



Pharmacy Reset and Recover Programme

Module 6 resources

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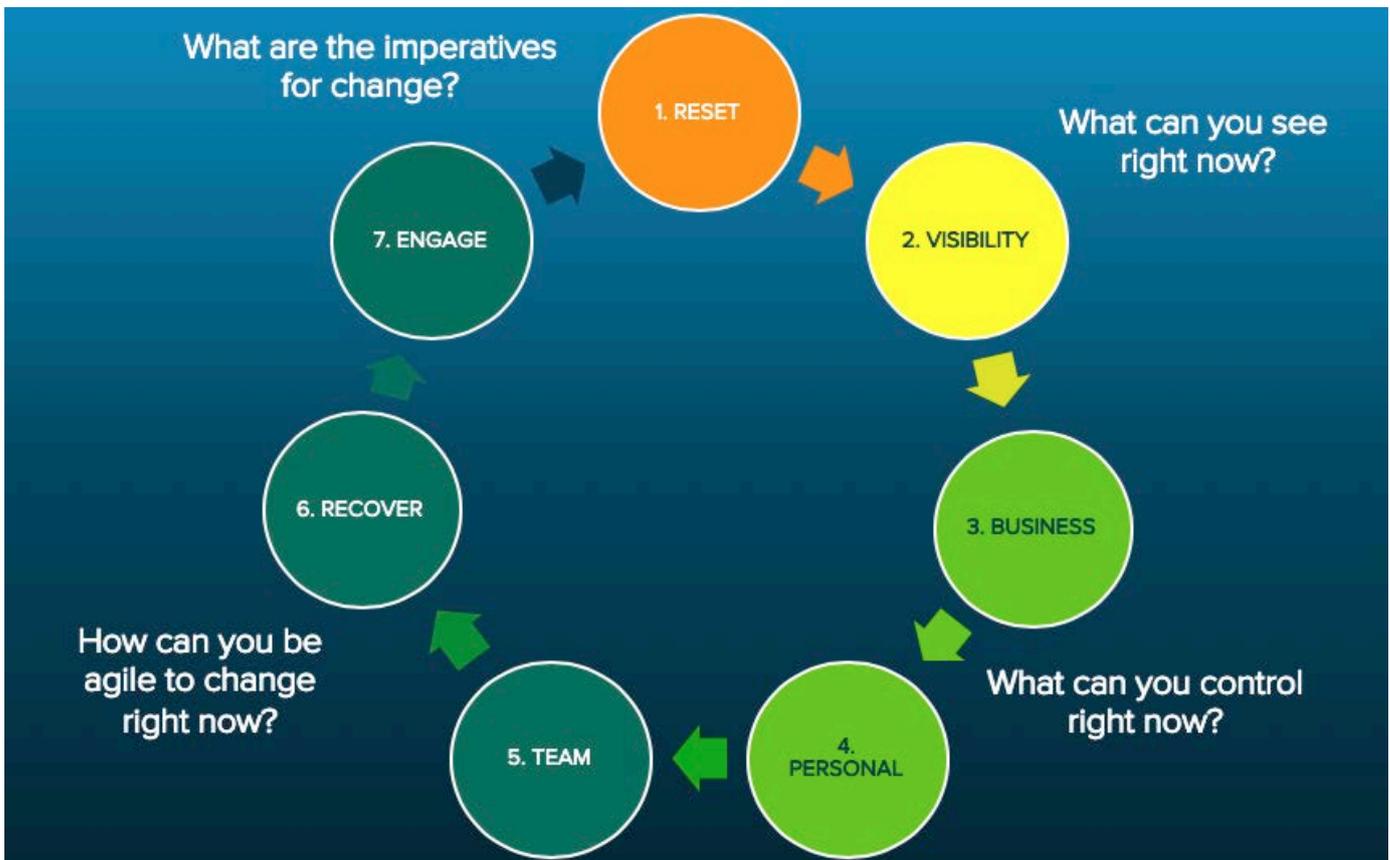
Module 6 resources



These resources complement Module 6 in the Pharmacy Reset and Recover programme.

Please use them to note your reflections and complete the recommended actions that we cover in the webinar.

When you are ready to move onto Module 7, then use the link provided and download the next set of supporting resources for that module.



RISK MANAGEMENT FOR PHARMACY SERVICES

INTRODUCTION

The safety and wellbeing of all people working in and visiting a community pharmacy is paramount and during the Coronavirus pandemic this is critical. The implications on the pharmacy of the test and trace system also has significant implications for business continuity.

Self-isolation, the management of social distancing through effective signage and floor markings, good hand hygiene, and the use of protective screens are all key elements of reducing risk. However, the use of masks, visors, aprons and gloves also has a place in certain situations.

Every pharmacy should complete a risk assessment for their premises, their team and their patients.



FACE MASKS

Public Health England's guidance recommends that a Type I or Type II face mask is worn by pharmacy personnel to prevent the spread of infection from the wearer. If Type IIR (FRSM) face masks are more readily available, and there are no supply issues for their use as personal protective equipment, then these can be used as an alternative to Type I or Type II masks¹.



