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retail

R O U N D - U P

Minor ailment schemes boost profit nationwide

Running a minor ailment scheme is more profitable than dispensing the same items on prescription, and saves GP time. Gareth Malson examines this win-win situation



Lisa F. Young/Dreamstime.com

Running a minor ailments scheme (MAS) is not a new concept, but financial arrangements for a national MAS in England are yet to be agreed. Last month's pharmacy White Paper, entitled "Pharmacy in

England: building on strengths — delivering the future", called on the Pharmaceutical Services Negotiating Committee and NHS Employers to draft proposals for a national scheme by Spring 2009.

In Scotland, a national minor ailment service has operated for almost two years. Pharmacies are paid a set fee, according to the number of patients who register with them for the service. The average community pharmacy in Scotland is visited by 10 patients with minor ailments every day. In June 2007, almost a quarter of these received their treatment through the minor ailment service.

Establishing an MAS should mean that pharmacy staff no longer have to process prescriptions for products available

over the counter. However, pharmacists are paid a dispensing fee for these items, so the funding for a service should compensate pharmacies for this lost income and increased responsibility.

Every year, GPs in England carry out 57 million consultations for ailments that could be treated in community pharmacies. Assuming the average GP consultation lasts eight minutes, this equates to 7.6 million hours of GP time. According to the British Medical Association, the average hourly rate for a GP in England is about £50, so an estimated £380m worth of GP time can be saved nationwide.

Although this cost saving will not be transferred to pharmacy services, it will give GPs greater

Also in this issue

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- How expanding clinical services will affect your professional indemnity insurance (p9)
- How to safeguard the security of your staff (p13)

Retail Round-up

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What is an MAS?

A minor ailments scheme allows patients who are exempt from paying prescription charges to receive certain over the counter medicines without charge from pharmacies. These patients may otherwise choose to visit their GP to obtain the treatment on prescription.

“Contractors have a right to expect a suitable reward”

freedom to deliver other patient care services, for which they will be paid extra. If delivering an MAS allows pharmacy to make a significant contribution to patient care, then contractors have a right to expect a suitable reward.

Plans for the national MAS in England or Wales should take into account the experience of local schemes that already exist.

Payment systems

Several schemes that currently operate in England pay pharmacies a set fee per consultation, regardless of whether or not a medicine is issued. However, payment requires the completion of a consultation form that is signed by the patient, to confirm that they are exempt from prescription charges. This may be forgotten if no treatment is supplied. Various mechanisms are also in place to reimburse the pharmacy for the cost of the medicine supplied.

Heart of Birmingham Teaching Primary Care Trust pays their pharmacies £3 per consultation, and a drug cost that is set by agreement between the local pharmaceutical committee and the PCT. North Tyneside PCT pays £3.28 per consultation, plus the cost of the drug as specified in the Drug Tariff (including VAT).

Sheffield PCT has recently revised its funding arrangements. Pharmacies are now paid a flat fee of £6 per consultation, but no longer receive reimbursement of drug cost. This change is intended to prevent abuse of the system by patients, some of whom would

go to the pharmacy with a “shopping list” of medicines that they wanted. Michelle Black, deputy head of medicines management at Sheffield PCT, says the new arrangement has been agreed after assessing data collected over several years. However, the new arrangement will be monitored to ensure the pharmacies receive a fair deal.

Restrictions

The drugs that can be prescribed or the ailments that can be treated are restricted in different ways by different PCTs. Sefton PCT has produced a formulary of drugs that can be prescribed through the service, and each drug can be prescribed for any of its licensed indications. On the other hand, Heart of Birmingham Teaching PCT has a list of 20 conditions that can be treated.

Scottish minor ailment service

In Scotland, each pharmacy is paid a capitation payment for delivering the minor ailment service. This payment is set according to the number of patients who register with the pharmacy for the service. Patients are registered electronically via the central patient registration system, and can only sign up for the service if they are exempt from paying prescription charges. They can only register with one pharmacy, but are allowed to transfer their registration at any time. If registration is transferred, the system automatically withdraws the patient from the list at the pharmacy where they were previously registered.

