



## Forming a local practice forum

**The first meeting to discuss creating a local practice forum (LPF) was held recently by the Society's Huddersfield branch.**

Over 40 pharmacists met at the University of Huddersfield to see how an LPF could be developed. Those attending came from a variety of sectors including generalists and specialists, front-line pharmacists, senior managers, employers, education providers, undergraduates and pre-registration trainees.

The workshop-style event generated an air of excitement and plans are now in place with attendees to turn this key structure of the new Professional Leadership Body into reality.

After the meeting, Gill Hawksworth, Chair of the Huddersfield Branch, said: "This meeting was the first one dedicated to

energising the profession, to think about what they want locally from a LPF and how they are going to make it happen."

Chris Acomb, UK Clinical Pharmacy Association trustee, said the meeting was: "An excellent example of professional networking."

The prospectus for the new professional leadership body states that "LPFs will be developed to work in collaboration with the providers of CPD, PCTs, health boards, existing local arrangements (such as branches) and LPCs to ensure that education and training arrangements are joined up".

To support local structures, the new Professional Leadership Body will look at ways to bring pharmacists together to



Exploring ideas for what is desirable in an LPF for Yorkshire

exchange experience and knowledge, such as virtual networks.

Useful information has also resulted from a recent survey of members which included questions on the practical benefits of an LPF, what already works well, and where the Society could provide additional support.

Other branches are now coming forward to say that they are also keen to get involved developing an LPF from their existing branch and are involving other networks too.

Do you and your local colleges want to get involved? Do you currently have links that could be developed further with higher education institutions or clinical networks?

To find out more, contact Amanda King on **020 7572 2333** or email [amanda.king@rpsgb.org](mailto:amanda.king@rpsgb.org) ■

## Campaign commitment



**The English Pharmacy Board met in March to discuss objectives for the year and also looked at issues surrounding the Electronic Prescription Service (EPS).**

The board raised its concerns around issues such as accuracy checking, maintaining business continuity in the event of system failure and the situation around generic substitution. Good practice guidance will be developed to support pharmacists, and the board will be returning to the issues at its next meeting in June, which is to be

held at Aston University in Birmingham.

The Board also confirmed its commitment to the Society's Workplace Pressure campaign, which aims to provide practical solutions to the problems of workplace pressures and stress experienced by many pharmacists across the country.

The level of paperwork generated by PCTs was highlighted as a particular burden for pharmacists in England, and a report looking at the issue will be presented for action at the June meeting.

The Society is hosting a symposium in April, bringing together employers, trade bodies, unions, employee associations and individual pharmacists to look for solutions to workplace pressure. The seminars will also inform the production of professional practice guidance on the topic for both employers and employees.

More information about the Society's campaign can be found at <http://www.rpsgb.org/societyfunctions/abouththesociety/#wp> ■

## First grassroots campaign visit

The English Pharmacy Board's grassroots campaign kicked off recently with the chair of the EPB communications working group, Richard Daniszewski, hosting his constituency MP at the pharmacy where he works.

Richard showed Caroline Flint, MP for Don Valley and Minister for Europe, around the Weldricks pharmacy in Denaby Main, Doncaster. She was presented with clear evidence of the community benefits of smoking cessation and supervised medicines administration clinics, collection and delivery services and MURs.

During the tour, Richard stressed the importance of pharmacists having access to the electronic summary care record (SCR) and highlighted the benefits in terms of providing continuity of safe, quality care. He emphasised the widespread support and trust that patients and the public have in pharmacists, and how this can be used to deliver services to hard to reach groups within local communities.

As a former health minister, Ms Flint was particularly keen to explore issues around the SCR and agreed that pharmacy should play a bigger role within healthcare.

Richard said: "This will be the first of many such visits where the EPB wants to demonstrate what pharmacy achieves on a daily basis – delivering services of real value to the community. I'm pleased Caroline could



Front from left: Janet Cooper, Pharmacy Assistant, Gail Stanley, Pharmacy Assistant, Caroline Flint, Maria Hallam, Pharmacy Assistant. Middle: Michelle Brasher, Senior Assistant, Richard Daniszewski Back: Dr. Gordon Corrie, GP, Springwell Centre, Denaby Main

see the benefits for patients, and what a difference it makes to receive care in an informal, community-based environment. It's important for the EPB to raise awareness among politicians of what pharmacy can do, to maintain public debate on what pharmacy is doing in every PCT in England." ■

## Great pharmacy debate

The Society's museum hosted a national debating competition in March for secondary school students to discuss hot topics in medicines and health. Around 50 students participated, culminating in a final won by St Francis Xavier College, Liverpool, on the topic "This House believes that there is no such thing as a bad medicine" ■

## Know your limits: new alcohol awareness campaign

Following research published last year by the Society, the Department of Health has produced a new campaign pack for community pharmacies in England to help them promote sensible drinking messages and reduce the numbers of alcohol-related admissions to hospitals.

The *Know Your Limits* campaign was launched last year by DH to improve public understanding of units of alcohol by providing sensible drinking guidelines.

The campaign targets all drinkers, especially those aged over 25, high-risk drinkers who don't realise their drinking patterns damage their physical and mental health, and pregnant women who drink.

A pilot project is being run in the North West involving over 200 community pharmacies in Manchester, Wigan, Leigh, Bury and Ashton.

A free campaign pack is available for pharmacists which includes ideas and resources to promote alcohol awareness to the public.

To receive a copy of the pack and campaign materials please contact [knowyourlimits@forster.co.uk](mailto:knowyourlimits@forster.co.uk). To see the research produced by the Society on the role of community pharmacy within alcohol misuse services please see

[www.rpsgb.org/pdfs/commpharmalmisuseservices.pdf](http://www.rpsgb.org/pdfs/commpharmalmisuseservices.pdf) ■



**CHARTER CHANGES WORD** A consultation about the changes that need to take place to the Charter to create the Professional Leadership Body is online at [www.rpsgb.org.uk](http://www.rpsgb.org.uk) so please let us know your views – you have until 7th May to provide your feedback.

