

Coventry LPC, Warwickshire LPC, Herefordshire & Worcestershire LPCs Contract Briefings 2018-19: Issue 3: Quality Points

NOTE: Multiple will have 'in house' resources, support and communications. Refer to those in the first instance.

What's covered in this briefing?

This update concentrates on the Quality Criteria themselves, particularly the new ones; refer to the previous briefings for basics and gateway information which must be met before quality payments claimed.

There will be one review point, on Friday 15th February 2019, at which a Quality Payment can be claimed. Payments will need to be claimed between 9am on Monday 4th February 2019 and 11.59pm on Friday 1st March 2019.

QUALITY CRITERIA for February 2019

NHS England will be **publishing new guidance which should be read, when available**, in conjunction with previously published criteria guidance: <https://www.england.nhs.uk/commissioning/primary-care/pharmacy/framework/pqp/>

YOU MUST HAVE MET THE FIVE GATEWAY CRITERIA IN ORDER TO CLAIM QUALITY POINTS.

Quality Criteria Overview

Contractors must fully meet and be able to evidence compliance with the criteria on the date of review to claim. Payments will be funded from a budget of £37.5 million. Each point is worth a minimum of £32 up to a maximum of £64 per point depending on the overall level of claims across all contractors. **New criteria in yellow.**

Domain	Criteria	Page on PSNC
Patient Safety	<p>A written patient safety report (updated since 29 June 2018 or covering the last year if not previously claimed) at premises level available for inspection at review point covering analysis of incidents and incident patterns (taken from an ongoing log), evidence of sharing learning locally and nationally, and actions taken in response to national patient safety alerts; and</p> <p>Demonstrably actively identify and manage the risks at premises level associated with specified look-alike sound-alike errors (LASA) identified from the National Reporting and Learning System (NRLS)**. Demonstrably, put in place actions to prevent these, for example physical separation, staff awareness raising, visual warnings, tags or labels on shelving, fatigue reduction strategies, enhanced checking procedures for these medicines.</p> <p>Demonstrably, upload any LASA incident reports to the NRLS and keeps a record for confirmation of this activity at the pharmacy premises or within any electronic reporting system used by the contractor. In the description of what happened in the NRLS report, you must include the text 'LASA' as a unique identifier to facilitate future national learning.</p> <p>** NHS Improvement top combinations by likelihood and harm caused – propranolol and prednisolone, amlodipine and amitriptyline, carbamazepine and carbimazole, azathioprine and azithromycin, atenolol and allopurinol.</p>	<p>https://www.england.nhs.uk/publication/quality-payments-guidance-for-the-february-2019-review-point/ N.B – see annex 1 and 2</p>
Patient Safety 20	<p>On the day of the review, 80% of all registered pharmacy professionals working at the pharmacy have satisfactorily completed the CPPE Risk Management training; CPPE guide and e-assessment module (4 hours) https://www.cppe.ac.uk/services/quality-payments#navtop</p> <p>and the pharmacy has available for inspection at the review point, at premises level, an example of a risk review that the pharmacy team at the premises have drawn up for a risk in that pharmacy that has been identified and prioritised with identified risk minimisation actions that the pharmacy team is taking.</p>	<p>https://psnc.org.uk/services-commissioning/essential-services/quality-payments/quality-payments-risk-management/</p>

