

MINUTES OF THE WELLINGTON TOWN COUNCIL POLICY AND FINANCE COMMITTEE MEETING HELD AT UNTIED REFORMED CHURCH HALL ON MONDAY 18 NOVEMBER 2024 AT 6.00PM

PRESENT: Councillor M Lithgow (Chair),
Councillors A Govier, C Gover, J Lloyd, S Mercer, C Penk, S Pringle-Kosikowsky and J Thorne.

IN ATTENDANCE: David Farrow – Town Clerk
Alice Kendall – RFO/Deputy Clerk
One member of the press
Councillor M McGuffie (for public participation only)

398 APOLOGIES

Apologies had been received from Councillor J Cole.

399 DECLARATIONS OF INTEREST

Councillors A Govier and J Lloyd have a standing personal interest declaration relating to MTMIT, the Council’s IT consultant, being former customers of the company.

Councillor J Thorne has a standing personal interest declaration relating to MTMIT, the Council’s IT consultant, being a friend of the company owner.

Councillor C Govier declared a personal interest relating the SLA payment to Citizens Advice Somerset, being an employee of the organisation. Councillor M Lithgow also declared the same interest being a volunteer with the organisation.

400 PUBLIC PARTICIPATION

Councillor McGuffie reported that although the draft budget included the items as reviewed by the Environment Committee, further work is required to determine how much the possible works for Linden Bridge and the weir will be. The Committee is scheduled to meet on 20 November where they will make a recommendation on an amount to be placed into a reserve fund to accumulate what may be required.

401 MINUTES

RESOLVED to approve and sign the minutes of the Policy and Finance Committee held on 11 November 2024.

402 25/26 BUDGET AND RESERVES

The RFO introduced the draft budget as presented and it was reviewed by individual Cost Centre.

RESOLVED to make a payment of £11,927.50 into the Cost of Living reserve to bring the balance back to £20,000.

RESOLVED to make a payment of £24,000 into the Youth Services reserve, bringing the balance to £50,000 in order to facilitate the Cradle to Career model of working.

RESOLVED to increase the Clocks budget (Economic Development) to £750 from £500.

Agreed that the Councillor Tablets budget line be re-coded from IT Website & Internet to Cost of Democracy.

RESOLVED that the Open Spaces Staffing line should be combined within the Salaries line under the Staffing Cost Centre.

RESOLVED that the unspent amount of £10,500 for Play Areas in the Unitary Devolution Cost Centre be transferred into a new earmarked reserve at the end of the current financial year, and that £10,000 be added in 25/26 and a further £15,000 in 26/27 to build the balance to £35,500.

RESOLVED to close the Post Office provision reserve at the end of the current year and release the funds back into the General Fund (£2,500).

Having considered Councillor M McGuffie's comments earlier in the meeting, it was **RESOLVED** to create new Bridge reserve with an opening balance of £20,000.

RESOLVED that the Van Replacement reserve be renamed Vehicle Replacement with an increased payment amount of £12,000 each year given the increase in fleet requirements for the Open Spaces team.

RESOLVED to replace the amount spent in 24/25 against the Playing Pitch Strategy reserve (£4,350)

RESOLVED to recommend to Full Council that the budget and reserves be set, as amended. The income budget (excluding precept) being noted at £68,240 and the expenditure budget being noted at £1,459,132.50.

There being no further business the meeting closed at 7.45 pm

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Wellington Town Council

Prepared by: Alice Kendall - RFO

Date: 03/12/24

Name and Role (Clerk/RFO etc)

Approved by: _____

Date: _____

Name and Role (RFO/Chair of Finance etc)

	Bank Reconciliation at 03/12/2024		
	Cash in Hand 01/04/2024		921,528.82
	ADD Receipts 01/04/2024 - 03/12/2024		1,027,286.20
			1,948,815.02
	SUBTRACT Payments 01/04/2024 - 03/12/2024		810,522.61
A	Cash in Hand 03/12/2024 (per Cash Book)		1,138,292.41
	Cash in hand per Bank Statements		
	Petty Cash 03/12/2024	0.00	
	Lloyds Current Account 2195145 03/12/2024	39,312.75	
	Lloyds Deposit Account 07788306 03/12/2024	438,017.27	
	Lloyds Treasurers PC 87331468 03/12/2024	441.87	
	The Cambridge Building Society Cl 03/12/2024	204,644.36	
	Cambridge & Counties 15020773 03/12/2024	274,298.12	
	Nationwide 01343556 03/12/2024	215,831.80	
			1,172,546.17
	Less unrepresented payments		34,177.26
			1,138,368.91
	Plus unrepresented receipts		-76.50
B	Adjusted Bank Balance		1,138,292.41
	A = B Checks out OK		

Wellington Town Council
Uncashed payments/transfers out (All banks)
(Upto 03/12/2024)

Voucher	Date	Cheque No.	Description	Total	Bank
200	04/06/2024	Direct Debit	Waste Collections	5.77	Lloyds Current Account 2
535	20/09/2024	Card	Milk	1.35	Lloyds Treasurers PC 87:
563	02/10/2024	Direct Debit	Waste Collections	44.84	Lloyds Current Account 2
576	03/10/2024	Card	Milk	1.35	Lloyds Treasurers PC 87:
726	19/11/2024	BACS	Deductions - November	9,781.48	Lloyds Current Account 2
727	19/11/2024	BACS	Superann - Nov	8,158.29	Lloyds Current Account 2
743	25/11/2024	BACS	Screwdriver set	16.49	Lloyds Current Account 2
744	25/11/2024		Pop Up Shop	72.41	Lloyds Current Account 2
745	25/11/2024	BACS	Trees (Giveaway & General Planting)	1,506.40	Lloyds Current Account 2
746	25/11/2024	BACS	Christmas advert	285.60	Lloyds Current Account 2
749	26/11/2024	BACS	Card Mock Up	62.40	Lloyds Current Account 2
750	26/11/2024	BACS	Tools	306.60	Lloyds Current Account 2
753	28/11/2024	BACS	Sweets	31.30	Lloyds Current Account 2
754	28/11/2024	BACS	Depot Rates	1,859.15	Lloyds Current Account 2
759	29/11/2024	BACS	Longforth Road Toilets Modular Optic	4,200.00	Lloyds Current Account 2
760	29/11/2024	BACS	Traffic Management	1,320.00	Lloyds Current Account 2
763	29/11/2024	BACS	ramps	344.66	Lloyds Current Account 2
766	29/11/2024	BACS	Banners	324.00	Lloyds Current Account 2
767	29/11/2024	BACS	Welcome To Signs	1,217.63	Lloyds Current Account 2
769	29/11/2024	BACS	War Grave Flowers	72.50	Lloyds Current Account 2
770	29/11/2024	BACS	28-30 Fore Street - Gas Certificate	216.18	Lloyds Current Account 2
771	02/12/2024	Card	Compost (tree planting)	36.00	Lloyds Treasurers PC 87:
772	02/12/2024	DIRECT DEBIT	electricity for Pop-Up Shop	100.30	Lloyds Current Account 2
773	03/12/2024	BACS	Tools & Sundries	379.50	Lloyds Current Account 2
774	03/12/2024	BACS	Electricity for Depot	66.66	Lloyds Current Account 2
775	03/12/2024	BACS	Mayor's Christmas Cards	123.60	Lloyds Current Account 2
776	03/12/2024	BACS	Ivy Belle (Entertainment)	150.00	Lloyds Current Account 2
777	03/12/2024	BACS	IT Survey	1,800.00	Lloyds Current Account 2
778	03/12/2024	BACS	IT Replacement	1,262.38	Lloyds Current Account 2
779	03/12/2024	BACS	IT Support & e-mail	408.00	Lloyds Current Account 2
780	03/12/2024	Direct Debit	Waste Collections	22.42	Lloyds Current Account 2
Total-----				34,177.26	

Wellington Town Council
Uncashed receipts\transfers in (All banks)
(Upto 03/12/2024)

Voucher	Date	Cheque No.	Description	Total	Bank
187	02/12/2024		Stall Fee	-38.25	Lloyds Current Account 2
188	03/12/2024		Stall Fee	-38.25	Lloyds Current Account 2
			Total-----	-76.50	

Wellington Town Council

3 December 2024 (2024 - 2025)

PAYMENTS LIST

Agenda item 5b

Vouche	Code	Date	Minute	Bank	Cheque No	Description	Supplier	VAT Type	Net	VAT	Total
676	Hospitality	05/11/2024		Lloyds Treasurers PC	Card	Milk	Co-op	X	2.70		2.70
683	Community Services & Prioritie	05/11/2024		Lloyds Current Accou	BACS	War Grave Flowers	Bloomin Lovely	S	60.42	12.08	72.50
681	Electricity	05/11/2024		Lloyds Current Accou	Direct Debit	Electricity for Offices	British Gas	L	146.53	7.32	153.85
677	Telephone & Broadband	05/11/2024		Lloyds Current Accou		IT for new staff	MTMIT	S	264.00	52.80	316.80
677	IT Equipment	05/11/2024		Lloyds Current Accou		IT for new staff	MTMIT	S	310.00	5.00	315.00
677	IT for New Staff	05/11/2024		Lloyds Current Accou		IT for new staff	MTMIT	S	519.00	103.80	622.80
677	Security Software	05/11/2024		Lloyds Current Accou		IT for new staff	MTMIT	S	69.00	13.80	82.80
682	Switch on Event	05/11/2024		Lloyds Current Accou	BACS	Licence Fee	Somerset Council	X	70.00		70.00
684	Van Charging	05/11/2024		Lloyds Treasurers PC	Card	Van Charging	Swarco Smart Charging Ltr	S	15.57	3.11	18.68
679	Van Charging	05/11/2024		Lloyds Treasurers PC	Card	Parking (van charging)	PayByPhone	X	1.40		1.40
680	Toilets	05/11/2024		Lloyds Current Accou		Interim Toielt Cleaning	Prestige Cleaning	X	600.00		600.00
678	Machinery Purchase	05/11/2024		Lloyds Treasurers PC	Card	Number Plate	South Street Motors	X	15.98		15.98
692	Hospitality	08/11/2024		Lloyds Treasurers PC	Card	Milk, Toilet Roll etc.	Co-op	X	10.15		10.15
700	Environmental Improvements	08/11/2024		Lloyds Current Accou	BACS	Bedding Plants and Blubs	Riverside Plant Nurseries	S	2,983.50	596.70	3,580.20
701	Environmental Improvements	08/11/2024		Lloyds Current Accou	BACS	Install Welcome Signs	R W Gale	S	1,906.35	381.27	2,287.62
688	Office Equipment	08/11/2024		Lloyds Current Accou	BACS	Microphone, Power Bank & Pas	MTMIT	S	338.00	67.60	405.60
688	Office Equipment	08/11/2024		Lloyds Current Accou	BACS	Microphone, Power Bank & Pas	MTMIT	S	58.33	11.67	70.00
685	Office Cleaning & Maintenance	08/11/2024		Lloyds Current Accou	BACS	Office Cleaning	AIS Cleaners	S	182.40	36.48	218.88
686	Sage Payroll & HR	08/11/2024		Lloyds Treasurers PC	Card	HR System	Sage HR	S	60.50	12.10	72.60
696	Switch on Event	08/11/2024		Lloyds Current Accou	BACS	Generator	DJ Steve	X	300.00		300.00
688	Inspection Applications	08/11/2024		Lloyds Current Accou	BACS	Microphone, Power Bank & Pas	MTMIT	S	300.00	60.00	360.00
689	Weavers Reach Play Area	08/11/2024		Lloyds Current Accou	BACS	Play area weavers reach	GB Sport and Leisure	S	140.00	28.00	168.00
697	Remembrance & AFD	08/11/2024		Lloyds Current Accou	BACS	PA System Hire (Remembrance	DJ Steve	Z	95.00		95.00
687	Responsive Maintenance	08/11/2024		Lloyds Current Accou		Gas Boiler Repair - Office	MBH Industrial Services Ltr	S	75.90	15.18	91.08
690	Equip. Maintenance	08/11/2024		Lloyds Current Accou	BACS	Equipment Repairs	Willis and Grabham	S	151.11	30.22	181.33
699	Clocks	08/11/2024		Lloyds Current Accou	BACS	Town Centre Clock	Smith of Derby	S	292.00	58.40	350.40
700	Park Planting & Security	08/11/2024		Lloyds Current Accou	BACS	Bedding Plants and Blubs	Riverside Plant Nurseries	S	6,241.76	1,248.35	7,490.11
691	Park Planting & Security	08/11/2024		Lloyds Treasurers PC	Card	Plaque Glue	H T Perry & Son	S	7.49	1.50	8.99
693	Depot Set Up	08/11/2024		Lloyds Treasurers PC	Card	Kitchen Items	Currys	S	189.98	37.99	227.97
694	Depot Set Up	08/11/2024		Lloyds Treasurers PC	Card	Kitchen Items	Currys	S	45.83	9.16	54.99
695	Depot Set Up	08/11/2024		Lloyds Treasurers PC	Card	Kitchen Items	Asda	X	20.00		20.00
698	Depot Costs (5 Months)	08/11/2024		Lloyds Current Accou	BACS	Electricity for Depot	EDF Energy	L	65.74	3.29	69.03
702	Depot Costs (5 Months)	08/11/2024		Lloyds Current Accou	SO	Depot Rent	Indigenous Lettings	S	1,202.71	226.67	1,429.38
705	Environmental Improvements	11/11/2024		Lloyds Treasurers PC	Card	Tree Guards	British Hardwood Tree Nur.	S	202.50	40.50	243.00

PAYMENTS LIST

Vouche	Code	Date	Minute	Bank	Cheque No	Description	Supplier	VAT Type	Net	VAT	Total
707	Switch on Event	11/11/2024		Lloyds Treasurers PC	Card	Marking Spray	Amazon	X	30.78		30.78
703	Switch on Event	11/11/2024		Lloyds Current Accou		Lamp Post Banners	Bay Media	S	1,050.00	210.00	1,260.00
704	Van Charging	11/11/2024		Lloyds Treasurers PC	Card	Van Charging	Swarco Smart Charging Ltr	S	16.06	3.21	19.27
708	Toilets	11/11/2024		Lloyds Current Accou	BACS	Toilet Paper	SpotOn Supplies	S	82.30	16.46	98.76
706	Depot Set Up	11/11/2024		Lloyds Current Accou	BACS	Barriers	Tudor Envirnomental	S	211.96	42.39	254.35
709	Green Corridor	12/11/2024		Lloyds Treasurers PC	Card	Padlocks	H T Perry & Son	S	27.92	5.58	33.50
711	Photocopier	18/11/2024		Lloyds Current Accou	BACS	Photocopier Rental	Konica Minolta	S	158.73	31.75	190.48
713	Environmental Improvements	18/11/2024		Lloyds Current Accou	BACS	Bridge Repair (Weavers)	M J Fletcher Property Main	X	7,260.00		7,260.00
714	Telephone & Broadband	18/11/2024		Lloyds Current Accou	Direct Debit	Telephone & Broadband	Chess	S	135.43	27.09	162.52
718	Telephone System	18/11/2024		Lloyds Current Accou		Telephone System	SW Comms	S	175.17	35.03	210.20
710	Van Charging	18/11/2024		Lloyds Treasurers PC	Card	Parking (van charging)	PayByPhone	X	1.40		1.40
715	Van Charging	18/11/2024		Lloyds Treasurers PC	Card	Parking (van charging)	PayByPhone	X	1.40		1.40
716	Van Charging	18/11/2024		Lloyds Treasurers PC	Card	Van Charging	Swarco Smart Charging Ltr	S	8.92	1.78	10.70
712	Toilets	18/11/2024		Lloyds Current Accou	BACS	Cleaning	AIS Cleaners	S	590.00	118.00	708.00
717	Depot Set Up	18/11/2024		Lloyds Current Accou	BACS	Tools	Tudor Envirnomental	S	9.60	1.92	11.52
717	Depot Set Up	18/11/2024		Lloyds Current Accou	BACS	Tools	Tudor Envirnomental	S	73.50	14.70	88.20
717	Depot Set Up	18/11/2024		Lloyds Current Accou	BACS	Tools	Tudor Envirnomental	S	128.85	25.77	154.62
717	Depot Set Up	18/11/2024		Lloyds Current Accou	BACS	Tools	Tudor Envirnomental	S	20.42	4.08	24.50
717	Depot Set Up	18/11/2024		Lloyds Current Accou	BACS	Tools	Tudor Envirnomental	S	15.10	3.02	18.12
717	Depot Set Up	18/11/2024		Lloyds Current Accou	BACS	Tools	Tudor Envirnomental	S	1.20	0.24	1.44
717	Depot Set Up	18/11/2024		Lloyds Current Accou	BACS	Tools	Tudor Envirnomental	S	30.95	6.19	37.14
717	Depot Set Up	18/11/2024		Lloyds Current Accou	BACS	Tools	Tudor Envirnomental	S	15.68	3.14	18.82
725	Salaries	19/11/2024		Lloyds Current Accou	BACS	Net Salaries	Various	X	20,006.34		20,006.34
726	Salaries	19/11/2024		Lloyds Current Accou	BACS	Deductions - November	HMRC	X	9,781.48		9,781.48
727	Salaries	19/11/2024		Lloyds Current Accou	BACS	Superann - Nov	Somerset County Council	X	8,158.29		8,158.29
719	Electricity	19/11/2024		Lloyds Current Accou	Direct Debit	Electricity for Offices	British Gas	L	52.76	2.63	55.39
723	Electricity	19/11/2024		Lloyds Current Accou	DD	Electricity for Offices	Engie	L	262.46	13.12	275.58
728	Allotments	19/11/2024		Lloyds Current Accou		Card Transaction Fees	SumUp Payments Ltd	X	0.51		0.51
724	Remembrance & AFD	19/11/2024		Lloyds Treasurers PC	Card	Wreath	Royal British Legion	X	25.00		25.00
720	Gas	19/11/2024		Lloyds Current Accou	Direct Debit	Gas Bill	British Gas	L	324.25	16.21	340.46
721	Responsive Maintenance	19/11/2024		Lloyds Current Accou	BACS	28-30 Fore Street - Maintenance	Somerset Sign & Print Co	S	57.25	11.45	68.70
722	Depot Set Up	19/11/2024		Lloyds Current Accou	BACS	Depot Furniture	Taunton Office Furniture Si	X	110.00		110.00
730	Van Charging	21/11/2024		Lloyds Treasurers PC	Card	Parking (van charging)	PayByPhone	X	2.00		2.00
729	Depot Set Up	21/11/2024		Lloyds Current Accou		Tools	Tudor Envirnomental	S	48.42	9.68	58.10
739	Hospitality	22/11/2024		Lloyds Treasurers PC	Card	Milk	Co-op	X	1.65		1.65

PAYMENTS LIST

Vouche	Code	Date	Minute	Bank	Cheque No	Description	Supplier	VAT Type	Net	VAT	Total
740	Hospitality	22/11/2024		Lloyds Treasurers PC	Card	Milk	Co-op	X	1.65		1.65
733	Switch on Event	22/11/2024		Lloyds Current Accou	BACS	Cable Ties	Screwfix	S	8.35	1.67	10.02
732	Van Charging	22/11/2024		Lloyds Treasurers PC	Card	Van Charging	Swarco Smart Charging Ltr	S	16.86	3.37	20.23
731	Toilets	22/11/2024		Lloyds Current Accou	BACS	Signs for the toilets	Somerset Sign & Print Co	S	126.00	25.20	151.20
742	Sage Payroll & HR	22/11/2024		Lloyds Current Accou	DD	Payroll System	Sage	S	48.00	9.60	57.60
734	Van Maintenance	22/11/2024		Lloyds Current Accou	BACS	Tools & Sundries	Screwfix	S	9.57	1.92	11.49
734	Clothing/PPE	22/11/2024		Lloyds Current Accou	BACS	Tools & Sundries	Screwfix	Z	19.99		19.99
736	Sundries	22/11/2024		Lloyds Current Accou	BACS	Gloves	Screwfix	S	18.32	3.66	21.98
741	Sundries	22/11/2024		Lloyds Treasurers PC	Card	Screws	H T Perry & Son	S	0.54	0.11	0.65
734	Machinery Purchase	22/11/2024		Lloyds Current Accou	BACS	Tools & Sundries	Screwfix	S	239.10	47.82	286.92
737	Machinery Purchase	22/11/2024		Lloyds Current Accou	BACS	Vac & Key Safe	Screwfix	S	79.15	15.83	94.98
738	Machinery Purchase	22/11/2024		Lloyds Treasurers PC	Card	Air Compressor	Screwfix	S	108.32	21.66	129.98
734	People (excl. Salaries)	22/11/2024		Lloyds Current Accou	BACS	Tools & Sundries	Screwfix	S	22.06	4.42	26.48
735	People (excl. Salaries)	22/11/2024		Lloyds Current Accou	BACS	Clothing	Screwfix	S	9.16	1.83	10.99
745	Environmental Improvements	25/11/2024		Lloyds Current Accou	BACS	Trees (Giveaway & General Pla	Adam's Apples Nursery	Z	1,506.40		1,506.40
746	Switch on Event	25/11/2024		Lloyds Current Accou	BACS	Christmas advert	Tindle Newspapers	S	238.00	47.60	285.60
744	Deposits	25/11/2024		Lloyds Current Accou		Pop Up Shop	Crafting Friends	X	72.41		72.41
743	Sundries	25/11/2024		Lloyds Current Accou	BACS	Screwdriver set	Screwfix	S	13.74	2.75	16.49
747	Hospitality	26/11/2024		Lloyds Treasurers PC	Card	Milk	Co-op	X	1.65		1.65
749	Switch on Event	26/11/2024		Lloyds Current Accou	BACS	Card Mock Up	Somerset Sign & Print Co	S	52.00	10.40	62.40
751	Van Charging	26/11/2024		Lloyds Treasurers PC	Card	Parking (van charging)	PayByPhone	X	2.80		2.80
752	Van Charging	26/11/2024		Lloyds Treasurers PC	Card	Parking (van charging)	PayByPhone	X	1.40		1.40
750	Depot Set Up	26/11/2024		Lloyds Current Accou	BACS	Tools	Tudor Environmental	S	255.50	51.10	306.60
748	Depot Set Up	26/11/2024		Lloyds Treasurers PC	Card	Kitchen Items	Buy & Save	S	7.88	1.58	9.46
753	Switch on Event	28/11/2024		Lloyds Current Accou	BACS	Sweets	Booker	X	31.30		31.30
757	Switch on Event	28/11/2024		Lloyds Treasurers PC	Card	Christmas Santa's Grotto	Asda	X	4.90		4.90
758	Switch on Event	28/11/2024		Lloyds Treasurers PC	Card	Christmas Santa's Grotto	Buy & Save	X	3.98		3.98
755	Sundries	28/11/2024		Lloyds Treasurers PC	Card	Sundries	H T Perry & Son	S	6.87	1.37	8.24
756	Machinery Purchase	28/11/2024		Lloyds Treasurers PC	Card	Ad Blue	Wellington Service Station	S	17.49	3.50	20.99
754	Depot Costs (5 Months)	28/11/2024		Lloyds Current Accou	BACS	Depot Rates	Somerset Council	X	1,859.15		1,859.15
764	Hospitality	29/11/2024		Lloyds Treasurers PC	Card	Tea & Stationery	Amazon	E	28.30		28.30
764	Stationery & Postage	29/11/2024		Lloyds Treasurers PC	Card	Tea & Stationery	Amazon	S	8.17	1.63	9.80
767	Environmental Improvements	29/11/2024		Lloyds Current Accou	BACS	Welcome To Signs	Somerset Council	X	1,217.63		1,217.63
761	Promotion of Wellington	29/11/2024		Lloyds Treasurers PC		In Bloom Photos	Boots	X	2.40		2.40
769	Community Services & Prioritie	29/11/2024		Lloyds Current Accou	BACS	War Grave Flowers	Bloomin Lovely	S	60.42	12.08	72.50

PAYMENTS LIST

Vouche	Code	Date	Minute	Bank	Cheque No	Description	Supplier	VAT Type	Net	VAT	Total
766	Switch on Event	29/11/2024		Lloyds Current Accou	BACS	Banners	Somerset Sign & Print Co	S	270.00	54.00	324.00
760	Switch on Event	29/11/2024		Lloyds Current Accou	BACS	Traffic Management	Bridgwater Guy Fawkes Ca	S	1,100.00	220.00	1,320.00
759	Longforth Rd Toilet Refurb	29/11/2024		Lloyds Current Accou	BACS	Longforth Road Toilets Modulai	Healthmatic	S	3,500.00	700.00	4,200.00
770	Responsive Maintenance	29/11/2024		Lloyds Current Accou	BACS	28-30 Fore Street - Gas Certific	MBH Industrial Services Ltr	S	155.00	31.00	186.00
770	Responsive Maintenance	29/11/2024		Lloyds Current Accou	BACS	28-30 Fore Street - Gas Certific	MBH Industrial Services Ltr	S	25.15	5.03	30.18
768	Van Charging	29/11/2024		Lloyds Treasurers PC	Card	Van Charging	Swarco Smart Charging Ltc	S	13.24	2.65	15.89
762	Equip. Maintenance	29/11/2024		Lloyds Treasurers PC	Card	Fuel	Willis and Grabham	S	38.33	7.67	46.00
763	Equip. Maintenance	29/11/2024		Lloyds Current Accou	BACS	ramps	Willis and Grabham	S	287.22	57.44	344.66
765	Machinery Purchase	29/11/2024		Lloyds Treasurers PC	Card	Mats, Seat Cover & Tarp	Amazon	S	126.23	25.25	151.48
771	Environmental Improvements	02/12/2024		Lloyds Treasurers PC	Card	Compost (tree planting)	Willowbrook Nursery	S	30.00	6.00	36.00
772	Overheads	02/12/2024		Lloyds Current Accou	DIRECT DEBIT	electricity for Pop-Up Shop	SSE	L	95.52	4.78	100.30
781	Misc Income	03/12/2024		Lloyds Current Accou		Card Transaction Fees	SumUp Payments Ltd	X	0.02		0.02
777	Professional Fees	03/12/2024		Lloyds Current Accou	BACS	IT Survey	MTMIT	S	1,500.00	300.00	1,800.00
775	Promotion of Wellington	03/12/2024		Lloyds Current Accou	BACS	Mayor's Christmas Cards	Carly Press	S	103.00	20.60	123.60
781	Promotion of Wellington	03/12/2024		Lloyds Current Accou		Card Transaction Fees	SumUp Payments Ltd	X	0.17		0.17
778	IT Equipment	03/12/2024		Lloyds Current Accou	BACS	IT Replacement	MTMIT	S	525.99	105.20	631.19
779	IT Support & Email Hosting	03/12/2024		Lloyds Current Accou	BACS	IT Support & e-mail	MTMIT	S	340.00	68.00	408.00
778	Office Equipment	03/12/2024		Lloyds Current Accou	BACS	IT Replacement	MTMIT	S	525.99	105.20	631.19
785	Office Equipment	03/12/2024		Lloyds Treasurers PC	Card	Office Storage	B&M Retail Ltd	X	16.00		16.00
782	Switch on Event	03/12/2024		Lloyds Treasurers PC	Card	Event Day Refreshments	Tim Potter & Son & Daugh	X	14.75		14.75
776	Switch on Event	03/12/2024		Lloyds Current Accou	BACS	Ivy Belle (Entertainment)	Vikki Haste	X	150.00		150.00
780	Responsive Maintenance	03/12/2024		Lloyds Current Accou	Direct Debit	Waste Collections	Suez	S	18.68	3.74	22.42
783	Van Charging	03/12/2024		Lloyds Treasurers PC	Card	Parking (van charging)	PayByPhone	X	1.40		1.40
784	Van Charging	03/12/2024		Lloyds Treasurers PC	Card	Van Charging	Swarco Smart Charging Ltc	S	16.11	3.22	19.33
773	Machinery Purchase	03/12/2024		Lloyds Current Accou	BACS	Tools & Sundries	Tudor Envirnomental	S	52.56	10.51	63.07
773	Machinery Purchase	03/12/2024		Lloyds Current Accou	BACS	Tools & Sundries	Tudor Envirnomental	S	27.81	5.56	33.37
773	Machinery Purchase	03/12/2024		Lloyds Current Accou	BACS	Tools & Sundries	Tudor Envirnomental	S	39.66	7.93	47.59
773	Machinery Purchase	03/12/2024		Lloyds Current Accou	BACS	Tools & Sundries	Tudor Envirnomental	S	27.80	5.56	33.36
773	Machinery Purchase	03/12/2024		Lloyds Current Accou	BACS	Tools & Sundries	Tudor Envirnomental	S	33.88	6.78	40.66
773	Depot Costs (5 Months)	03/12/2024		Lloyds Current Accou	BACS	Tools & Sundries	Tudor Envirnomental	S	57.06	11.41	68.47
774	Depot Costs (5 Months)	03/12/2024		Lloyds Current Accou	BACS	Electricity for Depot	EDF Energy	L	63.49	3.17	66.66
773	People (excl. Salaries)	03/12/2024		Lloyds Current Accou	BACS	Tools & Sundries	Tudor Envirnomental	S	20.21	4.04	24.25
773	People (excl. Salaries)	03/12/2024		Lloyds Current Accou	BACS	Tools & Sundries	Tudor Envirnomental	S	13.80	2.76	16.56
773	People (excl. Salaries)	03/12/2024		Lloyds Current Accou	BACS	Tools & Sundries	Tudor Envirnomental	S	8.78	1.76	10.54
773	People (excl. Salaries)	03/12/2024		Lloyds Current Accou	BACS	Tools & Sundries	Tudor Envirnomental	S	16.55	3.31	19.86
773	People (excl. Salaries)	03/12/2024		Lloyds Current Accou	BACS	Tools & Sundries	Tudor Envirnomental	S	18.14	3.63	21.77

PAYMENTS LIST

Vouche	Code	Date	Minute	Bank	Cheque No	Description	Supplier	VAT Type	Net	VAT	Total
								Total	81,151.63	5,721.73	86,873.36

