The “Rough Guide” to Community Health Services (CHS)

How to navigate your way through Medicines Optimisation in CHS

Version 4

January 2017

Introduction

Community Health Services (CHS) underwent significant organisational change with services being managed by Community Foundation Trusts (CFTs), aspirant CFTs, Social Enterprises, or, following integration, with existing providers such as acute or mental health trusts. This was part of the Transforming Community Services programme which plans to deliver more personalised care closer to home Link.

More recently in 2014 the Five Year Forward View (5YFV) describes new care models such as Multispecialty Community Providers (MCPs) and Primary and Acute Care Systems (PACS). These emerging models of care will result in changes to how community health services will be delivered Link.

This guide is aimed at Chief Pharmacists and all senior pharmacists who are new to providing Medicines Optimisation advice and services to Community Health Services (CHS). It is intended to provide you with an overview of some of the key areas, with links to where you and your staff can access further information and resources.

We have called this the ‘Rough Guide’ as we know that in a rapidly changing NHS environment, we will need to update it as changes occur and we would welcome your feedback to help us with this. Our contact details can be found at the end of the document.

Background to CHS

Community Health Services (CHS) can be defined as diagnostic, therapeutic and preventative health services that are provided for individuals in the community either by staff directly employed by the NHS or by a non-NHS provider.

In general terms these are health services that are provided in people's homes, or as near to home as possible, through health centres, clinics, intermediate care facilities and community hospitals. The services tend to be characterised by:

- Multiple sites
- Non medical-led services i.e. nurse-led or Allied Health Professionals (AHP)-led services
- Professionally isolated i.e. lone working, with a lack of peer support, minimal professional support

Most organisations are likely to provide the following services:
Community Nursing; Podiatry; Dental; Contraceptive and Sexual Health Services; Child Health including Immunisation and Vaccination; School Nursing Occupational Therapy; Physiotherapy, management of long term conditions, Intermediate care (which may include in-patient beds).

Some will provide specialist services either directly or via a contract, for example:
HIV services, continence services, advanced muscular skeletal services, community based chemotherapy, heart failure clinics, tissue viability services. Home care services may be commissioned through specialist suppliers or using local resources.

The types of services offered are often determined by historic patterns of provision so the best way of finding out what is provided is to obtain a structure for community health services from the Chief Operating Officer (or equivalent). It is vital that you find out what services your organisation will be providing, and you really do have to dig deeply as some services may not be aware that they are using medicines. We have found that this is often an ongoing process as historic supply routes unravel!

Remember that the Medicines Optimisation principles that you apply to your other areas of work are the same principles that need to be applied within CHS. The settings where care is provided are different, your organisation may not own the building or it may be the patient's own home and sometimes a pragmatic approach needs to be taken. Risk Management principles may need to be applied, and areas of concern may need to be placed on the Risk Register.

Contents

Area to consider	Resources and suggested contacts	Things you might like to know
Governance issues including Medicines Policies		
Clinical Governance structures should cover Medicines Optimisation governance procedures. If a new organisation is formed by integrating two or more organisations, then there may need to be a rationalisation of some of the existing Medicines Optimisation governance meetings, but it is vital to ensure that representation is appropriate and inclusive. It is usual that all current policies and procedures will be adopted by the new Board, and this should be noted in the board minutes. The next step is to amalgamate all policies and procedures, where appropriate. If the organisation is formed by a partnership of separate organisations these may have their own procedures. It is still essential that there is an accountability chain to the board of the partnership. Individual partners should not continue to work under procedures which do not have this corporate approval.	Access to appropriate pharmaceutical advice within the organisation is vital. The organisation needs to ensure it has got strategic medicines management input at an appropriate level. Strategic Pharmacy Leadership is outlined in the RPS *Professional Standards for Hospital Pharmacy Services* which are applicable to community service providers Link. As more providers enter the primary care and community services healthcare sectors it is important that they consider their organisation's requirements to have adequate pharmaceutical advice. Specialist Pharmacy Service (SPS) has produced a summary of the pharmacy support needed to deliver the Medicines Optimisation agenda in this type of standalone healthcare provider organisations Link. The principles within a CHS Medicines Policy will be similar to those in other settings. It may be necessary to have supplementary sections which are service specific for CHS. Examples of CHS Medicine Policies are available from the Team. See contacts below. Newly formed organisations may want to assess themselves against the CQC requirements. SPS has produced *How to prepare for a CQC Inspection – A guide for Chief Pharmacists of Provider Organisations* Link.	When developing Medicines Policies it is important to remember that where patients are receiving treatment in their own homes they will probably have had their medication dispensed from a community pharmacy, it is therefore their own property and they can store and dispose of it how they like. NHS staff can, of course, encourage patients to store and dispose of it more appropriately. Much of the medicines management in CHS may involve working with partner organisations e.g. Social Services, so joint governance routes may need to be explored.