<p>Patient Safety</p> <p>20</p>	<p>On the day of the review the pharmacy must have completed the audit of non-steroidal anti-inflammatory drugs and gastro-protection for patients 65 or over, notified the patient's GP where professional concerns were identified, share their anonymised data with NHS England and incorporated the learning of the audit into future practice.</p> <p>https://www.sps.nhs.uk/articles/nsaid-safety-audit-2018-19/ Make sure start before February to allow data collection which will be over 2 -4 weeks period.</p> <p>Two web-based systems are freely available for the audit; PharmOutcomes or the NHS BSA Snap Survey. PharmOutcomes does offer some benefits over the BSA option. https://pharmoutcomes.org/pharmoutcomes/help/home</p>	<p>https://psnc.org.uk/services-commissioning/essential-services/quality-payments/quality-payments-nsaids-audit/</p>
<p>Public Health</p> <p>15</p>	<p>On the day of the review the pharmacy is a Healthy Living Pharmacy level 1 (self-assessment) and; REMEMBER TO CHECK DATE HLP ACCREDITATION EXPIRES AS 2 YEARS ONLY – you may need to re-accredit through RSPH and confirm that still meet criteria https://www.rsph.org.uk/our-services/accreditation.html</p> <p>80% of staff working at the pharmacy (including pharmacy professionals) that provide healthcare advice to the public have successfully completed the CPPE children's oral health training assessment.</p> <p>www.cppe.ac.uk/gateway/oralhealth e-assessment: www.cppe.ac.uk/programmes/l/oralhealth-a-01</p>	<p>https://psnc.org.uk/services-commissioning/essential-services/quality-payments-healthy-living-pharmacy-hlp-self-assessment/</p>
<p>Digital / Urgent Care</p> <p>2.5</p>	<p>On the day of the review, the pharmacy's NHS 111 Directory of Services entry is up to date. https://dos-profile.service.nhs.uk/#/index</p>	<p>https://psnc.org.uk/services-commissioning/essential-services/quality-payments-nhs-111-directory-of-services/</p>
<p>Clinical</p> <p>20</p>	<p>On the day of the review, the pharmacy can show evidence of asthma patients, for whom more than 6 short acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6 months period, have since 29th June 2018 (i.e. the last review date) been referred to an appropriate health care professional for an asthma review; and</p> <p>Can evidence that they have ensured that all children aged 5-15 years prescribed an inhaled corticosteroid for asthma have a spacer device where appropriate and have a personalised asthma action plan. Refer to an appropriate healthcare professional where this is not the case.</p> <p>Contractors can access support on PharmOutcomes for this quality criterion.</p>	<p>https://psnc.org.uk/services-commissioning/essential-services/quality-payments-over-use-of-asthma-treatments/</p>
<p>Workforce</p> <p>2.5</p>	<p>On the day of the review, 80% of all pharmacy staff working in patient facing roles are Dementia Friends (Alzheimer's Society).</p> <p>www.dementiafriends.org.uk/ CPPE dementia resources: www.cppe.ac.uk/gateway/dementia</p>	<p>https://psnc.org.uk/services-commissioning/essential-services/quality-payments-dementia-friends/</p>

All Unchanged Quality Criteria Claiming

You must make sure that you have complied with the criteria, undertaking additional work where needed by the review date and then claim the points within the timeframe allowed. E.G. You must have updated your Patient Safety Report if claimed last time, demonstrate that still checking, since the last review point, for 6 short acting bronchodilator inhalers in 6 months without steroids etc.

New Quality Criteria Information

Virtual Outcomes have produced a training presentation which any pharmacy can access:

<https://www.virtualoutcomes.co.uk/quality-payment-scheme-2019/> . You just need your ODS Code (F Code)

Where there are CPPE / Dementia Friends training packages to complete – make sure that you start getting your staff to complete them well before February. When scheduling staff in for the review date make sure that 80% of relevant staff have completed the packages relating to any claimed Quality Points

Patient Safety – LASA

A written safety report (updated since 29 June 2018 i.e. the last review date where claimed before) at premises level available for inspection at review point, covering analysis of incidents and incident patterns (taken from an ongoing log), evidence of sharing learning locally and nationally, and actions taken in response to national patient safety alerts. Contractors must show evidence of learning from others on prevention of look-alike sound-alike (LASA) errors.

Contractors who claimed for this criterion in the previous declarations **will not** be able to use the same patient safety report to make a claim in February 2019. For the February 2019 declaration they will need to update their previous report to show how the following details have been updated and refreshed since their previous patient safety report was completed:

- collated incidents and near misses from an ongoing log
- analysed these and have looked for patterns
- reflected on learning from these
- recorded action taken to minimise future risk from repeated errors
- shared learning (both nationally and locally)
- evidenced specific actions taken by the pharmacy in response to local errors and national patient safety alerts issued by the Central Alerting System.

In addition to the above, contractors must evidence learning from others on prevention of NHS Improvement's list of top five look-alike sound-alike (LASA) errors and put in place actions to prevent these, for example, physical separation, staff awareness raising, visual warnings such as tags or labels on shelving, fatigue reduction strategies, or enhanced checking procedures for these medicines.