Wellington Town Council

3 December 2024 (2024 - 2025)

RECEIPTS LIST

Agenda item 5c

Vouche	Code	Date	Minute	Bank	Receipt No	Description	Supplier	VAT Type	Net	VAT	Total
173	Bank Interest	08/11/2024		Nationwide 0134355		Interest	Nationwide	X	776.26		776.26
175	Allotments	11/11/2024		Lloyds Current Accou		Allotment Rent	Various	X	60.00		60.00
174	Rent	11/11/2024		Lloyds Current Accou		Pop Up Shop	Crafting Friends	X	300.00		300.00
176	Photocopier	12/11/2024		Lloyds Current Accou		Printing & Photocopying	Wellington Museum	X	15.00		15.00
177	VAT Refund	18/11/2024		Lloyds Current Accou		VAT Refund	HMRC	R		12,789.52	12,789.52
178	Allotments	19/11/2024		Lloyds Current Accou		Allotment Rent	Various	X	30.00		30.00
179	Rents - Various	22/11/2024		Lloyds Current Accou		Promotional Space	Jonas Fishmonger	X	100.00		100.00
179	Rents - Various	22/11/2024		Lloyds Current Accou		Promotional Space	Jonas Fishmonger	X	125.00		125.00
179	Rents - Various	22/11/2024		Lloyds Current Accou		Promotional Space	Jonas Fishmonger	X	100.00		100.00
179	Rents - Various	22/11/2024		Lloyds Current Accou		Promotional Space	Jonas Fishmonger	X	125.00		125.00
179	Rents - Various	22/11/2024		Lloyds Current Accou		Promotional Space	Jonas Fishmonger	X	100.00		100.00
179	Rents - Various	22/11/2024		Lloyds Current Accou		Promotional Space	Jonas Fishmonger	X	100.00		100.00
179	Rents - Various	22/11/2024		Lloyds Current Accou		Promotional Space	Jonas Fishmonger	X	125.00		125.00
179	Rents - Various	22/11/2024		Lloyds Current Accou		Promotional Space	Jonas Fishmonger	X	100.00		100.00
179	Rents - Various	22/11/2024		Lloyds Current Accou		Promotional Space	Jonas Fishmonger	X	75.00		75.00
180	Misc Income	22/11/2024		Lloyds Current Accou		Refund?	EDF Energy	X	0.79		0.79
181	Allotments	22/11/2024		Lloyds Current Accou		Allotment Deposit & Rent	Carol Adcock	Z	30.00		30.00
181	Allotment Deposits	22/11/2024		Lloyds Current Accou		Allotment Deposit & Rent	Carol Adcock	Z	50.00		50.00
183	Allotments	25/11/2024		Lloyds Current Accou		Allotment Rent & Deposit	K T Prudden Plot 87	Z	30.00		30.00
182	Switch on Event	25/11/2024		Lloyds Current Accou		Stall Fee	Sunrise Venison	X	45.00		45.00
183	Allotment Deposits	25/11/2024		Lloyds Current Accou		Allotment Rent & Deposit	K T Prudden Plot 87	Z	30.00		30.00
184	Allotments	29/11/2024		Lloyds Current Accou		Allotment Deposit & Rent	D Bunting Plot 92	Z	30.00		30.00
184	Allotment Deposits	29/11/2024		Lloyds Current Accou		Allotment Deposit & Rent	D Bunting Plot 92	Z	50.00		50.00
186	Office Rent	29/11/2024		Lloyds Current Accou		Office Rent	Cash Access UK Ltd	X	700.00		700.00
185	Allotments	29/11/2024		Lloyds Current Accou		Allotment Deposit & Rent	Susanne Stacey	Z	30.00		30.00
185	Allotment Deposits	29/11/2024		Lloyds Current Accou		Allotment Deposit & Rent	Susanne Stacey	Z	50.00		50.00
187	Stall Deposits	02/12/2024		Lloyds Current Accou		Stall Fee	Somerset Wildlife Trust	X	-38.25		-38.25
193	Bank Interest	03/12/2024		Cambridge & Countie		Interest	Cambridge & Counties	X	990.65		990.65
192	Bank Interest	03/12/2024		Lloyds Deposit Accou		Interest	Lloyds Bank	X	556.78		556.78
190	Promotion of Wellington	03/12/2024		Lloyds Current Accou		Book Sales	Various	X	10.00		10.00
191	Misc Income	03/12/2024		Lloyds Current Accou		TEST TRANSACTION	SumUp Payments Ltd	X	1.00		1.00
188	Stall Deposits	03/12/2024		Lloyds Current Accou		Stall Fee	Young Lives Versus Cancer	X	-38.25		-38.25
189	Allotment Deposits	03/12/2024		Lloyds Current Accou		Allotment Rent	K T Prudden Plot 87	X	20.00		20.00

RECEIPTS LIST

Vouche	Code	Date	Minute	Bank	Receipt No	Description	Supplier	VAT Type	Net	VAT	Total
								Total	4,678.98	12,789.52	17,468.50

Wellington Town Council
Summary of Income & Expenditure 2024 - 2025
All Cost Centres and Codes (Between 01/04/2024 and 31/03/2025)

Agenda item 5d

28-30 Fore Street

Code	Title	Income			Expenditure			Net Position
		Budgeted	Actual	Variance	Budgeted	Actual	Variance	+/- Under/over spend
26	Office Rent	250.00	5,725.00	5,475.00				5,475.00 (2190%)
28	Electricity				6,000.00	3,346.10	2,653.90	2,653.90 (44%)
32	Office Equipment				2,000.00	1,315.28	684.72	684.72 (34%)
37	Office Cleaning & Maintenance		490.00	490.00	2,500.00	2,288.33	211.67	701.67 (28%)
143	Internal Office Re-Decoration				5,000.00	462.88	4,537.12	4,537.12 (90%)
156	Gas				3,000.00	1,568.05	1,431.95	1,431.95 (47%)
157	Business Rates				2,000.00	10,542.87	-8,542.87	-8,542.87 (-427%)
158	Responsive Maintenance				5,000.00	3,658.46	1,341.54	1,341.54 (26%)
159	IT Upgrades				5,000.00		5,000.00	5,000.00 (100%)
SUB TOTAL		250.00	6,215.00	5,965.00	30,500.00	23,181.97	7,318.03	13,283.03 (90%)

Administration

Code	Title	Income			Expenditure			Net Position
		Budgeted	Actual	Variance	Budgeted	Actual	Variance	+/- Under/over spend
27	Photocopier		55.28	55.28	1,300.00	729.44	570.56	625.84 (48%)
34	Insurances				6,000.00	6,768.83	-768.83	-768.83 (-12%)
35	Stationery & Postage				1,000.00	620.60	379.40	379.40 (37%)
36	Audit Fees				2,505.00	2,155.00	350.00	350.00 (13%)
40	Hire of Hall				1,620.00	455.00	1,165.00	1,165.00 (71%)
54	Professional Fees				20,000.00	13,134.36	6,865.64	6,865.64 (34%)
SUB TOTAL			55.28	55.28	32,425.00	23,863.23	8,561.77	8,617.05 (71%)

Affiliation Fees

Code	Title	Income			Expenditure			Net Position
		Budgeted	Actual	Variance	Budgeted	Actual	Variance	+/- Under/over spend
38	SALC				2,000.00	1,950.11	49.89	49.89 (2%)
99	SLCC				357.00		357.00	357.00 (100%)
100	CCS				100.00		100.00	100.00 (100%)
SUB TOTAL					2,457.00	1,950.11	506.89	506.89 (2%)

Allotments

Code	Title	Income			Expenditure			Net Position
		Budgeted	Actual	Variance	Budgeted	Actual	Variance	+/- Under/over spend
44	Allotments	2,910.00	2,710.00	-200.00	2,910.00	648.36	2,261.64	2,061.64 (35%)
92	Longforth Allotment	3,000.00		-3,000.00	3,000.00	4,650.00	-1,650.00	-4,650.00 (-77%)
148	Allotment Deposits		800.00	800.00		100.00	-100.00	700.00 (N/A)
SUB TOTAL		5,910.00	3,510.00	-2,400.00	5,910.00	5,398.36	511.64	-1,888.36 (N/A)

Christmas

Code	Title	Income			Expenditure			Net Position
		Budgeted	Actual	Variance	Budgeted	Actual	Variance	+/- Under/over spend
114	Hire of Lights				10,000.00		10,000.00	10,000.00 (100%)
115	Lights Install				11,900.00	97.00	11,803.00	11,803.00 (99%)
116	Switch on Event	1,350.00	1,145.00	-205.00	10,000.00	3,666.71	6,333.29	6,128.29 (53%)

Wellington Town Council
Summary of Income & Expenditure 2024 - 2025
All Cost Centres and Codes (Between 01/04/2024 and 31/03/2025)

123 Stall Deposits	103.50	103.50				103.50 (N/A)
136 Electricity				500.00	500.00	500.00 (100%)
137 Additional Lights & Install						(N/A)
160 Free Parking				5,500.00	4,438.00	1,062.00 (19%)
SUB TOTAL	1,350.00	1,248.50	-101.50	37,900.00	8,201.71	29,698.29
						29,596.79 (N/A)

Community Services

Code	Title	Income			Expenditure			Net Position
		Budgeted	Actual	Variance	Budgeted	Actual	Variance	+/- Under/over spend
55	Wellington One						(N/A)	
58	Community Safety				2,000.00	518.00	1,482.00 (74%)	
59	Promotion of Wellington		10.00	10.00	5,000.00	3,098.64	1,901.36 (38%)	
60	Community Services & Priorities				5,000.00	516.10	4,483.90 (89%)	
61	Health & Wellbeing				4,000.00	59.95	3,940.05 (98%)	
64	Community Warden					-42.76	42.76 (N/A)	
65	Emergency Planning				1,000.00		1,000.00 (100%)	
66	Other Payments				300.00	39.00	261.00 (87%)	
153	Charity Fundraising						(N/A)	
154	Community Warden Set Up						(N/A)	
SUB TOTAL			10.00	10.00	17,300.00	4,188.93	13,111.07	
							13,121.07 (N/A)	

Community Warden

Code	Title	Income			Expenditure			Net Position
		Budgeted	Actual	Variance	Budgeted	Actual	Variance	+/- Under/over spend
161	Van Charging				1,560.00	639.11	920.89 (59%)	
162	Van Maintenance				750.00	478.33	271.67 (36%)	
163	Storage Unit Rental		136.80	136.80	1,500.00	816.69	683.31 (82%)	
164	Tools				2,000.00	2,627.30	-627.30 (-31%)	
165	Equip. Maintenance				1,000.00	960.55	39.45 (3%)	
166	Clothing/PPE				750.00	553.55	196.45 (26%)	
167	Sundries				3,000.00	641.55	2,358.45 (78%)	
SUB TOTAL			136.80	136.80	10,560.00	6,717.08	3,842.92	
							3,979.72 (78%)	

Cost of democracy and electic

Code	Title	Income			Expenditure			Net Position
		Budgeted	Actual	Variance	Budgeted	Actual	Variance	+/- Under/over spend
20	Mayors Allowance				550.50	550.50	(0%)	
21	Councillors Allowance				5,250.00	4,550.00	700.00 (13%)	
22	Members Training				250.00	40.00	210.00 (84%)	
23	Members Travelling				150.00	387.55	-237.55 (-158%)	
24	Hospitality				300.00	219.58	80.42 (26%)	
89	Deputy Mayor's Expenses				200.00		200.00 (100%)	
SUB TOTAL					6,700.50	5,747.63	952.87	
							952.87 (84%)	

Earmarked Reserves

Code	Title	Income			Expenditure			Net Position
		Budgeted	Actual	Variance	Budgeted	Actual	Variance	+/- Under/over spend
25	Elections						(N/A)	

Wellington Town Council
Summary of Income & Expenditure 2024 - 2025
All Cost Centres and Codes (Between 01/04/2024 and 31/03/2025)

67 Youth Services								(N/A)
71 C.I.L								(N/A)
73 Film Festival				8,000.00	-8,000.00		-8,000.00	(N/A)
75 Railway Station								(N/A)
76 Capital Projects								(N/A)
77 Playing Pitch Strategy				4,350.00	-4,350.00		-4,350.00	(N/A)
95 Office Furniture Replacement								(N/A)
96 Post Office Provision								(N/A)
97 Cades Farm Community Hall								(N/A)
139 Cost of Living Crisis				11,927.50	-11,927.50		-11,927.50	(N/A)
181 Committed CIL				150,000.00	-150,000.00		-150,000.00	(N/A)
SUB TOTAL				174,277.50	-174,277.50		-174,277.50	(N/A)

Environment and Planning

Code	Title	Income			Expenditure			Net Position
		Budgeted	Actual	Variance	Budgeted	Actual	Variance	+/- Under/over spend
46	Footpaths PRoW Maintenance		33.30	33.30	500.00	323.85	176.15	209.45 (41%)
49	Emptying Dog Bins				12,600.00	5,286.32	7,313.68	7,313.68 (58%)
50	Provision of Benches & Litter/Dog				2,500.00		2,500.00	2,500.00 (100%)
51	Planning Administration							(N/A)
52	Environmental Improvements					17,905.82	-17,905.82	-17,905.82 (N/A)
113	Electricity for Street Light				850.00	359.80	490.20	490.20 (57%)
129	Additional Street Lighting							(N/A)
131	Green Corridor				30,000.00	13,943.45	16,056.55	16,056.55 (53%)
168	Cycle Route Cont.				10,000.00		10,000.00	10,000.00 (100%)
SUB TOTAL			33.30	33.30	56,450.00	37,819.24	18,630.76	18,664.06 (N/A)

Grants

Code	Title	Income			Expenditure			Net Position
		Budgeted	Actual	Variance	Budgeted	Actual	Variance	+/- Under/over spend
41	Grants				15,000.00	8,260.00	6,740.00	6,740.00 (44%)
152	Green Grants							(N/A)
169	Service Level Agreements				47,305.00	41,740.00	5,565.00	5,565.00 (11%)
SUB TOTAL					62,305.00	50,000.00	12,305.00	12,305.00 (N/A)

Income

Code	Title	Income			Expenditure			Net Position
		Budgeted	Actual	Variance	Budgeted	Actual	Variance	+/- Under/over spend
1	Precept	945,392.00	945,392.00					(0%)
2	Bank Interest	20,000.00	18,818.87	-1,181.13				-1,181.13 (-5%)
3	Parish Grants							(N/A)
5	VAT Refund							(N/A)
6	Rents - Various	1,000.00	1,000.00					(0%)
180	Misc Income		304.79	304.79		-1,186.98	1,186.98	1,491.77 (N/A)
SUB TOTAL		966,392.00	965,515.66	-876.34		-1,186.98	1,186.98	310.64 (N/A)

Wellington Town Council
Summary of Income & Expenditure 2024 - 2025
All Cost Centres and Codes (Between 01/04/2024 and 31/03/2025)

IT, Website & Internet

Code	Title	Income			Expenditure			Net Position
		Budgeted	Actual	Variance	Budgeted	Actual	Variance	+/- Under/over spend
29	Telephone & Broadband				3,500.00	2,772.01	727.99	727.99 (20%)
30	IT Equipment				1,200.00	1,503.31	-303.31	-303.31 (-25%)
31	IT Support & Email Hosting				4,250.00	3,060.00	1,190.00	1,190.00 (28%)
94	IT for New Staff				1,500.00	1,327.99	172.01	172.01 (11%)
101	Telephone System				2,400.00	1,703.61	696.39	696.39 (29%)
103	Security Software				560.00	379.50	180.50	180.50 (32%)
104	Office 365				3,100.00	3,062.40	37.60	37.60 (1%)
105	Parish Online				450.00		450.00	450.00 (100%)
106	Zoom							(N/A)
107	Scribe Accounting System				1,800.00	1,800.00		(0%)
108	Sage Payroll & HR				1,830.00	802.76	1,027.24	1,027.24 (56%)
132	Councillor Tablets				850.00		850.00	850.00 (100%)
144	Inspection Applications				2,000.00	300.00	1,700.00	1,700.00 (85%)
SUB TOTAL					23,440.00	16,711.58	6,728.42	6,728.42 (N/A)

Open Spaces Development

Code	Title	Income			Expenditure			Net Position
		Budgeted	Actual	Variance	Budgeted	Actual	Variance	+/- Under/over spend
182	Machinery Purchase					18,313.49	-18,313.49	-18,313.49 (N/A)
183	Mower Lease (3 Month)							(N/A)
184	Depot Set Up					2,025.65	-2,025.65	-2,025.65 (N/A)
185	Depot Costs (5 Months)					4,448.00	-4,448.00	-4,448.00 (N/A)
186	People (excl. Salaries)					119.53	-119.53	-119.53 (N/A)
187	Insurance					491.12	-491.12	-491.12 (N/A)
188	Contingency					1,700.00	-1,700.00	-1,700.00 (N/A)
SUB TOTAL						27,097.79	-27,097.79	-27,097.79 (N/A)

Play Areas

Code	Title	Income			Expenditure			Net Position
		Budgeted	Actual	Variance	Budgeted	Actual	Variance	+/- Under/over spend
45	Tone Play Area				5,000.00	1,162.46	3,837.54	3,837.54 (76%)
145	Weavers Reach Play Area				5,000.00	2,572.84	2,427.16	2,427.16 (48%)
146	Annual Play Inspections				500.00		500.00	500.00 (100%)
SUB TOTAL					10,500.00	3,735.30	6,764.70	6,764.70 (76%)

Pop Up Shop

Code	Title	Income			Expenditure			Net Position
		Budgeted	Actual	Variance	Budgeted	Actual	Variance	+/- Under/over spend
117	Rent	4,500.00	3,200.00	-1,300.00	6,000.00	4,000.00	2,000.00	700.00 (6%)
118	Overheads				3,500.00	1,508.79	1,991.21	1,991.21 (56%)
119	Repairs				1,500.00		1,500.00	1,500.00 (100%)
149	Deposits		2,100.00	2,100.00		1,459.97	-1,459.97	640.03 (N/A)
SUB TOTAL		4,500.00	5,300.00	800.00	11,000.00	6,968.76	4,031.24	4,831.24 (N/A)

Wellington Town Council
Summary of Income & Expenditure 2024 - 2025
All Cost Centres and Codes (Between 01/04/2024 and 31/03/2025)

Staff Costs & Expenses

Code	Title	Income			Expenditure			Net Position
		Budgeted	Actual	Variance	Budgeted	Actual	Variance	+/- Under/over spend
16	Salaries				481,255.00	241,975.43	239,279.57	239,279.57 (49%)
17	Staff Training				2,000.00	298.37	1,701.63	1,701.63 (85%)
18	Staff Travelling				200.00	351.98	-151.98	-151.98 (-75%)
19	Staff Recruitment	30,000.00	30,053.00	53.00	3,000.00		3,000.00	3,053.00 (9%)
87	Home Working Allowances							(N/A)
SUB TOTAL		30,000.00	30,053.00	53.00	486,455.00	242,625.78	243,829.22	243,882.22 (N/A)

Town Centre

Code	Title	Income			Expenditure			Net Position
		Budgeted	Actual	Variance	Budgeted	Actual	Variance	+/- Under/over spend
53	Longforth Road Toilets				11,000.00	2,738.41	8,261.59	8,261.59 (75%)
133	Longforth Rd Toilet Refurb				10,000.00	70,603.61	-60,603.61	-60,603.61 (-606%)
134	Kings Arms				18,000.00		18,000.00	18,000.00 (100%)
135	Town Centre Projects				20,000.00	3,251.32	16,748.68	16,748.68 (83%)
138	Carnival				1,000.00	1,000.00		(0%)
140	Summer Street Fair	2,000.00	2,160.00	160.00	7,000.00	9,920.05	-2,920.05	-2,760.05 (-30%)
141	Street Fair Refundable Deposits		42.75	42.75				42.75 (N/A)
147	Remembrance & AFD				1,000.00	397.00	603.00	603.00 (60%)
170	Heritage		576.51	576.51	5,400.00	1.10	5,398.90	5,975.41 (110%)
171	Clocks				500.00	292.00	208.00	208.00 (41%)
179	Annual Fireworks				2,000.00		2,000.00	2,000.00 (100%)
SUB TOTAL		2,000.00	2,779.26	779.26	75,900.00	88,203.49	-12,303.49	-11,524.23 (N/A)

Unitary Devolution

Code	Title	Income			Expenditure			Net Position
		Budgeted	Actual	Variance	Budgeted	Actual	Variance	+/- Under/over spend
172	Play Area				10,500.00		10,500.00	10,500.00 (100%)
173	Toilets				22,000.00	1,773.72	20,226.28	20,226.28 (91%)
174	TC Planting				15,000.00	13,704.12	1,295.88	1,295.88 (8%)
175	Park Planting & Security				25,000.00	11,800.75	13,199.25	13,199.25 (52%)
176	CCTV				25,000.00	8,394.50	16,605.50	16,605.50 (66%)
177	Bus Shelters				5,000.00		5,000.00	5,000.00 (100%)
178	IT Impact				4,000.00	2,100.00	1,900.00	1,900.00 (47%)
SUB TOTAL					106,500.00	37,773.09	68,726.91	68,726.91 (91%)

Restated

(N/A)

NET TOTAL	1,010,402.00	1,014,856.80	4,454.80	976,302.50	763,274.57	213,027.93	217,482.73 (10%)
V.A.T.		43,707.40			47,951.64		
GROSS TOTAL		1,058,564.20			811,226.21		

WELLINGTON TOWN COUNCIL
POLICY AND FINANCE COMMITTEE

9 DECEMBER 2024

Request to Support Potters Pounds Scheme

1. Introduction

1.1 The purpose of this paper is to ask the Committee to consider providing financial support to the Potters Pounds Scheme from the Cost of Living Crisis Budget.

2. Background

2.1 The Potters Pounds Scheme has been run by Tim Potter Son and Daughter Butchers for a number of years at Christmas and provides hampers, containing fresh meat and vegetables, to families that are experiencing significant hardship at Christmas identified by local primary schools. The hampers are delivered to families by schools' staff shortly before Christmas.

2.2 The scheme is funded through donations from customers and in previous years has provided hampers to around 35-40 families across the town.

2.3 This year Tim Potter has said that the cost of providing 8 hampers per school would be £1700 but, at the time of writing this paper, donations total £600 leaving a shortfall of £1100. This may change over the next few weeks and an updated figure will be provided at the meeting.

3. Consideration

3.1 The Committee is asked to consider if it would agree to allocate up to £1100 from the Cost of Living Crisis Budget line to meet whatever difference there is between the cost of providing 8 hampers per school, or if considered appropriate an alternative number of hampers, and the amount of donations received.

Dave Farrow

Town Clerk

December 2024



Our Ref: CAS-339503-G6V0C4
To be quoted on all future correspondence

Primary Care Support England

PCSE Enquiries, P O Box 350
Darlington, DL1 9QN
Email PCSE.marketentry@nhs.net
Phone 0333 014 2884

*Sent via email to all interested parties on
the distribution list*

26th November 2024

Dear Sir/Madam

**Re: Application for inclusion in a pharmaceutical list at Unit 4c,
Westpark26, Wellington, TA21 9AD in respect of distance selling
premises**

We have received the above application, a copy of which is enclosed, and Somerset ICB has completed its preliminary checks. We are now notifying interested parties of the application.

If you wish to make written representations on this application they should be sent to me at the above address within 45 days of the date of this letter i.e. by **10th January 2025**. You should note that any comments submitted will be shared with other interested parties and the applicant, and may be shared under the Freedom of Information Act as requested.

Somerset ICB will consider all representations that are received and will arrange an oral hearing to determine the application if it identifies a matter on which it wishes to hear further evidence.

Please ensure you include our reference (see above) in the subject line of your email as this will help us file your representations with the correct application as quickly as possible.

I can confirm that no information that has been received in relation to this application is being withheld under paragraph 21(4), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Yours sincerely

Charlotte Henshaw

Charlotte Henshaw
Pharmacy Market Administrative Services

NHS England's [Privacy Notice](#) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

How we will involve patients in decisions on pharmacy applications

When we receive an application to move an existing pharmacy or to open a new pharmacy we must write to:

- nearby pharmacies
- in some cases, nearby doctors' surgeries
- the Health & Wellbeing Board which is a committee of the borough, county or city council, and
- the local Healthwatch organisation, which exists to represent local patients in general

We send them a copy of the application and invite them to make comments within 45 days. Comments can be made by letter or email.

In addition, the law requires us to involve patients in our decision-making. We may do this by sending copies of pharmacy applications to:

- city/district and county councillors covering the area involved
- the town or parish council covering the area. In areas which do not have a town or parish council we may instead contact prominent community, neighbourhood or residents' groups
- patient representative groups attached to nearby doctors' surgeries.

They will also be invited to make comments within 45 days.

When we send them a copy of an application we will also send notes to explain:

- what the application is about
- why they are being asked for comments
- what we will consider when making a decision, and
- what happens next after a decision is made.

Applications are not confidential. If they want, councillors or patient groups may share details with local people so they can also make comments within the same 45 day period.

Any comments we receive will be sent to the pharmacy applicant. They will have a chance to respond to us about those comments.

Most applications are decided using written information, including any comments received.

In general, we will not hold public meetings about pharmacy applications. This is because an applicant cannot be made to attend to respond directly to any questions from members of the public.

However, we may hold a hearing if we need more information before making a decision. Where written comments from councillors or patient groups suggest that local people hold strong views, we will invite those councillors or patient groups to attend the hearing.

The hearing will be held in public so that (although members of the public will not be able to ask questions) they will be able to hear the arguments for and against the application. These will include any comments made by their representatives and the responses received.

All comments at the meeting will be taken into account in making a final decision on the pharmacy application.

Distance Selling Premises Application Explanatory notes

Application by Imperial Chemists Ltd to open an internet pharmacy in Wellington, Taunton, TA21 9AD

Q1. What is this application for? Imperial Chemists Ltd wishes to open an NHS internet pharmacy at the above-mentioned address. This type of pharmacy is also referred to as 'distance selling premises' and operates under strict rules which means it is not able to provide services face to face at the premises.

A pharmacy can only give patients medicines prescribed by NHS GPs if it has the Integrated Care Board (ICB) permission. We give permission for this type of pharmacy where we are satisfied that they will be able to provide services safely and effectively without seeing the patient face to face. This type of pharmacy provides the same services as any other type of pharmacy, but you can't, for example, take your prescription there to be dispensed or collect it once it has been dispensed. Instead you could post it to the pharmacy or ask your GP to send it electronically. The pharmacy would then dispense it and send it to you either via the post or a courier.

These notes explain the process we follow when deciding whether to give permission.

Q2. Why have I been sent a copy of the application? You are being invited to make comments on the application before the ICB takes a decision on whether the pharmacy can go ahead. Any comments must be received before the end of the 45-day period mentioned in the letter.

Applications are not confidential. If you want, you may share details with anyone else who might be interested. They can also make comments within the same 45-day period.

Any comments we receive will be sent to the applicant. They will have a chance to respond to us about those comments.

When we come to make a decision, the ICB will consider any comments it has received and any response to those comments from the applicant.

Q3. What would the pharmacy's opening hours be and what services would it provide? Section 3 of the application form includes the proposed opening hours.

"Core opening hours" are those which the pharmacy would be unable to change without our permission.

The pharmacy may also open for longer. This is called having "supplementary opening hours". The pharmacy would be able to change these by giving us 5 weeks notice.

Every pharmacy must dispense NHS prescriptions, accept unwanted medicines for disposal and give advice on how to treat minor illnesses yourself.

Pharmacies may also offer other services. Most pharmacies offer:

- the New Medicines Service (NMS), which is advice when someone starts a new drug
- vaccinations against flu.

The services that Imperial Chemists Ltd is offering to provide are listed in section 4 of the application form.

Q4. How will the ICB decide whether to give permission for a new pharmacy?

Firstly, we need to check to make sure the applicant is offering to provide services to anyone in England who may want to use them.

Then we look at how they say they will provide services without seeing the patient face to face. We need to check to make sure they are able to provide all the services you would expect from a pharmacy safely and effectively.

Q5. When will a decision be made? We expect to make a decision by the end of March 2025.

Q6. What will happen if permission is given? If we decide to give permission for the pharmacy to open, this does not automatically mean that it will happen. Other local pharmacies may be able to appeal against the decision. Appeals are dealt with at national level by NHS Resolution.

If no appeals are received or if they are rejected by NHS Resolution, the applicant would then have up to 12 months to open, although this could be extended by another 3 months. If those deadlines were not met, then the permission would expire.

Q7. What if permission is refused? The applicant would be able to appeal.

Q8. Where can I find more information? For more information about how applications like this are dealt with, read Chapter 11 of the guidance available on this webpage: <https://www.gov.uk/government/publications/nhs-pharmaceutical-services-assessing-applications>

Chapter 18

Annex 1

Application Form

Application in respect of distance selling premises¹

Application for inclusion in a pharmaceutical list for the area of

SOMERSET (insert name of health and well-being board).

This is an application in respect of distance selling premises and as such is an excepted application under regulation 25 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (the Regulations).

Please complete this form as legibly as possible.

Applicants should note that information provided in this form may be disclosed where this application is required to be notified to other parties or in response to a request made under the Freedom of Information Act 2000. Applicants are referred to paragraph 21 of Schedule 2 of the Regulations which sets out NHS England or the relevant delegated integrated care board's responsibilities in relation to information provided in this application form which an applicant advises is confidential.

1 Information regarding the applicant

1.1 Full name and correspondence address of the applicant²

Imperial Chemists Ltd 4 Buces Road Taunton TA1 4NG

Is this a personal address? Yes No

1.2 Applicant's legal entity

I/we am/are applying as a:

(Please tick relevant box. Only one box may be selected. GPhC/PSNI registration numbers only need to be provided for pharmacy applications.)

Sole trader **My GPhC/PSNI registration number is**

¹ Defined as "listed chemist premises, or potential pharmacy premises, at which essential services are or are to be provided but the means of providing those services are such that all persons receiving those services do so otherwise than at those premises." Only pharmacy contractors may apply to open distance selling premises.

² This is the name of the legal entity applying, not the person who is completing the application.

Partnership

Please list each partner and their GPhC/PSNI registration number:

Please continue on a separate sheet if necessary.

Corporate Body

Superintendent's name
and GPhC registration
number is

Dan-Alexandru Florea 2091634

1.3 Provision of fitness information required by Part 1, Schedule 2 of the Regulations

(Please tick relevant box)

I/We have provided the required fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, and there is no missing information. I confirm that the previously provided information remains up-to-date and accurate.

Please set out below when and to whom the information was provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again.

I/We have already provided the fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, but there is missing information. I confirm that the remainder of the previously provided information remains up-to-date and accurate

Please indicate what information NHS England or the relevant delegated integrated care board already has and when and to whom it was provided, and confirm the missing information that is being provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again.

I/We have provided the required fitness information with this application.

1.4 Relevant fee

I/we include the relevant fee for this application.

2 Address of the proposed premises³

Unit 4c
Westpark26
Wellington
TA21 9AD

These premises are currently in my/our possession*

Yes

No

* by rental, leasehold or freehold

3 Opening hours

3.1 Proposed core opening hours⁴

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
0900-1300	0900-1300	0900-1300	0900-1300	0900-1300	CLOSED	CLOSED	40
1400-1800	1400-1800	1400-1800	1400-1800	1400-1800			

3.2 Total proposed opening hours⁵

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
0900-1800	0900-1800	0900-1800	0900-1800	0900-1800	CLOSED	CLOSED	45

³ A full address must be provided – ‘best estimates’ are not acceptable. The regulations do not allow the premises to be on the same site or in the same building as the premises of a provider of primary medical services with a patient list.

⁴ Core opening hours must total 40 hours per week.

