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Boots
Pharmacists'
Association

CHAMPIONING THE ROLE AND CONTRIBUTION
OF BOOTS PHARMACISTS

Professional Counsellor

February 2017

Welcome to the February 2017 edition of Professional Counsellor.

It is important that Boots Pharmacists are fully involved in the future development and progress of our Pharmacy Profession and being a member of BPA is a great way for you to be informed and take part.

If you are not a member join us now. There is an application form you can use attached to this counsellor or visit us 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.

General Pharmaceutical Council Professionals under pressure seminar.

BPA were invited to a General Pharmaceutical Council seminar in October 2016. This was held as the start of a review of how Pharmacy professionals are under increasing pressure to meet the demands of the NHS, patients and employers. Duncan Rudkin the chief executive of the GPhC described it as the start of the review and not the end.

It was an interesting event which contained some powerful messages particularly for employers which the BPA has discussed with the new Boots executive. Duncan Rudkin's

message around the responsibility of employers to "ensure there are enough staff, governance and review of feedback from pharmacists" in their response to the funding cuts is a key message that BPA is championing in its dialogue with Boots.

There was also a powerful presentation from Professor Michael West about the value of compassionate leadership as part of the solution to the increasing demands on healthcare professionals. BPA is a strong advocate for this message and we are working with Boots on how the leadership of Pharmacists within the company can be improved.

Professional Indemnity Insurance

The Company provides Professional Indemnity Insurance for all Boots employees working on Boots business, including Independent and Supplementary Prescribers. There is no need for an individual who is solely employed by Boots to hold their own PI insurance cover.

There is only a need to purchase separate PI when a pharmacist works for another organisation outside of Boots.

Presently BPA are negotiating with a major insurance company to be able to offer a competitive PI package for our members. Further details to follow soon.

Legal Defence Costs Insurance

As a member of BPA this cover is included in your fee and it gives a member great benefits. These include:

- Up to £500,00 of legal or accountants costs
- Employment and contract disputes
- Legal defence
- Internal disciplinary hearings
- Taxation disputes
- Compromise agreements
- Personal injury

The cover gives you access to professional support from our lawyers for any legal matter, both work and non-work related, and your immediate family can access this service too (providing they are permanently resident at the same address as you).

BPA believe all pharmacists should have this cover and the best way of ensuring you have it is to;

Join us now!

“Members’ input is essential and we will be seeking your feedback.”



Sibby Buckle FRPharmS, 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

Funding settlement imposed in England

The campaign by PSNC, NPA, Pharmacy Voice and RPS to fight the proposed cuts to the pharmacy contract global sum was unsuccessful despite significant support from the public and politicians from all major parties. The BPA believes this was a treasury driven decision. For the remainder of 2016/2017 the global sum has been cut by £113m with a further cut of £95m for 2017/2018.

Those pharmacies deemed essential by their distance from other pharmacies will suffer a smaller cut as they are covered by the "Pharmacy access scheme" (PhAS) payments until the end of 2017. Average Boots pharmacies not covered by the PhAS will potentially lose £30,000 in fees and allowances between December 2016 and March 2018.

A "Quality payments scheme" has also been announced, to reward pharmacies demonstrating standards which support patient care. A total of £75m has been ring fenced within the global sum for this which can be

earned by achievement and self-declaration of the quality criteria.

The quality payments scheme is a mixture of opportunity and challenge for Boots, and BPA will be working with the company to ensure that any additional workload associated with this is recognised and supported effectively.

The introduction of a Pharmacy integration fund may provide new service opportunities.

The initial scope of the fund will support the introduction of more pharmacists into GP practices and the Murray review into the management of long term conditions recommends a significant role for community pharmacists.

Price Waterhouse Coopers publishes its report into the "social value" of pharmacy

As part of its response to the December 2015 funding cut proposal, PSNC commissioned PWC to investigate the value of community pharmacy to the NHS.



PWC analysed that community pharmacy in England returns £3 billion minimum from just 12 services. The current pharmacy contract costs the NHS around £2.7 billion/year, so BPA concludes this proves that community pharmacy is an asset and not a cost!