NHS Improvement's top five LASA errors are listed below. These pairs have been the subject of Coroners' reports and/or National Reporting Learning System (NRLS) incidents reported which have been associated with serious harm with considerable frequency of reporting and are pharmacologically disparate. They are:

propranolol ↔ prednisolone

amlodipine ↔ amitriptyline

carbamazepine ↔ carbimazole

azathioprine ↔ azithromycin

atenolol ↔ allopurinol

Contractors already have a contractual requirement to report patient safety incidents to the NRLS. This can be done via the e-form following guidance on the PSNC website, and some contractors collate reports via corporate systems,

which then report centrally to NRLS. When LASA incidents are reported to NRLS directly or via other systems, in the description of what happened in the incident, 'LASA' should be included. This will enable NHS Improvement to search for LASA-related reports and information and learning from such incidents can be maximised. Contractors may wish to use the template in Annex 1 for the NHS guidance (<https://www.england.nhs.uk/publication/quality-payments-guidance-for-the-february-2019-review-point/>) to collate and review patient safety incidents each month. Contractors can use the output of these forms to complete their annual report. Annex 2 provides a template to create this report. Copies of patient safety incident reports made by a pharmacy to NRLS or to corporate or other incident reporting systems should be retained by the contractor.

Patient Safety – Risk Management

All pharmacy professionals in England received a copy of the guide through the post in February/March 2018, in advance of our spring campaign on patient safety. You will also be able to download a certificate of achievement from this page when you have successfully completed the e-assessment.

The CPPE risk management guide and e-assessment can be accessed on the [Pharmacy Quality Payments Scheme](https://www.cppe.ac.uk/services/quality-payments#navtop) page on the CPPE website. <https://www.cppe.ac.uk/services/quality-payments#navtop>

Registered Pharmacy professionals (pharmacists and pharmacy technicians) are required to work through the guide and successfully complete the e-assessment.

PSNC has created a [CPPE Risk management record sheet](https://psnc.org.uk/wp-content/uploads/2018/10/CPPE-Risk-management-record-sheet.pdf) which contractors can choose to use to keep a record of the pharmacy professionals that have successfully completed the CPPE Risk Management guide and e-assessment. <https://psnc.org.uk/wp-content/uploads/2018/10/CPPE-Risk-management-record-sheet.pdf>

When a pharmacy professional has completed the guide and e-assessment, a certificate of completion will be stored in the pharmacy professional's personal record on the CPPE website. This can be printed to provide evidence of completion; contractors are advised to keep a copy of the certificate within the pharmacy.

Each pharmacy professional (including locums) working in the pharmacy on the day of the review (15th February 2019) counts as one, regardless of how many hours they have worked. For example, a pharmacy with five pharmacy professionals working in the pharmacy on 15th February 2019 will need to ensure that at least four of them have successfully completed the CPPE Risk Management guide and e-assessment.

Patient Safety – NSAID AUDIT

On the day of the review the pharmacy must have completed the audit of non-steroidal anti-inflammatory drugs and gastro-protection available under the following link – <https://www.sps.nhs.uk/articles/nsaid-safety-audit-2018-19/>, for patients 65 or over, notified the patient's GP where professional concerns were identified, share their anonymised data with NHS England and incorporated the learning of the audit into future practice.

Adverse effects of NSAIDs including COX2 selective inhibitors are a frequent cause of hospital admissions which are potentially preventable. The adverse effects include gastro-intestinal (GI) bleeds, pro-thrombotic events (e.g. heart attack, stroke) and reduced renal blood flow leading to acute kidney injury. This audit looks only at GI safety.

National Institute for Health and Care Excellence guidance requires all patients prescribed oral NSAIDs for osteoarthritis or rheumatoid arthritis (no age limit) or for low back pain (if aged over 45) to be co-prescribed gastro-protection (e.g. a proton pump inhibitor). All older patients (aged 65 and over) are at increased risk of NSAID induced GI adverse effects. Additional risk factors include prolonged treatment and concomitant use of other medicines which increase the likelihood of GI events. GI adverse events have also been reported where patients have self-medicated with a second NSAID in addition to the prescribed agent or have not taken a gastro-protective medicine despite this being co-prescribed.

Data must be collected for two weeks with a **minimum sample size of ten patients**. In cases where there is difficulty in obtaining the minimum sample size, the audit should be extended to four weeks after which contractors will be able to submit the data with the number of patients they have if less than ten.