⁵ The total opening hours includes the core hours and any supplementary opening hours.

4 Pharmaceutical services to be provided at these premises

Essential services are to be provided (paragraphs 3 to 22, Schedule 4) X

If you are undertaking to provide appliances, specify the appliances that you undertake to provide (or write 'none' if it is intended that the pharmacy will not provide appliances).

Please give details of any advanced and enhanced services⁶ you intend to provide⁷. These details should include:

- confirmation that you are accredited to provide the services where that accreditation is a prerequisite for the provision of the services;
- confirmation that the premises are accredited in respect of the provision of the services where that accreditation is a prerequisite for the provision of the services; and
- a floor plan showing the consultation area where you propose to offer the services, where relevant. Where a floor plan showing the consultation area cannot be provided please set out the reasons for this.

Service	Accredited to provide (Y/N/NA)	Premises accredited (Y/N/NA)
Pharmacy First	Y	Y
Seasonal Influenza Service	Y	Y
New Medicine Service	Y	Y

Please continue on a separate sheet if necessary.

⁶ Please note that enhanced services are those commissioned by NHS England or the relevant delegated integrated care board. Do not include services which are commissioned by the local authority/council or any other commissioner.

⁷ Whilst advanced and/or enhanced services can be provided at the premises, this must not involve the provision of complementary essential services related to the advanced or enhanced service. For example, a supervised consumption enhanced service for methadone would require the pharmacy to dispense the methadone for consumption, and therefore a supervised consumption enhanced service cannot be provided from the premises as that would require the corresponding dispensing essential service to be provided to persons present at the pharmacy which is prohibited under the distance selling exception.

Floor plan showing consultation area

See attached plan

Please continue on a separate sheet if necessary.

5 Applications in relation to premises that are in close proximity to other listed chemist premises

This section should only be completed if the premises included in section 2 above are adjacent to, or in close proximity to, another pharmacy or dispensing appliance contractor premises.

In my/our view this application should not be refused pursuant to Regulation 31 for the following reasons:

Please continue on a separate sheet if necessary.

6 Information in support of the application

6.1 Proposed premises that are on the same site or in the same building as the premises of a provider of primary medical services with a patient list.

This section should only be completed if the premises included in section 2 above are on the same site or in the same building as the premises of a provider of primary medical services with a patient list.

In my/our view this application should not be refused pursuant to Regulation 25(2)(a) for the following reasons:

Please continue on a separate sheet if necessary.

7 Pharmacy procedures

7.1 Please explain how the pharmacy procedures used within the premises will secure:

- (a) the uninterrupted provision of essential services during the opening hours of the premises, to persons anywhere in England who request those services, and
- (b) the safe and effective provision of essential services without face to face contact between any person receiving the services, whether on their own or someone else's behalf, and the applicant or the applicant's staff.

7.2 Please describe the procedure that will be followed where a patient attends the premises and asks for one or more of the essential services.

7.3 If you are undertaking to provide advanced services at the premises please describe how you will do so without providing any element of essential services.

You must ensure that you provide sufficient information within this application form to satisfy NHS England or the relevant delegated integrated care board on the above points. You are not required to submit your standard operating procedures for the premises but if you do they will be circulated to interested parties unless NHS England or the relevant delegated integrated care board is satisfied that the full disclosure principle does not apply.

Please see the following attachments:

Imperial Chemists Ltd Pharmacy Procedures

Imperial Chemists Ltd DRAFT SOPs

Please continue on a separate sheet if necessary.

8 Undertakings

By virtue of submitting this application I/we undertake to notify NHS England or the relevant delegated integrated care board within 7 days of any material changes to the information provided in this application (including any fitness information provided under paragraph 3 or 4, Schedule 2) before:

- the application is withdrawn,
- while the application remains the subject of proceedings, the proceedings relating to the application reach their final outcome and any appeal through the courts has been disposed of, or
- if the application is granted, I/we commence the provision of the services to which this application relates,

whichever is the latest of these events to take place.

I/We also undertake to notify NHS England or the relevant delegated integrated care board if I/we am/are included, or apply to be included, in any other relevant list before:

- the application is withdrawn,
- while the application remains the subject of proceedings, the proceedings relating to the application reach their final outcome and any appeal through the courts has been disposed of, or
- if the application is granted, I/we commence the provision of the services to which this application relates,

whichever is the latest of these events to take place.

I/We also undertake:

- to comply with all the obligations that are to be my/our terms of service under Regulation 11 if the application is granted, and
- in particular to provide all the services and perform all the activities at the premises listed above that are required under the terms of service to be provided or performed as or in connection with essential services.

The following only applies where the applicant is seeking to provide directed services. I/We:

- undertake to provide the directed services mentioned in this application if they are commissioned within 3 years of the date of grant of this application or, if later, the listing of the premises to which this application relates,
- undertake, if the services are commissioned, to provide the services in accordance with an agreed service specification, and
- agree not to unreasonably withhold my/our agreement to the service specification for each directed service I/we are seeking to provide.

I confirm that to the best of my knowledge the information contained in my/our application is correct.

Name: Dan-Alexandru Florea

Position: Director

Date: 27 October 2024

On behalf of the company/partnership: Imperial Chemists Ltd

Contact phone number in case of queries:

Contact email number in case of queries:

Registered office

4 Buces Road Taunton TA1 4NG

Please send the completed form to:

Email: PCSE.marketentry@nhs.net

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

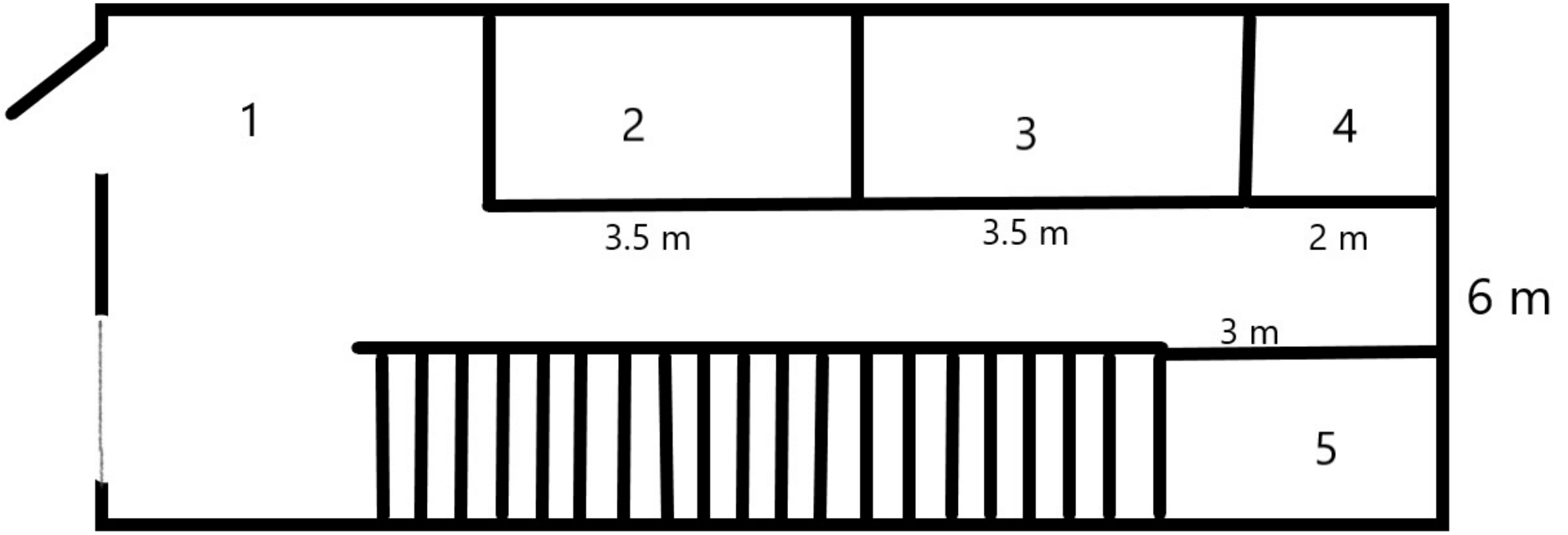
NHS England's [Privacy Notice](#) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

Boots	6 HIGH STREET		WELLINGTON	SOMERSET	TA21 8RA
Superdrug Pharmacy	5 FORE STREET		WELLINGTON	SOMERSET	TA21 8AA
Jhoots Pharmacy	Luson Surgery	Fore Street	Wellington	Somerset	TA21 8AG
Boots UK Ltd H/O South					
Superdrug Stores Plc h/o					
Jhoots Pharmacy Ltd					
Somerset LPC					
Somerset Local Medical Committee					
Somerset HWB					
Somerset Healthwatch					
Somerset ICB					

1- waiting area/
reception
2-consultation room 1

3-consultation room 2
4-disabled toilet

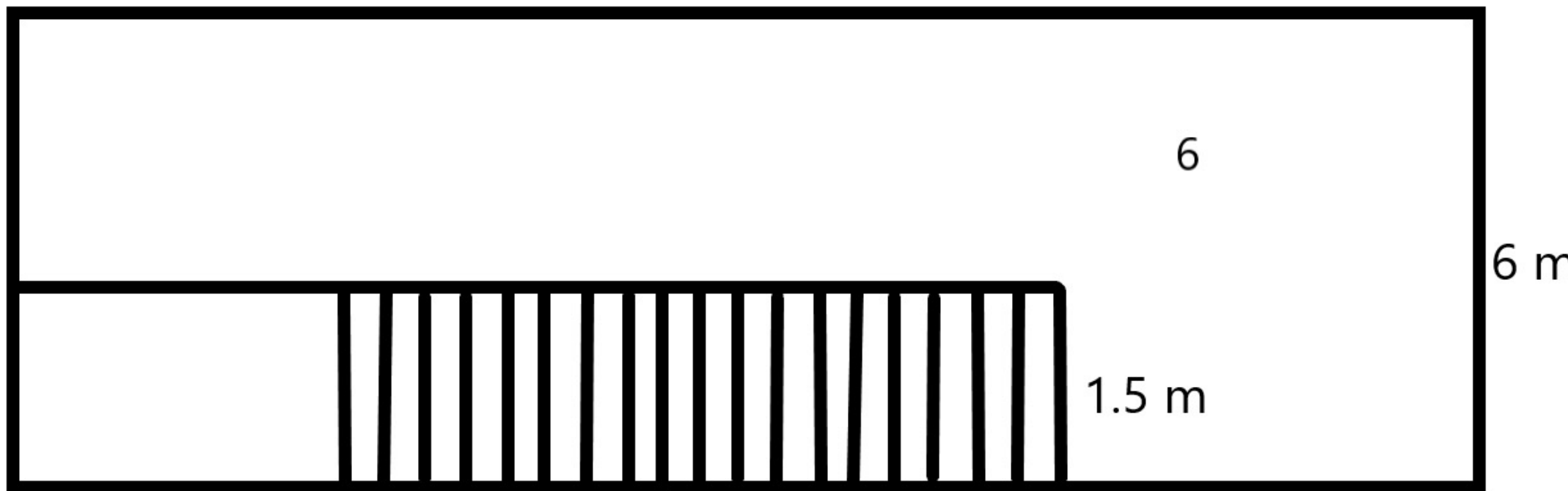
5- staff room



13.5 m

total floor size= 81 sqm

6- dispensing area 13.5 m



total floor size= 63 sqm

Imperial Chemists Ltd Pharmacy Procedures

Ref: ME3671

Imperial Chemists Ltd has prepared a draft of their initial Quality Management System and SOPs in preparation for securing the distance selling contract and to support this application. These **DRAFT** SOPs cover the essential services as required to be delivered by NHS pharmacy contractors and have been written to suit the Distance Selling model. The Superintendent Pharmacist will be responsible for the management of the SOPs and for training all staff on the SOPs according to their role within the pharmacy. After induction training, understanding of the SOPs will be validated by the Superintendent Pharmacist before new staff commence their shift.

The pharmacy will have SOPs in place for the provision of essential services. It is pertinent to know that only some of the SOPs have been provided to help facilitate the application, any specific SOP can be provided if requested.

Imperial Chemists Ltd will have a website which facilitates the following:

1. Patient accesses website via a secure log-in procedure;
2. Patient provides details of prescription,
3. Patient will be contacted by the pharmacy and medical history assessed.
4. Patient posts prescription to pharmacy and/or prescription received via EPS.
5. Item is dispensed and details added to PMR.
6. The medication is delivered nationwide via a tracked delivery service. There will be no charge to the patient for delivery of medication dispensed against NHS prescriptions. Any costs incurred for delivery will be met by the pharmacy.

The website has been built by a colleague with a vast experience of web design. Each patient will have their own personal login account once registered which will include their own personalised password for added security. Upon patient consent the pharmacy will then nominate them for EPS. This will then enable us to deliver a service safely and effectively to anyone in England without face to face contact.

Communication between the pharmacy and patients will be facilitated by phone, fax, email and webcam. Records of all patient interactions will be maintained on the PMR in use at the pharmacy. Imperial Chemists Ltd has decided to use Titan (www.titanpmr.com) as the software provider which will be a key tool in providing a safe and effective provision of service.

Imperial Chemists Ltd is committed to having all staff trained by the National Pharmaceutical Association at a level suitable to their role. All training will need to be recognised and accredited by the GPhC and all staff will hold NVQ qualifications in Pharmacy Services. Staff and Responsible Pharmacists will also be provided with training on the SOPs relevant to their role. By following a set of SOPs, the pharmacy will be able to provide a safe and effective service that is patient-centric and outcome focussed.

The Superintendent Pharmacist will train all the staff members on the conditions of being a distance selling contractor. They will receive specific training on design patients without face-to-face contact, an example being how to elicit a comprehensive medical history by telephone or webcam.

Imperial Chemists Ltd is comprised of 2 directors, Dan-Alexandru Florea and Bobby Chacko. Dan-Alexandru Florea is the nominated superintendent and has suitable pharmacy experience. Dan-

Alexandru Florea will act in overseeing the operations of the pharmacy and will maintain role of the Information Governance Lead, Clinical Governance Lead and Smartcard Sponsor. A full-time Responsible Pharmacist will be employed to be in attendance during the opening hours. He will be supported by a staff team of one full-time and one part-time dispenser. This level of staff will be able to cover initial trade levels once the pharmacy is open and will ensure an uninterrupted provision of essential services during the opening hours. The team is expected to grow with the business and new members will be added as and when required

The premises have been carefully chosen to prevent face to face contact for any person seeking the provision of essential services, in, or within the vicinity of the premises. No person who is seeking essential services under the NHS contract will be allowed entry to the premises and this will be made clear by the positioning of posters on any outward facing window and door of the premises. All entrances and exits will remain inaccessible to members of the public who are seeking the provision of essential services. An alarm system will cover the pharmacy premises which will notify the owner of unauthorised access when the premises are closed. All access routes will always be secured and kept locked when the premises not in use. Keys to the pharmacy premises will only be kept with authorised persons employed by the company. Schedule 1, 2 and relevant 3 drugs will always be stored in a locked CD cabinet. Security of premises will be reviewed regularly. A chosen member of staff will be available for emergency outcall in case of a breach.

Essential Service - Dispensing

Uninterrupted service

Provision of service through the opening hours of the pharmacy will be maintained by having a Responsible Pharmacist present at all times during the pharmacy opening hours and having sufficient support staff at all times. The pharmacy website will run throughout these hours together with a phone, fax, email and webcam service. If the responsible pharmacist is required to leave the premises, a further pharmacist will be on hand to ensure that there is no break in pharmacist cover during the opening hours.

Persons anywhere in England

Patients anywhere in England can access these services via our pharmacy website a direct phone line to the pharmacy, fax, email as well as webcam. Internet connections at the pharmacy will be provided by the NHS HSCN network via BT.

All prescriptions dispensed will be delivered using a dedicated courier service provided by City Sprint (www.citysprinthealth.co.uk). This will include the delivery of prescriptions received via post, fax and EPS. City Sprint will also be delivering cold chain items and CDs. This is addressed in the SOPs which have been included.

Safe and effectively

The service will be delivered safe and effectively by using SOPs to manage the process. Please see the attached SOPs provided to show examples of how the pharmacy will be managed safely and efficiently at all times.

We will have a suitable number of staff who will be trained to a minimum of an NVQ level 2

standards. This training will be undertaken by National Pharmaceutical Association (NPA) (www.npa.co.uk)

Requests from patients to show the Pharmacist visual symptoms of conditions will be done via a secure video link. All conversations will be recorded on the PMR in detail.

If patient counselling is required for any dispensed medication, the pharmacy will have procedures so this can be done via the telephone, videoconferencing or email before dispatch of medication. The pharmacy will require acknowledgment from the patient or another person that the counselling points have been understood. Patient interactions will be recorded on the PMR. A label will also be attached to the packaging asking the patient to contact the pharmacy for further details.

Prior to medication being delivered, staff will contact patient to confirm delivery address, date and time. Deliveries will be monitored with the online courier tracking service which will give real-time information and is also available as an app for smart phone and tablets.

All medication will be delivered in tamper-proof and seal-proof packaging. Several companies who produce packaging material have been researched with a view to order corrugated cardboard boxes and 5-panel wraps which are able to withstand a single trip. It will be packed so it is protected from the environment which may include using a double walled package design or using waterproofing on the packaging material. This will also ensure that the delivery person is protected from cytotoxics and sharps.

Without face-to-face contact

This service will be delivered without face-to-face contact via the pharmacy website as a communication link as well as telephone post/email/fax/webcam. A courier service will provide a third-party delivery if this is required when it would not be practicable to use the in-house delivery service.

If needed, Controlled Drug (CD) deliveries will be undertaken by City Sprint who are accredited to handle and transport CDs. Their drivers will deliver to patients at a pre-determined time and the CD's must be signed for on receipt. Their drivers will only deliver the CD to the named recipient and they will ask for photographic proof of ID. In the instance of a failed delivery attempt, City Sprint will return any CDs to their overnight safe storage facility and the pharmacy will be contacted to arrange alternative delivery date to patient.

City Sprint is approved by the MHRA and has fully trained couriers to deal with all pharmacy deliveries including controlled drugs and fridge items. As well as collecting prescriptions from surgeries and collection of unwanted waste medication from patients. This will ensure there is no face to face contact.

Delivery of Refrigerated Medicinal Products - For cold chain products, delivery times will always be pre-arranged with the patient to minimise the risk of failed delivery. The patient's contact number will be given to the City Sprint delivery driver so they can again call the patient approximately 15-30 minutes prior to so they can check that somebody will be at the address to receive the medication. Cold chain products will be packed in such a way as to ensure that the required temperatures are maintained throughout the journey and the medicines are transported in accordance with their labelling requirements to maintain product integrity.

For delivery of medication with short journey times of less than 3 hours, validated medical cool boxes will be used as recommended by the MHRA. For extended journeys, gels/ ice packs will be

added to the packaging to maintain appropriate temperatures throughout. Extra caution will be taken with regards to the positioning of these packs within the consignments as this would be deemed extremely important as they must not be allowed to come into direct contact with the medicines being delivered. Temperatures will be strictly controlled and monitored with calibrated temperature probes to provide temperature data for the entire journey. This will be done by the courier driver. Temperatures will be recorded at the beginning of the journey and again at the point of delivery to ensure it stays between 2-8°C. If the temperature is outside of the required range, then the product will be deemed unsafe to deliver, marked as waste and returned to the pharmacy for destruction. Thermometer(s) will be calibrated annually against a certified standard to ensure safe and effective use. When used to deliver medication, the City Sprint delivery driver must only remove the item from cold storage once the patient has answered the door and verified their identity. In the event of failed delivery, the cold storage item must be returned to the pharmacy as soon as possible, with the maximum and minimum temperatures again being recorded at the point of return. Once again, if temperature monitoring suggests that the medication may have been transported outside of the required range, then the product will be destroyed by the pharmacy and then item will be re-dispensed by the pharmacy. Once again, a new delivery will be agreed with the patient prior to redelivery.

Acute or Urgent Dispensing Requests – Any acute, urgent medication received by ETP or directly via courier from a surgery for patients anywhere in England can be dispensed and dispatched the same day using City Sprint who offer a 24 hour, 365 day service for any type of delivery.

If a prescription is received for an appliance which requires measuring and fitting, the patient will be telephoned and emailed to state that the pharmacy cannot provide this service because the pharmacy must operate without face to face contact. The patient will then be advised that they would need to have the prescription dispensed by a pharmacy where a pharmacist would be able to measure and fit the appliance. We would facilitate this by gaining the permission of the patient to contact their nominated pharmacy and explaining the situation. We would then return the prescription to the patient or to the NHS spine so that the prescription can be dispensed.

Essential Service - Disposal of Unwanted Medication

Uninterrupted Service

Provision for disposal of unwanted medications can be requested by any patients during the core opening hours of the pharmacy. This can be requested via telephone, fax, email or webcam. All staff will be trained to deal with such enquiries.

Persons anywhere in England

Patients anywhere in England can request for safe disposal of their unwanted medication from our pharmacy via phone, fax, email, post or webcam.

Safe and Effectively

Patients, anywhere in England, can contact the pharmacy for collection of their unwanted medicines. We will take details of medication being returned by patients and assess if we are allowed to take them. We would provide patients with adequate packaging so medication can be returned securely via City Sprint couriers at no charge to the patient. All legal records will be kept and we would have procedures in place to comply with Hazardous Waste Regulations and we would keep any additional legal records such as those required for Controlled Drugs. Returned medication

can be collected from patients' homes and residential homes but we will not be accepting from nursing homes. Returned medication will be stored in UN type containers provided by PHS.

Returned medication will be stored in UN type containers provided by PHS. Returned solid medicines/ ampoules, liquids and aerosols will be separated. Schedule 2 and 3 Controlled Drugs that are subject to safe custody regulations which are returned by patients will be segregated from other returned medicines and stored in compliance with the Safe Custody Regulations until they have been rendered irretrievable. As the Environment Agency has suggested that the denaturing of CDs is likely to constitute a waste treatment, the pharmacy will hold a waste management license. We will ensure that the courier collecting returned medication is registered as a waste carrier with each local environmental agency office that it operates in. We will keep full records of any waste collected and disposed of for at least three years.

Without face-to-face contact

Disposal of unwanted medication will be delivered without face-to-face contact via City Sprint couriers or, for local requests, out in-house delivery service. This courier service will provide a third party delivery. Patients would communicate with the pharmacy via phone, fax, email website, post or webcam. We have SOPs in place to ensure this service is offered without having them to be present the pharmacy.

Essential Service – Signposting

Uninterrupted Service

Provision of signposting can be done through the opening hours of the pharmacy via phone, fax, email, post, website or webcam. Staff will be trained to assess the need for signposting and if any doubt will refer the matter to the pharmacist.

Persons anywhere in England

Patients anywhere in England would be able to access the signposting service from the pharmacy via phone, website, email, post or webcam. During communication the pharmacy staff will assess the need for signposting and if any doubt will refer the matter to the pharmacist.

Safe and Effectively

We would contact the relevant NHS organisations in Scotland, Wales and Northern Ireland to obtain resources. Furthermore, we would have access to Macmillan, NHS Choices and NHS Direct websites, as well as full internet access to further on-demand resources. Depending on the nature of patient queries and assessment of the information provided by the patient we could then either contact patients for further information refer them to their GP or signpost them to a local NHS or non NHS service as appropriate. We will provide referral notes by email, fax and post to the appropriate health and social care providers in cases where the pharmacy is unable to meet the needs of the patient. We will aim to ensure that patients are referred correctly to minimise inappropriate use of health and social care services. We will keep records of all referrals made on the PMR including any advice given to maintain audit trails.

Without face-to-face contact

Signposting will be delivered without face-to-face contact via the website email phone, post fax or webcam. All patients will communicate with the pharmacy via these methods and as such there will

be no face-to-face patient interaction. The SOPs in place ensure we can deliver the service without face to face contact in a distance selling model.

Essential Service - Repeat Dispensing

Uninterrupted Service

Provision of repeat dispensing throughout the opening hours of the pharmacy will be maintained by phone, fax, email, post or webcam. The Responsible Pharmacist will have undertaken the necessary training and is competent to provide the repeat dispensing service. The CPPE certificate of the Responsible Pharmacist will be provided to the local NHS team for their records. During the opening hours the Responsible Pharmacist will be supported by a suitable trained team sufficient to deliver the repeat dispensing. The pharmacy IT system will be ETP compliant to allow for repeat prescriptions to be received electronically from surgeries anywhere in England that are ETP release 2 compliant. This will be promoted to patients as a quick way to receive prescriptions from participating surgeries for nominated patients repeat and acute prescriptions for quick despatch of medicines without any delay.

Persons anywhere in England

Patients anywhere in England can access the Repeat Dispensing service by signing consent form which is available on the website for anyone wishing to use the service. This consent form can be emailed, faxed or posted directly to the pharmacy. Patients from surgeries that are ETP 2 compliant will have their prescriptions sent and received at the pharmacy electronically almost instantly after the Doctor signs off the electronic prescription. The prescriptions medicines will be dispensed and despatched for delivery by our in-house delivery service or the courier without any delay.

Safe and Effectively

Repeat Dispensing will be delivered safe and effectively via the staff completing sufficient clinical and legal assessments before dispensing the medicine. Once a patient signs up we will obtain the batch prescription (both the Repeat Authorising Prescription RA and the Repeat Dispensing Prescriptions RD) either from the surgery, electronically or via post. Either the patient will contact the pharmacy via phone, email post, website or webcam to dispense the next RD instalment prescription or the pharmacy contacts the patient when they are due their next RD instalment. Before each RD dispensing activity we will contact the patient to clarify which items are required and whether or not there has been a change in medical condition. If treatment needs to be reviewed by the prescriber, the patient will be notified by telephone and/or email. We will keep records of dates of dispensing for each individual batch for each patient, to monitor compliance. Records of interventions made by the pharmacist considered by the pharmacist to be clinically significant will be maintained on the PMR. These actions will ensure a safe and effective service is delivered for patients using the repeat dispensing service.

Without face-to-face contact

All repeat dispensing patients will be communicated without face-to-face contact via phone, email, post, fax or webcam. All medications will be delivered using our in-house delivery service or the City Sprint courier service and will maintain service delivery without face-to-face contact. We have SOPs in place to manage these services without face-to-face contact.

For patients who request our service and who are NOT signed up to the repeat dispensing service, we will request that they contact the pharmacy so that we can discuss their suitability for the service but also provide further information on the benefits of the service. The initial contact with the patient will be via a leaflet which will be included within their dispensed medication. Benefits will include saving time for the patient and the prescriber due to a decreased workload on both parties. A further benefit will include an improvement of medication safety as the pharmacy will check each and every request to ensure that the medication is still suitable before dispensing. During these checks, if a medication is flagged as being unsuitable or there are side effects, then the patient will be referred to the prescriber for discussion.

Essential Service – Discharge Medicine Service

Uninterrupted Service

Provision of discharge medicine service throughout the opening hours of the pharmacy will be maintained by phone, fax, email, post or webcam. The Responsible Pharmacist will have undertaken the necessary training and is competent to provide the discharge medicine service. The CPPE certificate for the Responsible Pharmacist will be provided to the local NHS team for their records. During the opening hours the Responsible Pharmacist will be supported by a suitable trained team sufficient to deliver the discharge medicine service. The pharmacy IT system will be compliant to allow for discharge medicine service to be undertaken via Pharmoutcomes website or the pharmacy dedicated NHS mailbox.

Persons anywhere in England

Patients anywhere in England can access the discharge medicine service via the phone, email, chat, video link. When the pharmacist identifies an intervention on the service he/she will communicate with the patient and other healthcare professionals. All interventions will be documented on their PMR record.

Safe and Effectively

Discharge Medicine service will be delivered safe and effectively via the staff completing sufficient clinical and legal training to provide the service. Hospitals will identify patients who will benefit from discharge medicine service and will send a referral to the patient's pharmacy via secure electronic system. When a referral is received, the pharmacist will review the information in the referral, including comparing the revised medicines prescribed to those the patient used before being admitted to hospital. If any issues are identified, these will be queried with the hospital or the general practice. Pharmacy team members will check whether there are any existing dispensed prescriptions waiting for the patient or any electronic repeat dispensing prescriptions on the NHS spine. If there are, these need to be checked to see if they are still appropriate for the patient. The pharmacist will have a consultation with the patient and/or their carer to check their understanding of what medicines they should now be using and to provide further advice. If there are medicines the patient is no longer using, we will offer to dispose of them, to avoid potential confusion in the future. When the first prescription for the patient is received by the pharmacy following discharge, there will be a check to compare the medicines prescribed by the hospital and those prescribed by the GP. If there are discrepancies or other issues, the pharmacist will try to resolve them with the general practice. The pharmacist must use their clinical judgement when considering their actions and recommendations in respect of the service and consider the duty of confidentiality to the patient when involving a carer in discussions about the patient and their medication regimen.

Relevant information will be documented on the PMR/IT System for Stage 1, 2 and 3 to ensure continuity of the service.

Without face-to-face contact

All discharge medicine service patients will be communicated without face-to-face contact via phone, email, post, fax or webcam. All medications will be delivered using our in-house delivery service or the City Sprint courier service and will maintain service delivery without face-to-face contact. If medicines need to be returned, this will be done in accordance to disposal of unwanted medication. We have SOPs in place to manage these services without face-to-face contact. This discharge medicine service will ensure better communication of changes to a patient's medication when they leave hospital and to reduce incidences of avoidable harm caused by medicines.

Essential Service - Public Health (Promotion of Healthy Lifestyles)

1. Prescription linked intervention

Uninterrupted service

Provision of service through the core opening hours of the pharmacy will be maintained by having a Responsible Pharmacist rostered on for all opening hours and having sufficient support staff at all times. Provision of service through the core opening hours of the pharmacy will be maintained by the pharmacy website email and telephone.

Persons anywhere in England

Patients anywhere in England can access these services via the pharmacy website, phone, email, chat, video link or distribution of leaflets within the prescription that is delivered to the patient. When the pharmacist identifies an intervention on a prescription he/she will communicate with the patient and other healthcare professionals. All interventions will be documented on their PMR record.

Safe and effectively

This service will be delivered safe and effectively by pharmacists and appropriately trained staff. At risk patients will be targeted through prescription linked intervention. Opportunistic advice will be given by the pharmacist on specified healthy living/public health topics to patients who have their prescriptions fulfilled by the pharmacy. Staff will be trained to assess for prescription linked interventions and if any doubt will refer the matter to the pharmacist. In particular, patients with diabetes, coronary heart disease, high blood pressure, smokers and obesity. These patients will be identified through the type of medication being requested the patients PMR, or the online questionnaire completed by new patients. Once a prescription linked intervention has been made, a note will be made on the patient's PMR. This note will ensure continuity of advice and as a reference for future interactions with the patients.

Without face-to-face contact

The service will be delivered without face-to-face contact via telephone, email, live chat or video link. Any educational material relating to certain conditions can also be sent in the post or inserted

into the packaging of any dispensed prescriptions. We have SOPs in place to manage these services without face-to-face contact.