Area to consider	Resources and suggested contacts	Things you might like to know
Staffing		
Medicines Management staffing levels and grades usually depend on historic provision, and may have become diluted over time and numerous reorganisations. There is no bench mark of what the staffing level should be as community service organisations are very different. In addition, some pharmaceutical support may be provided under a contract (see separate section). CHS Pharmacists work closely with multidisciplinary teams who are made up of nurses and allied health professionals and sometimes social services staff. These staff are highly trained and used to managing a caseload.	The CHS specialist team has developed an audit tool for assessing the levels of pharmacy support required for community health services. It can be found at Link. The team have examples of completed audits which may be useful for comparison, but it should be borne in mind that CHS services are very different. A benchmarking toolkit has been developed to enable organisations to review the level of services to Community Hospitals. It can be found at Link. The NHS Health Careers gives a basic introduction to the roles of different health and social care staff who may be working in the community Link. The Health and Care Professions Council (HCPC) currently regulates 16 health and care professions. Their website gives more details about each of the professions Link. The Queen's Nursing Institute is a registered charity dedicated to improving the nursing care of people in their own homes. More information about different roles of nurses working in the community can be found at Link.	Pharmaceutical advice to CHS (excluding Community Hospitals) often has to be provided at a strategic service or departmental level. Historically the pharmacy resource has not been available to be able to provide individualised advice about patient care although this does occur. Examples of this type of pharmacy service where care is provided by an integrated team which may also include social services were presented at a recent network day Link. CHS has, for many years, been seen as a Cinderella service and this is often reflected in the staffing levels. There is often some confusion about the difference between a Practice Nurse and a District Nurse (sometimes know as a Community Nurse). A District Nurse is generally employed by an NHS organisation and provides nursing care to housebound patients. A Practice Nurse is usually employed directly by the GP Practice and sees patients in the surgery.

Area to consider	Resources and suggested contacts	Things you might like to know
Contracts		
Often CHS pharmacy advice and/or supply are provided from external organisations. There may or may not be written contracts or Service Level Agreements (SLAs) to support this work. Acute Trusts, Mental Health Trusts and Community Pharmacies may be involved. To make it more complicated some of these contracts and SLAs may be tied up in a block contract with other services.	Contracts and SLAs can be a minefield and can take an awful lot of unpicking. Within your own organisation your Contracts Manager or Management Accountant may be a useful starting point. Where you wish to give notice to end a contract, it is vital that you get advice, if necessary from the Trust lawyer. We know of instances where services have been left without supplies because this hasn't been handled appropriately. SPS have developed a template of what should be in a CHS contract Link.	If you intend to re-tender the pharmacy services it is important to build in a long lead time and assign time to the transfer; the tendering process is complex, and the transfer to the new supplier may not be smooth. The new supplier may not be used to working with CHS.
Finance issues		
Funding streams for drugs and pharmaceutical support may be held by the service or by the Pharmacy team, or in some cases it may be in both places, or even in another organisation! The VAT status of both the drugs supplied and the services offered under the contract will need to be ascertained and this is not always obvious.	There is not an easy answer to this question, so you just need to keep digging. From our experience it is a good idea for services to hold their drug budgets, because if they change their service (open more beds, another clinic) they are more likely to factor in the additional pharmacy costs. There may, however, be some costs that are too difficult to apportion and the budget for these may need to be held with the Pharmacy team e.g. a small Contract or SLA for supply only. Most trusts will have access to specialist advice on VAT arrangements via the Finance Department.	Remember that some prescribing on FP10s by Community Nurses may be against the CCG prescribing budget. Don't forget that the organisation may also have FP10HPs for some of its prescribing from clinics. (See section on ePACT for more information. Link)