Please note, the deadline to submit audit data is 15th February 2019, so you are advised to start this audit before February, if there is a likelihood that they will be unable to find the minimum required sample size and they need to extend the data collection period to four weeks.

Aims of the audit:

- To identify older patients (65 years or over) at increased risk of a GI toxicity from oral NSAIDs
- To refer older patients with no prescribed gastro-protection to prescribers for review
- To support patient understanding and decision making about their NSAID/COX2 medicines

Data must be collected for two weeks with a minimum of ten patients participating in the audit. All patients aged 65 years or over who present a prescription for any oral NSAID or cyclo-oxygenase-2 (COX2) selective inhibitor (this does not include patients prescribed aspirin) should be included in the audit.

Paperwork: PSNC have created referral forms and data collection templates, which can be downloaded from their website. Alternatively, two web-based options are available where data can be added directly. [PharmOutcomes*](#) or the [NHS BSA Snap Survey](#).

PharmOutcomes: There is a template available to use by all Contractors to support this audit and is PSNC have outlined several advantages over the NHSBSA version.

- PharmOutcomes can send an automatic referral letter to a patient's GP practice (if the NHS BSA Snap Survey is used, contractors will need to manually send this referral letter (a template letter is available at psnc.org.uk/qpaudit); A permanent patient record will be stored on PharmOutcomes; and
- You will not be required to submit their data once they have entered all their audit data onto PharmOutcomes, the system will automatically do this for contractors (if using the NHS BSA Snap Survey, you will need to remember to press the 'Submit' button once they have completed all their data entry for this to be submitted to NHS BSA. Failure to submit the data will mean you do not meet the NSAID quality criterion).
- Both of the web-based systems will calculate results. If PharmOutcomes is used, contractors will be able to access the results in the 'Reports' section and can print this off as evidence of meeting the NSAID quality criterion. If the NHS BSA Snap Survey is used and the contractor enters an email address when submitting their results, the contractor will be emailed the results of their audit; this email should be retained as evidence of having met the NSAID quality criterion

PharmOutcomes: Once logged on, the NSAID audit can be accessed by clicking on the 'Services' tab on the PharmOutcomes homepage; you should see 'NSAID GI Safety Audit 2018/19' under the 'National Audits' heading.

Once all the audit data has been logged on PharmOutcomes, the system will calculate the results of the audit. Contractors will be able to access the results in the 'Reports' section; this can be printed out and retained as evidence of meeting the NSAID quality criterion.

Once you have submitted your data, consider possible areas to be addressed in your pharmacy practice, such as:

- Is there a problem ensuring NSAID safety because patients are not present in the pharmacy?
- Are local prescribers following NICE guidance on gastro-protection?
- How can these audit checks become 'normal' practice?
- Any others you think should be addressed

Public Health HLP and Oral Health

HLP – the criteria are unchanged, BUT you do need to check that you still meet all the criterion and that your accreditation is still valid. If you were an earlier adopter, you may need to re-accredit through RSPH website: <https://www.rsph.org.uk/our-services/accreditation.html>

Make sure you allow enough time for this and to get the certificate back before the review date. If you need to train another Health Champion or Leader, there are a number of Providers of the training including CPPE, Buttercups, NPA, Michelle Dyoss Pharmacy Complete and Virtual Outcomes. Full list and contact details: <https://psnc.org.uk/services-commissioning/locally-commissioned-services/healthy-living-pharmacies/> . You can do this even if you were previously accredited locally.

If you are seeking to become HLP for the first time you will find a lot of information on the PSNC and the LPC websites. We can also support you through Kathy Robinson, our new support officer - krobinson.lpc@gmail.com

Please note that RSPH are undertaking random checks for HLP1 accreditation and this includes a visit which can last a few hours. They go through all of the criteria as set out in PHE and RSPH requirements.

The evidence folder during the visit is critical as a majority of the inspector's time was spent working through it. This is a detailed version of the self-assessment where expand on evidence of each section and form an action plan to ensure we are effective as HLP to make it as specific to the local health profile as possible.