2. National Health Campaign

Uninterrupted Service

Provision of service through the core opening hours of the pharmacy will be maintained by the pharmacy website, telephone, fax email, web chat or video link. Promotional material prepared by the Local Area Team and/or Public Health England will be made available for any patients. Trained staff will be available at the pharmacy to run the campaigns during the opening hours.

Persons anywhere in England

Patients anywhere in England can access these services via the pharmacy website, telephone, email, live chat, video link as well as sending out printed leaflets. The website will have a specific area for current health campaigns and allow outbound links to accredited organisations and clear routes to further resources.

Safe and Effectively

This service will be delivered safe and effectively. The pharmacy will contribute in up to 6 campaigns as directed by NHS England and Public Health England. Other campaigns may be advised by the Local Area Team/Health and Wellbeing Board. Throughout the campaigns the pharmacy will maintain a record of the number of people that receive the advice to ensure traceability. The pharmacy will use the approved content provided by the relevant bodies. This may include briefing packs, patient literature, NHS funded merchandise or services.

Without face-to-face contact

The service will be delivered without face-to-face contact via the pharmacy website telephone, email or live chat. We have SOPs in place to manage these services without face to face contact

Essential Service - Support for Self Care

Uninterrupted Service

Provision of service through the core opening hours of the pharmacy will be maintained by having a Responsible Pharmacist rostered on for all opening hours and having sufficient support staff at all times. Communication links to maintain the service through the core opening hours of the pharmacy will be via the pharmacy website, telephone, email, live chat or video link.

Persons anywhere in England

Patients anywhere in England can access these services via the pharmacy website, telephone, email, live chat or video link. The majority of interactions will come whilst giving advice to the patient using these methods.

Safe and Effectively

Support for self care will be delivered safe and effectively. Pharmacy staff will provide advice to patients including carers requesting help with the treatment of minor illness and long term

conditions, including general information and advice on how to manage illness. Using website or telephone consultation, we can assess patients using a protocol based on the WWHAM model. Visual symptoms can be accessed via a video link if necessary. The pharmacy staff will advise on the appropriate use of the wide range of non prescription medicines which can be used in the self-care of minor illness and long term conditions. When appropriate pharmacy staff will make healthy interventions in a similar manner to that provided in promotions of healthy lifestyle service. When appropriate and where necessary, pharmacy staff will signpost patients to other health and social care providers. Records of advice given, products purchased or referrals made will be put on to the patients PMR when the pharmacist deems it to be of clinical significance. Any medication sold online will be sent to the patient via City Sprint couriers.

Without face-to-face contact

This service will be delivered without face-to-face contact via telephone, email, live chat or video link. Support for Self-Care will be prevalent in all patient interactions which will be maintained using these methods. Any deliveries of OTC products will be made using City Sprint courier who will act as a third party. We have SOPs in place to manage these services without face-to-face contact

Essential Service - Clinical Governance

There will be a named Clinical Governance Lead who will also be the Superintendent Pharmacist, Dan-Alexandru Florea

Patient and public involvement

A practice leaflet will be easily accessible on the front page of the pharmacy website and we will also supply a paper copy to all patients when first delivering to them. Updated leaflets will sent to all registered patients should there be any significant changes. All services provided by the pharmacy will be listed on the leaflet and whether the service is funded by the NHS or privately. In addition, the pharmacy will produce an annual patient satisfaction survey presented to patients who use our service electronically and along with delivery of medication. Patients will have the option to return the satisfaction surveys electronically or through the post via a pre-paid envelope. The results of the patient satisfaction survey will be published on the pharmacy website and practice leaflet. The results will feed into the pharmacy's continuous quality improvement scheme.

The pharmacy will also have in place procedures to deal with complaints which will be regularly reviewed to allow us to improve our performance compliant with GPhC guidance. The employed Pharmacy Manager will deal with any complaints. Procedures to deal with medication owed to patients will also be in place and patients given a written note either via email or along with their delivery of medication to inform them of exactly what is owed and when the medication is expected to be supplied. Notes of medication owed will be kept on the PMR and regularly reviewed so stock levels can be adjusted appropriately.

Clinical audit

The pharmacy will participate in a minimum of two clinical audits annually. At least one practice-based audit and one multidisciplinary audit determined by NHS England, the Area Team or any other relevant organisation. Suitable personnel will be made available to ensure these audits are carried out.

Risk management

All incident reporting will be carried out in the pharmacy and this will involve near misses using the GPhC near miss template and help identify trends or highlight weaknesses in pharmacy systems and procedures and would be rectified promptly. Any patient safety incidents will be reported to the National Patient Safety Agency (NPSA) online. We will analyse and learn from any patient safety incidents through a system of regular reviews. In addition, the pharmacist will be proactive in considering and preventing potential risks. This will include competence in risk management and the application of Root Cause Analysis. Health and Safety legislation will be complied with in order to reduce the risk of harm to pharmacy staff and the public.

All patient safety communications received at the pharmacy either by fax, email or post will be actioned by the Pharmacist and pharmacy staff promptly and records of this will be kept at the pharmacy for audit purposes. We will have adequate facilities in place to be able to dispose of any confidential waste. NHS Code of Practice on Confidentiality will also be met.

Imperial Chemists Ltd have produced **DRAFT** Standard Operating Procedures (SOPs) at this point in time to cover the Essential Services. These procedures will continue to be developed up until when we secure the contract and commence trading. The SOPs will be reviewed at a minimum annually or a result of changes in best practice, new regulations or as a corrective action following any adverse incidents. The Superintendent Pharmacist will be responsible for the maintenance of the SOPs and training all staff in the SOPs relevant to their role.

All pharmacy staff will be trained in and aware of child and vulnerable adult safeguarding procedures, and have access to safeguarding arrangements and reporting to all areas of United Kingdom via access to internet at the pharmacy. Any documentation will be kept for audit purposes.

Staffing and staff management

There will be a set of induction packs at the pharmacy to ensure that all have access to all necessary Clinical Governance information. Appropriate training will be given to all staff relevant to their positions in the pharmacy. Staff appraisals will be conducted regularly to ensure that all members of staff meet GPhC standards. If standards are not met then support will be offered and remedial action taken. We would expect Pharmacists and any registered technicians to demonstrate continual professional development and keep records of events to meet GPhC requirements.

Education, training and continuing professional and personal development

All pharmacists working at the pharmacy are able to demonstrate a commitment to continuing professional development (CPD), via a CPD record and this will be in line with the national RPSGB scheme. Any necessary accreditation will be achieved prior to provision of any advanced or enhanced services.

Use of information to support clinical governance and health care delivery

Pharmacy staff will have full access to up to date reference sources such as the BNF and Drug Tariff and with appropriate IT links with electronic reference sources. Imperial Chemists Ltd will ensure all employees will comply with data protection and confidentiality, including the Data Protection Act 2018, Human Rights Act 1998 and common law of confidentiality Imperial Chemists Ltd will ensure that all employees will conform to the NHS Code of Practice on confidentiality and will have systems and policies in place to support this including ensuring all staff are appropriately trained. Employee

contracts will include a duty of confidence as a specific requirement linked to disciplinary procedures.

Pharmacists will be using their own professional judgement to make records of interventions they have made and any advice they may have given. Imperial Chemists Ltd will ensure that NHS direct are aware of the pharmacy's actual working hours so that they can provide appropriate information to members of the public.

Proof of exemption/prescription charges

If the patient is under 16 or over 60 years of age and the date of birth is printed on the front of the prescription then no check of exemption status is required. The pharmacy will make use of real time exemption checking (RTEC) via the PMR system if appropriate. For all other exemptions, the pharmacy will make contact with the patient and ask them for proof of their exemption. The pharmacy will ask patients to send proof of exemption to the pharmacy via post, fax or as an email attachment. The exemption details can also be updated on the secure pharmacy website. The pharmacy will keep records of exemption on the PMR, including when the exemption runs out or expires. On each dispensing occasion, we would verify exemption details and seek explicit permission from the patient if they would like the pharmacy to fill in the back of the prescription on their behalf. We would make a record each time the patient gave us permission to fill in the back of the prescription on their behalf so there is an audit trail. If the patient wishes to fill in the back of the prescriptions themselves we would send the prescription to the patient via courier for them to fill in and return to us. This could be done at the same time as the medication is being delivered or prior to delivery depending on patient preference. If patient is unable to provide proof of exemption, the pharmacy would mark the back of the prescription to indicate that the exemption has not been seen. Where prescription charge(s) need to be taken, the pharmacy will have facilities in place whereby card details can be taken over the telephone or via a secure internet site. The pharmacy will cover the cost of postage by arranging for an insured courier to collect prescription charges nationally via a tracked service.

Additional Information

We will maintain a high level of standards regarding the premises in terms of cleanliness in order to ensure good working conditions and minimise risks of infections. This will be covered in our SOPs and also by having a cleaning rota that is monitored. All staff will be trained on basic hygiene and hand washing issues and appropriate materials will be provided to promote this.

Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i0.

For The operation of SOPs

To ensure that SOPs are properly developed, understood, implemented and reviewed to improve quality

This SOP covers ALL SOPs in the pharmacy, including guidance on what to do in an emergency, e.g. when the computer has stopped working and you have a lot of prrscriptions that need dispensing or staff shortages mean that a person not usually involved in the job has to do it.

Responsibility

Names:

Job Titles: pharmacists, dispensers, dispensing assistants, counter staff

Date of Preparation:
9th November 2024

For Review before:
8th November 2026

Version:
1.00.00

Understand the difference between a Protocol and a Standard Operating Procedure

PROTOCOL

Def. A protocol is an agreed set of standardising rules for everyone, everywhere to follow

e.g. In EHC sale over the net, you need to check if the customer is under 16 and consider refusing a sale if she is.

STANDARD OPERATING PROCEDURE

Def. A SOP is a detailed localised set of instructions for all at that location to follow, so that each person involved knows what should be done when, where and by whom.

e.g. When speaking on the phone, greet the client because they can hear a smile and it will help ensure she is put at her ease> Then the pharmacist should use a standardised form and ask the questions on the form. If she is under 16 make sure you email a leaflet telling her when and where she can get EHC under a PGD.

How to WRITE a Standard Operating Procedure

- Having decided on which SOPs, see what resources are available to help you write them e.g. from your supplier, from the NPA or from TheInformacist.com
- [Do not change your procedures when you first write your SOP](#)
- Involve all the staff who will be following any SOP in deciding how to design, and what to include, in that SOP. Have enough staff meetings to involve all the staff including the locums and all part timers. Aim to achieve a mutual understanding of why SOPs are vital and agreement that ALL must strictly follow them.
- [Record what you do now with input from everyone](#)
- For the next couple of days, think about that procedure, while carrying it out
- Check your procedure against any protocols you have been asked to follow
- Check in the whole of the RPS Medicines, Ethics and Practice (not just the section on SOPs) to ensure compliance with good practice.

- Do not write in any items into your SOP that you DO NOT, or CANNOT DO NOW.
- Write up the SOP so that it can be easily changed and reprinted
- Follow your new SOP for about a week
- Alter anything that does not go smoothly
- Formalise the SOP, recording today's date on it.
You need to make it crystal clear exactly who is able to perform each part of your SOP. This must be by name and by job-title.
- Get all participants to sign up to the SOP. This is their agreement to abide by the SOP
The pharmacist in overall charge should assess each signatory for competence and record which parts of the SOP, if any, may not be carried out by that person.
- Three months later, perform your first review of the SOP, at which point you should look to improve your procedures and change them if you think it is necessary
- Your SOP should be used as a training tool for all new members of staff or those taking over new roles. It is something they can refer to, when a more experienced member of staff is not immediately available to help out

How to USE your SOP

- The single most important thing about the SOP is that EVERYONE follows the procedure. If someone follows the SOP but with a slight variation, then either build that variation into the SOP, or make sure the SOP is followed without that variation.
- Ensure your staff all understand how the SOP is to be used
- Ensure everyone follows the SOP exactly
- Keep the SOP in a file, or preferably several files, so that it is easily accessible for you and your staff at all times. It should be possible to refer to it as they work
- Each 2 years re-visit the SOP and seek to improve the procedure. The whole point of clinical governance is continuous improvement in the healthcare you provide.
- Aim to add any items of good practice to the SOP as soon as is practical
- Listen to any suggestions made by the staff for additions or amendments to the SOP

What if the SOP cannot be followed?

- Appoint somebody to be in charge
- Assess the situation and decide how urgent it is.
- Can the job be done at a later time or date when the problem will have resolved itself.
- If this involves patients or customers, talk the situation through with them and see how they would like the problem solved from their point of view.
- If this is not possible, check the SOP and see which bits will not be carried out.
- Create an alternative way of working, such that it will keep errors to a minimum and ensure health and safety rules are followed.
- Record this alternative, so that at a later stage it can become an SOP in it's own right, for future reference.
- As soon as possible, get the systems back on line so that the basic SOP is being followed again.

I am involved with

The operation of SOPs

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature

I am involved with

The operation of SOPs

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature

**I am involved with
The operation of SOPs
which I have read and appreciate the principles behind. Whilst here in locum tenens, I
will follow this procedure to help the smooth running of the shop, provided it does not
compromise my professional judgement. Clearly I accept responsibility for any
variations that I do make.**

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i1.

For Prescription Reception

To ensure Rx details are accurately recorded on the Rx form, any exemptions are noted and payments taken. To ensure the patient is clear about when the Rx will be ready.

This covers the reception of any kind of prescription received by EPS, post, email or the driver

Responsibility

Names:

Job Titles: pharmacists, dispensers, dispensing assistants, counter staff

Date of Preparation:

9th November 2024

For Review before:

8th November 2026

Version:

1.00.00

All communication must be via email, phone or post for essential services but advanced and enhanced services can be done on the premises.

Establish contact with the patient / representative

- If there is an issue with the prescription contact the patient through the phone or email
- Carefully explain to the patient /representative what to do if they have sent you something which is not a prescription. Typically the repeat half (RHS) of a computer generated script is assumed to be a prescription form, certain types of forms used in a hospital pharmacy, or a private Rx signed by a non-UK doctor

Check and record the relevant data on the Rx form

- Check the front is filled in with the patient's name and address, including postcode and has been signed by the doctor
- If any details, such as the DOB or name and address, are missing ask the patient for the details. There must be a D.O.B if the patient is under 12.
- If the Doctor has not signed the front, check with the dispensary staff to see if they will deal with it. If not, return it to the patient or representative. Explain to the patient whatever the outcome

Take any charge or document the reason for exemption

- Check the back of the prescription to see if it is filled in.
- If the patient is claiming exemption, make sure a box is ticked and they have signed in the correct place. Ask to see a scan of their proof of exemption.
- If they have none put a cross in the top left hand circle.

- If the patient pays, collect the appropriate money per item via credit card or ensure the driver knows to collect the money when he delivers, make sure the back is filled in correctly, and do a sale's transaction in the usual way.
- Record the amount of money you have taken for the Rx on the front of the Rx form. This may well be different from what the patient / representative will have written on the back of the form
- If you are unsure how many fees to take for, ask a member of the dispensary staff or check the list on the wall of prescription items and their charges.
- If it is a private Rx ring the patient to let them know how much it will cost before the dispensary staff prepare the item
- Fill out a docket with the patient's name and how many prescriptions they have
- Tell the patient the expected time for delivery of the script, either using your judgement or checking with the pharmacist/driver when the next delivery will be made

Pass the Rx form and any docket to the dispensary staff

- Hand the Rx/docket paper clipped together to the dispensary staff or place in "the queue" which is located _____ and also pass on any points the patient has raised, e.g. specific brand or any item the patient has run out of.

**I am involved with
Prescription Reception**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

<ul style="list-style-type: none">• Name _____ Signature _____ Date _____• Competence checked by _____ Date _____• Restrictions

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Pharmacist's Name

Pharmacist's Signature

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Prescription Reception**

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Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i2.

For Prescription Assessment

To ensure the prescription is legally and clinically valid and that it is safe to dispense

This covers the pharmaceutical, legal and clinical assessment of the prescription by the pharmacist and adjustments to be made if necessary.

Responsibility

Names:

Job Titles: pharmacists

Date of Preparation:

9th November 2024

For Review before:

8th November 2026

Version:

1.00.00

All communication with patients must be by phone, email or post for essential services

This procedure must be done by the Pharmacist at some point during the process

- Check that the prescription you have received has been legally written and for items allowed on the NHS for that prescriber type. Has it been forged?
- Consider the age of the patient
- Look at each individual drug and consider whether it is suitable for that patient, considering their age and gender.
- Now think about the dose - is there a dose? Is it an overdose? If there isn't a dose, try to discover either from the past records, the patient or SCR what the dose should be. If you are still unsure, check with the surgery. It is not a good idea to leave any drug without a dose. If it is the first time the patient has had the drug, they will need to know how to take it. If they have been on it a long time they may have forgotten how to take it.
- Having discovered the dose, assess that it is suitable for that patient and their condition. Check in the PMR, SCR and, if not there, ask the patient. You are not always going to know the condition, and the patient may not know either.
- Go through the same procedure for each drug on the prescription(s).
- Now consider the possibility of any interactions between the drugs and assess their likely impact on the patient depending on whether they have had them before.
- If you feel any need for clarification or reporting to the prescriber then do so, following the relevant SOP.
- Once you are satisfied that the prescription is accurate and safe to dispense, then do so.

I am involved with

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

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- Competence checked by _____ Date _____
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Pharmacist's Name

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Prescription Assessment**

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- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature

**I am involved with
Prescription Assessment
which I have read and appreciate the principles behind. Whilst here in locum tenens, I
will follow this procedure to help the smooth running of the shop, provided it does not
compromise my professional judgement. Clearly I accept responsibility for any
variations that I do make.**

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i3.

For Prescription Intervention and Problem Solving

To quickly and efficiently resolve any problems with the prescription, to ensure patient safety.

The aim is to resolve all problems which present themselves after gaining information from the Rx, PMR, pharmacy reference books or the patient/representative. The process should be done tactfully so as to maintain the pharmacists' good name with other healthcare professionals, and retain the patient's faith in their prescriber.

Responsibility

Names:

Job Titles: pharmacists, dispensers, dispensing assistants

Date of Preparation:
9th November 2024

For Review before:
8th November 2026

Version:
1.00.00

All communication must be via email, phone or post for essential services but advanced and enhanced services can be done on the premises.

Resolve the problem to your satisfaction

- If there is a problem with the items on the prescription compared to what the patient ordered, then either put ND by any that are not required or explain to the patient, over the phone or email, they will have to return to the surgery for those items that have been missed off.
- If the patient has run out of their medication, then following the SOP for emergency supply, you can offer an emergency of up to a months supply.
- If it is a product that needs ordering, follow the owings SOP
- If it is a product that needs making up, follow the Extemporaneous Dispensing SOP
- If it is a specials that needs ordering, follow the Specials SOP
- If there is a mistake in the actual prescription e.g. the dose is incorrect or the tablets are not suitable for the patient etc., then it will be necessary to speak to the surgery/ hospital department/dentist following the SOP for contacting third parties.
- If you have to wait for further instructions, make a note of the problem and the steps taken so far and leave it in the area set aside for queries.
- Do not forget to follow up on the problem. It is very easy to overlook, especially when you are busy, so make it a routine to go through the query pile at least twice a day.
- If on doing this, you come across a query that has not been resolved, start the procedure again. It may take several attempts before you have an answer but you have a duty to the patient to persist. It is not good customer service, if there is no follow up till the patient's return prompts further action.

Communicate with the patient/representative

- Explain to the patient what the problem is and always ensure that you retain the patient's confidence in their GP. Suggest that, as it may take a while, their delivery maybe a little later.
- If the problem may take even longer to resolve, then take a contact telephone number or email address, so they may be contacted with further information if necessary. Record this contact number in your PMR.

Dispense the prescription

- Once you have an answer, make the prescription up in the usual manner and, if possible let the patient know that the prescription is now ready for delivery.
- If the problem has not been resolved to your satisfaction - make a decision about what you should do and let the patient/representative know as soon as possible

Record the intervention

- Make sure you record in the PMR what your intervention was and how you resolved it

I am involved with

Prescription Intervention and Problem Solving

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Pharmacist's Name

Pharmacist's Signature

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Prescription Intervention and Problem Solving

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Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i4.

For Prescription Labelling

To maintain patient records and ensure that legally correct labels are accurately produced, which reflect the intentions of the prescriber and which are easily understood by the patient.

This covers the labelling of any kind of prescription arriving in the pharmacy through EPS, post or email

Responsibility

Names:

Job Titles: pharmacists, dispensers, dispensing assistants

Date of Preparation:
9th November 2024

For Review before:
8th November 2026

Version:
1.00.00

All communication must be via email, phone or post for essential services but advanced and enhanced services can be done on the premises.

Access the Patient Record

- To ensure patient confidentiality, you should always have your own smartcard and/or password to get into the computer programme
- Enter this password
- Enter the patient's name into the computer by using the first three letters of the surname followed by the first three letters of the first name.
- Check if the patient is already in the computer. If the name matches but not the address, check the date of birth. Check that there are no double entries and if there are then merge the patient files if you are certain the two files represent a single patient.
- If you have a match for name and D.O.B but not address, if possible confirm the patient has moved and enter the new address. If the patient is not contactable make a note to check later and either leave to one side, or dispense, using the old address, and then leave to one side
- If you have a patient match check the following details are present any middle names, DOB, postcode, doctor's name, any medical conditions, reason for exemption, and then write the labels
- If not, enter the details on the computer as completely as you can. It is important to capture the postcode and D.O.B and if possible the telephone number. If the relevant details are not present ask the patient for them. Always record the patient's usual doctor
- Issue a patient record card

Create the Labels

- Having now got the right patient, enter the first drug into the computer using the normal system.
- You can either call up the repeat screen and label from there but you must be careful to check that none of the details have changed since it was last dispensed or you can label as though it was a new item.
- Think as you enter the details if there is anything wrong with the quantities, doses or strengths. If there is, deal with it as an intervention. Many PMRs display max daily dose while you are labelling.
- Once you have labelled all items on the script, take it out and endorse it in the usual manner. Remember that most systems allow you to add any items of endorsement not added by the endorsing routine.

- Pair the script/s up with the docket for that patient, ensuring you have the number of prescriptions that are marked on the docket.
- Hand the script/s with labels and docket over to the person who will then assemble it.
- Put the docket, prescription and labels in a basket for assembly
- When you have finished using your computer, do not leave it on any patient's records and sign out of the computer

**I am involved with
Prescription Labelling**

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Pharmacist's Name

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Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i5.

For Prescription Assembly

To ensure that the correct items are correctly labelled and assembled ready for final checking

This covers the assembly of any kind of prescription

Responsibility

Names:

Job Titles: pharmacists, dispensers, dispensing assistants

Date of Preparation:
8th November 2026

For Review before:
8th November 2026

Version:
1.00.00

All communication must be made by phone, email or post. Never face to face for any essential services

Picking the order

- Deal with ONE prescription form at a time
- Take the script with you to the drawers (and shelves/carousel etc) and select the correct products
- If it is clear that anything will be owed, check with the patient first, and ensure they do not mind waiting for delivery at some later time
- If the patient is happy with this, make a small note on the script of the amount you have in stock or the amount you owe by an "o" followed by the amount
- Select the oldest products that are still able to be used before their expiry date
- Put all the products in a basket with the script and labels or
- Put all the products on the script on the bench and put labels with them

Counting, packing and applying the labels

- Re-check each item against the script
- Count the tablets or cut the strips to obtain the amount you have decided to dispense
- Repack cut strips in card cartons leaving the part packs in their original containers and clearly mark the container with a prominent cross on each face which contains the product description to indicate it is a part pack
- Repack cut strips in card cartons leaving the part packs in their original containers and leave a tab out so it is visible during the dispensing process to indicate it is a part pack
- Ensure that a patient leaflet accompanies each supply.
- If the product has no leaflet with it ensure the patient has had the product before and has already read the leaflet or photocopy the leaflet from another pack of the product
- Pour any liquid medicines into a measure and pack in a standard medicine bottle with a child resistant clic-loc lid or
- Using your experience pour to the required level straight into the medicine bottle with a child resistant clic-loc lid
- Ensure that if a bulk container is to be split, that the stability of the product will not be compromised
- Follow any instructions on the bottle of any medicine that requires reconstitution
- If the patient is to receive an amount of antibiotics that would last longer than the reconstituted expiry date, then only make up a single container

- Ask the patient or representative to call up at an appropriate time and issue an owing slip in accordance with your SOP on owing medications
- Check the label matches the product
- Check the label matches the script
- Carefully attach each label to the correct product so that it does not cover any Braille dots on the packaging or major warnings (such as on Cytotec etc) and so that it can be conveniently and easily read
- Put the label on the inside container in the case of eye drops / inhalers / creams etc
- Add an additional label to any product inside an outer container
- Once you are totally happy that each product has been dispensed correctly, sign the "dispensed by" label on each product
- Leave the dispensed items in a discrete area for final checking or
- Leave the dispensed items in a basket ready for final checking
- Clear the dispensing bench down ready for the next prescription ensuring that no part of the previous prescription has been left behind
- Put away all unused items in their proper places
- Clean the tablet counter, if you used it, to avoid cross contamination.

I am involved with

Prescription Assembly

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• Name _____	Signature _____	Date _____
• Competence checked by _____		Date _____
• Restrictions		

• Name _____	Signature _____	Date _____
• Competence checked by _____		Date _____
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Locum Pharmacist's Name

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Locum Pharmacist's Name

Locum Pharmacist's Signature

Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i6.

For Prescription Final Check

To achieve a final safety and quality control check on all aspects of the final prescription, ensuring the right items go to the right people.

This covers the prescription final check of any kind of prescription

Responsibility

Names:

Job Titles: pharmacists, checking dispensers

Date of Preparation:

9th November 2024

For Review before:

8th November 2026

Version:

1.00.00

All communication must be via email, phone or post for essential services but advanced and enhanced services can be done on the premises.

Final Check prior to handing out to the patient

- Ensure a second person performs a final check on all items
- If there is no dispenser available it is better to get someone else to check the items than for the person who dispensed the item to check themselves
- If it is only possible for the same individual to final check, it is imperative that they "change their mental hat" or have some time delay and approach the prescription afresh. This is a danger area
- Lay each dispensed item out in the same order as they appear on the prescription, by the side of the prescription
- For each item in order, check the patient's name on the printed label matches the name on the script.
- Check the name and strength of the drug on the label matches that on the script and that on the actual box or the container it came from
- Check the quantity matches the script and that in the actual container.
- Check that the instructions on the label match the script
- The final check must also include a check of the expiry date and the pharmacist should be satisfied that the product is the "genuine article" and not counterfeit.
- If any error is spotted fill in the incident report book / an incident report form promptly, according to your SOP for error reporting
- Point out any errors to the person who dispensed them quickly. At the time or, if it is very busy, at a quieter time, discuss ways to avoid this happening again. Use your root cause analysis SOP
- Sign your name in the Checked by box
- Scan each item using your FMD scanner to create an aggregate label to be attached to the bag for final decommissioning once it is delivered.
- Bag all the items, checking against the script so that all the items go in the bag.
- Attach the address label/owing slip and aggregate label to the bag and put in the usual storage area
- If the bag contains a fridge item, controlled drug or something that you wish discussed with the patient, leave these in a special area where the person delivering the script will know that there is something unusual / Clearly have a system of identification and keep all scripts and owings in the same place. Mark the Prescription bag clearly with the item to be discussed / dealt with.

**I am involved with
Prescription Final Check**

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Pharmacist's Name

Pharmacist's Signature

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Prescription Final Check
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Locum Pharmacist's Name

Locum Pharmacist's Signature

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Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i8a.

For Dealing with Items Owed on prescriptions

To ensure that any shortages of stock are correctly recorded and re-ordered, and that the patient / representative knows when the shortfall can be corrected

This covers the process of controlling and rectifying any shortfalls from the identifying of the owing through to the returning of undelivered owings back to stock.

Responsibility

Names:

Job Titles: pharmacists, dispensers, dispensing assistants

Date of Preparation:

9th November 2024

For Review before:

8th November 2026

Version:

1.00.00

All communication must be via email, phone or post for essential services but advanced and enhanced services can be done on the premises.

Dealing with the shortfall:

- Make certain there is a shortfall!: Is it still in the delivery? Is it on the wrong shelf or drawer? Is it now kept in the generics area not the branded area?
 - Inform the patient (or representative) that you cannot dispense the full amount, explain when it is likely to be in stock, and give him or her the opportunity to have the prescription dispensed elsewhere
 - Record the owing on the Patient Medication Record (PMR) and generate _____ copies of the owing label.
 - Stick the patient's copy of the owing label to a slip . Make sure your name is written in large type and your telephone number is clear.
 - Securely attach the patient copy of the owing label slip to the prescription form/docket/the rest of the completed prescription ready to be given to the patient/representative on delivery of the remaining dispensed items.
 - Stick the shop copy owing sticker in a prescription remainder book, such as that provided by the NPA or directly onto the prescription form or a copy of it.
 - Check that the PMR (or the owings book) contains an up-to-date contact telephone number in case of difficulty obtaining stock.
 - Fill in a suggested time for delivery on the patient copy of the owing slip
 - Give the owings slip to the person delivering the medicines
 - File the owings documentation according to your SOP for your Collection and Delivery Service
-
- If practicable offer to send the item through the post.

- Explain that some medicine(s) is (are) owing to them and be clear about the reason for this. If it is due to stock shortage in the pharmacy, explain when further supplies will be available. If it is for other reasons, e.g. a preparation which has a short shelf life such as a reconstituted oral antibiotic mixture, be clear about when the customer should expect further supplies.
- Explain that some owings for generic medicines could be dispensed using stock from a different manufacturer.
- Inform when to expect the balance and explain that it is important to present the slip when receiving the balance.
- File the prescription form with the owing slip attached in the designated place which is located _____ .

Avoiding future out-of-stocks

- Instead of simply re-ordering on a one-for-one basis (which could perpetuate the shortfall), order enough stock to cover both the amount owing and replacement stock.
- Use the pharmacy computer to check stock usage for the item concerned and alter the recorded stock holding if appropriate.
- If ordering a new item for a patient, try to find out whether this will be an ongoing prescription item, so that you can hold stocks in future.

Dealing with longer-term unavailability

- If the item is out of stock at the wholesaler or manufacturer, explain this to the patient or representative and, if possible, be clear about when further stocks will be available again.
- Ring the wholesaler for the patient if they are anxious and tell them what the wholesaler says.
- Note patient's contact details on the prescription, in the PMR or in the owings book.
- If patients are likely to run out of their medicines (or already have), before new stocks are expected to be available, or are due to start a new medicine which is temporarily unavailable, contact the doctor to discuss an alternative, as soon as possible. (It is a good idea to have one or more alternatives ready to suggest to the GP before you phone, having checked for suitability, any interactions, etc.).

