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Boots
Pharmacists'
Association

CHAMPIONING THE ROLE AND CONTRIBUTION
OF BOOTS PHARMACISTS

Professional Counsellor

June 2018

Welcome to the June 2018 edition of Professional Counsellor.

The Boots Pharmacists Association has a history of service to pharmacists working for Boots going back over 40 years.

BPA supports and defends members at disciplinary and grievance meetings, and through the regular meetings we have with the Boots UK Executive, is able to influence strategy and business initiatives affecting pharmacists.

If you're a member of the BPA, you'll be familiar with our regular newsletters, and the frequent surveys we run to collect your views, which we then present to the Boots Executive at our regular meetings. These give you a real opportunity to influence the way Boots will do things in the future, and are a valuable benefit of the Association.

If you are not already a member, join us now! There's an application form in this issue, or you can join online at www.bpa.website.

BPA Professional Update.

At the BPA we are in constant touch with the Boots Executive on Professional Issues which affect your daily life as a Pharmacist. This contact is through regular meetings with the Boots Executive, including the Chief Pharmacist Marc Donovan, and Director of Pharmacy, Richard Bradley.

What's inside this issue of Professional Counsellor?

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Patient Safety

Back in January, the BBC Inside Out programme brought patient safety issues into focus.

Feedback from BPA members showed that although the programme was right to highlight workload pressures, they felt it was unfair to single out Boots regarding patient safety and errors. Feedback also concerned the lack of flexibility of ACI to deal with staff shortages, capability and time to train.

“ BPA will continue to work with Boots to develop a model that meets these needs. ”

Pivotal to delivering patient safety is the Responsible Pharmacist role. The RP must fulfil their legal and professional responsibilities and ensure that workload or environment does not present a risk to patient care or public safety.

When a pharmacist signs in as RP they should assess whether the pharmacy will run safely and effectively that day. Where risks are identified either at the start of, or during, the day, they should make a professional decision on how to minimise the risk. The line manager should be informed as they must provide support where required. If support is not forthcoming and the RP believes there is a risk to patient safety, the Regional Professional Standards Manager should be consulted. RPSMs are independent of the line and will advise on any actions required. BPA can also advise and support members with concerns.

Pharmacists should feel comfortable raising patient safety concerns with their line manager. There is an opportunity to change the culture in the Company and ensure all colleagues understand their responsibilities regarding patient safety. BPA will continue to challenge Boots to make this happen.

Join BPA now and make Boots a better place to work for all.



Alban Wood: Editor, BPA Professional Counsellor.

Have you checked out the BPA website yet?

www.bpa.website

The homepage is accessible to everybody and there is a members only area. To gain access to this please fill in and email the members update form and you will be sent a password. We intend to bring you all the latest news and updates through the site so sign up now.

Why not follow us on Twitter and Facebook?



Pharmacy Around the UK

Here is a flavour of what is current in each of the four UK countries and how pharmacy practice is developing.

England

2017 was a very tough year for community pharmacy in England. The funding cuts which averaged 7% impacted heavily on pharmacy businesses. Quality control issues in a number of generics manufacturers has added further challenge to cash flow as many pharmacies have struggled to source common generic drugs such as Amlodipine at drug tariff prices which has resulted in them dispensing many prescriptions at a loss.



The DOH has reacted by allowing concessionary pricing on a record number of drugs but this is often too little and too late to address the issue of a reimbursement which is lower than the cost of drugs in the month concerned.

These challenges have inevitably resulted in reductions in staffing levels in many pharmacies as the business owners look to balance the books.

Thankfully this has not happened in Boots as the leadership has held true to its commitment given to the BPA that it would not address the funding cuts through workload driven payroll. We have also started to see pharmacy closures with even the big companies such as Lloyds announcing they will close or sell 190 pharmacies

As such community pharmacy in England faces an uncertain future. PSNC lodged an application to appeal against the result of its judicial review of the funding cuts decision. As a result, dialogue between the PSNC and the Department of Health appears to be limited and we have no substantive agreement on the funding settlement for 2018/2019. However interim funding arrangements have been announced which

maintain current funding levels for fees and allowances and the quality payments scheme is to continue in its current form for the first six months of the new NHS year.