Helpful sections may include: Please also see website with flipbook example and other supporting evidence

- Checklist of all criteria and relevant evidence and 'live action plan' in place
- All essential certificates needed, HLP leadership/champion
- Health Profiles/ summary JSNA/ parts of PNA print out of the local area (also bookmarked on computer) – links to Council Services etc
- 'Minutes of staff meetings'
- Signposting – contacts and examples of referrals
- Campaign folder – photos, lists of campaigns supported, tools and resources
- Services available and outline of those undertaken
- Possible questions to prepare for: Impact of HLP on team and service delivery; impact on footfall; communication barriers; disability provision; resources; contact information – where get info – LPC website etc; OTC interventions and changes since more directed from GPs; Staff training and understanding; any outreach work.

Oral Health

The CPPE Children's oral health video and e-assessment can be accessed on the [Pharmacy Quality Payments Scheme](#) page on the CPPE website. The CPPE Children's oral health video and e-assessment can be accessed on the [Pharmacy Quality Payments Scheme](#) page on the CPPE website. www.cppe.ac.uk/gateway/oralhealth e-assessment: www.cppe.ac.uk/programmes/l/oralhealth-a-01

80% of ALL staff working at the pharmacy (including pharmacy professionals) that provide healthcare advice to the public are required to watch the e-learning video and successfully complete the e-assessment.

PSNC has created a [CPPE Children's oral health record sheet](#) which contractors can choose to use to keep a record of the pharmacy staff that have watched the CPPE e-learning video and successfully completed the e-assessment.

When a member of staff has watched the e-learning video and successfully completed the e-assessment, a certificate of completion will be stored in their personal record on the CPPE website. This can be printed to provide evidence of completion; contractors are advised to keep a copy of the certificate within the pharmacy.

Each member of staff that provides healthcare advice to the public who is working in the pharmacy on the day of the review (15th February 2019) will count as one, regardless of how many hours they have worked. For example, a pharmacy with five staff working in the pharmacy on 15th February 2019 will need to ensure that at least four of them have successfully completed the CPPE package and downloaded the certificate.

There will be a mandatory Health Campaign next year for Oral Health so keep all your training information close to hand – there will also be a Virtual Outcomes online training pack.

Clinical Effectiveness – Asthma – 5-15 year olds without spacers and on corticosteroids.

The original requirement still needs to be met picking up where 6 short acting bronchodilator inhalers issued in 6 months without steroids since last review point. All you need is on the PSNC website and is unchanged.

It is up to you how choose to engage and implement regular surveillance of patients' use of inhalers into their processes and procedures but at a minimum, historical dispensing of SABA and corticosteroid inhalers for patients and use of spacer devices for children in particular, should be assessed at every point a prescription is presented for the treatment of asthma. These tasks could be undertaken by any appropriately trained staff within the pharmacy team.

Patients that fall into this criterion may benefit from receiving a check of their inhaler technique and an MUR to help them to understand how to optimise use of their medicines and management of their condition. If these interventions are provided, it is important that this is noted in the referral to the GP practice, so that they know that the pharmacy has already taken positive steps to address the patient's identified issues with asthma management.

The new criterion

[Asthma referrals – Suggested process for referring patients aged 5-15 years for a review of their asthma treatment \(Word\)](#)

You should retain evidence that this process has been carried out in the pharmacy and may be required to provide evidence to local NHS England teams to show that they have met the quality criterion. A data collection form is provided below which could be used to aid this process. Please note, if this form is used, the left-hand side of the form containing patient information, should be hidden if it is shown to NHS England representatives to prevent a breach of patient confidentiality.

[Data collection form \(Word\)](#)

You will normally be referring the patient to their general practice. The health care professional to whom the patient is referred should be a professional who has undertaken specialist training in asthma. This may be the patient's GP, GP practice based respiratory nurse specialist or 'asthma nurse'. We are trying to establish a service o provide the spacers – look out for this. Otherwise there are briefing documents etc available on PSNC website: [GP practice briefing document \(Word\)](#); [Template letter for GP practice \(Word\)](#); [Community pharmacy referral form \(Word\)](#)

Or you can use **PharmOutcomes** for this quality criterion. There are two services available; one for patients for whom more than six short-acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a six months period and one for children who have not been prescribed a spacer device and/or a PAAP. The tool can be accessed by clicking on the 'Services' tab on the PharmOutcomes homepage; you should see 'Quality Payment criterion – Asthma referrals' and 'Quality Payment criterion – Children's asthma referrals' under the 'Quality Payment Criteria' heading

Claiming a Quality Payment Review Date: Friday 15th February 2019

To claim for a Quality Payment, contractors will need to complete a declaration via the NHS Business Services Authority (NHS BSA) website: <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/community-0> . **You also need to have completed the activity behind the criteria by the review date.**

The declaration period, during which a payment can be claimed, will be between Monday 4th February 2019 at 9am and Friday 1st March 2019 at 11.59pm.