I am involved with

Dealing with Items Owed on prescriptions

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

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Pharmacist's Name

Pharmacist's Signature

I am involved with

Dealing with Items Owed on prescriptions

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Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i8b.

For Dealing with Items Owed on prescriptions

To ensure that any shortages of stock are correctly recorded and re-ordered, and that the patient / representative knows when the shortfall can be corrected

This covers dispensing of owed items at the various possible points, ensuring that the dispensing is from the original prescription (or copy) to reduce possible errors.

Responsibility

Names:

Job Titles: pharmacists, dispensers, dispensing assistants

Date of Preparation:

9th November 2024

For Review before:

8th November 2026

Version:

1.00.00

All communication must be via email, phone or post for essential services but advanced and enhanced services can be done on the premises.

Dispensing the owing when stock comes in

- For medicines that have a short expiry when the pack is split or made up, it may be better to wait until the patient calls for the balance, always ensuring the stock is not used for someone else. Alternatively leave the stock labelled but not made up in the patient's bag. Make a clear note to remind the person delivering the owing, that the medicine needs to be made up.
- Take current owing prescriptions from the designated place which is located _____ and dispense owing items if stock is available.
- Always dispense from the original prescription or a good copy form, to avoid the risk of repetition of any earlier error.
- Dispense the item in accordance with the pharmacy's SOP for Assembly and Labelling, remembering that labels for owings may be generated in a different way.
- Check item for accuracy in accordance with the pharmacy's SOP for Accuracy Checking and place dispensed items in dispensing bag.
- Attach the original (or copy) prescription form and owing label slip (suitably crossed through to indicate completion).
- Place in designated place which is located _____ to await delivery.
- Bulky owing items are stored _____.
- Indicate in the owings record book (or PMR computer system) that the item has been dispensed and is awaiting delivery in the designated place which is located _____.
- When the delivery has been made, cross-check their copy of the owing slip against the pharmacy copy, owings record book and original prescription form, taking care to check patient name and date of owing.

Dispensing the owing when customer calls up

- Greet the customer and take the details
- Tell the customer you will get the item(s) immediately
- Check that the item is now in stock.
- Check whether the Rx is already dispensed
- Place the owing slip in the designated place which is located ready for dispensing
- Take the original prescription (or a good copy of the original) from the designated place which is located _____, checking carefully that patient details are correct: name of patient, date of owing slip, name and strength of medicine, quantity owing, etc.

- Always dispense the owing item from the original prescription (or copy), not from the owing slip.
- Check stock levels of the medicine again to decide whether to order further supplies. Check item for accuracy in accordance with the pharmacy's SOP for Accuracy Checking.
- Give dispensed items to the driver in accordance with the pharmacy's SOP for Transfer of Medicines to Patient and delivery SOPs
- Cross through the entry in the owings record book if required (it may be useful to write 'delivered' together with the date, of delivery).

Dispensing owings when dispensing routine repeat prescriptions

- When dispensing repeat prescriptions for a particular patient, note any current owings and 'run them off' the PMR by generating a dispensing label, first checking to ensure that stock has been received in the pharmacy.
- Add a note to the repeat prescription giving details of the owing.
- Retrieve the original prescription (or good copy) from the designated place which is located _____ and cross through the attached owing label.
- Dispense the owing from the original prescription, to avoid error, and check in the usual way.
- Bag up owing medicine with other repeat items and attach a note to the bag to indicate that the contents include the owing.
- When the driver takes the medicines, remember to tell him to inform the patient that the owing medicine is included with their repeat medicines.
- File the prescription with other completed forms (or shred the copy).
- In the absence of an owing slip ask the customer/representative to sign the owing record book to record delivery (or record a consultation in your PMR explaining who delivered and when).
- Cross through the entry in the owings record book (it may be useful to write 'delivered' together with the date of delivery)

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Dealing with Items Owed on prescriptions

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Locum Pharmacist's Name

Locum Pharmacist's Signature

Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i8c.

For Dealing with Items Owed on prescriptions

To ensure that any shortages of stock are correctly recorded and re-ordered, and that the patient / representative knows when the shortfall can be corrected

This covers lost owing slips, CD owing scripts and undelivered owings

Responsibility

Names:

Job Titles: pharmacists, dispensers, dispensing assistants, counter staff

Date of Preparation:

9th November 2024

For Review before:

8th November 2026

Version:

1.00.00

All communication must be via email, phone or post for essential services but advanced and enhanced services can be done on the premises.

Lost owing slips

- If the patient or representative contacts the pharmacy for an owing without having their owing slip, take care to check: - that the medicine is still owing (check PMR and prescription form) - patient details (name, address, name of medicine, etc.)
- Ask the customer to sign the owings record book (or a Customer service book) to record delivery when they get it
- If in doubt, refer the customer to the pharmacist.
- Where any doubt persists, insist on seeing the owing slip or discuss with GP.

Owings for Controlled Drugs, or for medicines which might be abused

- Consider not giving owing slips to patients or their representatives for: - Schedule 2 Controlled Drugs or buprenorphine. - Any medicines where there is any suspicion of any kind of abuse.
- Alternatively sign the owing slip/label and ask for ID to be shown to the driver, then explain that the CD can only be delivered to that person with ID.
- Attach pharmacy copy of the owing label (plus the customer owing slip) to the original prescription form and file in the designated place which is located _____. Ensure the patient/carer is fully aware that an amount of medicine is owed to them.
- Advise the patient/carer that they must have the balance within 13 weeks of the date written on the original prescription.
- Only make an entry for the completed amount in the Controlled Drugs Register when the CD is delivered

Undelivered dispensed owings

- Once a month check through undelivered owings and remove any that are more than 3 (number) months old.
- Return any items in complete packs with clear details of batch numbers, expiry dates, etc. to stock. Check expiry dates.
- Ask your assistant to double check the expiry dates and replace the items in stock - taking care to adjust stock levels
- Any broken bulk such as loose tablets/capsules, cut-up blister strips with no batch no and expiry, split packs of oral liquids, etc. should be destroyed as quality cannot be guaranteed, and batch numbers/expiry dates cannot be checked.
- Attach the owing slip to a good copy of the prescription form, write 'COPY: on the prescription.

- Keep for a further 2 months in case the patient eventually returns.
- File prescription forms ready for sending to the PPA.

Undelivered non-dispensed owings

- Once a month, go through owing prescriptions in the designated place which is located _____. Make a good photocopy of any NHS prescription forms retained to dispense from. Make sure the attached owing label is also photocopied (or transferred) and that all details are clear. Write 'COPY' on the top.
- Place the photocopy in a designated place (such as a card index file) for future use.
- Keep for a further 2 months in case the patient eventually returns.
- Remove the owing label from the original form and file the form ready for sending to the Prescription Pricing Authority.
- Where it is known that the owed medicine is no longer required (e.g. because the patient has died, or the doctor has discontinued the treatment) endorse the prescription with the actual amount dispensed and give the reason (e.g.. patient died).

I am involved with

Dealing with Items Owed on prescriptions

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Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i9a.

For Repeat Dispensing

This aims to apply criteria to pick suitable patients to have repeat dispensing

This covers the various ways a patient may become eligible for repeat dispensing

Responsibility

Names:

Job Titles: pharmacists, dispensers, dispensing assistants, counter staff

Date of Preparation:

9th November 2024

For Review before:

8th November 2026

Version:

1.00.00

All communication must be via email, phone or post for essential services but advanced and enhanced services can be done on the premises.

Repeat dispensing is not suitable for all patients on repeat medication. Therefore any request from a patient will have to be dealt with carefully.
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Self Selection REPEAT DISPENSING

- When the patient asks via email or phone about the repeat dispensing scheme, check that the request is for him/herself.
- If it is not, explain the issues of confidentiality and the need for informed consent.
- Email the customer a copy of the patient information leaflet.
- Ask them to discuss it with the patient and if they wish to go ahead, to visit the GP.
- If it is the patient requesting and they are a regular with this pharmacy, check their PMR to ensure that a) they have not had a medication change in the last six months b) their medical condition is stable c) there have been no recent hospitalisations.
- If this is not the case, explain the situation to them and suggest they try again when their condition is better controlled.
- If the patient fits the criteria, then fill in the relevant referral document, email or post it and ask them to visit their GP.

Selecting suitable patients REPEAT DISPENSING from their PMR

- Set aside a period of time when you can scan through the PMR or
- Go through the daily prescriptions and then check the PMR or
- As you are dispensing prescriptions, make notes of those patients that look as though they may be eligible
- Look through their medication and see if there have been any changes to either the drugs or the doses in the last six months. Either of these would indicate that the patient's condition is not stable and therefore they will not be able to join the scheme.
- If there are months when they have not been delivered, check the quantities dispensed to see if they are on 56 day scripts.
- If there is any doubt you will definitely have to discuss it with the patient next time you contact them.
- If you are happy that their condition is stable and they are suitable for repeat dispensing, chat to the patient explaining the system.
- Email or post a patient information leaflet detailing how the system works.
- If the patient agrees, fill in the relevant referral form for their GP

I am involved with

Repeat Dispensing

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Locum Pharmacist's Name

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Locum Pharmacist's Signature

Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i9b.

For The Receipt and Endorsement of Repeat Prescriptions

To deal effectively with repeat prescription forms and batch issues

Covers how to accept repeats and batches, explanation of the system to the patient and how to send the repeats and batch issues to the PPA.

Responsibility

Names:

Job Titles: pharmacists, dispensers, dispensing assistants, counter staff

Date of Preparation:

9th November 2024

For Review before:

8th November 2026

Version:

1.00.00

Repeat dispensing is not suitable for all patients on repeat medication. Therefore any request from a patient will have to be dealt with carefully.
--

All communication must be via email, phone or post for essential services but advanced and enhanced services can be done on the premises.

Receipt of Repeatable Prescriptions

These scripts need to be handled in a slightly different way from the usual FP10.

- Explain how the repeat dispensing system runs to the patient, emailing/posting a copy of the patient information leaflet if needed. Emphasise that the patient gets their medication from the pharmacy rather than their GP for repeat items but that they can only get their repeat medication from this particular pharmacy.
- Check that the patient has sent the repeatable prescription and at least one batch issue to you.
- Check that there are no controlled drugs on the prescription. Controlled drugs cannot be prescribed via the repeat prescribing system.
- Ensure that all the details on the master copy are in place, that there are no handwritten amendments and that it is signed by the prescriber within the last 6 months.
- Ask the patient to fill in the back of the first batch issue in the usual manner before sending it or when the driver delivers the medication and take the necessary charge via credit/debit card if the patient pays.
- Check with the patient whether they wish to have all the items on the prescription, that they are not suffering from any side effects and they understand how to use their medicines/appliances. This is a very important step as it reduces waste.
- Ask if they wish to keep any of the remaining batch issues themselves or leave them all with you.
- Dispense the prescription following the dispensing SOPs.
- Retain the repeatable prescription and any batch issues if requested but explain to the patient that if they wish to change pharmacies, they must return to their GP for a new repeatable prescription and batch issues.
- You must refuse to dispense the repeat prescription under the following circumstances:
 - a) You have no record of the prescription
 - b) You have no associated batch issue and the repeatable prescription is not presented
 - c) It is not signed by a repeatable prescriber
 - d) To do so would not be in accordance with any intervals specified in the prescription
 - e) It would be the first time a medicine or appliance has been supplied against the prescription and the prescription was signed more than 6 months previously
 - f) The repeatable prescription was signed more than one year previously
 - g) The expiry date on the repeatable prescription has passed

h) You have been informed by the repeatable prescriber that the prescription is no longer required

i) The script has a controlled drug Schedule 1, 2 or 3 on it

- If you receive prescriptions under EPS2, you will need to print out a copy of the script and on
- Keep this copy with other repeatable prescriptions in the designated locked cabinet

Endorsement, Storage and Re-imbursment of Repeatable and Batch Issues

- Endorse the repeatable prescription in the usual manner.
- Attach a separate form to the back of the repeatable prescription with a unique reference number to link it to the prescription
- Fill in the date and quantity dispensed
- Or: Fill in a compliance sheet for the patient noting which medicines were supplied and which were not, the date and any interventions made.
- Endorse the batch issue in the usual manner.
- **Store any batch issues we are asked to retain in the lockable cabinet located.....**
- On dispensing the final issue remind and give a written reminder to the patient to make an appointment with their GP for a review and to obtain a further repeatable prescription and back issues.
- If the repeatable prescription is no longer needed because all the batches have been dispensed, there have been medication changes or it has expired, submit it, separately from the batch issues at the end of the month.
- Submit all batch issues for payment as normal at the end of the month but keep the initial batch issues separate from the subsequent batch issue forms.
- Shred any batch issues that are no longer required.

I am involved with

The Receipt and Endorsement of Repeat Prescriptions

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Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i10.

For The Prescription Collection Service

Objective: To make the process easier for patients and pharmacy staff, to try to save the CCG money by not ordering items not wanted by the patient

Scope: This covers the process of signing up a new patient to the service and the procedures involved when a request for a repeat script is made.

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Counter Staff

Date of Preparation:
9th November 2024

For Review before:
8th November 2026

Version:
1.00.00

All communication must be via email, phone or post for essential services but advanced and enhanced services can be done on the premises.

Setting up the process and telling the GP

- Ask a patient or their representative if they wish you to collect their prescription from the doctor's surgery for them, or respond to their request
- Explain how the system would work, emphasising the need for them to let you know when their tablets are running out and the time delay involved.
- Ask them to complete the prescription collection form and give it to the driver or email so that the surgery has confirmation that the patient is asking your pharmacy to collect their prescription

- Make a copy of the form, and file it in the appropriate place, and take the other copy to the relevant surgery.
- Take the request form (RHS of a computer generated Rx) from the patient's script and store in alphabetical order so that they are easy to retrieve when needed.
- Ensure the storage area is secure to follow the NHS requirements on confidentiality.

Processing a request from a patient

- When the patient phones through their request, go slowly through each item checking whether they are needed.
- If the patient doesn't want an item that they should take regularly e.g. hypertensive medication or a statin, gently enquire as to why they don't want it. This may be a prompt for a medication use review.
- Tick the request box for all items requested.
- Check the earliest time that the script can be taken to that particular surgery and the time it takes for a repeat script to be ready for delivery and give the patient an estimated delivery time.

- Record on the daily driver's drop sheet that the request needs to be taken to the relevant surgery.
- Most importantly make a note, on the appropriate date, as to when the script must be picked up

- Once the script has been dropped off, tick, cross out or in some other manner show that it has been delivered to the surgery.
- If, for any reason, the script is not delivered on the day suggested, ensure that the information is transferred to the next delivery time.

- The pick up/ drop sheets/books/card index must be checked on a daily basis such that no scripts slip through the net.
- When the script has been delivered, tick, cross or in some other manner make it clear that the script has been delivered. Records are very important to sort out future queries.
- Retain the request form in the usual place and dispense in the normal manner.
- If there are medication changes for the patient at any time, ensure any old request forms are destroyed to avoid future confusion.

**I am involved with
The Prescription Collection Service**

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Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i11.

For The disposal of unwanted medicines

To ensure the safe disposal of waste drugs, either returned by patients via the driver or expired stock.

Collecting and separating medical waste which either originates in or is returned to the pharmacy, and storing it safely until it is transferred to a specialist waste disposal company and records retained for at least 3 years.

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Dispensers, Dispensing Assistants, Counter Staff

Date of Preparation:
9th November 2024

For Review before:
8th November 2026

Version:
1.00.00

All communication must be via email, phone or post for essential services but advanced and enhanced services can be done on the premises.

- Pharmacies are now automatically exempt from the need to hold environmental permits where they are temporarily storing waste for disposal elsewhere. You cannot charge for the service otherwise you will be deemed to be a waste management service and will not be exempt.
 - Medicines may be received from "households" i.e. from individual patients homes, or care homes, nursing homes and GP surgeries. However the Essential Service 3 specification has not changed and therefore you are not *obliged* to receive waste from nursing homes or GP surgeries.
 - As the Essential Service 3 has not changed, NHS England are not obliged to collect nursing home or GP waste from you, so you should check with your local area team if they will do so.
 - Waste from nursing homes and GP surgeries are subject to stringent controls. Hazardous waste and mixed medicines of unknown origin must be sent to your pharmacy with a hazardous waste consignment note, your pharmacy must keep a register, a site inventory and send returns to the producer and Environmental Agency. You will be charged for each consignment received. Non-hazardous waste must be transferred to your pharmacy, under Duty of Care controls with a consignment note
 - When the unwanted medicines are brought into your pharmacy check with the person via email or phone, if there are any cytotoxic or controlled drugs in the returns so they can be separated out. If there are controlled drugs you cannot accept the returns unless your Responsible Pharmacist is present.
 - Having received the waste, you must be sort it into various bins if your local area team requests it
-
- One for solids, one for liquids and one for aerosols.
 - Otherwise you need to make a list of the types of waste in each container and you must give this to the waste collector when he calls.
 - If there is outer packaging you may remove it, but you cannot take tablets out of blisters or bottles etc. as this is defined as "waste processing" and requires a separate licence.
 - Ensure when handling the waste that you protect your hands and face from cuts on broken glass etc.
 - If you need to destroy controlled drugs, you should keep a record of the number and description of what was collected from patients and hence what is being destroyed, in the appropriate CD register.

- You destroy these drugs using the specific CD denaturing kit, and you can then add this mixture to the customer returned waste medicine bin.
- You must register with the Environment Agency if you denature Controlled Drugs using the T28 exemption. You can complete this on line on the Environment Agency's website.
- There should be a witness to the whole procedure to prevent any suspicion of misbehaviour. The witness should countersign the record kept in the CD register.
- If the waste comes from out of date stock in the dispensary, this too must be split into solid, liquid and aerosols but can be mixed in with the patient-returned waste. However you must use the different EWC codes to describe the waste. The six digit code for pharmacy stock would begin with 18 and for patient returns starts with 20.
- An official person e.g. the GPhC inspector or the CD police inspector, must still destroy any CD out of date stock that has never been dispensed. Check with your local area team if they have authorised persons who can destroy CDs for you.
- The bins that all this waste is stored in should be collected at regular intervals, of no more than three months.
- There should be no more than 50 cubic metres of waste at any one time in the pharmacy
- When waste is transferred your pharmacy should ensure a transfer note (containing the required information) is provided to the carrier. If you have a series of transfers of the same waste between the same two parties they can agree a "season ticket" i.e.. one transfer note to cover a number of transfers. On collection the paperwork that is provided should be stored in a folder, drawer, file for a minimum of 3 years.
- If you find that your collections are not frequent enough and you have overflowing bins, you must contact the relevant local area team department and ask for an emergency collection or a more regular one.

I am involved with

The disposal of unwanted medicines

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
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Pharmacist's Name

Pharmacist's Signature

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Pharmacist's Signature

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compromise my professional judgement. Clearly I accept responsibility for any
variations that I do make.**

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i20.

For Emergency Supply of Medicines

The objective is to ensure emergency supplies are only made when absolutely necessary and accurate records maintained.

That a request for emergency supply is genuine and necessary and if complied with any supply is fully recorded.

Responsibility

Names:

Job Titles: pharmacists, dispensing technicians, checking technicians, dispensing assistants

Date of Preparation:
9th November 2024

For Review before:
8th November 2026

Version:
1.00.00

All communication must be via email, phone or post for essential services but advanced and enhanced services can be done on the premises.

An emergency supply should only be given in an EMERGENCY. It is not something that is used by a patient on a regular basis.

At the patient's request "Classic Emergency Supply"

- The patient contact you to say they have run out of tablets. Ask them which tablets they have run out of.
- If it is a regular patient, check when they last had a delivery of their tablets and calculate if they are due more.
- If this is the case, then send them to their GP to request a further supply.
- If they are elderly and/or have trouble getting to their surgery or it is a weekend, it may be necessary to give them a months emergency supply.
- Assess the urgency of the request and consider what may happen if you do not supply
- This should be recorded in their PMR so it is possible to check if this is occurring on a regular basis.
- If this is the case, suggest that they arrange an extra supply, so that all their tablets end up synchronised.
- Make a charge according to your private dispensing rules
- The emergency supply must also be recorded in the private prescription book. The patient's name and address, the tablets, their strength, amount and dose, the date, the GP's name and address, the reason for the emergency supply and the charge that was made.
- The supply should be made up as usual, though using the emergency supply labelling system so the tablets are clearly identified as such.
- If the patient is not a regular, but lives locally, send them to their usual pharmacy to see if they can help, to the walk in centre or GP out of hours service.
- If the patient does not live locally, explain that they can visit any local doctor as a visitor. However, if the surgeries are closed and the patient is desperate, you will have to use your judgement. If possible ask to see some evidence of the tablets they are requesting e.g. an old box, a repeat dispensing request form or visit their SCR etc. If you do decide to supply, follow the instructions above.

At the patient's request "can I borrow off my next prescription?"

- Any supply of prescription only medicines must follow the rules for emergency dispensing. There is no other legal status for lending tablets against a future prescription.
- You must make a charge for this emergency supply

At the request of a GP

- When a telephone request or a faxed prescription etc. is received for an emergency supply, make sure it is not for a substance not permitted for emergency supply: You cannot provide an emergency supply of a schedule 1,2 or 3 CD except for phenobarbitone exclusively for epilepsy
- Make a note in the private prescription book of 1) the name, telephone number and address of the patient, 2) the date of supply, the name, quantity, form and strength of the medicine, 3) the requesting practitioner's name and address. 4) the date on the prescription if faxed, 5) leave a space in which to record the date the prescription arrives
- Prepare the prescription following your prescription preparation SOPs and leave the prescription ready to be delivered
- A faxed prescription is not acceptable as a legal authority to dispense. It is only the promise of such a document
- All supplies against a faxed prescription ought be treated as emergency supply and recorded as such in the private prescription book
- If you are requested to dispense against such a prescription the surgery / GP must undertake to supply the prescription form within 72 hours
- Keep a separate list of items supplied under the emergency supply regulations at the request of a doctor etc. and chase up the prescriptions
- A prescription entry must be made in the private prescription book in the usual way

**I am involved with
Emergency Supply of Medicines**

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Locum Pharmacist's Signature

Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i27.

For Stock Control

To ensure that money is not wasted on overstocking and expired stock but ensure that patients are not inconvenienced by owings at an unnecessarily high level.

This covers stock management from identifying an item is needed through to receiving and accepting or returning the stock. There is also a separate SOP for receipt of stock

Responsibility

Names:

Job Titles: pharmacists, dispensers, dispensing assistants

Date of Preparation:
9th November 2024

For Review before:
8th November 2026

Version:
1.00.00

Stock Control should constantly in the back of your mind in the pharmacy

- When assembling drugs for a prescription, be aware of the quantities on the shelf / in the drawer, especially if you have not got enough or have far too many.
- If the stock is not at the right level, correct the stock level in the computer if there is automatic stock control.
- If you do not use computerised stock control, taking into account any quantities owing, order more manually or make a note not to reorder that product until the levels are reasonable.
- Always balance the cost of the money tied up in overstocking versus the inconvenience and costs of losing a script or a customer disgruntled at the level of owings.

Wholesaler ordering

- Make sure you order the majority of lines through our first line wholesaler _____ to maximise our discount.
- Always send orders for Pis (if any) to _____ by putting them on a list (computer or paper) for transmission _____ every _____ .
- Order the generic whenever available from _____ by putting them on a list for transmission _____ every _____ .
- Always thoroughly check the order line by line before you send it so you do not order any unnecessary stock.
- If your transmission system gives you advance warning of out of stocks, order immediately from the second line wholesaler _____ .
- Always check invoices for goods delivered against those ordered and/or paid for.
- Make sure you claim for non-delivery as soon as possible and make sure you send back stock sent that you did not order.
- Confirm the items you receive are genuine through the FMD system
- A day or so later discipline yourself to re-check the invoices and send back anything (particularly if it is expensive) that you realise you don't need.

Stock Rotation

- Make sure that new stock packs are always put behind stock already there so that the oldest gets used first.
- Use the coloured sticker stock control system.
- Allocate an area of the dispensary to each member of staff.
- On a scheduled rota every three months that member of staff must go through ALL the stock in their location and attach a coloured sticker so that the sticker can be seen while dispensary staff are dispensing.
- Three months later choose a different colour sticker and apply to all stock in the same way. Any stock remaining from the first sticker will now have two coloured stickers.
- This way you can immediately see that a box with stickers has been in the dispensary a while. This should prompt staff to a) use that box first, b) question the need to re-order the stock if it is used so infrequently - particularly if it is an expensive item and c) double check the expiry date as it is dispensed.

Weeding out aging stock

- If any stock has more than one sticker on it you are unlikely to use it. If you are a member of a chain of shops offer all such stock immediately to other members of your chain. If not try ringing your closest friends who are pharmacists and offer them the stock at a discount. See if there is somewhere to advertise to all pharmacists, or set one up.
- When transferring stock keep very tight records. You can either swap for stock or you can invoice the recipient. Either way the point is lost if you do not get paid.
- Ensure the remaining stock levels are adjusted for the removed stock.
- Decide if the item is worth replacing and re-order if necessary.

Date Checking

- Perform a regular check on expiry dates of ALL the stock every _____ months.
- Divide the stock areas into zones, which take roughly the same time to check, and check every item of stock for its expiry.
- Make date control forms which divide by zone and cover the next _____ months.
- Record each item by zone in the column after which it cannot be used (a pack of three months HRT will be useless after three months before it expires).
- Every _____ thereafter refer to the list and go straight to the zone which has a drug listed and, if it is still there, remove and separate it.
- Adjust the stock levels for the stock you now cannot use.
- Dispose of the stock according to ES3.
- Decide if the item is worth replacing and re-order if necessary.

I am involved with

Stock Control

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Pharmacist's Name

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Locum Pharmacist's Signature

Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i28.

For Ordering Stock from wholesalers

To obtain quality stock at the right price to maintain service levels without wasting money on unnecessary stockholding.

Covers general purchases of both prescription and retail stock

Responsibility

Names:

Job Titles: pharmacists, senior dispensers

Date of Preparation:

9th November 2024

For Review before:

8th November 2026

Version:

1.00.00

This is probably one of the most important functions in the pharmacy. If you do not buy at the right price, you will not make enough profit to pay the rest of your overheads.

- Do not delegate this job unless you are confident that that person is as keen as you to make a profit.
- Check the most recent Drug Tariff for the price you will be paid by the government for the drugs you use. Luckily this only needs to be done monthly. Keep an eye on the PSNC website for extra details of pricing specific to that month.
- Concentrate on the items a) you use the most, and b) are the most expensive.
- Study the price lists of the wholesalers, both full line and short line to get the best price. Unfortunately this needs to be done at least weekly, as often the special offers change that regularly.
- By studying your drug usage on the computer, you could create a top 50/100 lines from the Cat M list with how much you use of each one in a week. Then make a bundle of those drugs and their quantities that and send it to your main wholesaler and say two short liners to give you their best price. You will be amazed how much this could save you in a year- just a difference of £500 would produce £25,000 per annum.
- If you are debating between branded products and the PI versions, bear in mind the wholesalers discount you will get at the end of the month off the branded products.
- Beware that the wholesalers may have the same generics, by different manufacturers at vastly different prices.
- So choose the cheapest brand at that time, unless of course you are dealing with Theophylline, Nifedipine, Diltiazem etc. where the brand is significant, in which case Parallel Imports could be used.
- If you come across a bargain, buy enough to last till the end of the month but don't be tempted to overstock.
- Use your computer, where ever possible, to find out how much of a certain product you use daily and monthly and order accordingly. You can get data on product usage even if you do not control the stock by computer.
- Adjust your computer so that the particular brands you have decided to order that month or week, are the ones that will be automatically put through to your preferred supplier.
- Remember that you receive two orders a day, so there is no need to stock more than one day's supply. Just in time ordering will save you a good deal of money from being tied up in working capital.
- If you only dispense an expensive item once a month, do not reorder it till the first day of the next month. This will give you an extra 30 days credit.
- For the same reason, towards the end of the month, delay any items you will not need for a couple of days until the first day of the following month.
- Most computer ordering systems have the ability to put orders on hold, so use this.

- On the first day of the next month, reorder all that you need. Again this will increase your credit by 30 days.
- Check your invoices regularly, to confirm that you did receive the cheapest brand of generic. There are times when the wholesalers just send whatever comes first.
- Invoice checking is especially important if you have employed locums or your staff are not as vigilant as they could be.
- Remember you only have 3 days to return goods and fridge items cannot be returned. This is particularly difficult as many insulins are very expensive and they are often ordered incorrectly.
- If you have more than one branch, it is essential to exchange stock that has stuck in one branch but is used in another, so get into the habit of asking the other branches before you order any expensive item say above £45 per month supply . This can save huge amounts of money. You can save twice the stock price.
- Much of your profit, though not your turnover, will be made in the retail side of your business, so it is important to buy good bargains that can create good offers for your customers. If you can get repeat sale products at extra discounts if you buy a large quantity, then push the boat out and buy three or four months stock. You can then have the stock at a good price for the normal time the offer lasts but you can then reintroduce a good price later on when your competitors are buying and selling for the usual price.
- These need to be marketed and bundled to take full advantage of your purchases and increase market share.
- Check your invoices to ensure you are getting the price you wanted.

I am involved with

Ordering Stock from wholesalers

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

<ul style="list-style-type: none">• Name _____ Signature _____ Date _____• Competence checked by _____ Date _____• Restrictions

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Pharmacist's Name

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Ordering Stock from wholesalers
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Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i30.

For Complaints Procedure

The aim is to provide the correct response to a customer complaint as required under the New Contract

Covers common complaints arising from customers. For disputes not covered by this SOP please see the third clause below.

Responsibility

Names:

Job Titles: complaints manager, deputy complaints manager

Date of Preparation:
9th November 2024

For Review before:
8th November 2026

Version:
1.00.00

All communication must be via email, phone or post for essential services but advanced and enhanced services can be done on the premises.

The only people able to deal with this SOP are the complaints manager or his deputy. The best way to deal with complaints is to provide supremely good customer service, and treat customers as friends (even the more obnoxious ones!). If they regard you as a friend they are MUCH less likely to complain in the first place. Generally the error can be corrected and no more is said. Also most complaints arise from poor customer service. Certain complaints or disputes are not covered by the regulations and so are not covered by this SOP. They are:

- An oral complaint that is resolved to the complainant's satisfaction not later than the next working day after the day on which the complaint was made
- A complaint that is the same as one dealt with orally as above
- A complaint that has been previously dealt with
- A complaint, which is being investigated by the Health Services Commissioner.
- A complaint arising out of an alleged failure to a request for information under the Freedom of Information Act 2000.

Under the regulations April 2009 a pharmacy contractor MUST designate a responsible person who MUST ensure compliance with the regulations and in particular, make sure action is taken if necessary in light of a complaint. That responsible person MUST be the CEO of a company, one of the partners in a partnership or the sole trader in a single handed practice. They can deputise somebody to act on their behalf, i.e. a complaints manager, but the ultimate responsibility lies with them.

