hall, Market Road, Chelmsford, CM1 1QH (Mark private and confidential)	Send to Pharmacy Project Officer; Essex County Council, Public Health Team, Block A, County Hall, Market Road, Chelmsford, CM1 1QH	
South West Essex	For a successful 4 Week Quitter and NRT Reclaims		
	For a successful 4 week quitter and for NRT reclaims to continue to use Quit-Manager	For a successful 4 week quitter and for NRT reclaims to continue to use Quit-Manager	
South East Essex	For a successful 4 Week Quitter and NRT Reclaims		
	Continue to use Quit-Manager	Continue to use Quit-Manager	
South East Essex	For a successful 4 Week Quitter and NRT Reclaims		

## **Training Needs**



We are always keen to hear from contractors about any training needs, as this can help when we are planning forum meetings and identifying resources for the website. In the first quarter of 2013 we looked at contractors' needs regarding contract compliance, and have identified that we may need to arrange an IG workshop when the toolkit opens later this year (contractors would need to pay a nominal fee for this as the LPC is not able to spend levy money on contract compliance!)

In the next round of forums there will be another survey of general training needs, but also a free-text section for anything we may not have thought of. Please give some thought to gaps in your knowledge, whether clinical, managerial, contractual or otherwise, and we will see what we can to do help!

## **Electronic Prescribing Service 2- Update**

Another thing to change as a result of the Health and Social Care act is the Electronic Prescription Service release 2 (EPS2). Before April 1<sup>st</sup> a PCT had to obtain Secretary of State directions to authorise electronic signatures on prescriptions (this is what allowed EPS2 legally.) Now practices can more or less go ahead with eight weeks' notice, subject to suitable arrangements being in place.

Essex LPC attended a Connecting for Health update hosted by the Area Team earlier in the month, which was also attended by CCG representatives and GP practice staff. The key messages for Essex pharmacy contractors were:

- \* If you haven't done so already, ensure your PMR system is EPS2 ready. There is a waiting list for implementation, and this may be longer than the eight weeks' notice GPs need to give if there is a period of high demand.
- \* Make sure all relevant staff have smartcards: EPS2 does NOT allow smartcard sharing which you may be doing with EPS1, and so you will need to consider all your dispensing staff. Locums may have their own cards already, you may need to check. Currently the contact numbers for smartcard queries are:
  - South 01268 705102/705291
  - North 01245 459439
  - (There will be one single contact point for all smartcard/RA queries available soon.)
- \* Start thinking about collecting nominations from your existing repeat prescription patients: a national nomination policy is due to be published imminently and it is likely that the CCGs and Area Team will use this Essex-wide. Unlike direction of paper based prescriptions it is a breach of regulations to direct an electronic prescription, and it is possible for individual pharmacies to see when a patient's nomination has been changed and by whom.
- \* If you don't do so already scan as many bar-coded prescriptions as you can; this will make it a more normal part of the dispensing process.

One of the advantages of EPS2 is electronic repeat dispensing; GPs tend to like this because it is easier to cancel or change prescription electronically that with the existing paper based system. You may want to start identifying which of your patients might be well-suited to repeat dispensing, as you will know which ones are organised in collecting their medicines rather than those that are a bit erratic.





We are aware of at least one practice that is keen to go live as soon as possible, so expect further updates soon.





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## **Dates For The Diary**

#### Thursday 25th April 2013

West Essex Forum Meeting

Venue: The Bell Hotel, Epping

Start: 7pm

#### Tuesday 30th April 2013

Mid Essex Forum Meeting

Venue: Little Channels, Nr Chelmsford

Start: 7pm

#### Wednesday 8th May 2013

**NE Essex Forum Meeting** 

Venue: Marks Tey Hotel, Colchester

Start: 7pm

### Wednesday 22nd May 2013

SE Essex Forum Meeting

Venue: TBA

### Tuesday 28th May 2013

**SW Essex Forum Meeting** 

Venue: TBA

For dates of other meetings in 2013, please refer to www.essexlpc.org.uk