This excellent report has been recognised by pharmacy minister David Mowat on a number of occasions. Unfortunately, not enough to reverse the funding cuts but it may influence what a future contractual framework may look like.

Pharmacy Voice and PSNC publish Community Pharmacy Forward View (CPFV)

As a response to the Department of Health's funding cut proposals PV, PSNC and RPS published their views on the future opportunities for community pharmacy to make a bigger contribution to the NHS. The report describes three main areas.

- 1) **Facilitation of personalised care for people with long term conditions.**
- 2) **The trusted, convenient first point of call for episodic healthcare advice and treatment.**
- 3) **The neighbourhood health and wellbeing hub.**



Wales

Structure of the NHS in Wales

In 2009 the NHS in Wales restructured with the country dividing in to 7 geographical health boards with responsibility for both primary and secondary care as well as an additional 3 NHS trusts with all Wales accountability i.e. the Welsh Ambulance Service NHS trust, the Velindre NHS Trust (a specialist cancer service) and Public Health Wales (the unified Public Health organisation in Wales).

Primary Care Strategies

Welsh Government Policy in recent years has been to move services out of hospitals and closer to the patient's home and this has already seen the redesign of many traditional secondary care services. A more recent development is the formation of 64 primary care "clusters" within Health Boards. These have been set up as multidisciplinary agencies based around small groups of GP practices serving a population of around 20,000 patients and have been tasked with ensuring that the health and social care needs of their local population are met. There has been investment from Welsh Government to "pump prime" these clusters and many of them have employed pharmacists to help them plan and deliver their agenda. Independently, many GP practices have also chosen to employ a practice pharmacist to help them with their medicines management workload.

Public Health Bill November 2016

A revised Bill, minus a commitment to ban e-cigarettes from some public places, was laid before Welsh Assembly on 7 November.

The Bill aims to bring together a range of practical actions for improving and protecting health.

It focuses on shaping social conditions that are conducive to good health, and avoiding health harms that can be prevented.

If passed, the Bill will change the way that health boards make decisions on the awarding of NHS Dispensing Contracts by ensuring that decisions are based on an assessment of pharmaceutical need. This will bring in a process similar to that operated in England.

Pharmacy Contract

The health budget in 2016/17 for Wales is approx. £6bn which accounts for approx. 40% of total government expenditure.



Medicines expenditure in Wales is around £700m each year, £500m in primary care and another £200m in hospitals, with 79m prescription items being dispensed by community pharmacists. The NHS Pharmacy Contract in Wales is currently an England and Wales contract with some regional variations having been negotiated locally with Welsh Government.

The contract has similar essential, advanced and enhanced service levels but there are slight differences in Wales. These include changes to the clinical governance regulations and the use of a 2D barcode prescription (2DRx) for the Electronic Transfer of Prescriptions (ETP) rather than the English EPSR2. Advanced services are broadly the same but include the Wales Discharge Medicines Review service (DMRs) in place of the English New Medicine Service (NMS).

Pharmacy Funding in Wales

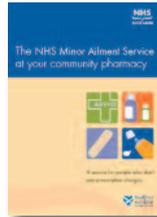
In October 2016, the Welsh Government Cabinet Secretary for Health Well-Being & Sport issued a written statement confirming that the changes being imposed by the Department of Health in England will not apply in Wales and that the health and social services budgets for 2016/17 and 2017/18 do not include any proposals to reduce investment in community pharmacy.

Instead, Welsh Government has signalled its wish to work collaboratively with Community Pharmacy Wales to explore and design a future funding regime which will be less focussed on dispensing prescriptions and more focused on value and on quality community pharmacy based services.

Scotland

Healthcare in Scotland, like the other home countries, is currently experiencing challenges relating to the shortage of GPs, and with a significant number of GPs planning to retire in the next five years, the Scottish Government has a big challenge in maintaining patient care. To support this, the Scottish Government has invested monies in Community Pharmacy.

In response to the GP shortage Community Pharmacy is developing services and support to allow our highly-trained teams to help reduce the burden. Everyone “Working at the Top of Their Licence” is the aim. Patients are being encouraged to think “Pharmacy First” and go to their community pharmacy first for minor illnesses.