Initial steps

- Firstly listen to the complaint. Don't be intimidated by any displays of aggression - customers occasionally have to build up a "head of steam" before they make a complaint. Also by far the majority of complaints are genuine, and not people "just trying it on".
- Discuss their problem over the phone
- They may be very annoyed, so first let them tell you briefly what they are upset about.
- Assess whether you have the authority or ability to deal with an angry customer and their complaint.
- If not pass them onto the complaints manager, or their deputy if they are not available.
- For reasons of confidentiality, it is important that the manager establishes the person making the complaint is the person affected, or that they have the authority to make the complaint on behalf of that person (see the attached pages as to who is able to make complaints).
- If you feel that the complaint should be dealt with by a different body, you should, if the customer agrees, send the complaint on.

- Assuming you are able to deal with the situation, record all the details i.e. date, details of the complaint and name of complainant.
- Treat the patient/representative with politeness at all times.
- Acknowledge the problem they are describing in order to confirm you have heard what they have been saying. Do not specifically admit any liability.
- Be sympathetic and apologise for any upset they may have suffered with out actually admitting to an error at this stage. Be sincere in your apology.
- Ask them how they would like the alleged error/problem to be remedied. Very often patients simply want their complaint heard and action taken to ensure it doesn't happen again. Sometimes an apology is all that is required.
- The rules now state that you must discuss at this stage the manner in which the complaint is to be handled and the response period within which a) the investigation of the complaint is likely to be completed and b) the final response is likely to be sent to the complainant. The time for the response should be agreed but should not normally be more than 6 months.
- If the complainant will not discuss the problem, then the pharmacy contractor must determine the response period and notify the complainant in writing.
- As soon as the phone call is over immediately write down details as you remember them. If you leave this for a while you will not recollect so clearly.

Responding to the complaint

- You must acknowledge the complaint in writing to the patient/representative within 3 working days of your receipt of their complaint.
- If the complaint was made orally via the phone, send a copy of the details, recorded at the time, with the acknowledgement and ask them to sign and return this copy to the pharmacy, to indicate that they agree with the details recorded by the complaints manager.
- You must send this acknowledgement by first class post.
- The envelope must be marked "private and confidential".
- You must include in this envelope details of the complainants right to assistance from the Independent Complaints Advocacy Service (ICAS). The DoH website has details of contact telephone numbers of the local ICAS service.
- You may decide at this time that it would be prudent to let your insurers know of the incident.

Investigation

- You must investigate the complaint.
- If the complainant has suggested how s/he would be happy for the situation to be resolved and you are able to follow his/her suggestion, this is the best way forward.
- You must keep the complainant informed of the progress of the investigation.
- Record any conversations you have for future reference.
- If the investigations are protracted for any reason, the complainant should be communicated at, at least fortnightly intervals.
- Once the investigation has finished, write a response, which details the original complaint, describes the investigation and summarises the conclusions. It must also include any remedial action that is needed and confirmation as to whether the contractor is satisfied that the remedial action has been taken or is due to be taken
- This must be signed by the responsible person
- You must send the response within 6 months of the original complaint, but this should not be used as a reason to delay the response i.e. if the investigation has been completed before the six months is up.
- You must notify the complainant of his right to refer the complaint to the Health Services Commissioner if they are not satisfied with your response.
- Again explain that the patient can get further help from ICAS.
- The response must be sent to all parties who were sent a copy of the original complaint.

- As a complaint may have been made to gather information for a future civil action, it would be wise to seek advice about the response from your insurers, before sending it.
- If the complaint involves any aspect of patient safety, a report of the incident should be made and passed to the National Patients Safety Agency, once the pharmacy has an internet connection.
- Any lessons that you learn from the investigation should be implemented within the pharmacy.
- Check over the next few weeks that these changes do help to prevent any re-occurrence of the original problem and does not produce other problems as a side effect.
- For the purposes of monitoring, you must now record: each complaint received, the subject matter and outcome of the complaint, and where you informed the complainant of the response period or any amendment to that period: whether you sent a report to the complainant within that time frame.
- At the end of the financial year i.e. 31st March you must prepare an annual report which specifies the number of complaints you received, the number that you felt were well founded and the number that you have been informed have been referred to the Health Service Commissioner to consider under the 1993 Act.
- You must then summarise the subject matter of any complaint, any matters of general importance arising out of these complaints or the way in which they were handled and any action that has been taken to improve services as a consequence.
- This report must be available to any person on request and you must send a copy to your LAT as soon as is practicable after the end of the year to which it relates

**I am involved with
Complaints Procedure**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

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• Competence checked by _____ Date _____
• Restrictions

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• Competence checked by _____ Date _____
• Restrictions

Pharmacist's Name

Pharmacist's Signature

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Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i32.

For Near Miss Recording

To keep a clear record of all potential dispensing errors so as to minimise their occurrence.

All areas of the dispensing process where there is a possibility of contributing to a dispensing error. This includes staffing etc.

Responsibility

Names:

Job Titles: pharmacists, dispensers, dispensing assistants, Medicines Counter

Assistants

Date of Preparation:
9th November 2024

For Review before:
8th November 2026

Version:
1.00.00

Identify

- If at the final check stage of the dispensing process, you discover an error these are the steps to follow.

Correct and Record

- Recheck the items on the script, to ensure everything else is correct.
- Make a record of what the error was on the near miss report.
- Try to use a tick system of recording as this will save time.
- Record the general dispensing conditions.
- Find out who made the error, just for awareness and error correction purposes.
- Creating a blame culture will not help staff morale, so avoid it.
- Correct the error.
- Recheck all the items for the last time and put the completed bag to await delivery

Review and Assess

- When it is convenient, gather all members of the dispensing team together and discuss what was likely to have caused this and any other events. Use the root cause analysis SOP and grid
- Refer to the near miss report, so you can assess the general conditions at the time e.g. very busy, lunchtime, staff sickness etc,
- Between you, try to see if there was a way to reduce the likelihood of this type of mistake happening again.
- Record these discussions and their conclusions on the root cause analysis grid.
- Implement any suggested changes.
- Recheck in a couple of weeks to see if the changes are working or causing more unexpected problems.
- Again record this result

**I am involved with
Near Miss Recording**

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Near Miss Recording
which I have read and appreciate the principles behind. Whilst here in locum tenens, I
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Locum Pharmacist's Signature

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Locum Pharmacist's Signature

Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i33.

For Dispensing error recording and reporting

To correct and document all dispensing errors in order to help with complaints handling and strive towards the event never recurring.

All areas of the dispensing process where there is a possibility of contributing to a dispensing error. This includes staffing etc.

Responsibility

Names:

Job Titles: pharmacists, dispensers, dispensing assistants, Medicines Counter

Assistants

Date of Preparation:

9th November 2024

For Review before:

8th November 2026

Version:

1.00.00

All communication must be via email, phone or post for essential services but advanced and enhanced services can be done on the premises.

Humans make mistakes. No matter how hard we try, mistakes are going to happen. All we can do is minimise the frequency and severity. One excellent way to minimise complaints from customers is to ALWAYS provide excellent customer service. The customer is more likely to be understanding and forgive a minor mistake if they are always taken care of.

This SOP is to be followed when a dispensed item is returned because it is not correct.

- When a patient rings in or emails about an item not being correct, remember the patient / representative may not be angry or wish to complain just to have the mistake corrected. If this is the case, reassure the patient / representative and pass on details to the pharmacist. As the pharmacist, confirm that an error has occurred and redispense the item following the relevant SOP, apologise for the mistake, organise delivery and thank them for their time.
- On the other hand if the patient/representative wishes to complain, listen carefully to what they are saying
- Explain that, all complaints are dealt with by the complaints manager or their deputy.
- Explain to the complainant what you are doing and go to find the complaints manager and explain quickly about the patient / representative's complaint.

- As the complaints manager, you now follow the complaint procedure SOP but when dealing with a dispensing error there are certain other steps that need to be followed.
- Firstly if you are dealing with a representative, check that they have the authority to talk for the patient. (Check the confidentiality SOP for details on who may have authority)
- Listen to the complainant. They will have built themselves up to complain and will want to have their complaint properly heard

- Collect the details of the alleged dispensing error and any evidence that the patient has in their possession via the driver, as sensitively as possible.
- Make a record of what you have been told. You may have to use this information at a later date, so be as thorough as possible.
- If you are not the pharmacist, give these details to the pharmacist.
- The pharmacist needs to find out, as quickly as possible, if the complaint is justified i.e. has there been a dispensing error, was the prescription incorrect or has the patient not realised that the tablets have changed etc.
- This will require the retrieval of the prescription and comparing it against the PMR and/or the returned medication. This should be simple if it is a recent dispensing.
- However if the prescriptions have been sent off to the PPA, obviously this will take more time.
- You will need to explain the problem with the patient and decide on a course of action. Have they got other quantities from previous scripts or is it something they do not use all the time?
- If they need the medication and you cannot get hold of the prescription, you could refer to your older PMR records or confirm with the doctor what he actually prescribed if there is any doubt and dispense the item again using the emergency dispensing SOP
- If, at any of the above stages, you confirm that a dispensing error has occurred, dispense the correct item using the relevant SOPs.
- Confirm with the patient, that they are happy with the outcome.
- If this is not the case, continue with the complaints procedure using the relevant SOP.
- In any of the above scenarios, a record of the dispensing error must be made.
- If it could have led or has led to serious consequences, then a report must be made to the NPSA via their website.
- At a quiet time, the whole incident must be reviewed among the staff using the root cause analysis SOP to discover ways of preventing a similar problem arising again.

I am involved with

Dispensing error recording and reporting

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Pharmacist's Name

Pharmacist's Signature

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Dispensing error recording and reporting
which I have read and appreciate the principles behind. Whilst here in locum tenens, I
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variations that I do make.**

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Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i53.

For Staff Training

To make sure there is a procedure in place to formalise staff training procedures and objectives

All training from on the job to formalised courses used to improve the fitness of the staff for the purpose of healthcare providers.

Responsibility

Names:

Job Titles: pharmacists, dispensers, dispensing assistants, Medicines Counter

Assistants

Date of Preparation:

9th November 2024

For Review before:

8th November 2026

Version:

1.00.00

- This is now an important part of Clinical Governance with the need for continuous improvement.
- The easiest way to keep a track of the training accomplishments and needs of your staff, is to keep a record in their personal file.
- Firstly when you take on a new member of staff, you must check any qualifications they say they have.
- Record the qualifications they have and note that they have been confirmed and by whom.
- Depending on what their job is, ensure they have the level of training that is required. i.e. if they are answering the phone about OTC medicines they have the NPA Medicine Counter Assistant or it's equivalent, if they are working in the dispensary they must have a recognised dispensing assistant qualification etc.
- If they have never worked in a pharmacy, put them on the basic course as soon as they have completed their probation period, though obviously on the job training will begin from the first day.
- Make sure each member of staff has read and understood any SOPs that are relevant to their job.
- List staff members who have the expertise to undertake a job on the relevant SOP and make sure they sign that SOP. This means any locum can assess the level of each person's ability and adapt to fit in.
- Encourage all staff to continue not just learning but personal development throughout their working life. This may mean them studying subjects not immediately relevant to pharmacy e.g. increasing their self confidence by passing a qualification in cake decorating or car maintenance, running a charity event which helps improve their organisational and teambuilding skills etc.
- Keep a record of these items of self development in their personal files.
- Also ensure they cover a certain number of hours each year improving their pharmacy knowledge e.g. attending local health events about public health campaigns, reading the pharmacy magazines to learn about new products that the patients may ask them about, gaining another level of qualification within the pharmacy structure.
- Make sure any locums employed by you have kept their CPD up to date and what services they are qualified to undertake. You may wish to inspect their CPD record.
- Training for all staff members, including yourself, is very important but can be achieved in unexpected ways e.g. if you spend a few hours on the web gathering information from the PSNC website that counts as CPD.

**I am involved with
Staff Training**

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Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i54.

For Induction of new Staff

Ensures that all items that staff need to know about the operation of the pharmacy is imparted in a systematic way right from the start

Covers the fast efficient and safe procedure of bringing staff up to speed, taking into account any previous experience they might have.

Responsibility

Names:

Job Titles: pharmacists, dispensers, dispensing assistants, Medicines Counter

Assistants

Date of Preparation:
9th November 2024

For Review before:
8th November 2026

Version:
1.00.00

All communication with patients must be by phone, email or post for essential services but enhanced or advanced services can be done on the premises

- The steps to follow in this SOP will depend on the qualification and experience of the new member of staff. The more experienced they are the fewer of the steps that will be necessary.
- Under the new contract you must check the qualifications and the references of the applicant before you employ them. Once you are happy that all is as it should be, you arrange a day for the person to begin.
- Assuming the applicant has no previous experience in pharmacy business and possibly in retail, the following steps should be taken.
- Supply them with an induction pack, preferably before they commence work. This should consist of:
 - a) A rough outline of what community pharmacies do, who their customers are and the aim of your particular business.
 - b) A list of the jobs held by various members of staff within the pharmacy, brief job descriptions and the names of each person that holds that position.
 - c) A description of the job that the new member staff will be doing, who will be supervising their work and who they can complain to if they are not happy with anything.
 - d) Their working hours, rate of pay, tea and lunch breaks – obviously this will be dealt with in much greater depth once they are given their contract of employment but a brief outline will help them at this stage.
 - e) An outline of the premises, describing the various areas such as stock rooms, staff room, kitchen, loo, where they hang their coats and most importantly fire exits, assembly points etc.
 - f) A description of the legal categories of medicines i.e. GSL, P and POM.
 - g) An explanation of SOPs, how they are to be used and where to find them within the pharmacy.
- Order them a uniform and a name badge, clearly stating they are a trainee if this is the case, as other members of staff will be more patient with them
- Assign a more experienced member of staff to act as their guide through the first few weeks. Starting in a pharmacy can be very daunting

- On their first day, ensure their mentor shows them where to hang their coats and bags, where the loos and staff room are and explains any immediate rules i.e. no cash on them when they are on the premises, no smoking, when staff purchases can be made, any discounts, lunch arrangements etc
- Once they have started, their guide should explain to them what a prescription is and how it should be checked before getting dispensed and how it should be delivered to the patient.
- This is where the SOPs that you have prepared should come in useful.
- Give the new trainee, time to read the relevant SOPs so she understands how you wish things to be done.
- Then they move onto using the till to make sales over the net or from a phone call and finally the beginning of medicine sales. Make sure they realise fully what their limitations are at each stage. Make sure they soon realise when to hand over to a dispenser or a pharmacist.
- Once again the SOPs covering medicine sales will be useful here.
- Obviously all this will be very new, so patience will be needed and a very close eye kept on the trainee to begin with.
- As soon as their trial period is completed, they must be enrolled into the NPA medicine counter assistant course or something similar.
- Until they have completed a course they should be discouraged from giving any advice to customers in relation to medicine sales.
- Cleaning the shelves, keeping the premises clean, tidy and well stocked etc. should be their main jobs.
- Have a plan of staff training so they know what courses they will be invited to do and keep a record of their training in their staff record.

**I am involved with
Induction of new Staff**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

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Pharmacist's Name

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Induction of new Staff
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Locum Pharmacist's Name

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Locum Pharmacist's Name

Locum Pharmacist's Signature

Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i55.

For Induction of New Pharmacist Managers and Locums

Ensures that all items that new pharmacists need to know about the operation of the pharmacy is imparted in a systematic way right from the start

Covers the fast efficient and safe procedure of bringing pharmacists up to speed, taking into account any previous experience they might have.

Responsibility

Names:

Job Titles: pharmacists,

Date of Preparation:
9th November 2024

For Review before:
8th November 2026

Version:
1.00.00

All communication with patients must be by phone, email or post for essential services but enhanced or advanced services can be done on the premises

- Firstly under the new contract you must confirm their GPhC qualifications and check the references of any locum or manager you employ.
- Once you have confirmed that they are suitable you must establish with the locum the terms of his/her employment. i.e. your opening times, your computer system, the number of items you dispense, the support staff available, their style of dress, their duties, their lunch and break times, the rate of pay and any travelling expenses.
- Set out all these details in a locum booking form which you both sign, to lessen the likelihood of disagreements at a later stage.
- Once all these details are agreed, it is important that you leave an experienced member of staff on with the locum for the first few days to guide them on the way you expect things to be done and to deal with holding the keys.
- This member of staff should be confident with the computer (especially passwords) . It is not pleasant starting in a new pharmacy with no idea how to even switch the computer on and a increasing number of scripts.
- Ensure the member of staff shows the locum where the SOPs are kept so they can familiarise themselves with your systems. However it must be remembered at this stage that if the locum signs your SOPs there could be tax implications, so do not insist he uses your SOPs. Probably the most sensible compromise is that your staff, use your SOPs to do their jobs and he uses his, to do his job. It is unlikely that his SOPs will be significantly at odds with yours.
- The SOPS will also indicate to the locum which members of staff are capable of performing which jobs, so they know not to expect unqualified staff to perform jobs they have not been trained to do. Make sure the staff certificates of qualification are clearly on display to reduce confusion.
- The locum needs to be shown around the premises so they know where the staff room and toilets are, the fire exits, fire extinguishers, the first aid box etc.
- Showing the locum, the staff induction book may be useful at this stage, as it will have much of the safety and staff structure information in it.
- If you have specialist services i.e. smoking cessation, MURs, NMS you need to ensure the pharmacist is accredited to undertake these in your absence, or have clear notices that the service is suspended while you are absent..
- Again to avoid tax implications you should not expect a locum to cash up, hold a key to the premises, order stock that is not dispensary items, organise staff rotas etc.
- Your chosen member of staff, should also make some assessment of the level of ability of the locum. This will be an important source of information about the locum, in case you wish to employ them in future.

I am involved with

Induction of New Pharmacist Managers and Locums

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Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i60.

For Maintenance of the Pharmacy Refrigerator(s)

To ensure safe and efficient storage of items which require refrigeration to maintain their product integrity.

All procedures required to ensure the long term storage of items at fridge temperatures.

Responsibility

Names:

Job Titles: pharmacists, dispensers, dispensing assistants, Medicines Counter Assistants

Date of Preparation:
9th November 2024

For Review before:
8th November 2026

Version:
1.00.00

Monitoring 'Fridge Temperatures

- Ensure that you have a fridge in good working order.
- Ensure you have a method of recording the temperature of the fridge on a daily basis- these systems may be brought from the NPA in a paper form or from Theinformacist.com on a CD that can be printed off as and when they are needed.
- Using one of those fridge magnet plastic pegs or some such device, attach the record to the fridge, so that it can be clearly seen.
- At the beginning of each month, write the month and year on the top and starting on the day 1 record the maximum and minimum temperature as it appears on the thermometer
- This must be done on a daily basis and should become part of the daily check list system along with running a computer backup, recording all CD entries, pharmacist log, private prescriptions etc.
- The temperature should be somewhere between 2 and 8 C. Clearly mark any entry outside these limits, e.g. draw a ring around the result.
- If the temperature moves outside this range, remedial action is required.
- Firstly check that air is allowed to circulate properly around the 'fridge. People have a tendency to leave paperwork on top of fridges, so blocking circulation. Also the fridge can be pushed too close to the wall or cupboards on either side of it.
- If any of this is the case, move the paperwork and/or fridge so it has a good supply of circulating air.
- There is usually a temperature control dial so move that in the appropriate direction to raise or lower 'fridge temperature.
- If it is still not falling within the permissible range check whether or not the 'fridge needs to be defrosted.
- If this is the case, defrost as soon as possible.
- Finally if there is still a problem, call out an engineer, to see if it can be adjusted.
- The details of the make and model of the fridge should be recorded on the equipment maintenance records. These should also have the phone number of the engineers who usually repair the equipment (See equipment maintenance SOP)
- Once the repair is complete, make sure the equipment maintenance log is filled out, signed by the engineer and returned to it's appropriate file for future reference.
- If at any time the 'fridge should fail, most insulins will still be usable so long as they have not risen above 40 for more than 24 hours. For instance if you come in on Monday and you discover the fridge at room temperature you will have no choice but to destroy any insulin vials. For more accurate information call the manufacturer and check whether it is right to destroy your stock.

Cleaning the Refrigerator

- It is important that the dispensary fridge is kept clean and neat so that it runs at maximum efficiency. Air should be able to circulate around the stock.
- No food or drink items should be stored in the dispensary fridge. A second fridge, preferably in the staff area, should be used for these.
- Once a month, try to reduce the amount of stock you have in the fridge. The end of month is probably the best time to do this.
- Collect all the fridge items together, preferably in plastic boxes with padding around the items to minimise the increase in temperature.
- Fill a small bowl with barely warm water and add a small amount of sodium bicarbonate powder. This will reduce any smells and help with the cleaning.
- Using a clean cloth, thoroughly wipe all the internal areas of the fridge.
- Dry with a clean tea towel.
- Return the stock to the fridge.
- As you do, check the dates on all the products and mark any that are near their expiry date. Stack stock back neatly so that it is easily seen and counted.
- Also it is a good time to generally go through the fridge and replace the items in a neat and easy to follow system.
- Overstocking on fridge items, especially insulins, happens very quickly if they are not kept in neat piles.
- Record on the fridge maintenance records the date that the cleaning was done and by whom.

Defrosting the 'Fridge

- This should be done 3 monthly unless there has been a build up of ice with in the fridge or the temperature readings have been out of range.
- Take all the items out of the fridge.
- Store them in containers, preferably in another fridge i.e. one that is used for the staff usually.
- Make sure you clear a shelf in this second fridge and keep all the dispensary items separate from the staff items.
- If there is no second fridge available, wrap the containers in newspapers and cloth to keep them as cool as possible.
- Turn the fridge off.
- Leave until all the ice dissolves, making sure the water can be conveniently drained.
- If the fridge is taking a while to defrost, put a bowl of boiling water at the bottom of the fridge, to speed up the process.
- Once all the ice has melted, remove the excess with a cloth.
- Clean the fridge using a clean cloth and water with sodium bicarbonate in it.
- Dry the fridge with a clean tea towel.
- Turn the fridge back on.
- Leave for a couple of hours and then replace the stock.
- Do a date check as you replace the stock.
- Place the oldest stock at the front to ensure good stock rotation.
- Replace the stock in a neat and orderly fashion so all the stock can be seen at a glance.
- This helps to prevent apparent out of stocks or excess stock holding, which can be expensive.

- Mark the maintenance records with the date of the defrost and who did it.

**I am involved with
Maintenance of the Pharmacy Refrigerator(s)
So my signature below indicates that I have read and fully understand the procedure. By
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Maintenance of the Pharmacy Refrigerator(s)

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Locum Pharmacist's Name

Locum Pharmacist's Signature

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Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i67.

For Running a Clinical Audit

Shows how to run your ongoing clinical audits as required by the Contract

Includes choice of audit, the data capture and the summary of results

Responsibility

Names:

Job Titles: pharmacists, dispensing technicians, checking technicians, dispensing assistants, counter staff, driver

Date of Preparation:
9th November 2024

For Review before:
8th November 2026

Version:
1.00.00

Under the new contract each pharmacy must prepare two clinical audits a year:

- a) One that they decide and organise themselves
 - b) One that the local area team decides and will be multidisciplinary.
- Clinical audit relates to all aspects of patient care provided by any health care professional. The NHS has defined clear aims for clinical audit
- a) A clear patient focus
 - b) Greater multi-professional multi-disciplinary working across different clinical and managerial disciplines
 - c) An inter-sectoral approach where patient's care involves primary, secondary and continuing care.
 - d) A role in professional self development
 - e) Better information about clinical effectiveness, variations in practice, cost effectiveness, critical appraisal skills and outcome measurement.

Running an Audit

- First choose a topic. This choice is vital. The topic must be important to the pharmacy, patients and practice. The benefits of this topic should be clear as that will help motivate people
- Consider topics that include high risk or volume, local issues, areas of concern, including financial where a large amount of people, time and money is used, or areas from the new contract e.g. NMS and repeat dispensing.
- You then breakdown the performance into
 - a) Structure - what you need or what facilities are there?
 - b) Process - what you do or what was done to the patient?
 - c) Outcome - what you expect to happen or what was the result for the patient?
- Choose a topic that is a real problem that can be measured, where standards can be set and changes made and where those changes will be welcomed by everyone, where the effort required is acceptable and it is not a controversial subject.
- Choose one person to be the co-ordinator for this audit responsible for the overall management.
- Decide how long the audit will last – the simplest method for the shortest time is a great motivator
- Include affecting change as the purpose of the audit.
- It must be stressed to people involved in the audit that there is a need for confidentiality and explain that the audit is not an inspection or to criticise anybody.

- Only collect data that is necessary
- Once the topic has been chosen, you need to set the criteria (what should be happening) i.e. a simple statement about the delivery of the service you are auditing. It should focus on clinically relevant, clearly defined and measurable points.
- Decide what standard you are aiming for. It needs to be realistic, measurable, achievable and agreed. The audit will compare current practice with this agreed standard.
- Collect the data (what is actually happening). Do not collect more data, for a longer time than is absolutely necessary.
- Analyse the data (compare the actual with what should be happening)
- Make sure the data collected was complete and accurate and there was nothing significantly exceptional happening that affected the results i.e. staff sickness, holidays etc.
- Examine the results of the audit with all the participants.
- Identify whether the standards have been met or not (decide on change). If not the audit should have shown where changes are needed. If the standard has been met, the audit may have shown where further improvements can be made.
- Implement the change. This is where it is important that the people involved in making the change were also involved in the audit. They are much more likely to change if they understand why they are doing so.
- Monitor the progress (was the change successful?), so the cycle continues. The change needs to be re-measured and the next audit cycle started.

**I am involved with
Running a Clinical Audit**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

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Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i70.

For Running a Prescription Delivery Service

To ensure the efficient delivery of items to patient's homes, while maintaining professional standards at all times.

Covers all items requested to be delivered to a patient's home, and their safe delivery to the correct patient, with a level of service that is as good as they would get if they came to the shop.

Responsibility

Names:

Job Titles: pharmacists, dispensing technicians, checking technicians, dispensing assistants, counter staff, driver

Date of Preparation:
9th November 2024

For Review before:
8th November 2026

Version:
1.00.00

All communication with patients must be by phone, email or post for essential services but enhanced or advanced services can be done on the premises

To run this type of service well, the paperwork system involved must be easy to use and adaptable.

- Firstly an audit trail book of some description needs to be started that has the date at the top, spaces for the names and addresses of the patients who require delivery, room for any additional information e.g. if something is owed and will be delivered later etc, space for the delivery driver to make comments i.e. that the patient was not at home, couldn't find the address etc. and a column for successful completion of the delivery.
- Secondly a clearly designated area should be set aside for storage of the scripts requiring delivery, so the driver knows where he will find his deliveries.

On Receipt of a Request

- If a patient sends in a script for delivery or a patient rings to ask for a repeat script to be delivered, discuss with them when would be most convenient for both your pharmacy and the patient.
- If possible, make sure you have the patient's telephone number (including mobile number) or email and record it on their PMR, so that if there are any problems with the delivery system at any time, you can contact them. Patients like to know at every stage what has happened to their medicines.
- Mark the script clearly for delivery either at the time or as soon as it arrives in the dispensary.
- This mark should include the date, and possibly a rough time of day, that the delivery has been requested. It should also indicate if it is an item that must be handed only to the named patient. Mark it "Return to pharmacy if this named patient is not present to receive these goods" This should include any items where important advice must be passed to a patient.
- At the same time, enter the details of the delivery onto the drop sheet.
- Once it has been dispensed, the bag should be clearly marked with the delivery address and date and stored in the appropriate area.
- Any comments about missing items etc should be added to the drop sheet for the driver to pass on.
- Delivery dates for missing items should be taken from the audit trail and marked on the appropriate drop sheets so they do not get lost in the system.

The driver collects his/her deliveries

- When the driver arrives, check the drop sheet against the items in the designated area.
- If there are items marked for delivery that are not in the designated area, find them.
- If you cannot find them or there is some other reason the delivery is not going to be made that trip, mark the drop sheet with the reason and when the delivery will be made.
- Ring the patient to tell them why the delivery will be delayed and agree a new delivery date. Record this information in the audit trail book
- Ensure the new delivery information is transferred to the appropriate drop sheet.
- Go over with the driver any special information that he must pass onto the patient or their carers. Make sure the driver is not being asked to pass on advice that exceeds his or her training level.
- The driver should have a supply of "missed" delivery cards that he can put through patient's doors, if they are not in when he tries to deliver.
- Make a copy of the drop sheet and hand it to the driver.

On arrival at the patient's address

- The items should ideally be handed to the person who ordered them
- Previously agreed ID should be shown unless the patient is known to the driver.
- Give the complete order to the patient and get them to sign for each parcel.
- The driver should verbally pass on any information recorded on the bag, in order to ensure the message is received and understood by the patient. The patient should also sign to confirm that.
- Any items marked "Return to pharmacy if this named patient is not present to receive these goods" should clearly be returned to the pharmacy if the patient is not at home.
- If any special arrangements have been made to drop goods at a neighbour the driver MUST be sure of the identity and address of the neighbour. That neighbour should sign for the parcels and any message.
- Under NO circumstances must any items be left on the porch unsecured.

The driver returns to the pharmacy

- When the driver returns, put any items not delivered, back into the designated delivery area and ensure the reason why is recorded in your delivery audit trail book.
- Mark the next available drop sheet, with the delivery information from that returned item.
- Make sure each delivery has either been signed for or been returned to the pharmacy.
- Keep this completed drop sheet in a book for a couple of weeks so any queries at a later stage can be answered.

I am involved with

Running a Prescription Delivery Service

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Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i72.

For Giving Advice on Healthy Lifestyles

Ensures the pharmacy staff are aware at all times that they should be pro-actively helping their customers with improving their lifestyle.

Covers all points of contact between staff and customers.

Responsibility

Names:

Job Titles: pharmacists, dispensing technicians, checking technicians, dispensing assistants, counter staff

Date of Preparation:
9th November 2024

For Review before:
8th November 2026

Version:
1.00.00

All communication with patients must be by phone, email or post for essential services but enhanced or advanced services can be done on the premises

This is now one of the responsibilities in the pharmacy contract. It is important that everybody in the pharmacy makes the effort to encourage a healthy lifestyle to all your customers.