FLU VACCINATION SERVICE

Managing infection control risks when providing clinical patient-facing services such as flu vaccination requires enhanced levels of protection. Public Health England's guidance for the delivery of flu vaccination in a clinical setting where patient contact is minimal recommends the single or sessional use of a Type IIR FRSM mask and hand hygiene between patients. The use of single-use disposable gloves and apron is not deemed necessary unless there is anticipated exposure to blood, body fluids or non-intact skin.²

A strict hygiene protocol for the cleaning of the consultation room should also be developed and implemented.



1. <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/new-recommendations-for-primary-and-community-health-care-providers-in-england>

2. <https://psnc.org.uk/our-news/ppe-guidance-updated-including-changes-for-flu-vac>



The New Medicine Service (NMS) is a key element of the Community Pharmacy Contractual Framework and supports the NHS medicines optimisation strategy in England. The service can improve outcomes and safety for patients, reduce waste, lessen medicine-related hospital admissions and encourage people to take responsibility for their own care.

The following are practical tips from Pharmacists who offer a successful New Medicine Service.

Teamwork

- Brief the whole team about NMS so they understand the service, why it is important to patients and the pharmacy, how it works and which medicines it applies to
- The Pharmacist must deliver the counselling consultations (Intervention and Follow-up), however other team members can support other aspects of the service
- Agree a team plan with allocated responsibilities for each element of the service:
 - identification of patients
 - recruitment
 - managing intervention and follow-up appointments
 - recording information and claiming for completed service
- Work with your regular Pharmacists and locums to help them understand their responsibilities and are fully aware of the service specification
- Keep a tracker of how many patients are going through the NMS for all to see
- Consider team incentives for jointly achieving NMS targets.

Identifying patients

- Use your PMR system to flag up patients on new eligible medicines; most systems can be or are automatically set up to do this
- Verbal consent can now be given for the service, however printing the consent form at the point of labelling can be a helpful way of flagging that the patient is eligible and verbal or written consent can be recorded on this form
- Use an NMS bag sticker or other mark to identify the potential opportunity so that patients can be recruited into the service along with any advice at the point of giving out their medicine
- Use leaflets and posters to promote the service in the pharmacy

Engaging with patients

- Agree who is best placed to have the initial recruitment and consent conversation with the patient and the approach to take. This can be a Healthcare Assistant, Dispenser or Pharmacy Technician
- The Pharmacist may want to recruit when they feel initial counselling would be beneficial with the first supply; agree how you will do this, perhaps by putting a Pharmacist sticker on bag
- Check to see if the patient has had the medicine before as they may have received from another community pharmacy and will not be eligible
- Explain the benefits and the process for the service and offer the patient a leaflet at this stage:
 - The NHS is offering the service free to patients starting this new medicine to help them get the best possible outcome as they start treatment
 - Pharmacists are complementing the support patients will get from their GP
 - The service is designed to help a patient as they begin their treatment with their new medicine, to answer any questions and concerns someone might have and to help out if there are any problems
 - The first four weeks of taking a medicine are critical as they may experience some side effects so understanding what those might be, how long they will last and how they can best manage them is important
 - The Pharmacist will call the patient in a couple of weeks to ask about progress and then a couple of weeks later to have the final follow-up; this usually fits in with the next review with the GP. If they are willing and able, they can come into the pharmacy or have a video consultation
 - Ask for consent and take a contact number, and any better days or times for contact. A mobile number is very helpful to get hold of the patient

Managing the service stages

- Payment is claimed when the Intervention and Follow-up stages have been done so ensure your pharmacy knows which patients are at which stage, and are completed
- Many pharmacies operate a system to log patients who are at different stages of the process to ensure follow-up:
 - on the computer with alerts
 - by printing off the address label and telephone number and popping in a paper diary
 - file the consent form with the new medicine listed, and dates of intervention and follow-up, with any relevant notes of the conversation
 - a rolling folder system can be used effectively for each day of the month for storage and as a check prompt
- These consultations can be done face-to-face in the pharmacy consultation room and can also be delivered conveniently and effectively over the phone or by video consultation
- If coming into the pharmacy, use SMS messaging or a pre-call to remind patients that their appointment is due and the benefits of having the conversation with the Pharmacist
- Consider using set times and days for the appointments when the Pharmacist can be free to complete the consultations and embed into routine practice
- Pharmacists can provide the service when the patient is not in the pharmacy e.g. because they are housebound or self-isolating. As always, this should be done in an environment where the conversation cannot be overheard by others
- Ensure time is allocated to record the consultations and submit the quarterly report to the NHS Business Service Authority.

Engaging with GPs and Primary Care Network Pharmacists

- Ask them what they know about the service and how the NMS might help them; explain the benefits of the service to the practice and patients
- Provide them with information about the medicine categories covered by NMS
- Discuss how you can work together when a patient starts a new medicine; the NMS may reduce the need for them to review a patient in the first month, reducing workload
- The NMS also supports and complements Structured Medication Reviews completed by PCN Pharmacists
- It may also reduce unplanned appointments or calls by patients with them
- Agree how you will communicate to address any significant issues relating to patient safety or ongoing adherence with treatment.

Action plan



Completed by: _____ Pharmacy name: _____ Date: _____

Pharmacy address: _____

Critical Success Factor	SMARTER objective: what needs to be done?	By when	By whom	Done

Continued...



Completed by: _____ Pharmacy name: _____ Date: _____

Pharmacy address: _____

Critical Success Factor	SMARTER objective: what needs to be done?	By when	By whom	Done

Notes



Use this section to note down anything else that occurs to you during or after the webinar.