Area to consider	Resources and suggested contacts	Things you might like to know
In-patient Beds		
These may be in Community Hospitals or intermediate care settings or within social care settings with increased health input. Clinical pharmacy services to these units are often varied, patchy and in some cases non-existent. These beds have increasingly changed over the years moving from 'convalescent' beds to treatment and rehabilitation beds.	A benchmarking toolkit has been developed which allows organisations to compare their level of pharmacy service to community hospitals Link. A recent multicentred study found that pharmacists made significant interventions in community hospitals, which if left undetected, might have led to moderate or severe harm to the patient Link. Medicines reconciliation in community hospitals can be challenging to deliver. The SPS Best Practice Resource and Toolkit on Medicines Reconciliation is a useful guide Link. It is sometimes useful to use CQC (and previous regulators) investigations as a benchmark for what is not adequate. Gosport War Memorial Hospital Link. Devon Partnership NHS Trust Link.	Patients have increasingly complex health needs and the beds are often known as 'step-up' beds (admitting from GPs) or 'step-down' beds (taking from Acute Hospitals).
Community Clinics		
Community Clinics are centres which may have many services co-located. Sometimes these are in purpose built centres or are combined with a GP Practice. On the other hand there may also be Community Clinics that are held in village halls, community centres etc.	The safe storage of pharmaceuticals is a priority within Community Clinics as they are often not open every day for every service. Where the organisation does not own the premises it may be necessary to negotiate where drug cupboards can be located. In the case of infrequently used clinics, where the clinic is not owned by the organisation, thought should be given to transporting the drugs in a locked box to the clinic for the clinic session. The principles of Duthie (Link) should be followed and all areas where drugs are stored should be audited. The Principles for auditing Community Clinics are given in Link	

Area to consider	Resources and suggested contacts	Things you might like to know
Community Nursing (District Nursing)		
Community Nursing teams will have nurses of different grades and qualifications. The teams should be led by a nurse with the additional qualification of Specialist Practitioner - District Nursing. The team may include staff nurses (who do not have the specialist qualification) along with healthcare assistants. The clients these nurses see have increasing medical needs and with the addition of admission avoidance schemes their work is wide ranging (see section on Developing New Services).	The NMC register will show any prescribing rights. Link District Nurses will usually hold the Community Practitioner Nurse Prescriber qualification and will be able to prescribe from the restricted formulary in the back of the BNF. In addition, they may also be Independent Prescribers (see section on Non-Medical Prescribing Link). Community Nurses are often involved in the administration of insulin. Sometimes this may need to be prepared in advance for the patient. Guidance is given at Link Palliative Care forms another significant area of service delivery and local Specialist Nurses and Hospices are useful contacts.	The Community Practitioner Nurse Formulary covers most wound care items. Increasingly CCGs have looked at wound care costs and have set up supply systems which do not use prescriptions, some are through NHS Logistics, others through Community Pharmacies, others through dressing manufacturers. For more information see Link Some areas have established community children's nursing services.
Public Health Nursing		
This includes Health Visitors and School Nurses. Public Health nursing is about encouraging clients to make healthy living choices. Health Visitors tend to work with children under 5 years old and play a vital role in Child Protection. School Nurses are involved in immunisation, Emergency Hormonal Contraception (EHC) and smoking cessation. Their involvement in head lice treatments is rare nowadays.	The NMC register will record the Registered Specialist Community Public Health Nursing qualification; in addition the prescribing rights will also be listed. Link Health Visitors will usually hold the Community Practitioner Nurse Prescriber qualification, as may some School Nurses. In addition they may also be Independent Prescribers (see section on Non-Medical Prescribing Link).	Whilst Health Visitors have historically worked with families and young children in the changing NHS it is likely that they will work with all ages in preventing ill health e.g. working with the homeless, asylum seekers, travelling communities. The Community Practitioner Nurse Formulary is very limited in products for Health Visitors and their prescribing tends to be infrequent, which can lead to competency issues.