- Firstly make sure that all members of staff are aware of the general principles of a healthy lifestyle i.e. eating at least 5 portions of fruit and vegetables a day, regular exercise, moderate drinking and no smoking.
- When you are generally chatting to your customers over the phone, note any habits that will affect their future well being and try to encourage them to make small changes that could make a big difference
 - a) Ways to eat 5 portions of fruit or vegetables. You may even be able to sell portions of fresh fruit and vegetables in season, which your driver could deliver
 - b) Ways to increase their exercise without the expense of joining a gym- like parking their car further away from the place they want to get to, always taking the stairs instead of the escalator or lift, having a short walk at lunchtime instead of sending somebody else for their sandwich. Sell pedometers so people can see how many extra steps they have taken, and encourage them to increase their steps daily.
 - c) Ways to reduce the amount of alcohol they drink- like alternating an alcoholic drink with a soft one, making one drink last longer or having smaller drinks each time.
 - d) Ways to reduce the amount they smoke- like only smoking half a cigarette at a time (most of the dangerous chemicals build up in the bottom end of the cigarette so they will inhale less of them if you only smoke the first half), pacing themselves during the day to limit the number.
- e) Ways to reduce stress in their lives like- planning their work load, learning the 5 minute relaxation technique and others, ensuring they have a day away from their usual routine and time for themselves.
- Have leaflets on these subjects that can be delivered to customers including diet sheets etc.
- Run campaigns, either as part of a LAT one, local initiative or national drive..
- Have displays on your website, run competitions, involve the local community.
- Keep books on healthy living, stress reduction, diets, etc so you can direct people for further advice.

- Encourage people on regular medication to make sure they take their tablets.
- The more you explain to customers the benefits of changing their lifestyles the more likely they are to attempt to.
- Tell them that it takes about 60 days to change a habit and the more you follow the new routine the more likely it is to become the new habit.
- Improve your knowledge of herbal medicines, vitamins, minerals, body building supplements, aromatherapy etc so you can give impartial advice. More and more of the population, especially the young, are moving into these areas and hence you should too.

**I am involved with
Giving Advice on Healthy Lifestyles**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

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Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i73.

For running a Patient Satisfaction Survey

Objective: This SOP covers the procedures for running a Patient Satisfaction survey in ensuring sampling techniques are the best possible to obtain an accurate picture of our services.

Scope: The annual Patient survey which covers the number of returned questionnaires needed to meet the minimum requirements of the contract.

Responsibility

Names:

Job Titles: pharmacists, dispensing technicians, checking technicians, dispensing assistants, counter staff, driver

Date of Preparation:
9th November 2024

For Review before:
8th November 2026

Version:
1.00.00

All communication must be via email, phone or post for essential services but advanced and enhanced services can be done on the premises.

The aim of this is to get some feedback from our patients as to how they view us and our services. It is part of the pharmacy contract and the local monitoring team will want to see that we have assessed the results and made some effort to improve any areas that we are weak in.

The contract specifies the following minimum number of returned questionnaires required, depending on the number of prescription items we dispense:

Minimum returned questionnaires required to meet the contract

Up to 2,000	50
2,001-4,000	75
4,001-6,000	100
6,001-8,000	125
over 8,000	150

- Now as we dispense over..... items per month we must collect..... completed questionnaires.
- Set a date to start the survey and divide the number we have to collect by the number of days we intend to run the survey. This will tell us how many completed questionnaires we have to collect during the hour we ask people.
- To ensure we get a random sample that is not influenced by knowing the patient, we will ask every third person who requests an NHS service (see selection of patients below) to complete a questionnaire until we have ... completed. This will ensure that we catch a variety of patients.
- Keep a check on the number of completed questionnaires that are collected, possibly by having a running tally on the side of the box.
- We will start this at 9am on the first day, 10 am on the second day, 11 am on the third day and so on till we have reached our target.
- In week One:
 - Monday start at 9:00 and collectsurveys
 - Tuesday start at 10:00 and collectsurveys
 - Wednesday start at 11:00 and collect ... surveys
 - Thursday start at 12:00 and collect ...surveys
 - Friday start at 1:00 and collect ... surveys
 - Saturday start at 2:00 and collect ... surveys

- In week Two:
- Monday start at 3:00 and collect ... surveys
- Tuesday start at 4:00 and collect ... surveys
- Wednesday start at 5:00 and collect ... surveys
- Thursday start at 9:00 and collect ... surveys
- Friday start at 10:00 and collect ... surveys
- Saturday start at 11:00 and collect ... surveys
- The easiest way for the patient to complete a questionnaire is if it is delivered by the driver with their medication and then returned via the driver.
- Explain to them that when they have completed it, to fold it in half and give it back to the driver or post it so their comments will be totally confidential. Say that we would prefer honest comments as it gives us a chance to improve things for them.
- If we get refusals to complete the survey move on to the next patient until one accepts, then miss two and so on.

Selection of patients

- This survey is exclusive to those receiving NHS services. Obviously those have prescriptions delivered or using enhanced or advanced services are included.
- Anyone receiving general advice on healthcare and lifestyle over the phone are included.
- If anyone only buys an OTC medicine from our website without asking advice from the pharmacist they must be excluded.
- Obviously anyone only buying other OTC products will also be excluded.

Analysis of the results

- Once we have collected the required number, the questionnaires results must be reviewed and the number and types of reply for each question recorded. This can be done on paper or by computer.
- So if on counting the “How friendly were the staff?” answers, there were 10 very poor, 20 poor, 10 good, 5 very good answers and 5 don’t knows, then 60% of our customers thought our staff were poor or very poor.
- Now each question has to be summarised like that and a report produced so the LAT inspector can look at the result on their next visit.
- The questionnaires may also give us some insight into how our customers are split by gender and by age which could be useful in deciding what we services we should provide.
- In the meantime any results that do indicate a serious problem like the one above, needs attention.
- Together we must decide what we can do to improve.
- Record what we intend to do, who will do it, the date we intend to have completed the change and who will check that it has been done.
- Keep this sheet with the questionnaires and the results record to show the inspector.
- Attach the report to our NHS profile page
- Next year we will be able to compare the results and hopefully will see an improvement.

**I am involved with
running a Patient Satisfaction Survey**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

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Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i74.

For delivery of CDs by a driver

Objective: To ensure the secure storage of CDs during transit and safe delivery to the intended patient or their carer

Scope: All CDs requiring delivery

Responsibility

Names:

Job Titles: pharmacists, drivers

Date of Preparation:
9th November 2024

For Review before:
8th November 2026

Version:
1.00.00

All communication must be via email, phone or post for essential services but advanced and enhanced services can be done on the premises.

Delivery of CDs to Patients

- If there are controlled drugs to be delivered extra care and record keeping is required.
- Once the CD has been dispensed, following the SOP for CD dispensing, the item should be sealed in a bag with the address label of the patient and the prescription attached.
- This should then be put in the patient section of the CD cabinet, clearly marked as awaiting delivery.
- When preparing the drivers drop sheet, the fact that a CD is to be delivered should be marked on the rest of the delivery, if any, so it easily seen by the driver.
- On the drop sheet, there should be space for the patient or their carer to sign to confirm that they have received the drug.
- When the driver is ready to leave he asks the pharmacist for the CD that needs delivering and the original prescription so he can get the recipient's signature on it..
- The pharmacist should then get the bag out of the cupboard, checking that it is the correct bag with the correct address on it.
- The driver must then store the CD bag in the secure transit system.
- Once he arrives at the correct address he takes the medication out of the bag and to the front door.
- He must ensure that he supplies the medication to the correct patient or their carer and gets them to sign his drop sheet and the original prescription as proof that they have received the CD.
- It may be necessary for the patient/carer to confirm that the medication and the quantity is what they ordered.
- If neither the patient nor their designated carer is there, he should check with the pharmacist as to whether he can leave the medication with another member of the household or a qualified professional e.g. a Macmillan nurse.
- If there is nobody in the house the CD must be returned to the pharmacy and other arrangements made for a later delivery.
- Under these circumstances, the pharmacist should sign the CD back in to his possession, possibly from the drop sheet.
- The above procedure must be repeated when the delivery is next attempted.

**I am involved with
delivery of CDs by a driver**

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Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i75.

For receipt, storage and destruction of CDs

Objective: To ensure that controlled drugs are received, recorded, stored and destroyed in an accountable, legal and safe way.

Scope: Receipt, storage and destruction of all controlled drugs within this pharmacy

Responsibility

Names:

Job Titles: pharmacists, dispensing technicians, checking technicians, dispensing assistants

Date of Preparation:
9th November 2024

For Review before:
8th November 2026

Version:
1.00.00

All communication must be via email, phone or post for essential services but advanced and enhanced services can be done on the premises.

Receipt

- Having dispensed a CD, decide whether it is necessary to reorder the item, depending on the amount used and the amount left.
- Order the required amount.
- Ensure that if you are not going to be in when the CD is due to be delivered, you have informed the next most senior member of dispensing staff of the impending arrival.
- If there is no dispensary staff to take this message, then make a note that will be easily seen by the incoming pharmacist.
- The note should clearly state what has been ordered, how much, from whom and when it is due in.
- Once the order has arrived, the delivery driver will present you with a form to sign to confirm that the ordered drug, quantity etc has been safely delivered.
- Ensure that the goods are checked against the delivery note before you sign. If a discrepancy is later discovered it is difficult to argue the case if the delivery note has been signed without that check.
- If the goods that were ordered, have not arrived, check the delivery notes to see if they were out of stock. If they are, order them from another wholesaler as the patient may be desperate for them.
- If the goods were not out of stock, make sure you have not been charged for them.
- If you have, contact the wholesaler to find out what has happened to them.
- Once you are satisfied that the correct drug and amount has been delivered, you must make an entry into the relevant section of the CD register.
- Then verify each item through the FMD system and check their anti tamper devices.
- Measure the quantity that has been delivered. Manufacturers normally supply an overage in their bottles so the correct amount, must be measured and recorded in the register.
- Record any bottles of powder or liquids etc as the quantity marked on the container and leave the container sealed until you need to use it.
- Be aware that when you open a container of powder or liquid, you must accurately measure the quantity and record any overage as an additional supply to you. Manufacturers are obliged to supply an overage to try to keep the stated quantity above the quantity stated. Some add 10%.
- Record the actual amount you have received on the bottle and then seal the bottle with sellotape, packing tape etc and sign across it to show no tampering has occurred,
- You must also adjust the CD tally for that drug to take account the new amount now stocked.

Storage

- Having entered the details of the receipt into the register the drug should immediately be put into the CD cabinet.
- The CD cabinet is located.....
- The key to the CD cabinet should be under the personal control of the pharmacist at all times. This ensures that he/she is aware of all activity surrounding the CD cabinet and hence should be able to prevent unauthorised access.
- Within the cabinet, stock CD items should be kept separately from items returned from patients.
- Expired stock items should also be kept separately.
- Once the stock has been put into the cabinet it must then be locked.
- At the end of the day, ensure all CD stock is in the CD cabinet and the cabinet is locked.
- If the pharmacy is running on locums, then the key should be left with the most senior dispensary staff or as a last resort the shop manager.
- If the key is left with a non qualified member of staff, put the key into a sealable bag, which is then signed by the out going pharmacist, such that the next incoming pharmacist can check in the morning that the bag has not been tampered with over night.

Destruction

- When doing your regular stock takes, to confirm that the tally and stock match, ensure that you check all the expiry dates.
- If some have gone over that date, separate them out.
- Mark them clearly as expired stock and the quantity that is in the bottle.
- Make an entry into the CD register and the tally with the amount, type etc. and subtract the amount from the running total.
- Ensure you have a witness to agree these details and that they sign, with their position and qualification number if possible, the register and CD tally.
- Decommission the expired stock through the FMD system
- If possible seal the containers until they can be destroyed.
- Next time a suitable inspector calls, ask him to witness the destruction of these stock CDs using a denaturing kit.
- The denatured mixture can then be added to the normal drug waste disposal bin.
- If at any time you have concerns about expired stock that has gone missing etc, inform the designated person within the pharmacy of these concerns immediately. The designated person within this pharmacy is _____ .

I am involved with receipt, storage and destruction of CDs
So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

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Pharmacist's Name

Pharmacist's Signature

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Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i105.

For assuming Responsibilities as RP

Objective: To ensure that the pharmacy you are responsible for is run in a safe and effective manner where medicines are concerned.

Scope: To cover any time that you are acting as the responsible pharmacist.

Responsibility

Names:

Job Titles: responsible pharmacist

Date of Preparation:

9th November 2024

For Review before:

8th November 2026

Version:

1.00.00

All communication must be via email, phone or post for essential services but advanced and enhanced services can be done on the premises.

- When taking on a booking as a locum pharmacist, ring the premises before hand to establish where they keep their SOPs, confirm that the team follow them and the date they were last reviewed.
- As responsible pharmacist, on entering a pharmacy, especially for the first time, you must be satisfied that safe and effective procedures exist, are maintained, followed and reviewed. These will be the shop's SOPs.
- It is being suggested that if you cannot locate the procedures either because you didn't get through when you phoned or you can't find them, it is possible they don't exist.
- You should firstly ask the staff. They should know where they are kept and be familiar with them.
- If they do not, you need to contact the owner, superintendent or any other person in authority e.g. the store manager or area manager.
- If you cannot get an answer try the previous day's responsible pharmacist.
- If you still cannot find the SOPs you must use your professional judgement as to the consequences of opening or not.
- You must be able to justify your decision either way.
- If you open, you must set up your own procedures in relation to the preparation, sale and supply of medicines.
- The SOPs must cover
 - A** The ordering, storage, preparation, sale, supply, delivery and disposal of medicinal products in a safe and effective manner
 - B** The circumstances in which a team member who is not a pharmacist, may give advice about medicinal products
 - C** Which members of staff are competent to do which tasks
 - D** Keeping of records
 - E** Arrangements during the responsible pharmacists absence
 - F** Steps to be taken when there is a change of responsible pharmacist
 - G** Complaint procedures
 - H** Any incident indicating the pharmacy is not being run in a safe and effective manner
 - I** The manner in which changes to the SOPs are notified to the staff
- As writing a set of SOPs will be impossible in such a short time, use your own basic set of procedures on the pendrive that you carry around with you.
- You should adjust these, if necessary, to the pharmacy you are dealing with e.g. some premises have a lot of addicts while others have none, some have nursing homes others don't etc.

- Get as much staff input as possible as they will know the systems best and they will adopt the new SOPs more easily if they have helped to create them.
- Load these into the computer and follow them until you can find the pharmacy's usual SOPs.

- Show the team how your SOPs work so they too can follow them.
- You must maintain an audit trail of which SOPs were being followed when, and who was trained on them.
- Record on this log your details and as a matter of good practice why you amended the SOPs

- If at a later stage, you find the shop SOPs and decide to revert back to them this too must be recorded.
- Inform the owner/superintendent as soon as possible that this is what you have done.
- Having dealt with the SOPs you need to know which personnel are trained to do which jobs. There should be an indication on the sign in sheets of the SOPs but if not, there should also be a list of current team members with their capabilities, qualifications etc phone numbers, hours of working etc.
- Confirm in your own mind, who can do what and organise the work patterns accordingly.
- If you decide not to open, contact your employer and the LAT.

**I am involved with
assuming Responsibilities as RP
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Locum Pharmacist's Name

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Locum Pharmacist's Signature

Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure Int i114.

For ensuring staff and third party contractors have confidentiality clauses

Objective: To ensure that anybody who has access to patient identifiable information within this pharmacy is aware of the importance of maintaining all patients' privacy.

Scope: To ensure that all contracts with third parties maintain confidentiality, have confidentiality clauses, with disciplinary consequences for breaches, in their staff contracts and give their staff training.

Responsibility

Names:

Job Titles: responsible pharmacist, pharmacists, dispensing technicians, checking technicians, dispensing assistants, counter staff, secretary, driver, cleaner

Date of Preparation:

9th November 2024

For Review before:

8th November 2026

Version:

1.00.00

All communication must be via email, phone or post for essential services but advanced and enhanced services can be done on the premises.

Individuals of all descriptions who may have access to PII, even by accident (e.g. details of a friend of theirs is displayed on the PMR screen) must agree not to disclose information to any third party. This means that they must have a confidentiality clause written into their contract with their employer. This is in addition to your own staff having such a clause within their employment contract with you.

- Each of your staff should have a contract of employment and particulars of employment which should include a clause warning them that disclosure of PII to any third party would be viewed as gross misconduct and as such could result in instant dismissal.
- If any do not, add the necessary clause, give the person a copy of the new contract, pointing out the change and get them to sign it.
- Give any new employee two copies of a contract (one to keep and one to return) containing the confidentiality clause and training on all aspects of GDPR and ensure they know who the GDPR lead in the pharmacy is. It is vital that staff know how important confidentiality is.
- Make sure all staff are trained at least annually on all aspects of DSP so that it remains fresh in their minds. Staff must realise how important DSP is.
- When you contemplate a new contract with a third party e.g. a computer supplier, a storage company, a specials manufacturer, a cleaning company, a builder, think about the IG elements before you sign up e.g. what access will their employees have to your P.I.I.?
- Discuss with the third party who is responsible for confidentiality, Data Protection and information security.
- Ask what their staff contracts say regarding confidentiality and disciplinary procedures for breaches and what training they provide their staff with.

- If they do not have such clauses in place you must create them, have them signed by the contractors and their staff and incorporated into the contracts.

I am involved with ensuring staff and third party contractors have confidentiality clauses So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

<ul style="list-style-type: none"> • Name _____ Signature _____ Date _____ • Competence checked by _____ Date _____ • Restrictions

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Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i126.

For Handling a CD Incident

Objective: To ensure any incident involving Controlled Drugs is investigated, dealt with appropriately and if necessary reported.

Scope: To cover all untoward incidents involving Controlled Drugs.

Responsibility

Names:

Job Titles: responsible pharmacist, pharmacists, dispensing technicians, checking technicians, dispensing assistants, counter staff,

Date of Preparation:

9th November 2024

For Review before:

8th November 2026

Version:

1.00.00

All communication must be via email, phone or post for essential services but advanced and enhanced services can be done on the premises.

- If, when dealing with controlled drugs within the pharmacy, a situation arises that is in any way out of the ordinary e.g. a patient complains they have not got the correct medicine, there is a missing CD entry, an ampoule is dropped on the floor and breaks, the CD stock does not match the running tally etc. a record must be made.
- This should record
 - a The date and time the incident was discovered
 - b Who discovered the incident
 - c The date and time the incident originally occurred if it is known
 - d Who is filling out the form
 - e Who was involved in the original incident, if known
 - f Any interviews with staff and what was said
 - g What was done at the time of the incident
 - h What has been done since the discovery
 - i Who has been informed
 - j What their input was
- Any incidents that already have procedures in place to deal with them i.e. dispensing errors, stock takes not matching running tallies etc. you should make sure you follow those procedures as well.
- If the incident is something that has happened before or is of a serious nature e.g. a box of ampoules or 500ml of Methadone is missing this should be reported to the superintendent pharmacist, the local controlled drugs authorised person, the GPhC inspector and possibly the police.
- Once the incident has been dealt with a root cause analysis should be run following the appropriate SOP to see how the situation could be avoided in the future.
- Any changes that are decided upon should be implemented with any relevant SOPs being amended to reflect that new procedures.

**I am involved with
Handling a CD Incident**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

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Pharmacist's Name

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Pharmacist's Name

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Locum Pharmacist's Signature

Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i135.

For giving advice about a healthy diet.

Objective: To use regular dealing with patients as an opportunistic chance to give lifestyle advice to improve their diet.

Scope: to cover all occasions when giving snippets of healthy eating advice could be given

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, IG Lead, Dispensing Technicians, Accuracy Checking Technicians, Dispensing Assistants, Counter Staff,

Date of Preparation:

9th November 2024

For Review before:

8th November 2026

Version:

1.00.00

All communication with patients must be by phone, email or post for essential services

- Two thirds of the adult population in this country are overweight and the consequences of this is a cost to the NHS of £4.23bn a year. So the government wishes us to take every opportunity to encourage patients to adopt a more healthy diet. They particularly want pharmacists to provide healthy living advice at each stage of the NMS.
- It can be awkward suggesting to a client, by email or phone, who is overweight, ways they could improve their diet. You can't see them, so you don't know how obese they are. You might say, "I obviously can't tell what your weight is, so in case you are overweight....."
- So think how you can overcome this.
- Run campaigns on a regular basis, on your website/Facebook page to promote healthy lifestyles, maybe concentrating on one topic at a time.
- Send leaflets with facts and figures instead of products e.g. a picture of a meal like a Macdonald's with the calorie count and then a slim down version and that calorie count.
- Have leaflets that you can supply to all your customers so you are not targeting those who are overweight, especially during your campaigns.
- In these leaflets have details of the number of calories men and women can eat each day and how many calories they will burn doing particular chores and exercises for an hour.
- Talk about weight management classes off site, where people can get together and support each other to lose weight.
- Suggest they run a sponsored weight loss club in support of a local charity.
- Don't forget to talk to those patients who may be underweight. Discuss with them what they eat and how they can put on more weight.

- Consider those patients that have certain food allergies and intolerances. Chat with them about any problems they are having either getting things like gluten free products or trying to pinpoint which foods are causing them problems.
- Generally all patients should be advised to cut down on snacks, both sweet and savoury, and drinking too many of their calories either as alcohol or sugary carbonated drinks.
- Explain the importance of eating 5 portions of fruit and veg. a day. 70% of the population
- Tell them how much of various fruit and veg. makes up one portion.
- Encourage them to cook their own food rather than buying readymade meals which are generally high in salt and fat.
- Suggest they limit the number of meals out or takeaways they eat as these can be very high in calories.

I am involved with

giving advice about a healthy diet.

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

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Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i136.

For advising on physical exercise

Objective: To ensure that all patients take regular exercise but especially those with long term conditions.

Scope: to cover all customers and patients but especially those more likely to benefit i.e. the older population and those with a long term illness.

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, IG Lead, Dispensing Technicians, Accuracy Checking Technicians, Dispensing Assistants, Counter Staff, Driver,

Date of Preparation:

9th November 2024

For Review before:

8th November 2026

Version:

1.00.00

All communication with patients must be by phone, email or post for essential services

- It has been shown in numerous studies that exercise is good for people both physically and mentally but only 30 to 40% of the population actually do the recommend 30 minutes at least 5 times a week.
- Wherever possible discuss (via phone/post or email) with your patients the benefits of regular exercise. The evidence is that it reduces the likelihood of cardiovascular disease, helps strengthen bones, eases arthritis, and can improve a person's sense of well being.
- Explain that it doesn't have to be a jog or a trip to the gym. Many people feel out of place in gyms especially if they are overweight.
- Tell them they only need to do 30 minutes exercise on 5 days of the week to provide the vast majority of the benefits.
- Talk about the fact that the 30 minutes does not have to be all at once. It can be split up in to 5 or 10 minute blocks.
- Suggest simple ways that this can be fitted into their daily routines at no extra cost. This could include walking to work, parking their car a little further than they usually do or walking up some flights of stairs instead of taking the lift.
- Find out what puts them off doing exercise and between you try to find a way round this. For example if they suffer from arthritis and it is painful to walk suggest they go swimming or if they are very busy explain they can split the times into 10 minute sessions
- If they have children or grandchildren, suggest they do some sort of exercise with them. This will mean they spend some quality time with the children and also encourage them to do some exercise.
- Having a dog is a good way to get people to move more as the dog will need exercise. There is also the added benefit of stress relief that stroking a pet can have.
- Discuss with them how to set goals, how to concentrate on the benefits and to reward themselves with a small treat, preferably not food related, when they have succeeded
- Encourage them to keep a diary so they can see how they are progressing.
- Try to run regular promotions on the internet to encourage your customers to take up more exercise.

- Above all advise patients to choose a type of exercise that they can live with and fit into their lives. This could be anything from brisk walking to line dancing!

**I am involved with
advising on physical exercise**

**So my signature below indicates that I have read and fully understand the procedure.
By signing this procedure I agree to follow the procedure at all times. If I have any
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Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i142.

For the supply of OTC medicines online

Objective: To ensure all medicines ordered over the internet are supplied safely and according to the law.

Scope: To cover all OTC sales made by this company from the internet

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, IG Lead, Dispensing Technicians, Accuracy Checking Technicians, Dispensing Assistants, Counter Staff, Secretary, Driver, Cleaner

Date of Preparation:

9th November 2024

For Review before:

8th November 2026

Version:

1.00.00

All communication must be via email, phone or post for essential services but advanced and enhanced services can be done on the premises.

- This company has a shop on the web that advertises for sale various types of OTC medicines, including P medicines that can only be sold under the supervision of a pharmacist.
- Details of an order taken on the web is emailed to a branch of the company.
- Payment will be made by the clients leaving their credit card details.
- Confirm we have the item in stock.
- If not, order the item and once it has come in, continue with the following procedure
- Make a copy of the order to deal with.
- Find the item that has been requested.
- Check the legal status of the product i.e. is it a "P".
- If it is, check you have the additional form that the patient has to fill in before they purchase and pass it onto the pharmacist on duty.
- It is up to the pharmacist to decide whether he will allow the sale or not.
- If he is in doubt or wants more information, he will ring the patient up to discuss it.
- If he is now happy with the sale, put the payment details through the terminal to check the details are valid and payment is accepted.
- Pack the item up in a secure parcel with the sales receipt and credit card slip.
- Post out to the address supplied or pass over to the delivery driver if it is a local address.

**I am involved with
the supply of OTC medicines online
So my signature below indicates that I have read and fully understand the procedure. By
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Pharmacist's Name

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the supply of OTC medicines online
So my signature below indicates that I have read and fully understand the procedure. By
signing this procedure I agree to follow the procedure at all times. If I have any
suggestions for improving the procedure I agree to suggest them at the earliest
opportunity.**

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
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- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature

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the supply of OTC medicines online
which I have read and appreciate the principles behind. Whilst here in locum tenens, I
will follow this procedure to help the smooth running of the shop, provided it does not
compromise my professional judgement. Clearly I accept responsibility for any
variations that I do make.**

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i161

For dealing with delayed prescriptions from the N3

Objective: To ensure that everybody is aware of the procedure to be followed when there is a delay in the availability of prescriptions though the EPS2 system or the system has crashed

Scope: To cover all incidents when a script is not immediately available via EPS2 and we have a patient waiting

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants

Date of Preparation:
9th November 2024

For Review before:
8th November 2026

Version:
1.00.00

All communication must be via email, phone or post for essential services but advanced and enhanced services can be done on the premises.

- If the N3 spine has crashed, we will need to inform all the local surgeries and ask them to revert to providing patients with the normal green FP10 forms until the system is up and running again.
- Then try to establish with The Health and Social Care Information Centre (HSCIC) when it is likely to be available so you can let the surgeries know they can revert to EPS
- We may have to provide emergency supplies, if the patient is desperate and nobody can go to the surgery to collect the script.
- There are also occasions when we will try to download a prescription but it is not there.
- Firstly question the patient to ensure they have ordered the script and you are their nominated pharmacy.
- Then check with the surgery to confirm that they have uploaded the script to the N3 spine and there have been no problems at their end.
- It is possible that the script has not been pulled down from the spine via automatic scheduling as expected.
- To support trouble shooting in pharmacy and GP practices, HSCIC has launched a simple EPS "Where is my prescription?" online tracker. This allows us to check the status of a
- To access the site we need to visit <http://epstracker.cfh.nhs.uk/check.php>. The tracker requires the relevant prescription GUID number (unique identifier for each electronic prescription) which can be obtained from either the Dispensing Token where there is one or from the GP surgery.
- If there doesn't seem to be a problem with the GP surgery ring our computer supplier and explain the situation. Hopefully they will be able to rectify the problem.
- In the meantime if the patient requires their medication quickly we may have to do an emergency supply, following the relevant SOP.

**I am involved with
dealing with delayed prescriptions from the N3
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•	Competence checked by _____ Date _____		
•	Restrictions		

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Locum Pharmacist's Name

Locum Pharmacist's Signature

Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i165.

For EPS2 Nomination

Objective: To ensure patients understand the process of EPS 2 nomination and we follow the rules when signing patients up

Scope: To cover all patients who will benefit from using the EPS 2 system

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Counter Staff

Date of Preparation:
9th November 2024

For Review before:
8th November 2026

Version:
1.00.00

All communication must be via email, phone or post for essential services but advanced and enhanced services can be done on the premises.

- Release 2 of the Electronic Prescription Service gives patients the option to choose or “nominate” the dispensing contractor they wish their prescriptions to be sent to automatically.
- Patients or their carers can set their site at any EPS 2 enabled pharmacy and/or appliance contractor and/or dispensing doctor but they can only choose one of the same type.
- Patients cannot nominate a chain of pharmacies – just one specific site
- The patient’s preference is held on the “Personal Demographics Service” (PDS). Pharmacies and GP surgeries with release 2 enabled system can send messages to the PDS to change a patient’s nomination
- To set the nominated dispensing contractor we will require the patient’s NHS number. This is often found on FP10s and will always be found in an electronic prescription message.
- If you haven’t got it, you can initiate a search via PDS to locate it. You must enter enough information to get a 1:1 match e.g. name, gender, D.O.B. or postcode
- You do not need to update the patient’s nomination while you are dispensing their script. You can do it at a time convenient to your workflow
- Only staff who have an individual smartcard will be able to set a patient’s nominated site but any pharmacy staff member can apply for one
- You can add, cancel or change a patient’s nomination settings
- If the site is changed, all nominated scripts that have not yet been retrieved for dispensing from the original contractor will be transferred across to the new nominated site.
- There is no expiry date on the system
- You will not be notified when you have been nominated or when a patient changes their nomination setting.
- You can, with the patient’s consent, query a list of the patients nominated sites to aid a patient who is trying to obtain their medication at the wrong location.
- Records are kept of who is accessing the data and how it is being used. Privacy officers are automatically alerted when actions taken by staff may breach confidentiality rules.

- If two pharmacies change the nominated site for the same patient, prescriptions will be sent to the pharmacy that last set the patient's nomination request
- Nomination is most suitable for those of our patients who receive regular medication and tend to use us regularly, especially those already on repeat dispensing .
- There are some drugs that cannot be transmitted electronically. This means scripts would have to be split between those on FP10s and those sent electronically so for those patients it may be better that they do not go on the EPS system.
- It is important you liaise with our GPs to ensure those patients understand why they should not use the system but if they insist it is possible to include a note in the electronic message to show there is an FP10 for the patients as well

Collecting nominations

- You must have a local accountable auditable process for collecting explicit consent from our patients before changing a patient's nomination site.
- All staff can collect consents but they must provide the following information when doing so:
 - 1** The service involves the electronic transfer of prescriptions in a secure environment. Paper is not required. Patients do not have to receive their scripts via EPS however when a paper script is issued, services associated with EPS such as nomination cannot be used
 - 2** Any dispensing site operating EPS 2 can be nominated , patients are not restricted to nominating a pharmacy near their GP practice
 - 3** Where patients have nominated a site, their prescription will automatically be received by that site unless the patient chooses not to receive a particular prescription in that way and notifies the prescriber at the time of requesting the prescription.
 - 4** Patients can change their nominated site at their GP surgery or any release 2 enabled dispensing site at any time, including whilst part way through a repeat dispensing cycle. Any remaining repeat prescriptions which have not been pulled down to the local system, will be accessed by the new nominated dispensing site.
 - 5** Where a patient has nominated a dispensing site, the site will be able to access the script before the patient arrives at the site, so the script can be prepared beforehand. However if the patient then goes to a different site, there may be delays before the new nominated site is able to access the electronic prescription
- This information can be provided in writing or orally.
- If explicit consent is collected before deployment of release 2 you must ensure the patient's reference has not changed before setting the preference on the PDS

I am involved with

EPS2 Nomination

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

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Pharmacist's Name

Pharmacist's Signature

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EPS2 Nomination**

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EPS2 Nomination
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Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

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Locum Pharmacist's Name

Locum Pharmacist's Signature

Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i167.