The continuation of quality points is pleasing as community pharmacies responded well to the scheme particularly with regards to Healthy Living Pharmacy. Over 70% of the pharmacies in England declared themselves as meeting the requirements for accreditation as a level 1 Healthy Living Pharmacy. The BPA believes this is a real opportunity for community pharmacy to develop its role in promoting healthier lifestyles. It is also encouraging to see NHS England mounting campaigns to promote the availability of advice and remedies for common ailments in pharmacies such as the recent Stay Well campaign. Hopefully this will help ease the pressure on GP appointments and unnecessary visits to accident and emergency departments which have been at breaking point over the winter.

Finally, there has been a plethora of consultations relating to pharmacy in recent months. The BPA has sought the views of its members and responded to all relevant consultations including "promoting professionalism and reforming regulation", "items which should not be routinely prescribed in primary care" and "scheduling of Gabapentin and Pregabalin under the Misuse of Drugs regulations".





Wales

Structure of the NHS in Wales

NHS Wales is divided into 7 geographical health boards with responsibility for both primary and secondary care along with 3 NHS trusts that have "all Wales" accountability i.e. the Welsh Ambulance Service NHS Trust, the Velindre NHS Trust (a specialist cancer service) and Public Health Wales.

Prudent Healthcare and Primary Care Strategies

NHS Wales continues to drive primary care strategies based on the principles of Prudent Healthcare as well as seeking to integrate across primary and secondary care boundaries as well as developing local primary care clusters.

The value of pharmaceutical care is well recognised and there is continued investment in pharmacists supporting patients in community pharmacy, GP practices and cluster working as well as care homes.

Prudent Healthcare Principles

Any service or individual providing a service should:

- Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production
- Care for those with the greatest health need first, making the most effective use of all skills and resources
- Do only what is needed, no more, no less; and do no harm
- Reduce inappropriate variation using evidence based practices consistently and transparently



Public Health (Wales) Act 2017

This Act was passed into law by the Welsh Assembly on 3rd July 2017. It introduces the primary legislation necessary for Control of Entry regulations in Wales to be amended, and future contract decisions to be made on the basis of a local Pharmaceutical Needs Assessment.

Pharmacy Contract

In April 2017 the pharmacy contract framework in Wales diverged from that in England. There continues to be a joint Drug Tariff for England and Wales that details medicines and appliance reimbursements, however professional fees in Wales have not been cut as they have in England.



Welsh Government have set an overall funding envelope for fees (excluding permitted retained medicines margin) of £144.3m. This restructuring reduced practice payments to fund the increased commissioning by Health Boards of enhanced services (£2m) and implementation of a pharmacy quality programme (£1m) and to support collaborative working between pharmacies and other primary care providers (£0.5m).



Scotland

The Chief Pharmacist, Rose Mare Parr, has released “Achieving Excellence in Pharmaceutical Care – A Strategy for Scotland” a refresh of the Prescription for Excellence document published in 2013.

Details available on:

<http://www.gov.scot/publications/2017/08/4589/0>

Rather than huge change it builds on the success already achieved.

The strategy aims to transform the role of pharmacy across all areas of pharmacy practice, increase capacity, and offer the best person-centred care. It sets out the priorities, commitments and actions for improving and integrating pharmacy and pharmacy services in Scotland.

For community pharmacy, this is encapsulated in the strategy commitment of “Increasing access to community pharmacy as the first port of call for managing self-limiting illnesses and supporting self-management of stable long term conditions, in-hours and out-of-hours”

Community pharmacies in Scotland provide excellent access to NHS pharmaceutical care with pharmacies in both urban and rural areas, available both in hours and out of hours. The Scottish Minor Ailment Service, Chronic Medication Service, Sexual Health Services and

Smoking Cessation Service deliver not only care to make people better, but also care and advice to keep them healthy and living healthier lives. The opportunities in AEiPC will support wider contribution by community pharmacists to multidisciplinary team working. This will build on the already excellent service by opening primary care access even further for patients, and will support the delivery of greater NHS Pharmaceutical Care.