Area to consider	Resources and suggested contacts	Things you might like to know
Specialist Services		
Community Health Services usually have a range of specialist services that they offer. These services often carry their own case load but they will also provide specialist advice to other community services. For example Tissue Viability Nurses will advise the organisation on wound care and will also see patients directly. These specialist services are often managed collectively, but in some organisations they are managed on a locality basis, so it can be difficult to find out what you have got. The staff working in these services have specialist experience and often have their own clinical networks that go across the health economy.	Many Specialist Services have nurse prescribers working within the service (see section on Non-Medical Prescribing Link).	The specialties often include: • Parkinson's • Heart failure • MS • Stoma care • Continence • Diabetes • Tissue viability
Community IV Services		
Increasingly administration of IV drugs is common place within community settings. The benefits of a community IV therapy service include avoiding hospital admissions and reducing length of stay in hospital which generate considerable cost savings. There are also benefits in terms of patient experience and reduced hospital acquired infections.	A collaborative audit was undertaken in 2012 Link. This identified a number of patient safety issues and service development issues associated with prescribing and administering IVs in the community. The presentations at a masterclass will also outline some of the issues Link. As a result of this initial work SPS have developed a comprehensive suite of standards, a template referral document and examples of medicine administration records for transfer between acute and community care Link.	The British Society for Antimicrobial Chemotherapy (BSAC) have a dedicated website for Outpatient Parenteral Antimicrobial Therapy (OPAT). There are some useful resources that can be adapted Link SPS has developed a CQUIN framework for OPAT services Link

Area to consider	Resources and suggested contacts	Things you might like to know
CASH - Contraceptive and Sexual Health		
The term Contraceptive and Sexual Health (CASH) has replaced Family Planning Services. CASH Clinics are increasingly broadening their services. As well as contraceptive services they may provide screening and treatments for sexually transmitted infections.	Faculty of Sexual & Reproductive Healthcare is the best source for clinical advice. Link The client group can be very young and knowledge of Fraser competency and Child Protection are essential. The staff working in these services are your best resource. Following the NHS changes in 2013, commissioning of CASH services is now the responsibility of Local Authorities, CCGs and NHS England. More details of who is responsible for commissioning what can be found in a presentation at a recent Network day Link.	Staff working in CASH are often sessional and can be difficult to contact especially as clinics are often in the evening. Prescription charges are not payable on contraceptives or treatments for sexually transmitted infections, but would be payable for the treatment of vaginal thrush.
Podiatry (and Chiropody)		
Podiatrists (and Chiropodists) are registered with the HCPC. They have a wide remit within the NHS, including diabetic foot health, nail surgery and biomechanics. They may have a qualification to administer a range of POMs including (but not limited to) local anaesthetics. The HCPC entry will be annotated as 'Prescription only medicines – administration'. If they hold the qualification to sell and supply a range of POMs in their practice, this is shown by the annotation 'Prescription only medicines – sale/supply'. In addition they can become independent/supplementary prescribers. Some may also be qualified as Podiatric Surgeons, undertaking foot surgery - this qualification does not give them automatic prescribing rights. The profession is also listed in legislation to enable them to use Patient Group Directions (PGDs).	The HCPC website is useful for checking what additional qualifications your Podiatrists might have Link. There is some useful guidance about Medicines and Prescribing rights on the website too Link The College of Podiatry has some useful information about podiatric surgeons Link. Podiatrists have the most complicated exemptions in The Medicines Act and the best place for a summary of these is in *Medicines, Ethics and Practice: A guide for pharmacists and pharmacy technicians* Link (membership required). The 2012 Regulations give more details Link The information on the archived MHRA website is easy to understand Link	All existing approved pre-registration programmes in this profession include training in both qualifications, so new registrants will be able to administer and to sell and supply medicines. There may be some podiatrists who qualified previously who have not got this qualification. The annotation 'Prescription only medicines – sale/supply' does not allow for the prescribing of these items on FP10s as the Regulations do not allow it. It would only be allowed if the Podiatrist was an independent or supplementary prescriber.