For delivery via cold chain

Objective: to ensure that all refrigerated items are maintained between 2-8 degrees C from delivery into the pharmacy, through storage and then delivery to the patient and that there are procedures in place to confirm and correct any situations that may occur.

Scope: To cover all items that requires storage between 2-8 degrees C

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Delivery Drivers

Date of Preparation:
9th November 2024

For Review before:
8th November 2026

Version:
1.00.00

All communication must be via email, phone or post for essential services but advanced and enhanced services can be done on the premises.

- Every pharmacy must have at least one well maintained pharmacy fridge, and preferably two, one for dispensary stock and one for dispensed items,
- These must be kept at between 2-8 degrees C at all times -see fridge maintenance SOP
- You must check all orders for any fridge item carefully before you transmit as no wholesaler will accept returned fridge items unless the error is on their part
- As soon as a delivery is made in to our pharmacy, you must check it immediately for any fridge items
- If there are any, check them against the delivery note to confirm they are correct and put into the fridge at once
- When dispensing a fridge item, you should label the item as soon as it is taken out of the fridge and return it immediately to the dispensed-item fridge
- You need to mark the script clearly to indicate there is an item in the fridge so when the script is sent for delivery this is not missed.
- You should not take a fridge item out of the fridge until the last minute and it should be put into a cool bag before delivery
- You should store cool bags in a fridge so they are already cold when the dispensed item is put in them for delivery
- The delivery containing the fridge item should be the first drop off on the delivery round, and the patient advised to put the item in the 'fridge right away.
- If the patient is not there it must be returned to the pharmacy before the rest of the delivery round is done.
- You need to keep an audit trail of the length of time the items are out of the fridge
- Check with the manufacturers how long is acceptable for the item to be out of the fridge for each item you stock

- If at any time there is an incident involving fridge items e.g. fridge temperature out of range, stock kept out of fridge too long, wrong fridge item ordered, disruption to electricity supply you need to make an incident report similar to CD incident investigation.
- You then run a root cause analysis to find out what caused the problem and how it can be resolved.

**I am involved with
delivery via cold chain**

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Pharmacist's Name

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Pharmacist's Name

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Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i170.

For Using the Summary Care Records

Objective: To ensure that access to a patient's summary care record is only sort in appropriate circumstances and with the patient's permission

Scope: To cover each and every access made to the summary care record system.

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants

Date of Preparation:
9th November 2024

For Review before:
8th November 2026

Version:
1.00.00

All communication must be via email, phone or post for essential services but advanced and enhanced services can be done on the premises.

- The Summary Care Record (SCR) is an electronic system containing key clinical information created from a patient's GP records. As a minimum it will contain:
 - 1 All medicines they are or have been on - acute, repeat and discontinued repeats
 - 2 Any allergies the patient has
 - 3 Any adverse reactions they have suffered.
- The SCR is updated automatically every time this information changes on the patient's GP system. The SCR is there as an addition to help support the patient's care and not as a replacement for other sources of information like PMRs or talking to the patient.
- So you might use it when dispensing to check dosages, allergies or adverse reactions or to support self care for public health services and for promoting a variety of healthy life styles.
- Or during a NMS, any PGD consultation or when providing EHC which are not essential services where you may wish to verify medicines currently being prescribed and avoid interactions.
- You must get the patient's permission to access their SCR each time.
- This consent must be "informed" which means you have to phone the patient and ensure the patient understands what their SCR is, why you want to access it and what you will do with the information you acquire.
- Under no circumstances should you or any of your staff access a patient's record unless it is to provide a pharmacy service the patient is requesting.
- Depending on the local protocol you must either record the verbal consent on your PMR or keep a copy of explicit written consent, which you should get via email, in your pharmacy for later inspection by the privacy officer if required
- If the patient is not able to give consent you must consider whether "access in an emergency" needs to be implemented.
- If a competent adult refuses consent, you should explain the consequences of that decision over the phone taking care not to pressurise the patient. If they still refuse you should make notes of the discussions on their PMR

- For more information on capacity, children and young adults look in your DSP folder or refer to the GPhC guidelines on consent.
- Once you have consent, go to any of the computers and put your smartcard in and your PIN when prompted
- Log onto the NHS Spine portal/SCR application using the shortcut on the desktop
- Find the correct patient by entering the NHS number if it is known otherwise use a minimum of surname, gender and date of birth to search for the patient. You can also use postcode and first name.
- Once you have located the correct patient click on their record.
- Over 75% of the English population had an SCR as of August 2014 but if your patient is not yet on the system a cross will appear in the top right of the screen saying “No summary care record exists”
- You should explain this to the patient and you will have to resort to your usual sources of information to make clinical decisions.
- Once you have located the patient, the system will ask you to confirm you have the patient’s permission. If they have, click “yes” to confirm
- If you are a locum you MUST select emergency access and continue to detail this branch NACS code and details which are You must also confirm you have the patient’s permission or give a full explanation as to why access is being made.
- If the patient is unable to give their permission, you select the emergency access button and give a full explanation as to why you accessed the patient’s records without their
- The SCR will automatically launch with a screen showing the time and date when the GP last updated the SCR. Scrolling down will show medicines, allergies and adverse reactions. It may show additional information too.
- You should only print out or convert the SCR to a PDF if you really need to. If you do print it, it should be securely filed or destroyed and if you create a PDF it should be securely attached to the patient's file or securely deleted.
- If you access the SCR again within 45 minutes, you will be asked if you want to return to the same patient.
- The computer suppliers for GPs are updating their systems and the updated SCR will show:
 - a** 12 months of acute medicines
 - b** Last issue date included
 - c** Text stating that care has been discontinued at this practice- shown when a patient has moved practice- clearly displayed at the top of the SCR
 - d** 6 months of discontinued repeat medicines
- It is very important that you keep records of your access to a patients care records. The best way is to make a contemporaneous note of the permission granted to view the SCR along with a summary of the decisions/interventions made on the PMR. This could be invaluable later in demonstrating that you provided the appropriate standard of care and /or account for professional decision making.
- Alternatively you can file the written permission to view the patient’s SCR form in a secure place in our pharmacy and you will make it available to the privacy officer if required.
- Obviously accessing SCR puts an additional burden of the DSP requirements within our pharmacy so it is important that we are fully compliant with our DSP SOPs and these can be found in our DSP folder.

**I am involved with
Using the Summary Care Records
So my signature below indicates that I have read and fully understand the procedure.
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Locum Pharmacist's Name

Locum Pharmacist's Signature

Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i184.

For Urgent Medicine Supply

Objective: To appropriately manage NHS 111 requests for urgent supply of medicines and appliances.

Scope: To deal with all NHS 111 referral of patients to this pharmacy using electronic messaging.

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists,

Date of Preparation:
9th November 2024

For Review before:
8th November 2026

Version:
1.00.00

All communication must be via email, phone or post for essential services but advanced and enhanced services can be done on the premises.

• **Background:**

- Requests for medicines needed urgently account for about 2% of all completed NHS 111 calls. These normally default to a GP appointment for an urgent prescription. Saturdays generate the highest demand. This service is being commissioned to reduce the burden on urgent and emergency care services.
- In an emergency, and at the request of the patient, a pharmacist can supply a POM without a script to a patient who has previously been prescribed the requested POM, under the provisions of regulations 225, 253 and schedules 18 and 23 of the Human Medicines Regulations 2012 (HMR).
- These include a requirement that the pharmacist has interviewed the person requesting the POM and is satisfied that there is an immediate need for it to be supplied and that it is impractical to obtain a prescription without undue delay.
- Patients contacting NHS 111 to request urgently needed medicines or appliances will be referred to a pharmacy that is providing this service for assessment and potentially the supply of that medicine/appliance previously prescribed for that patient on an NHS prescription, where the pharmacist deems that the requirements of HMR are met e.g. the patient has an immediate need for the medicine/appliance and that it is impractical to obtain a prescription without undue delay. For the purpose of this service, any medicine or appliance that has been previously prescribed to the patient on an NHS prescription can be supplied as long as the requirements of the HMR are met

• **Service specification:**

- 1 NHS111 will refer appropriate patients to pharmacies using electronic messaging via NHSmail or other local secure systems if available. NHS 111 will ask patients to select from a choice of local participating pharmacies and advise the patient that supply of their medicine/ appliance will only be made at the professional discretion of the pharmacist.

- 2 NHS 111 will give the patient the selected pharmacy's telephone number and advise them to call within 30 minutes for assessment. When the patient contacts the pharmacy, the pharmacist should confirm they have received an email referral from NHS 111
- 3 If no electronic message is received, we will contact the local NHS 11 professional's helpline to check whether a referral has been made, to confirm the patient's NHS number and GP details and to request that the message be sent again.
- 4 If a referral has not been made any emergency supply we decide to make, is out of the scope of this service.
- 5 During our opening hours we must regularly check, especially after hours and at weekends, for any referrals so they are dealt with in a timely manner.
- 6 If we have received a referral but are not contacted by the patient within 30 minutes we must make every reasonable effort to contact the patient using the contact details from the referral message, before we close for the day.
- 7 If the patient has not made contact before the next working day, then we can close the referral as "no supply made"
 - **Telephone call between the patient and our pharmacist**
 - a If contact is made with the patient, I will interview the patient to assess the suitability and legality of making an emergency supply in accordance with HMR and to confirm that we have the medicine /appliance in stock.
 - b If it is not possible to make a supply for whatever reason, we must either refer the patient to their own general practice or contact the local GP OOHs provider to discuss a solution and if necessary arrange for the patient to be contacted by an appropriate healthcare professional.
 - c We should not refer the patient back to NHS 111. The details of the GP OOHs and the NHS 111 health professional's line is available either in the NHS 111 Mobile Directory of Services (DoS) or MiDoS
 - d Patient consent for receiving this service and for us to share information with the patient's GP, NHS England and NHS BSA will be obtained by NHS 111
 - e If appropriate, and with the patient's consent, our pharmacists will check the SCR to confirm previous prescription history and whether a prescription for the requested medicine/appliance has recently been issued. If this is so, the prescription may still be
 - f We can use the EPS tracker to see if a prescription is available to dispense and if so, this should be used to fulfil the urgent supply need. In this scenario we can claim for the consultation and administration fee but not the supply fee as the EPS prescription will be submitted in the usual way.
 - **Pharmacy Consultation**
 - 1 If we don't have the medicine/appliance in stock, we must, with the agreement of the patient, identify another pharmacy that provides the service and check they have the medicine in stock. We will then forward the electronic referral from NHS 111 to the new pharmacy who then follow the above procedure. We must inform NHS 111 that we have

- 2 If the second pharmacy does not have stock of the required medicine/appliance, we must contact GP OOHs to discuss a solution and if necessary arrange for the patient to be contacted by an appropriate healthcare professional.
 - 3 When we conduct the telephone/video consultation, we must collect any additional information from the patient not obtained previously and ensuring the requirements of HMR
 - 4 If we did not check the patient's SCR during the telephone conversation, and it is appropriate, and the patient has given their consent we should check the SCR now to confirm the previous prescription history and whether a prescription for the requested medicine/appliance has recently been issued. If this is so, the prescription may still be available on the NHS spine.
 - 5 If the EPS tracker wasn't used during the phone conversation we can use it at this stage to see if a prescription is available to dispense and if so, this should be used to fulfil the urgent supply need. In this scenario we can claim for the consultation and administration fee but not the supply fee as the EPS prescription will be submitted in the usual way
 - 6 The service must not be used to divert or attempt to change the patient's use of their usual pharmacy
 - 7 If at this stage, we realise that a supply cannot be made we must either refer the patient to their own general practice or contact the local GP OOHs provider to discuss a solution and if necessary arrange for the patient to be contacted by an appropriate healthcare professional.
 - 8 Documentation of any repeat medicines or appliances not supplied when requested by the patient is important evidence to be captured for the evaluation of the service.
- **Supply**
 - a If no prescription is available for the patient on the NHS spine, then we can make a supply can in accordance with the HMR requirements. Our pharmacist will decide what quantity to supply and keep records.
 - b If the patient pays for their prescriptions we will make a charge. This will be deducted from the sum paid to us
 - c We must remind the patient or their representative of the importance of ordering prescriptions in a timely manner and the benefits of eRD to avoid this situation in the future.
 - d If appropriate we will raise the issue of MURs and AURs
 - e There is a patient questionnaire that we will ask the patient or representative to fill in. There is an IT platform, so the form can be completed electronically with help from us if necessary. If the patient completes a paper copy, we will be expected to transfer the answers to an electronic format

• **Records and Documentation**

- 1 We must use a blank FP10DT EPS dispensing token to document ALL referrals received from NHS 111, irrespective of whether or not we made a supply.
- 2 We will print or record in legible handwriting the following information on the token:
 - A) Full name, address and DOB of patient (from the NHS 111 referral)
 - B) Patient's NHS number
 - C) Name, strength and form of medicines requested (using DM+D name)
 - D) Either the quantity supplied or the reason for not supplying (using the standard code in the guidance)
 - E) Date and time of supply
 - F) Name and address of patient's GP (from NHS 111 referral)
 - G) NHS 111 referral ID number (from NHS 111 referral)
- 3 The patient or their representative must complete the relevant sections of the reverse of the FP10ST EPS dispensing token to claim any exemptions from charges and confirm supply. The DOB will be handwritten so if exemption is on age grounds the form must be completed and signed. We should see evidence of entitlement to free prescriptions
- 4 If the patient can't provide evidence of exemption we must record this on the dispensing token. NHS England may check a patient's entitlement and if necessary recover any charges that should have been paid.
- 5 We will record the emergency supply in accordance with Regulation 253 and schedule 23 of HMR
- 6 We must send a "post event message" of any supply to the patient's GP at the time or as soon as possible on the following working day using information supplied in the NHS 111 referral email. The notification should be sent electronically but if this is not possible it can be sent by post, hand delivered or "safe haven fax" (See your Data Security and Protection
- 7 Where we notify by hard copy we must use the National GP Practice Notification Form (see bottom of this SOP)
- 8 We must include the following information:
 - A) The patient's name, address, DOB and NHS number
 - B) the name and quantity of the POM (or any other medicine/appliance) supplied as printed on the dispensing label
 - C) The date of the supply
 - D) The nature of the emergency
- 9 We must manage all relevant records in line with Records Management Code of Practice for Health and Social Care

- **Training, premises and other requirements**

- a** We must have a SOP which contains all the necessary contact details – see bottom of this SOP
- b** We must review this SOP, the content of our business continuity plan and the referral pathways on an annual basis or following significant incidents or changes that may affect the
- c** We must comply with all the essential service requirements, have an acceptable system of clinical governance and have signed up to date service delivery through the NHS BSA website.
- d** We must be EPS enabled and have a shared NHSmail box or local secure messaging system that NHS 111 can use to email or send referrals. If available, we should also have access to the SCR and continue to use this for direct patient care.
- e** Our pharmacists should have the necessary understanding of the HMR in relation to the emergency supply of POMs and update their knowledge through RPS or “Urgent care-a focus for pharmacy” from CPPE
- f** I must ensure that all the pharmacy staff, especially locums, are trained on this service and SOP so they can provide the service.
- g** We must participate in any local audit of integrated urgent care service organised by NHS 111 or the local urgent care commissioner.

- **Service availability**

- 1** We must provide this service throughout our pharmacy’s core and supplementary opening hours
- 2** We mustn’t exclude any eligible patient or make it difficult to access this service due to their race, gender, disability, sexual orientation, religion, gender assignment, marriage or civil partnership status, pregnancy or maternity or age.
- 3** If the service has to be temporarily withdrawn, I will ensure the part of our continuity business plan relating to the service is activated. I will inform the NHS 111 provider via the NHS DoS 0330 number as soon as possible to stop referrals and inform the local NHS England
- 4** If NHS 111 cannot get through to our pharmacy or patients report they have not been able to speak to our pharmacist on two consecutive patient referrals, NHS England will investigate and action may be taken along existing dispute resolution policies.
- 5** If there are problems with us providing this service, the local NHS England team will assess our ongoing ability to provide this service and NHS 111 will be amended until the issue is
- 6** If we want to stop providing this service, we must notify NHS England using an electronic form on the NHS BSC website. At least one month’s notice must be given.

- **Governance**

- a We must provide feedback to NHS 111 providers about any incidents related to the referral process or operational issues with respect to the NHS 11 service via the local NHS 111 professional's helpline
- b We must report any patient safety incidents in line with the Clinical Governance Approved Particulars for pharmacies.

- **Service Promotion**

- a It is important that any changes we make to our opening times are kept up to date.
- b We must not actively promote the service as it is only to be used for urgent cases.

- **Payment arrangements**

- 1 Prior to our service going live, we must ensure our premises and all the pharmacists who are going to provide the service meet the requirements
- 2 We must complete the electronic form on the NHS BSC website and send it in. If NHS England does not receive notification we will not get paid
- 3 To claim payment, we must complete the NHS Urgent Medicine Supply Advanced Service Pilot claim form and submit it to NHS BSA along with the completed FP10DT EPS dispensing tokens no later than the 5th day of the month following that in which the emergency supply was made. **This process will be separate to the submission of other FP10 forms**
- 4 We will receive the following fees:
 - A) For **ANY** referral from NHS 111 whether we make a supply or not, we will be paid a £10 consultation fee and an administration fee of £2.50
 - B) where a medicine/appliance is supplied, a supply fee of £1.50 for the first item and an additional 50p for each extra item
 - C) If we do not have the item in stock and we refer the patient onto another pharmacy that provides the service and has the item in stock, then we both get paid the consultation fee and administration fee.
 - D) if we receive a referral but then download and dispense an existing EPS prescription, we will still be able to claim the consultation and administration fee as long as the FP 10DT dispensing token is completed. We will submit the EPS prescription in the usual way.
 - E) The cost of medicines/appliances supplied will be reimbursed using the basic price as set out in Drug Tariff Part 11 Clause 8- Basic Price
 - F) An allowance at the applicable VAT rate will be paid to cover the VAT incurred when purchasing the supplied medicine/appliance.
 - G) We will receive our payment in the same month as other for NHS services and the payment will be itemised on our FP34 statement.
 - H) The cost of the medicines/appliances will be charged to the CCG budgets and all other costs will be paid by NHS England
 - I) No payments will be made for patients who have not been referred by NHS 111 e.g. walk in patients

**I am involved with
Urgent Medicine Supply**

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Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Annex B – GP Notification Form

NHS Urgent Medicines Supply Advanced Service Pilot - Notification of supply to patient's general practice.

GP Notification Form			
To (GP Practice Name)			
Address (Including Postcode)			
Patient Name			
Date Of Birth		NHS Number	
Address (Including Postcode)			
This patient was provided with an emergency supply of :			
Medicine or Appliance			Quantity
at this pharmacy on DD /MM /YYYY			
Additional comments (e.g. patient's reason for requesting an emergency supply)			

To GP Practice: - Medication has been supplied to this patient following an assessment of their needs with the information available to the pharmacist at the time. If you wish to flag to urgent and emergency care providers that it is inappropriate for a patient to be referred for urgent supplies of medicines, please consider the use of a Special Patient Note (SPN).

Pharmacy Name		Telephone	
NHSmail Address			
Address			

Confidential

Annex C – Key Contact Details to be included in a Standard Operating Procedure

NHS 111 Provider

Name of Organisation

Health Professional's telephone number.....

(Note – this number must NOT be shared with the public)

Key Contact

Local GP Out of Hours Provider

Name of Organisation

Address of Organisation

..... Postcode

Public Telephone Number

Non-Public Telephone Phone Number

(Note – this number must NOT be shared with the public)

Key Contact

Mobile Directory of Service

Which Mobile DoS is used in the area?

NHS Mobile Directory of Services (www.pathwaysdos.nhs.uk) or MiDoS

Log-in details: - USERNAME PASSWORD.....

(Note – these details are specific to this pharmacy and should not be shared)

Local Directory of Service Lead

Name

Telephone Number Email address

NHS 111 DoS Emergency Number: 0300

(to notify NHS 111 of temporary withdrawal of service)

Key NHS England contacts:.....

.....

Annex D NHS Urgent Medicine Supply Advanced Service Pilot Patient Questionnaire

Please help us to improve NHS services

Please complete the short questionnaire below, after you have received the NHS Urgent Medicine Supply Advanced Service. The answers will help NHS England to evaluate this service and plan future services.

Part 1: Questions for the patient

1. What is your age?

- a. 17 or under
- b. 18 – 34
- c. 35 – 64
- d. 65 or over

2. What is your Ethnicity?

- | | |
|---|---|
| A - White
<input type="checkbox"/> White - British
<input type="checkbox"/> White - Irish
<input type="checkbox"/> White - Any other White background | <input type="checkbox"/> Asian or Asian British - Pakistani
<input type="checkbox"/> Asian or Asian British - Bangladeshi
<input type="checkbox"/> Asian or Asian British – Any other Asian background |
| B - Mixed
<input type="checkbox"/> Mixed - White and Black Caribbean
<input type="checkbox"/> Mixed - White and Black African
<input type="checkbox"/> Mixed - White and Asian
<input type="checkbox"/> Mixed - Any other mixed background | D - Black or Black British
<input type="checkbox"/> Black or Black British - Caribbean
<input type="checkbox"/> Black or Black British - African
<input type="checkbox"/> Black or Black British - Any other Black background |
| C - Asian or Asian British
<input type="checkbox"/> Asian or Asian British - Indian | E - Chinese or other ethnic group
<input type="checkbox"/> Chinese
<input type="checkbox"/> Any other ethnic group |

3. How did you know you could ask NHS 111 for a supply of your medicine(s) or appliance(s)? (please choose ONE option)

- a. I have used the service before
- b. The pharmacy staff told me

Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i191.

For Cyber Security

Objective: To ensure that the information on digital platforms are protected against cyberattacks, by having robust firewalls, using secure settings, controlling who has access to data, using anti-malware and by keeping devices and software up to date.

Scope: To cover any systems that connect to the internet regardless of how infrequently or short period of time.

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants,

Date of Preparation:
9th November 2024

For Review before:
8th November 2026

Version:
1.00.00

All communication must be via email, phone or post for essential services but advanced and enhanced services can be done on the premises.

- We must renew our PMR computer on a regular basis to keep the operating systems up to date. As soon as the manufacturer announces they no longer support the system (hardware or software) we must purchase a new system.
- We should protect PMR systems with a firewall - either personal on internet connected laptops OR if there are many different devices a dedicated boundary firewall - check with the system supplier that they have installed a strong firewall
- We must choose the most secure settings for devices and software by, for example removing any functions, accounts or service that are not required.
- Ensure all user accounts have robust passwords.
- We must use a random password-generator and record the password on paper kept in a secure place. These should have a minimum of 20 characters and should be changed every 3
- For very sensitive accounts choose a two - factor authentication which usually involves a code being sent to a smartphone which is entered in addition to the password.
- We must control who has access to data, so staff have just enough access to do their jobs.
- We must never use the PMR to browse the web or check personal emails. A simple way to ensure devices stay secure is to only use software from official sources e.g. Google Play or the Apple App Store.
- We should protect the system from viruses and other malware. Measures may be included free with operating systems and the N3 spine will have the best encrypted systems.

- We should keep smartphones and tablets up to date and password protected. Where possible the ability to track and erase lost devices should be switched on.
- If possible, an administrator should install whitelisting by creating a list of applications allowed on a device. Any application not listed will be blocked. This provides strong protection against malware and requires little maintenance.
- Where possible, use versions of applications that support sandboxing i.e. the app is run in an isolated environment with very restricted access to the rest of the devices

**I am involved with
Cyber Security**

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Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i208.

For Ensuring Premises and Website meet Standards required in PAAD (Pharmacy At A Distance)

Objective: To ensure our website and pharmacy meet the standards under principle 3 of the guidance for providing services at a distance

Scope: To cover the premises or websites that our pharmacy uses or is linked to

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Counter Staff, Driver

Date of Preparation:
9th November 2024

For Review before:
8th November 2026

Version:
1.00.00

All communication must be via email, phone or post for essential services but advanced and enhanced services can be done on the premises.

- Our premises must have suitable areas to send medicines to people safely
- When we sell and supply P medicines on the internet, we must make sure that these are displayed on a website associated with a registered pharmacy.
- The website should be secure and follow information security management guidelines and the law on data protection especially if we ask for client's personal details.
- Our website must be clear, accurate and updated regularly. It must not be misleading in any way.
- It must be clear and not mislead pharmacy service users about the identification or location of the pharmacies involved in providing our pharmacy services, including the identity and location of any online prescribing services.
- We must make sure that any business that we host or have an external link with, including any online prescribing service, is legitimate.
- Businesses we link to must be registered with the appropriate regulator, such as the CQC and meet the relevant national regulatory standards and requirements
- We must assure ourselves that all prescribers, both medical and non-medical follow the relevant remote consultation, assessment and prescribing guidelines
- Under the good practice guidance prescribers must prescribe drugs only when they:
 - 1 Have adequate knowledge of the person's health and
 - 2 Are satisfied that the drugs serve the person's needs
- We must make sure our website and the websites of companies we work with are arranged so that a person cannot choose a POM and its quantity before there has been an appropriate consultation with a prescriber.
- It should be clear that the decisions about the treatment are for both the prescriber and the person to jointly consider during the consultation, but the final decision must always be the prescribers.
- Our website must prominently display:
 - a Our pharmacy's GPhC registration number
 - b The name as the owner of our registered pharmacy
 - c The name of our superintendent pharmacist
 - d The name and physical address of our registered pharmacy or pharmacies that supply the medicines
 - e The email address and phone number of the pharmacy

- f The details of the registered pharmacy where our medicines are prepared assembled, dispensed and labelled for individual patients against prescriptions (if any of these happen at a pharmacy different from ours)
- g We must give information about how our clients can check the registration of our pharmacy and our superintendent pharmacist if we have one.
- h We must provide details of how our clients can give feedback and raise concerns.
 - If a client is prescribed medicines following an online consultation, our website should also prominently display:
 - 1 The name and address of the prescribing service
 - 2 The prescriber's registration number and the country they are registered in
 - 3 Whether the prescriber is a doctor or a non-medical prescriber
 - 4 Information about how to check the registration of the prescriber
 - We must consider the design and layout of our website and make sure that it works effectively and looks professional.

I am involved with

Ensuring Premises and Website meet Standards required in PAAD (Pharmacy At A Distance)

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Somerset Meds

Unit 4C, Westpark 26, Wellington, TA21 9AD

Standard Operating Procedure i209.

For managing medicines safely in PAAD (Pharmacy At A Distance)

Objective: To ensure we manage the supply of medicines to our clients safely

Scope: To cover all medicines we supply whether they are OTC, P or POM to anybody who uses our services.

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Counter Staff, Driver

Date of Preparation:
9th November 2024

For Review before:
8th November 2026

Version:
1.00.00

All communication must be via email, phone or post for essential services but advanced and enhanced services can be done on the premises.

- Selling and supplying medicines at a distance, including on the internet, brings different risks to those of a “traditional” pharmacy service. We should include them in our risk assessments.
 - We must show the steps we have taken to minimise the risks we identify which should
- 1 Deciding which medicines are appropriate for supplying at a distance, including on the internet and making sure we:
 - a check that the person receiving our pharmacy services are who they claim to be by carrying out an identity check e.g. by keeping to “the Identity Verification and Authentication Standard for Digital Health and Care Services” which provides a consistent approach to identity checking across online digital health and care services
 - b Get all the information we need from people receiving our pharmacy services so we can check that the supply is safe and appropriate, taking into account, for example their age, gender, medicines they may be taking and other relevant issues
 - c Making sure people receiving our pharmacy services have the opportunity to ask questions about their medicines
 - 2 We must make sure people receiving our pharmacy services know who to contact if they have any questions or want to discuss something with our pharmacy staff and
 - 3 We must identify request for medicines that are inappropriate, by being able to identify multiple orders to the same address or orders using the same payment details- this includes inappropriate combinations of medicines and requests that are large or too frequent.
- We must make sure any online prescribing service or a prescriber we choose to work with is aware that some categories of medicines are not suitable to be supplied online unless further safeguards (see below) have been put in place to ensure they are clinically appropriate. These categories include:
 - A Antimicrobials when it is important to effectively manage their use to help slow the emergence of antimicrobial resistance and make sure that antimicrobials remain an effective treatment for infection. We should only supply these in line with good practice guidance, taking into account antimicrobial stewardship guidelines, relevant for the person and their
 - B Medicines liable to abuse, overuse or misuse, or when there is a risk of addiction and ongoing monitoring is important e.g. opiates, sedatives, laxatives, pregabalin, gabapentin.

- C** Medicines that require ongoing monitoring or management. E.g. medicines with a narrow therapeutic index such as lithium and warfarin as well as medicines used to treat diabetes, asthma, epilepsy and mental health conditions. A particular example of a medicine that requires ongoing monitoring and management is sodium valproate which is used for epilepsy and bipolar disorder, but which puts babies in the womb at a high risk of malformations and developmental problems
- D** Non-surgical cosmetic products such as Botox, Dysport or Vistabel which should be prescribed and supplied only after a physical examination of the person.
 - If we do decide to work with an online -prescribing service or prescriber, the above categories of medicines should not be prescribed unless we have put the following safeguards in place:
 - 1** We have assured ourselves that the prescriber has robust processes to check the identity of the person to make sure the medicines prescribed go to the right person by using the same guidelines as above
 - 2** We have confirmed the person has been asked for the contact details of their regular prescriber e.g. their GP and for their consent to contact them about the prescription
 - 3** We have assured ourselves that the prescriber will proactively share all the relevant information about the prescription with other health professional involved in the care of the person e.g. their GP
 - 4** For medicines which are liable to abuse or when there is a risk of addiction and ongoing monitoring is important, we have assured ourselves that the prescriber has contacted the GP in advance of issuing a prescription and that the GP has confirmed to the prescriber that the prescription is appropriate for the patient and that appropriate monitoring is in place.
 - 5** If there are circumstances where the person does not have a regular GP, or if there is no consent to share information, and the prescriber has decided to still issue a prescription we have assured ourselves that the prescriber has made a clear record setting out their justification for prescribing.
 - 6** We have confirmed that the prescriber is working within national prescribing guidelines for the UK and good practice guidance. This would include following relevant guidance on prescribing a licensed medicine for unlicensed purpose i.e. "off-label".

I am involved with managing medicines safely in PAAD (Pharmacy At A Distance) So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

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• Name _____	Signature _____	Date _____
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