An initiative based around the Scottish NHS National Minor Ailment Service (MAS) is being piloted in Inverclyde an area of Glasgow. At present MAS allows eligible patients to visit a community pharmacy with common clinical conditions, where they can have a consultation involving the pharmacist. The consultation results in the patient being given advice, and they may also be prescribed an appropriate OTC Medicine

or referred on to another Healthcare Professional for further treatment. This service has been in place for over ten years, and has been a great success – eligible patients can access a professional consultation in any community pharmacy, freeing up valuable GP time and saves cost to the NHS.

The current NHS MAS service does have limitations in who can use the service and the range of conditions which can be treated. The pilot project being run in the Inverclyde area will review the Minor Ailment Service. It will open the service to all patients in Inverclyde, and expand the service to cover a range of conditions traditionally treated by GPs - these include impetigo, shingles and uncomplicated UTIs, all of which will be treated under PGD.

For the period of the trial, patients registered with Inverclyde GPs and accessing care from Inverclyde Community Pharmacies will be able to register and use the service.

The trial started at the end of January 2017 and will run for one year. A full evaluation will be carried out, and if successful the service could be extended across the whole of Scotland.

One of the other priorities in the Scottish NHS at present is Quality Improvement (QI).

To support this Community Pharmacy has agreed to use the allocated monies to engage Pharmacists in directed QI activities.

This involves delivering six foundation e-learning modules and two more advanced modules. These will support the development and understanding of QI, after which the full team participate in a Safety Climate Survey. This measures the safety climate within each pharmacy and allows the team to work together to continuously improve the safety within the pharmacy.

Closer Partnership Working is also being funded to allow pharmacists time to work with their colleague Healthcare Professionals in their communities. This will support joined and co-ordinated patient-centred care by Healthcare Professionals working in partnership with one another.





Northern Ireland

The review of Health and Social Care in Northern Ireland 'Systems not Structures' led by Professor Bengoa was published on 25th October 2016, along with the Health Minister's response 'Health & Well being 2016: Delivering Together'.

The Minister recognises community pharmacy as an important part of primary care which can help reduce pressure on other parts of Health and Social Care.

Referring to this 'fresh start' the changes mapped out will be planned, managed and incremental, with 18 time-specific actions based on the Bengoa Report.

The first action to benefit Community Pharmacy will be the roll out of the electronic care record (NIECR) in October 2017.

Second is to realise the potential of community pharmacy services in supporting better health outcomes from medicines and prevent illness. On 13th January 2017, the Minister signed a Memorandum of Understanding between the Department of Health, Health and Social Care Board and Community Pharmacy NI to develop a new framework for community pharmacy services for 31st March 2017.

With the Stormont collapse and elections due on 2nd March we hope this will not impact the progress of the contract negotiations.

Recently the Community Pharmacy Quality Assurance Framework has been rolled out by HSCB. All Boots pharmacies have completed their self-assurance declaration and a number successfully participated in their assurance visit by HSCB.

Finally Columbus is coming to Northern Ireland. The early adopter store 1595, Connswater commences mid-February, progressing to pilot around Easter time. All stores will be rolled out thereafter.

The Murray Review.

The much awaited review commissioned by Dr Keith Ridge undertaken by Richard Murray into clinical services undertaken in pharmacy in England was published recently.

In the opinion of BPA the review is an encouraging one for community pharmacy as it recognises the value of clinical services that community pharmacy provides and encourages renewed efforts to make the most of these services and at pace. The review particularly recognises how the skills of community pharmacists and their teams can be used to manage long term conditions which may require changes to the pharmacy contract.

“ BPA welcomes the recommendations within Richard Murrays report and will be discussing the review and its implications with the Boots executive. ”

Richard Murray makes several recommendations for the future development of community pharmacy services in England which include:

- Incentivising use of electronic repeat dispensing
- Redesign of the MUR service to develop them into full clinical reviews
- Consideration of a national smoking cessation service
- Closer working between Pharmacists and GPs
- Encouragement of support from NHS England to ensure that community pharmacy is integrated into the emerging Sustainability and Transformation plans (STP's)

Members can read the review by following the link below;

<https://www.england.nhs.uk/commissioning/wpcontent/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf>

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:



Application Form

Please send your completed application form to:

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

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

“

I have been with the BPA for over 2 years now. I joined the BPA after my colleague convinced me, with difficulty, to leave my old association. I was reluctant at first because I thought that the BPA was only there to defend the company not the pharmacist as such, but being much cheaper I decided to join. I can testify that my fears have been proved wrong; the BPA is there to defend/help pharmacists with problems they may face at work.