Pharmacies are also reimbursed the cost of the medicine provided to the patient, and pharmacists are advised to prescribe generically whenever possible. A national formulary has been developed that includes all OTC medicines (both general sales list and pharmacy only) that are not blacklisted in the Drug Tariff, plus some prescription-only medicines that can be supplied via a patient group direction.

Every time a consultation is made, the pharmacist must check that the patient is still exempt from prescription charges and complete an electronic form stating what medicine or

Raising the profitability of your service

- Make sure all eligible patients are aware the service exists
- Collaborate with local surgeries to make sure the service is advertised in the surgery and that GPs are aware of the benefits
- Store consultation forms in an accessible place to ensure they are completed after all consultations, including those in which no medicine was issued

advice was issued. A record should also be made on the patient's pharmacy computer record.

Successful service

In Heart of Birmingham PCT, the scheme is offered by 82 of the 84 pharmacies in the area. During 2007, 140,000 consultations were conducted. According to research conducted by the trust, nine out of 10 patients who used the scheme said it saved them a visit to the GP.

Patient surveys conducted by Sheffield PCT show similar results, with 80 per cent of those using the scheme suggesting they would otherwise have visited their GP. The results also reported high satisfaction for the scheme among both GPs and patients. The scheme, previously only available to the patients of GPs who had agreed to it, has now been rolled out for all patients in the area.

Marketing the scheme

The successful uptake of minor ailments services in Birmingham is impressive. By comparison, the Sheffield PCT scheme, which is offered by 101 of the 114 pharmacies in the area, generated 38,000 patient consultations over the past year. A spokesperson from Heart of Birmingham PCT suggests that the high proportion of patients in the area who are exempt from paying prescription charges may explain this. However, the involvement of almost every pharmacy in the area has helped to spread awareness of the scheme among patients, and, the wide range of ailments included and the high level of support from local GPs has been beneficial.

Conclusion

Delivering a minor ailments scheme to patients increases profit for pharmacies, as shown in the panel above. The consultation fee is greater than the dispensing fee (£0.90 in England and Wales) for an individual item, plus pharmacists are paid for issuing good advice, even when no medicine is supplied.

Some of the success of a national scheme will depend on the development of a quality framework that includes a wide range of minor ailments. However, pharmacy proprietors can help raise the profitability of their own service (see panel, left).

Potential turnover generated by an MAS

The figures below estimate the potential turnover from a minor ailments scheme for the average pharmacy in three areas:

Area	Consultation fee	Consultations per year	Estimated turnover
Birmingham	£3.00	1,700	£5,100
Sheffield	£6.00	376	£2,257*
Scotland	n/a	804	£7,973†

*Figure does not account for the cost of the drug

†Average pharmacy has 710 patients registered for the service

Pharmacy newsletters — more than an advert

It is easy to think of a newsletter as just advertising. Really, it should be a whole lot more. Ailsa Colquhoun explains how to produce one

How many times this week have you received a brochure or a letter trying to sell you something — an additional credit card, perhaps? Did you just rip them up without a glance?

Establishing a pharmacy newsletter is a good way to improve your public relations (see *Retail Round-up*, February 2007, pRP3). However, it is easy to be concerned that it will just end up in the bin. In fact, according to the experts in direct mail, newsletters could be one of your most cost-effective marketing strategies — provided they are done correctly.

Raj Patel, proprietor of Mount Elgon Pharmacy in Wimbledon, publishes a quarterly newsletter. “I believe in marketing and I think it is a great way to let customers know what we are doing. Through testimonials, we can show people that our services work,” he says.

What should it contain?

Today’s consumers are sophisticated, and are extremely likely to see through something that just advertises your pharmacy.