Area to consider	Resources and suggested contacts	Things you might like to know
Dental		
The Dental services provided by CHS complement the General Dental Practitioners (GDPs) that are contracted to provide NHS services. CHS Dental Services often provide dental care to children and also to those who have physical or learning disabilities. In addition, they are often involved in out of hours dental services. The team is made up of dentists, dental nurses, dental therapists and dental hygienists. The dental hygienist's role is to prevent dental problems and to promote oral health. Dental therapists carry out are similar to treatments to those undertaken by a dental hygienist, but can also include fillings on both permanent and baby teeth, pulp treatment, stainless steel crowns and extractions of baby teeth. A dental nurse assists the rest of the dental team in all aspects of patient care. This includes getting instruments ready, sterilising instruments, mixing materials and taking notes. Dental therapists and hygienists are listed in legislation to enable them to use Patient Group Directions (PGDs) when authorised to do so. Dental nurses cannot use PGDs	Dentists and their trained staff are registered with the General Dental Council Link. The GDC has a published *Guidance on prescribing medicines* Link and *Responsible Prescribing* Link. Within the NHS, dentists can only prescribe from a limited list, the Dental Practitioners' Formulary (DPF). The DPF can be found at the back of the BNF. Dentists will use FP10D prescription forms in the NHS. There may be some local variation but generally the pads can be obtained after liaison with the local NHS England office How should dentists prescribe, store, order and dispose of controlled drugs? Link When can dentists supply medicines Link PGDs in dental practice Link Emergency drugs to be held in dental clinics are listed in the BNF in the section "medical emergencies in dental practice". Although salbutamol nebules may be preferred due to client group. Conscious sedation using midazolam may be used in dentistry so must comply with NPSA *Reducing risk of overdose with midazolam injection in adults* Link	ePACT data does not currently cover dentists so there is no way of checking what dentists prescribe on FP10D locally. Information on dentist prescribing is only available nationally Link.

Area to consider	Resources and suggested contacts	Things you might like to know
Physiotherapy		
Physiotherapists are registered with the HCPC. The profession is also listed in legislation to enable them to use Patient Group Directions (PGDs) when authorised to do so. They are also able to become independent and supplementary prescribers. Specialist Musculoskeletal Physiotherapists can be trained to administer intra-articular injections of local anaesthetics and/or steroids.	The HCPC website is useful for checking what additional qualifications your Physiotherapists might have. Link The Chartered Society of Physiotherapy (CSP), may provide some useful information Link The CSP has issued guidance on why it is not legally possible to mix local anaesthetics and steroids prior to injection under a PGD which is available to its members Link	Remember that PGDs cannot be used by health professionals such as physiotherapists undertaking injection therapy training, even when supervised. The authority to administer in these cases must be given by a registered prescriber Link
Non-Medical Prescribing		
This includes: • Strategic input to non-medical prescribing in organisations • Support to new non-medical prescribers • Professional development and support for non-medical prescribers including CPD • Policies relating to non-medical prescribing • ePACT monitoring (see section on Information Technology Link)	The different forms of non-medical prescribing can be confusing. A summary of prescribing of controlled drugs, unlicensed medicines and off-label prescribing of licensed medicines by nurses, pharmacists, optometrists and AHPs can be found in Medicines, Ethics and Practice (MEP) Link (membership required). A similar summary can be found on the PSNC website Link The RPS has published a single competency framework for all prescribers Link	Where organisational change has resulted in more than one organisation coming together, the previous organisation may have had non-medical prescribing lead who was not a pharmacist, most probably a nurse. They may be able to help with the background to non-medical prescribing and information about funding. See also sections on individual professional groups.