I had an incident which was judged so serious to go straight to disciplinary without any warning. Having worked for the company for over 10 years with a clean record and the condition in which the incident occurred, I felt let down, angry, afraid, lost confidence and alone. I then remembered that I was a member of the BPA and thought "let's see what they are can do, you never know". I sent an email late at night and expected a reply the following day, BUT I got a reply the same night reassuring me, another email and phone call the following day.

I was so relieved I had them on my side. I told my colleague, who was facing the same blame as I was, about what the BPA was doing for me and she decided to join as well. Cutting a long story short, the BPA managed to cancel the disciplinary hearing and everything went back to normal. I'm so happy they were there when I needed them. It is important in our profession to be able to have an association such as the BPA to stand by you when things turn against you. I recommend them to all my colleagues.’

”

“

Disputes and disciplinarys can be a distressing time. You can feel alone; even isolated. BPA took so much time not only providing real and practical advice, but the support that came along with it was invaluable. It lifted my mood and I felt like I was the only case they were handling. They are genuinely here to help. Thank you BPA.

”

Here's what you said about the help you have had from the BPA.

“

I would just like to thank the BPA for all their support in a recent disciplinary hearing. This took the form not only of the provision of a knowledgeable representative but also in the time invested to fully discuss the case with me leading ultimately to a satisfactory outcome. I never thought I would have need of the BPA but when I had needed to call upon them the BPA surpassed all my expectations dealing with the case with a high degree of support and professionalism at all times. I cannot recommend membership highly enough.

”

Refer a Friend Scheme

One of the most satisfying outputs from a recent BPA members survey was that over 90% of our members would recommend membership of the BPA.

Based on this feedback we launched a 'Refer a Friend Scheme' for our members earlier this year.

For each and every member that you encourage to join the BPA we will reward you with a £25 voucher on receipt of completed membership application form. Spread the word and enjoy the rewards...



Receive a £25 Love2shop voucher for each referral



Workload Pressures

Member letter

I am a pharmacist that loves my job, I have been doing it for many years and have had many different roles but each time I have returned to the patient/customer facing role.

Why? Because I love people, I love the pace, I love the buzz. Pharmacists contact me for advice, and I love helping pre-regs, healthcare trainees etc AND.... I'm known to 'cope' and 'get on with it'.

So, why am I off work sick now? Because I didn't ask for help when I needed it, I didn't want to appear weak, I was worried I would lose my job.

A couple of years ago I came back from a different role to be a Relief Pharmacist. I found this really challenging as I like to work in a team and to develop relationships with my patients. I also had another job (one day a week) and being on relief meant that some weeks I was working over 50 hours. My PDA however realised that I was putting in all these hours and suggested I become store based in a Health Centre Store. The days were long, 8.30 till 6.30 which meant that

one week I did 38 hours (including my other job), and the other week was 42 hours...and this was steady. Except, the pressure on my other job became greater, but it was only one day a week.

Then, at Boots, a member of staff went on maternity and wasn't replaced (so I just upped the pace, as you do.)

The store manager was pregnant and unfortunately went off sick in April, then another member of the team went off sick. This left me with a 38 hour per week dispenser (who is one of the best), but we are open 54 hours. I contacted my Area Manager but got no reply for a couple of days. A nearby store managed to give lunchtime cover for my dispenser, I didn't have a break, which was my choice, putting the patient first.

A new manager didn't start until Sept and during this time we had a major incident in the store. Due to just myself and the dispenser being in a busy health centre store, we didn't get the delivery put away quickly and a delivery driver tripped over a box smashing his face onto the counter. There was blood everywhere with customers demanding attention while I was dialling the ambulance and also his boss to make sure deliveries to patients could still continue. For weeks after I had nightmares.