Whether you decide to print the newsletter or send it as an e-



Examples of newsletters produced at Mount Elgon Pharmacy

mail, customers need to think they are getting something special from it. Denise Cox, from e-mail newsletter specialist *Newsweaver*, says the first rule is to ask yourself: what’s in it for them? Your newsletter should aim to inform, educate, and also offer something extra, such as news of in-store specials, or offers for newsletter readers. “This will lift the credibility of your organisation and encourage trust,” she says.

Another element of a successful newsletter is interactivity. It can be used to

solicit feedback or run surveys, and responses can be encouraged by offering a prize draw.

How often should I publish it?

One of the main factors in deciding how often to run your newsletter should be the cycle of your products and services, says Ms Cox. In the pharmacy, this may relate to seasonal products (eg, hay fever, sun creams) or may be based on typical prescribing patterns.

Monthly publication is probably the ideal frequency for customer relationship building, but if you are looking to promote a special offer

continued on p6

Making your newsletter look attractive

- The layout of the newsletter should be simple and make it easy to navigate
- Create a title that brands your newsletter and use it in every issue
- Any pictures used should have a professional quality to them and fit in with your company’s overall image
- People will probably be reading your newsletter in a spare five minutes so the key is to keep things simple and brief (try to keep paragraphs to between 50–125 words and articles to fewer than 800)
- If the product or service merits greater coverage, break it up into several chunks — use panels, links and bullet points and be creative with white space

RPSGB guidance

The Royal Pharmaceutical Society lays out professional standards and guidance for advertising medicines and professional services (available at www.rpsgb.org.uk) and pharmacists should check that they are keeping to this guidance.

■ Skin cancer screening

Tesco Pharmacy is piloting a skin cancer screening service in 28 of its stores, in conjunction with the skin cancer screening specialist Screen4Life. The screening will be performed by a nurse in the pharmacy consultation room. It will cost £25 to have three moles checked, or £45 for a full body check. Customers will receive their results immediately and any abnormal results will be sent to a consultant team at Addenbrooke’s Hospital, Cambridge, who will decide whether the customer needs to see their GP for referral to a specialist. A wide-scale roll out of the service is planned for the summer.

■ Employment advice

The employment relations experts Acas (advisory, conciliation and arbitration service) has relaunched its website (www.acas.org.uk) to improve access to guidance for both employers and employees. Users can also sign up to receive a free quarterly newsletter containing information about changes to employment legislation and advice on employment relations.

■ Company logos

Half of UK companies say that brand identity is of little importance to them, and over 77 per cent spent less than one day researching their corporate logo and colours, according to a survey of 600 businesses conducted by business design company Prontaprint. Of 600 consumers surveyed, 78 per cent said that the company logo was as important as the value of the product when making a purchasing decision. Over half of consumers associated the colours red and gold with success. Yellow, grey and brown were predominantly associated with failure.

or event, you may need to publish it more frequently. "In this case, a monthly newsletter, with a bi-weekly special offer may work quite well," suggests Ms Cox.

How much should it cost?

When it comes to costs, print is the more expensive option. As an example, printing 500 four-page A4 newsletters can cost around £1,000 and that is without the postal charges. If you lack the time or skills to produce it yourself, you will also need to outsource the editing and design. Employing a professional journalist and a designer will cost at least £350 a day.

Mr Patel prefers the do-it-yourself approach (see panel). He comments: "It's difficult to say whether the newsletter, specifically, is a cost-effective exercise. It's hard to strip it out from our other marketing. All I know is that business is growing!"

Sending a newsletter by e-mail cuts out printing and postal costs, but may still incur editing and design costs. You may also want to use an e-mail service provider, that will allow you to measure the success of your newsletters, keep your database safe, and also keep track of any unsubscribers. A good, qualified provider will cost you at least £200 a month.

Print or e-mail?

The real value of e-mail is in its measurability and the customer information it produces. For example, by measuring your e-mail open rates and most popular articles, you can build up information about your readers and tailor subsequent mailings accordingly. However, this does rely on having the facility to measure and record such information, and on having a database of e-mail addresses.