## PNA guidance drives commissioning process

**New guidance from NHS Employers on developing a Pharmaceutical Needs Assessment should strengthen the commissioning process. English Pharmacy Board member Dr Brian Curwain takes a closer look.**

The Pharmaceutical Needs Assessment (PNA) as a commissioning tool has been in existence since 2004, but PCTs have developed them in many different ways and to very variable standards.

This new and clearly written guidance document from NHS Employers is intended to help PCTs produce robust PNAs and ensure that it is an integral part of their overall commissioning plan. Helpfully, the required structure and content of the PNA is detailed in the appendix.

The PNA must be a public document, produced this year, and available on the PCT website. It is part of the drive to commission services according to the needs of the local

population, rather than having service development driven by the agendas of providers.

The guidance is intended to support the delivery of *Pharmacy in England*, and is aimed at directors of commissioning and pharmacy leads in PCTs. In the foreword, the NHS Director of Commissioning Gary Belfield makes it clear that the PNA must be a key component of a PCT's joint strategic needs assessment, and that "more effective use of the skills and abilities of community pharmacists in particular" are important in achieving the strategic goals of the NHS.

Having said that, the guidance also makes clear that community pharmacies are not the only bodies who can and will provide pharmaceutical services to the NHS: "Dispensing doctors, appliance contractors and others, including the acute sector," are all potential providers, it says.

The document describes in detail how the PNA fits within

World Class Commissioning (WCC), and how, in 2009, the PNA should become a detailed component of the overall commissioning plan. It describes the WCC competencies most relevant to the PNA, and how it should be developed in collaboration with relevant stakeholders.

Essentially, a PNA is expected to describe needs at locality or neighbourhood level, as well as giving the PCT an overview of its population. Interestingly, it also requires an exit strategy for services which are no longer needed, not effective, not up to standard, or if priorities change.

Pharmacists and others can now legitimately ask questions about the progress of the PNA and who is responsible for it. All the main pharmacy bodies were consulted during the production of this document and it is particularly pleasing that the English Pharmacy Board was included in this process ■

## Pharmacy advice gets thumbs-up

**Community pharmacies are a key source of healthcare advice for men and women across Britain, according to a new survey conducted for the Society.**

Almost 60% of adults had consulted a pharmacist for advice about health concerns ranging from colds and flu to children's health, blood pressure and contraception, with women slightly more likely than men to ask for help.



Encouragingly, 87% of those who had sought advice from their pharmacist said that they would do so again, confirming the high quality service provided to customers on a daily basis. The most important factor in encouraging the public to feel more comfortable and confident in asking for advice was the existence of a private area or consulting room, which the majority of pharmacies now provide ■

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# Supporting your CPD needs

## New professional standards and guidance for CPD from the Society came into force in March.

The five new standards expand on the CPD requirement in the Code of Ethics that has been in place since 2005. The new feature is that all pharmacists and pharmacy technicians are now required to make a minimum of nine CPD entries per year.

The other new standards include using a Society-approved format for recording CPD, making entries that meet the published recording criteria, and ensuring that CPD reflects the context and scope of your practice.

There are lots of ways you can get support for CPD:

- Your local branch may offer practical sessions on CPD
- The website [www.uptodate.org.uk](http://www.uptodate.org.uk) has information and guidance about recording your CPD, including a tutorial on recording using the website and also case studies to illustrate CPD records from the main sectors of practice
- The CPD team can offer advice and send you guides to help you make a start on your records. Please contact [cpd@rpsgb.org](mailto:cpd@rpsgb.org)
- The CPD technical helpline can offer assistance with issues relating to the website on 01225 383663

Members will be called to submit their CPD record for review starting this summer, but the Society will not

expect them to send in the full nine records until March 2010. However, having signed a declaration that they will meet the CPD requirement each year since 2005, members should be able to provide evidence to show that they have been making a CPD record. The review will provide feedback on what has been submitted and offer any guidance needed on keeping CPD records.

*“By providing feedback and guidance now, we are aiming to prepare them for the requirements of the GPhC in 2010.”*



The White Paper *Pharmacy in England* states that CPD records will become a statutory requirement once the General Pharmaceutical Council (GPhC) comes into force in 2010. CPD records created before this will form part of their assessment process under transitional arrangements, so the new GPhC could ask to see records made from March 2009 onwards.

Those who do not submit their CPD records when asked will be offered help from the Society. However, continued non-compliance could lead to formal disciplinary measures being taken.

Peter Wilson, Head of Education Development, said: “We are fully committed to supporting pharmacists and pharmacy technicians with their CPD. By providing feedback and guidance now, we are aiming to prepare them for the requirements of the GPhC in 2010.” ■



## Pharmacists spread the word on helping people quit smoking

English Pharmacy Board member Lindsey Gilpin ensured that pharmacy was in the news on this year's No Smoking Day, 11th March.

Lindsey was the Society's spokeswoman on the national day and promoted visiting a pharmacy as the first point of call for people who wanted to quit.

She gave 11 radio interviews on the day which were broadcast on stations IRN News, BBC Lancashire, BBC Oxford, BBC Cumbria, Swansea Sound, Wish FM, Hope FM, Xpress FM, 103 The Eye, Moray Frith Radio and UCB.

This year the Society also offered video footage of Rx Factor winner Paul Johnson giving his top five tips for stopping smoking from his pharmacy.

This was picked up by over 75 websites including Metro online, YouTube, Google, My Space, MSN, Patient UK and Videonewslive.com ■