In terms of new services the Pharmacy First Service has been rolled out across Scotland. This provides treatment via PGD for uncomplicated urinary tract infections in women aged 16-65, and for Impetigo for all patients over 2 years old.

This excellent service makes access for eligible patients easier with the wide availability of locations, both in hours and out of ours, makes great use of the pharmacists’ skills and reduces the pressure on the wider primary care health services.

To support patient safety, the Quality Improvement Programme (QI) work which began in 2017/18 with the Patient Safety Climate Survey and Closer Partnership Working with Healthcare Colleagues will continue in 2018/19 with the addition of an NSAID Intervention Package.

NSAIDs consistently top the list of medicines implicated in unplanned and emergency hospital admissions. A great deal of the harm caused by these widely used and clinically necessary agents is preventable, and community pharmacy teams are ideally placed to provide safety advice for prescribed items and the proportion of overall purchases which occur in their premises.

An intervention tool and supporting materials have been developed for community pharmacy teams. This will include NSAID patient safety cards to counsel patients either being dispensed or purchasing an NSAID, allowing the whole pharmacy team to deliver the intervention end-to-end, maximising the number of patients reached and making a tangible contribution to medicines safety.

In terms of future opportunities, a new GP contract has been agreed and launched. The 2018 General Medical Contract for Scotland offers key areas for community pharmacy to work on, be involved in and influence and includes;

Vaccination Services
Pharmacotherapy Services
Access to Records
Pharmacy First

Details available at:
<http://www.gov.scot/Resource/0052/00527530.pdf>



Northern Ireland

Government restoration continues to be a challenge in Northern Ireland.

The consequence of no local Government since January 2017 has been seen right across Northern Ireland, Health & in pharmacy. The framework document for the new pharmacy contract has been agreed in principle between Department of Health (NI), HSCB & CPNI. With no Health Minister in place, progress hasn't been made on contract negotiations.

In addition there have been cuts to payments for rural contractors and the Proprietary Mitigation Payment (£3.6M) has been suspended.

Progress has been made in the background with new service specifications agreed and these now await financial discussion and agreement. They include Pharmacy First (revised minor ailments service), Public Health Campaign & an Emergency Supply service. In the interim, CPNI are encouraging Pharmacists to focus on delivery of existing core services including Minor Ailments and MURs. This is to try to ensure protection of the existing funding arrangements in the Pharmacy Financial envelope.



Benefits of BPA Membership

Prospective members often ask 'what are the benefits of joining the BPA as opposed to other organisations?'. The response is that there are both tangible and intangible benefits to membership of the BPA.

Tangible benefits include:

- Access to advice and/or support should things go wrong at work
- The BPA executive meet five times a year to discuss the themes of support the BPA are providing to members
- Legal Defence Costs Insurance, provided through the NPA, is included in your membership giving **£500,000** cover for both work and non-work related matters

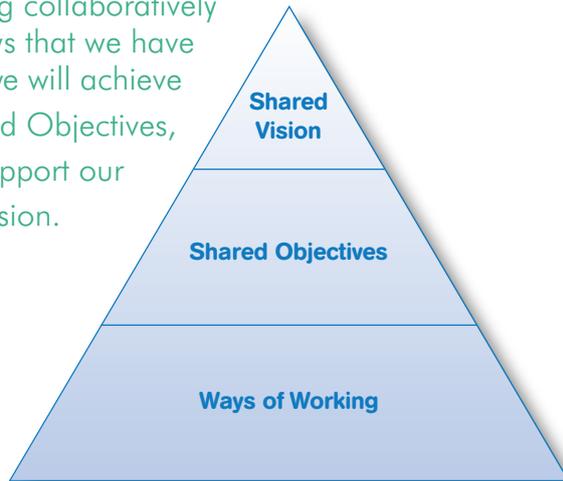
Intangible benefits include:

- As a member of the BPA your voice is heard in a number of ways. The BPA Executive team regularly conducts surveys of the membership on various topics which shape the feedback presented to the Boots UK executive and senior managers. Your input has helped shape Company policy to the benefit of pharmacists, such as allowing pharmacists carry their smart phones so they can access websites for the benefit of patients
- The BPA campaigns to improve the work place for members. This has included securing payment for training done during out of work hours, to provide national services; working with the Boots to establish the Pharmacist Break Policy; and securing an assurance from Boots that ACI will continue to be fully funded within the pharmacy area
- The BPA is currently looking at how members can be remunerated for the training they do to provide local services , which again is mostly out of store hours

Boots and BPA: Working together to deliver shared objectives

Over a period of several months, the BPA Executive team has been working hard to develop and agree with Boots a set of principles for how we can be most successful working together. Having achieved agreement at the most senior level of Boots UK, we are confident that these Shared Objectives will substantially help to strengthen the voice of our members within Boots, and will increase recognition of the Role and Contribution of Boots Pharmacists.

By working collaboratively in the ways that we have agreed, we will achieve our Shared Objectives, and so support our Shared Vision.



Shared Vision:

We align behind Boots UK mission, purpose and values and as such; “we will champion the role and contribution of Boots Pharmacists within Boots and Community Pharmacy”.

Shared Objectives:

- We will work together to deliver a sustainable future for Boots & community pharmacy with pharmacists at its heart, to the mutual benefit of the business and colleagues alike
- We will support our pharmacists as leaders both in the company and in the profession as part of the broader business
- We will work collaboratively to ensure that Boots UK is the employer of choice for pharmacists
- We will continue to work together in line with the Boots/BPA agreement

Ways of working:

- BUK and the BPA will involve and seek the input of each other in key changes and business and/or industry initiatives affecting pharmacists
- BUK and the BPA will keep each other informed of significant planned Pharmacist communication events
- BUK and the BPA will work together and agree to communicate to the wider Boots pharmacist population agreed outputs from its regular consultative meetings, as appropriate to the matters in hand
- BUK and the BPA will work together to ensure that there is a clear understanding throughout the business of the role of the BPA and when to consult regarding issues that affect its pharmacists versus the PPP/Forum
- BUK and the BPA will keep these shared objectives under open review to ensure that each continue to work with the spirit and intent of this guidance

GPhC Revalidation for Pharmacy Professionals

This year the General Pharmaceutical Council (GPhC) will begin introducing revalidation for pharmacy professionals. All pharmacists and pharmacy technicians in Great Britain will have to demonstrate that they are regularly reflecting on their learning and practice, keeping their knowledge up to date, and that they have the right attitudes and behaviours to provide safe and effective care to people using their services. Revalidation further assures the people using pharmacy services that their trust in pharmacy professionals is well placed and that pharmacy professionals are continuing to meet the standards throughout their careers.

Once revalidation is fully implemented, all pharmacy professionals will have to complete and submit four CPD records, a record of a peer discussion and a record of a reflective account each year when they renew their registration. They will be asked to explain in each record how what they have done has benefited people using pharmacy services. Reducing the number of CPD entries that are submitted has made space for the introduction of a peer discussion and reflective account. And a new streamlined version of the myGPhC online portal is being introduced for recording and submitting records.

In 2018, the first group of pharmacy professionals with a registration renewal deadline of 31 October will be asked to submit four CPD records when renewing their registration. All pharmacy professionals renewing their registration at any point in the year after that date will also be asked to submit four CPD records.

In 2019, the first group of pharmacy professionals with a registration renewal deadline of 31 October will be asked to submit their full six records for revalidation (four CPD records, a record of a peer discussion and a reflective account) when renewing their registration. From then on, all pharmacy professionals will need to submit their full six records for revalidation every year when they renew their registration.