Raj Nutan, pharmacy business manager at the National Pharmacy Association, says that establishing a database of e-mail contacts can be expensive if purchased from a marketing company. Instead, customers can be asked to subscribe when they come into the store, or an announcement about the newsletter could be placed in a local newspaper or in the shop window. He warns that there are regulations about storing such information, and pharmacists should check this with the Information Commissioner's Office (www.ico.gov.uk).

If you think your customers are too old to appreciate an e-mailed newsletter, think again. According to figures from Wanobe.com, a new website catering for internet users aged 50 and over ("silver surfers"), one 55-year-old in two goes online

The DIY approach

Raj Patel, proprietor of Mount Elgon Pharmacy in Wimbledon, produces his own newsletter four times a year. It is A5-size (A4 sheets folded in half), produced in the pharmacy using Microsoft Publisher. The newsletter is used to inform patients of pharmacy services as well as offer generic content. Copies are posted to patients, distributed in the pharmacy and put in prescription bags and shopping bags.

Mr Patel prefers the DIY approach as this enables him to review content constantly and reduce overall costs. He allocates up to four hours to lay out the newsletter, in addition to the time spent putting together the content and gathering any pictures.

on a daily basis. In fact May 23 was Silver Surfers' Day, a day spearheaded by the Government agency Ofcom to encourage even more people to use the Internet.

If you are still unsure, why not do both? People like choice, so why not print out your newsletter as well, and distribute it through your pharmacy.

Do I need a permit to employ youngsters for seasonal work?

Business contributor Reg Peplow answers your common retail problems

Employing minors

Question Do I need a special permit to employ youngsters for seasonal work (eg, during school holidays), even if some are members of my family and will earn just pocket money?

Answer It is illegal to employ anyone under 13 years of age. In the case of children up to the age of 16, it is essential to obtain a work permit for each individual from your local education authority. You will need one of these even if the child works for the family business without pay.

Regarding the number of hours worked, local authorities have differing byelaws controlling part-time working, so you would be wise to check. Generally, working on a school day is limited to two hours and school holidays from five to eight hours depending on the age of the child.

Protecting our symbol

Question We have employed a certain symbol for many years to distinguish our goods and are now horrified to find that another firm in Belgium is using it on their products. We have protested, but to no avail. What should we do now?

Answer If you have not formally registered the symbol as your trade mark you really have no case for complaint. The Belgian company might well have registered it and could even be deciding what action to take against you. There is a slim chance that over the years you have built up limited common rights, but overseas concerns and their governments tend to pay little regard to these. To help yourself keep out of trouble you should seek specialist advice. The Institute of Trade Mark Attorneys (www.itma.org.uk) should be able to help.

Annual leave

Question How much annual leave can employees claim?

Answer Most employees, whether part-time or full-time, are now entitled to four weeks' paid leave each year. One week's leave is the same amount of time as the working week, so employees working a five-day week are entitled to 20 days' holiday, and employees working three days a week, for example, can claim 12 days. This is the legal minimum but you can grant more. The entitlement to paid annual leave is without conditions and begins on the day employment begins. You are obliged to pay for the holidays at the time they are taken. You cannot include this in a normal hourly rate and you are not allowed to replace it with pay in lieu, except when the employment ends.

Are you insured to provide extra services?

Pharmacists are taking on more clinical responsibility, which in turn will increase the likelihood of legal action against an individual pharmacist. Mark Nicholls describes how this may affect professional insurance policies



Paul Raaf/Stockphoto.com

The Government's recent White Paper, entitled "Pharmacy in England: building on strengths — delivering the future", describes pharmacists as an underused resource. It advocates a continuing shift in emphasis for pharmacists from the realms of dispensing prescriptions to delivering clinical services, such as treating minor ailments, managing long term conditions, prescribing and helping to reduce hospital admissions.

However, it also raises several practical and administrative issues that need to be addressed, particularly with regards to insurance, public liability and personal indemnity. The expansion of pharmacy activities will be scrutinised by insurers, particularly as proposals outlined in the White Paper filter down to the high street.