Once the declaration has been submitted, the contractor will receive an email from the NHS BSA confirming that the declaration has been successfully submitted and confirming the details that have been declared.

Validation and verification of claims:

Validation of the declarations submitted by contractors will be carried out by the NHS BSA on behalf of NHS England, using nationally and locally available information as part of their post-payment verification work.

The NHS BSA **will validate the gateway criteria declaration within a week** of it being submitted by the contractor and will advise contractors if they have passed or failed the validation. If you appear not to have met the criteria in relation to your declaration, you will be informed by the NHS BSA within one week of submitting your declaration and will be required to provide further evidence to support your claim.

Suggested Timeline:

Suggested Month for Activity	Activity	Comment
BEFORE CHRISTMAS	Decide which QP Criteria you want to go for – hopefully all of them	
	Plan when doing data collection, Training and submission	Avoid doing anything in the last few days in case of any IT problems
	<p>Make sure that all of your Gateway Criteria have been / will be met (see previous Briefings)</p> <p>Email the LPC ahwlp@gmail.com from your NHSmail shared account</p> <p>Don't forget the NHSE Audit – Diabetes – Flu (see previous Briefing) - must be completed by 16th December 2018</p>	<p>Don't forget to make sure that your NHSmail SHARED account is up and running and checked. PLUS at least two of the personal account linked to it are operational.</p> <p>https://psnc.org.uk/contract-it/essential-service-clinical-governance/clinical-audit/</p>
NOVEMBER - JANUARY	<p>Read PSNC and NHSE Guides</p> <p>If need help from LPC – just ask</p> <p>Email: ahwlp@gmail.com or call the office 01386 897529 or come and see us / arrange for a visit</p>	<p>NHSE will publish February 2019 Guidance soon on NHSBSA website</p>
	<p>Brief teams and plan in completion of the two CPPE packs and dementia friends training ahead of Review date</p>	<p>Remember Risk Management – applies to 80% Registered Pharmacists & Technicians</p> <p>Dementia Friends – 80% all healthcare patient facing staff</p> <p>Oral Health – 80% all healthcare staff providing public health advice</p>
	<p>Check your HLP1 accreditation – plan in any training for leaders and champions if new to HLP or staff have moved on.</p> <p>Make sure that your evidence folder is up to date</p>	<p>Remember the training can take some time to complete and to get results. Also allow time for any re-accreditation needed if more than 2 years since became HLP1</p>
NOVEMBER - JANUARY	Update Directory of Services DoS	The profile tool is open now
JANUARY	Patient Safety Report – Collate all the information for Report. Plus - new requirement LASA data collation	PSNC will be providing a template and support materials soon
	Collate data for NSAID audit	Allow up to 4 weeks

	Make sure that you have completed all activities for the Quality Points claiming and all gateway met	
FEBRUARY Monday 4th February 2019 to Friday 1st March 2019	SUBMIT ON NHSBSA website for Gateway and Quality Criteria Between: 9am on Monday 4th February 2019 and 11.59pm on Friday 1st March 2019	https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/community-0

In other news....

IG TOOLKIT UPDATE

Read more at: <https://www.dsptoolkit.nhs.uk/Help>.

PSNC will be developing further guidance to support toolkit completion and once this is available it will be highlighted on this website and in our email newsletters. Requests for support can also be made by email to exeter.helpdesk@nhs.net or telephone 0300 3034034.

Pharmacy multiples that want to use the batch submission feature in the Toolkit are advised to register and begin completion of a 'master' Head Office submission. The ability to apply this as a 'batch' assessment to all your pharmacies will be developed in the coming months, in good time for the 31st March 2019 deadline.

IG and cyber security training see the PSNC website:

<https://psnc.org.uk/contract-it/pharmacy-it/information-governance/ig-training/>

Once more information is available, we will let you know and put information on our LPC websites.

LPC Contact Details:

Email: ahwipc@hotmail.com

Phone: 01386 897529

Websites: www.coventryipc.co.uk www.hwlpc.co.uk www.warwickshireipc.co.uk