A couple of weeks later I blacked out on a Monday morning and cut my head open, weeks of not sleeping I thought, but I still went to work the next day (patient first).

During this time my husband had lost his job, my father-in-law had had a heart attack and my sister-in-law had broken her back.

I was waking up at 1.30am, and not going back to sleep, I was not eating, I was crying most days. My friends have now told me that I was distancing myself from them...but I kept smiling at work.

I DID know I needed help, but was too ashamed to ask... I phoned Pharmacist Support, but couldn't speak.

The final nail was at Lets Connect, when they talked about Pharmacist Stress, and whether to open the store (can you remember that?). My view was that we needed to think about the consequences of NOT opening to the patient and my Area Manager blamed the Relief Pharmacist for not getting to the store earlier. I felt that I was so useless and the burden of everything was on me and that if I showed any sign of weakness I would be 'managed out'.

So, I kept going and then I had an incident, I knew my blood sugar was low, so before the

manager left at 4pm I went to get a cuppa, it was just my dispenser and me for the next 2½ hours on a busy Thursday, so I needed to be top of my game, and then....I don't know what happened, but apparently she had had to get a nurse to come and see me, the ambulance arrived and I was whisked away.

If only I had asked for help sooner, and it is there, from the Clinical Governance Pharmacist, from the BPA (they have been wonderful since I have been in contact) and Occupational Health (my new line manager has been great too...).

I had thought about calling the Clinical Governance Pharmacist when we were basically running on just the 2 of us, but a local store manager told me it would reflect badly on me.

Now, I can't drive, swim or work and I am on the waiting list to see a specialist...I'm devastated.

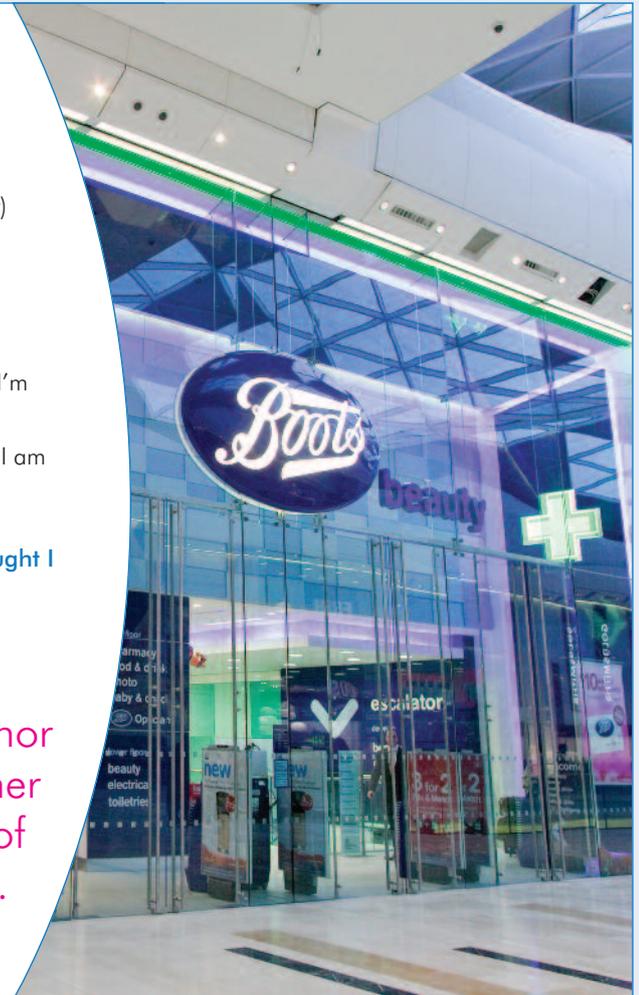
I didn't put the patient first, I forgot I was the patient...please put yourself first (as I am writing that I realise I say this all the time to others!!)

I still feel worthless, but I want other Pharmacists to ask for help, not to internalise how they feel...WE ARE PEOPLE TOO!! And I forgot that, I thought I was a machine.

I want something positive to come from this...Take care please.

“ Although remaining anonymous, the author wanted this letter shared to support other pharmacists to recognise the signs of stress and take early action.

Remember - the BPA is here for you ”





www.bpa.website