Paul Coleman, director of insurance for the National Pharmacy Association says: "It is a good time for pharmacists and a

good time for the industry as a whole — the future is bright with opportunities. But it is important that pharmacists make sure they are suitably protected."

Increased litigation risk

With the public becoming more litigious and having higher expectations of the amount of money they can receive if they sue and win, there is pressure on insurers to strike a balance between adequate cover and competitive premiums.

Mr Coleman notes a rise in claims against pharmacists and believes that for many years, British people have been influenced by the American

litigious culture and "pharmacists are one of many who are in the firing line."

"Pharmacy is a naturally risky business and mistakes do happen," says Tony Dean, an independent pharmacist from Norfolk. "In the past, with an apology, common sense would prevail." His concern is that, now, litigation has become more likely.

Increasing premiums

With significant changes to practice coinciding with an increased threat of legal action, Mr Coleman believes that insurance premiums for pharmacists are likely to go up. There is already evidence of

"British people have been influenced by the American litigious culture"

Dismissal register

Government proposals for a national online staff dismissal register have been criticised by the shopworkers union Usdaw. The proposed register will contain details of employees who have been sacked for a range of misdemeanours, including theft, whether they have been prosecuted or not. The union is concerned that members may be victimised when their employers did not fully investigate the accusations or where there was not enough evidence to convict them.

Asthma control

Over half of UK asthma patients believe that their condition prevents them from achieving what they want in life, according to a new survey sponsored by AstraZeneca. Nearly half of the 200 UK respondents said they always took their medicine as prescribed. Of those who did not, 47 per cent said they did not believe their asthma was serious enough to need their controller inhaler all the time, and 40 per cent said they tended not to use it when they felt well.

EPS can speed up dispensing

A quarter of pharmacy contractors who are enabled for release 1 of the electronic prescription service believe it to be as quick or quicker than normal dispensing, according to a survey conducted by the Pharmaceutical Services Negotiating Committee and the National Pharmacy Association. Respondents commonly reported that the electronic system processed prescriptions from patients who did not have a record on the pharmacy's computer system quickly. Gareth Jones, NHS liaison manager at the NPA, said: "The results of the survey suggest that the EPS can be made to work." Further problems should be reported to the system supplier, he added.

increased premiums, particularly for primary care pharmacists and prescribing pharmacists. Factors impacting on insurance premiums include the responsibility for patient care that a pharmacist has, and the structure that is in place to support him or her in everyday practice.

Prescribing John Murphy, director of the Pharmacists' Defence Association, acknowledges that during recent years, pharmacy liability has grown, particularly for prescribing pharmacists. The PDA has conducted some research on prescribing pharmacists' liability. One of the outcomes of this research was that risk assessors believe prescribing activities to be "three times as risky" as dispensing activities, says Mr Murphy.

Support structures Hospital pharmacists tend to have more structured support from colleagues than, for example, locum community pharmacists. "The more you move away from support structures and the more you take on, the greater your liabilities will be," said Mr Murphy. "Where there is greater risk of causing harm to the patient if you are negligent, or make mistakes, then inevitably premiums are going to go up."

Examine your policy

Insurers, inevitably, are urging pharmacists to examine their current policies, consider the extent of their cover and read the small print carefully. "The expectation is that pharmacists are going to have to extend their cover," says Mr Coleman. He advises that pharmacists who intend to deliver a new service should read their policy carefully, particularly the sections on exclusions and conditions, and contact their insurance provider.

The Royal Pharmaceutical Society reiterates this advice. Priya Sejpal, head of professional ethics at the Society, says: "Pharmacists must ensure that all their professional activities are covered by appropriate professional indemnity arrangements. If pharmacists are expanding their role or responsibilities, for example

Examples of insurance costs

National Pharmacy Association The NPA offers locums insurance for £99, primary care pharmacists £160 and independent prescribers £317.50. This provides £5m cover for public liability and negligence and £250,000 legal costs.