Area to consider	Resources and suggested contacts	Things you might like to know
Patient Group Directions (PGDs)		
Many Community Health Services are nurse-led e.g. Minor Injury Units (MIUs), and these may use PGDs to administer and supply medicines. Some services will also have medical or non-medical prescribers.	The Specialist Pharmacy Service website has tools and resources, to guide organisations and practitioners in England through the complex legal framework and associated processes of developing and approving PGDs. Link *Quality PGDs – 7 steps to success* is an excellent starting point Link. The latest version of *"To PGD or not to PGD"* can be found here Link The following guidance may be useful in deciding the way forward with PGDs when there are organisational changes- *What happens to PGDs when NHS organisations merge or cease to exist?* Link NICE PGD guidance Link also includes a baseline assessment which is useful for new and emerging organisations to undertake Link. Competency frameworks for all aspects of PGDs are also available Link. There is also a PGD e-learning programme designed for both pharmacists and the wider multidisciplinary team Link	Staff working under PGDs may be based at one of many community sites which may be spread over a large geographic area. Access to IT maybe limited and communication generally may not be good which can cause issues when renewing or withdrawing PGDs, organising training sessions and with authorisation of individual practitioners to new or updated PGDs. Some organisations are working to phase out the use of PGDs in some of their services by the introduction of a cohort of independent nurse prescribers and review of current care pathways. Prescribing can then supersede PGD use after a period of time.

Area to consider	Resources and suggested contacts	Things you might like to know
Controlled Drugs		
Controlled Drugs (CDs) will be used in community health services in a variety of ways including: • Palliative Care • Post-operative pain management • Emergency therapy e.g. seizures • Addiction services • Longer term pain management Since the current schedules cover a broad range of drugs and some preparations are included in more than one schedule it is important to ensure that all aspects of prescribing, supply, administration and disposal are considered in each area where CDs may be used. All aspects of CD use must be covered by SOPs and will be the responsibility of the Accountable Officer. Your organisation will need to ascertain whether it is legally required to have its own AO. Many of the issues around CDs will depend on whether your organisation includes a pharmacy service or whether you buy CDs from an external supplier, or a combination of the two. When stock CDs are purchased from another legal entity then the supplier will need to have the appropriate Home Office licence in addition to a Wholesalers Dealers Licence (WDL)	Designated bodies are required to have an Accountable Officer. *The Controlled Drugs (Supervision of Management and Use) Regulations 2006* define designated bodies. Link The CQC will be able to advise on whether your organisation requires an AO Link The Home Office website can be found at Link, although it can be difficult to navigate. If you have secure environments, especially where drug users are detained, try the National Treatment Agency site Link. See also Prisons section.	The supply arrangements previously in place may no longer be legal so check especially where supplies are obtained from an external organisation. Private sector organisations will need a Home Office licence to possess CDs. If unsure as to your status you need to check with the Home Office. The local intelligence network (LIN) will have arrangements in place for sharing information and you will need to be aware of these. Disposal of stock CDs may be an issue in some environments so ensure you have access to the kits necessary to facilitate this. The use of a patient's own CD whilst an in-patient is legal and to be encouraged, but you will need to consider the best way to allow this, while ensuring appropriate records are kept.