Further information, support and resources are available at;

<https://www.pharmacyregulation.org/revalidation> by following @TheGPhC on twitter or at [Facebook.com/TheGPhC](https://www.facebook.com/TheGPhC).



Coaching Support Service

A BPA initiative to help our members when the going gets tough

Back in 2016, in response to one of our surveys you told us you would value a support service which would help you to deal with/manage work or personal issues. Last year we launched our Coaching Pilot service, in partnership with the national charity Pharmacist Support.

Pharmacist Support would love to help you take that first step in instigating change by offering you the chance to work with one of their specialist coaches who have been trained to support BPA members to develop their skills and confidence to better manage life's challenges.

Pharmacist Support is offering free and confidential coaching sessions to BPA members. Maybe you are stuck in a bit of a rut and uncertain how to take those first steps to implement change?

Why not take the opportunity to have confidential coaching sessions to help you move forward in a particular area of your life.

The coaches can assist you to think more positively and help to create change, so if the only thing that's stopping you is you, then why not make 2018 the year that makes the difference.

We are offering you free access to six 1:1 hour-long sessions. That's six hours to focus on you, your needs and to find solutions to your challenges.



Working in partnership with



Pharmacist Support

working for pharmacists & their families

So what are you waiting for? simply get in touch with us at

coaching@pharmacistsupport.org

for more information about how you take advantage of this offer, and an application form.

Not a BPA member but interested in this service? Why not join the BPA using the application form in this issue of Professional Counsellor, and then take advantage of the service.

What our members say about the BPA

Fantastic personalised service from my BPA representative. They were extremely accessible and did not hesitate to answer my concerns at any time of the day. Without this excellent support I'm sure the outcome would have been different!

The help and support I was given by the BPA was excellent. I would highly recommend all Boots pharmacists to join the BPA.

From the outset the BPA were supportive and encouraging as I went through an appeal process. This made a difficult process less stressful knowing there was someone there 'behind me'.

Once again Many Thanks to BPA for great support. My matter was handled with care and confidence. The support and advice was brilliant and lead to no official meetings being held. If you are not a member yet do not hesitate and JOIN BPA NOW!

I have been a BPA member ever since I qualified, which is over 5 years now. Up until recently, I had never sought advice from them but I am so glad that I did, after a performance related issue occurred. After the very first interaction with a BPA advisor, I really felt that I was listened to and I felt confident that my voice was finally being heard. Not only were they present at every stage of resolving the matter in hand, they actively advised me on my concerns and suggested what could help me resolve them. The BPA were really there for me when I felt that I had nowhere else to turn and I am happy to say that my issue has now been resolved. I cannot say that this would be the case without them and therefore I would highly advise all Boots Pharmacists to become a member if they are not already; their support is truly priceless!



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www.bpa.website

Application Form

Title:

First Name(s):

Surname:

Address:

Post Code: Home Phone No: Mobile No:

e-mail address: (essential)

GPhC Number: Boots Staff Number: This is essential - you will find it on your pay slip.

Signed:

Date:

BPA has plans to offer new services and products to its members but will not share your information with third parties.

Crossing this box will exclude you from receiving details of new products and services from BPA by email or direct mail

Please send your completed application form to:

**BPA, Rhona Bennett, 69 Sheriffs Park, Linlithgow, West Lothian, EH49 7SR
e-mail: r.bennett@bpa.website**

Please also inform Rhona if your contact details change.

Membership

Your membership fee of £8 will be deducted from your monthly salary, thereafter 3 months written notice will be required.

Subscription Form

Please complete the section below to allow payroll to deduct your subscription directly from your salary.

ADVICE TO PAYROLL

Please debit from my monthly salary the sum of **£8.00** (Eight Pounds) from today for the credit of the Boots Pharmacists' Association and make similar payments **MONTHLY** from salary **THEREAFTER** until I cancel this order in writing. (3 months notice will be required).

Name:

Boots Staff
Number:

Signed:

Date:



BPA Office use only

Date of data entry

Computer

Membership No.

Checked

Serial No.

For Bank/Payroll use

Date submitted to

Print out