Pharmacist's Defence Association The PDA's insurance is purchased as part of a package which includes membership of the defence association and membership of the PDA union, in addition to professional indemnity (£5m cover) and legal defence costs (£500,000). This costs £126 for a community pharmacy employee, £148 for a locum, £179 for a primary care pharmacist, £297 for an independent prescriber and £214 for a supplementary prescriber. Discounts are available for newly qualified pharmacists, part time pharmacists and retired pharmacists.

Jardine Lloyd Thompson Jardine Lloyd Thompson offers two levels of professional indemnity to pharmacists, one providing £1m indemnity cover (cost £110) and one providing £5m indemnity cover (£160). Both policies cover pharmacists who are independent or supplementary prescribers and provide £50,000 in legal representation to pharmacists who are summoned to a tribunal. Policies operate in a contingent capacity, ie assume that the employer will have its own insurance, which will be used first line.

prescribing, they must ensure their indemnity insurance covers them."

Contact with the insurance provider could be made by phone, however sending an e-mail will ensure there is an audit trail, says Mr Dean.

Obtain personal cover

It is not surprising that insurers advocate every pharmacist having their own individual cover, but Mr Murphy believes this gives an individual greater protection. He says: "The traditional belief that employee pharmacists could always rely on their employment status and the fact that their employer would be held responsible for the actions of his staff, has now been substantially overtaken by events." He refers to the "peppermint water case" (in which a newly qualified pharmacist and a pre-registration trainee faced manslaughter proceedings after the death of a baby). "This showed clearly why it has now become so important, for employees to have insurance that is totally independent of their employer."

He adds that having independent insurance will become even more important when the "responsible pharmacist"

regulations are introduced, since this will increase the likelihood that pharmacists will face potential conflict situations with their employer if things go wrong.

Mr Dean, who has personal indemnity insurance, says "historically, locum pharmacists had not always bothered to carry their own insurance — if they worked in a pharmacy they would have been covered by the policy for where they were working." Now, he believes that an individual cannot be sure of the extent to which he or she is covered, without taking out personal cover and having sight of the policy.

The NPA offers a policy to its members who are pharmacy owners with £10m indemnity and legal advice cover. Mr Coleman warns that while this may sound "astronomical", there have been instances where a lower level of cover (eg, £2–5m) has been exceeded, after consideration of legal costs.

Mr Murphy recommends personal indemnity of at least £5m for an individual pharmacist, citing the case launched by US citizen Cathy Horton against her doctor and Lloydspharmacy after being misprescribed treatment for a minor ailment. She claimed more than £5m in damages, although in March 2007, a High Court judge capped the compensation at £1.43m (*The Pharmaceutical Journal* 2006:277:595). However, Mr Murphy adds that the PDA endeavours to resolve all issues before they reach court.

Insurers suggest now is the time for pharmacists to review their insurance cover and ensure that they not leave themselves vulnerable to litigation as a result of an expanded service portfolio.

"There is already evidence of increased premiums, particularly for primary care pharmacists and prescribing pharmacists"

How to protect the safety of your staff in the workplace

In the UK, more than 3 million working days are lost every year due to violent incidents at work. Sasa Jankovic looks at ways to keep staff safe.



Laurent Hamels/dreamstime.com

One in five people are attacked or abused at work each year, according to the Trades Union Congress, the national trade union centre in the UK. As well as disrupting many lives, this causes more than 3 million lost working days each year.

The Health and Safety Executive defines violence as any incident in which an employee is “abused, threatened or assaulted by a member of the public in circumstances arising out of the course of his or her employment”.

Victims may suffer physical injuries as well as psychological trauma and can need time off to recover, proving costly to their

employer. Then there is the cost to the NHS (estimated by the National Audit Office at £173m per year) and the benefits system.

Figures from the Pharmacists’ Defence Association show that workplace violence and the fear of it are a growing concern, with staff from one in every 15 pharmacies surveyed suffering violence, and half of all respondents recalling at least two incidents where they suffered violence or the threat of violence or abuse.