Area to consider	Resources and suggested contacts	Things you might like to know
Immunisation and Vaccination (including TB services)		
Historically CHS Pharmacists had a role in immunisation and vaccination. Following NHS re-organisation this role may have diminished. CHS pharmacists may still be involved in: • School Immunisation programmes • Mass vaccination campaigns • Professional guidance relating to the cold chain • Provision of Education &T sessions	Public Health England is the body responsible for immunisation Link The Green Book (Immunisation against infectious disease) is the definitive guide. It is important to access the latest pages via the website. Link Standards for Immunisation Training and a Core Curriculum are available Link The *Vaccination of Individuals with Uncertain or Incomplete Immunisation Status* is useful when patients do not fit in with the national programme Link Vaccine Update provides latest news especially about supply issues, and updated chapters in the Green Book Link The Refrigerated Storage data on each medicine can be found under the medicine's entry on Link **Travel vaccination** is not usually part of CHS work but is included here for completeness The NaTHNaC website is useful for information on overseas travel. Link So is Fit for Travel. Link	PHE have developed a number of PGD templates to support national immunisation programmes directly commissioned by NHS England e.g. general practice and community pharmacy. They may be a useful starting point for community service providers looking to develop PGDs for immunisation services Link Remember that PGDs cannot be used by health professionals such as registered nurses undertaking injection training, even when supervised. Not all travel vaccinations are available on the NHS Link Remember that NHS PGDs must not be used for the administration of private travel vaccines, but a Private PGD could be used Link.

Area to consider	Resources and suggested contacts	Things you might like to know
Pharmaceutical Waste		
Community Health Services often get their pharmaceuticals from another supplier rather than an in–house pharmacy, and where this happens the supplier will not take back waste pharmaceuticals. It is important to ensure that the service understands how to dispose of pharmaceuticals appropriately.	A useful document entitled *Principles on the Disposal of Waste Pharmaceuticals used within Community Health Services* gives guidance on this, with service specific advice where relevant. Link	When a patient living at home, no longer requires medicines, they should be returned to their community pharmacy, this includes CDs. This task should be undertaken by relatives or friends on behalf of the patient. This task should only be undertaken by community nursing staff in rare circumstances where a specific risk has been identified and staff must work according to the organisation's SOP.
Provision of Medicines Information		
Providing healthcare professionals, managers and the public with information about medicines and their use is a key feature of the role of the CHS Pharmacist. This will include: • Medicines information, both active (in response to direct queries) and passive (e.g. newsletter) • Cascades of information to include developing and maintaining email distribution lists	To receive CHS information from the Medicines Use and Safety Team, Specialist Pharmacy Service you need to ensure you are on our database. To join the CHS network email LNWH-tr.MUS-SpecialistPharmacyService@nhs.net Providing information to services is vital and the cascading of this information may need to be via Heads of Service. Newsletters need to cover all disciplines so that they are valued by all services. Remember that AHPs will be handling medicines too.	Remember that some CHS staff work in isolation and may not have easy access to a computer, so information will need to be in formats that can easily be printed. The CHS Specialist Team produces a summary of queries (marketplace) that are shared across the network and available on our website Link (each marketplace is available under the meeting the query was discussed).

Area to consider	Resources and suggested contacts	Things you might like to know
Education and Training of others in Medicines		
Providing formal education and training of other healthcare professionals is often the remit of CHS Pharmacists. This includes: • Input into study sessions • Learning packs • Specifications for commissioning training Provision of education to non healthcare workers may also be required e.g. • Care home staff • Home care workers • Schools These activities may be chargeable	Many CHS Pharmacists will have developed learning packs and presentations for various topics. One of the specialist CHS team will probably be able to point you in the right direction (see contact details Link) NICE *Managing Medicines in Care Homes* is a useful starting point for any training in care homes Link. *The Handling of Medicines in Social Care* focuses on the people who receive social care Link. *Pharmaceutical Services to Social Care Settings Resources* has lots of resources Link. This includes a section on *Training of Care Workers for Safe Administration of Medicines* Link. *Supporting Pupils at School With Medical Conditions* provides useful information when advising educational establishments. Link	If your staff receive training from an external provider e.g. HEI, it is important that the provider is aware of your local policies. For example, with anaphylaxis training the use of ampoules rather than pre-filled auto-injectors is more common in CHS.
Information Technology - ePACT		
The prescribing information available from ePACT is very sophisticated and often data analysts are employed to interrogate the system. Where the organisation has its own FP10s the data for these will be available via Hospital ePACT.	Provider organisations will have access to Hospital ePACT, but will not automatically have access to ePACT data associated with prescribing against CCG budgets. ePACT training is available from NHS Business Authority at their Newcastle offices. Their contact details can be found at Link. Alternatively local training may be available from the CCG or CSU. The NHS Digital is a useful site for national data Link	Ascertaining where budgets for prescribing sit is essential in ensuring you have the full ePACT data.

Area to consider	Resources and suggested contacts	Things you might like to know
Inter-Agency Working		
Working with other agencies is very common within CHS. Working with Social Services, and organisations they commission, is probably the most common partner. Their perspective on medicines is often very different from health.	A summary of *The RPS 2007 Handling of Medicines in Social Care* is given at Link The RPS has a suite of resources on *Pharmaceutical Services to Social Care Settings.* Link (membership required)	
Developing New Services		
All organisations are looking at different ways to provide services. Care closer to home and admission avoidance schemes are currently being developed which are often more cost effective than in-patient care.	Whilst the DH Transforming Community Services transformational guides predate the 5YFV they are useful background Link Examples of services set up to reduce acute admissions or length of stay are given in *Delivering the QIPP Agenda in Community Health Services* Link *The Medicines in Commissioning Checklist* guides you through what needs to be in a new service. Link	It is important to try to find out about new service developments early on, as managers often overlook details pertaining to medicines, e.g. supply routes, policies and may have little idea of the legislation, guidelines, processes and lead time required in order to develop a PGD.
Supporting CHS Pharmacists		
CHS Pharmacists often work in isolation and the CHS Specialist Team aim to support them through a variety of methods: • Producing resource documents • Sharing good practice meetings • Market place enquiries • Sign posting and query answering via email The Primary and Community Care Pharmacy Network is a national network supporting CHS pharmacists.	All resources are posted on our website Link There is a CHS Pharmacist network meeting and details of future meetings and links to presentations of past meetings can be found here Link PCCPN website. Link There is also a community on NHS Networks	The network meetings aim to deliver sessions on hot topics and provide useful networking opportunities for pharmacists at all levels.

Area to consider	Resources and suggested contacts	Things you might like to know
Offender Health		
NHS England is now responsible for the health care of prisoners and the provision of pharmacy services may be linked in with CHS services. This may involve CHS pharmacists in the following: • Professional pharmaceutical advice • Policies • Formularies • Substance misuse • Education and training • Establishing safe systems and risk management • PGDs and non-medical prescribing	DH Guidance *A Pharmacy Service for Prisoners* June 2003. Link NPC Guidance *Medication in-possession: a guide to improving practice in secure environments* Aug 2005. Link CPPE has a developed an e-learning programme *Providing pharmacy services for secure environments* Link NPC *Safe Management and Use of Controlled Drugs in Prison Health in England* Link The Secure Environments Group at the Royal College of General Practitioners (RCGP) has published guidance for GPs and pharmacists in *Safer Prescribing in Prisons* Link. The recently published *Prison Pain Formulary* has now superseded the advice on acute, persistent and neuropathic pain Link. SPS has collated some practical examples of how to implement various aspects of formulary use and pain management in prisons Link A *Prison Medicines Handling Audit Tool* is available at Link The RPS will be publishing Professional standards for optimising medicines for people in IRCs and other secure environments in early 2017. These will be available via the RPS website. Link	There is a Secure Environment Pharmacists Group for pharmacists involved in delivering, commissioning and supporting prison pharmacy services. Contact Cathy Cooke at cathycooke2@gmail.com or Denise Farmer (NHS England Lead) denisefarmer@nhs.net.

Contact Details

Tracy Rogers	Associate Director, Medicines Use & Safety, Specialist Pharmacy Service	Mob 07710381070	tracy.rogers@nhs.net
Sandra Wolper	Associate Director, Medicines Use & Safety, Specialist Pharmacy Service	Tel 020 8973 3077 Mob 07957 202353	sandra.wolper@hrch.nhs.uk

NHS Specialist Pharmacy Service
www.sps.nhs.uk