Who is at risk?

Anyone whose job brings them into contact with the public can be at risk of violence,

and those in frontline health professions such as pharmacy are likely to be more vulnerable.

Employers and staff have to work together to reduce the risk of violence,

“Reducing the fear of violence can be just as important as reducing violence itself”

Safety checklist

- Are staff trained in good customer service and conflict resolution?
- Are staff confident? (an atmosphere of fear can increase the likelihood of violence)
- Are staff aware of customers with a history of violence?
- Are security measures up to date? (eg, video cameras or alarm systems, coded security locks on the doors, wider counters)
- Can lone worker situations be avoided?
- Do staff know how to report violence?

Things to consider when undertaking a risk assessment

By law all employers must carry out a workplace risk assessment. Many violent incidents can be predicted, and a risk assessment helps to identify them. Conflict management training consultants Maybo advise considering the following three stages:

- **Awareness** Are staff aware of situations they might face and customers they may encounter?
- **Prevention** What actions can be taken to prevent conflict arising or to reduce the frequency and impact of incidents? How can staff prevent conflict escalating into violence? (This typically involves the use of interpersonal skills, such as conflict resolution training.)
- **Disengagement** Do staff know how to disengage themselves from conflict and how to report and record any events?

which often occurs due to a combination of factors such as working unsocial hours, working alone, handling money, or coping with distressed or angry customers.

Employers' responsibilities

Making the workplace safer improves morale and reduces staff turnover and absenteeism. In addition, employers have a duty of care under the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999 to ensure a safe workplace for all staff, which includes assessing (see Panel above) and preventing violence.

John Murphy, director of the Pharmacists' Defence Association, clarifies: "Whilst it is the collective responsibility of all in [the] pharmacy to do whatever they can to ensure that the working environment is as safe as possible, it is primarily the responsibility of employers to ensure the safety of their staff."

Training tips

A new report from the NHS Security Management Service reveals that training designed to prevent violence and abuse makes NHS staff feel safer at work.

Conflict resolution training gives staff the skills to spot the signs of violence before it happens. Staff also learn how to defuse, prevent and manage an incident without the use of physical restraint.

Nine out of ten staff trained by the NHS Security Management Service in conflict resolution said they can now manage verbally abusive patients, compared with six out of ten before the training. The survey also revealed that 67 per cent of trained staff felt safe from violence at work, compared with 47 per cent before the training.

Richard Hampton, Head of the NHS Security Management Service, says: "Reducing the fear of violence can be just as important as reducing violence itself. With the introduction of the Local Security Management Specialist (LSMS) to health bodies we hope to see even more staff working without fear of violence or abuse."

Lone working

With the Health and Safety Executive reporting 1.3 million attacks on lone workers in the UK every year, avoiding lone working is one of the most simple safety steps to take.

If staff have to work alone, personal alarms and panic buttons can help ensure their safety. One such device is the new PTrack device (www.globallive.co.uk). This is a mobile phone-sized device which operates via a one-button panic alert to activate a visual alarm at a control centre, giving full details of user and location. At the same time, the device sends a panic alert text to designated mobile phone numbers. Supplied



The PTrack device activates a visual alarm at a control centre

with a belt clip and a power adapter, PTrack units can be leased and managed for around £1 per day.

Staff responsibilities

Employees also have responsibility for their own wellbeing and that of their colleagues. The aim in any difficult situation should always be to diffuse, rather than exacerbate, an incident, but the law does allow people to take any reasonable action to defend ourselves and our property using reasonable force.

In addition, it is vital that staff are aware of reporting and recording procedures. The Physical Assault Reporting System (PARS) is a system designed to be used by all primary care trust staff and contractors to report violent incidents to the NHS SMS so that they can be recorded and monitored (although this is an England-only service). The form can be downloaded from www.cfsms.nhs.uk and should be returned to your LSMS. In addition, all physical violence must be reported to the police.

" Conflict resolution training gives staff the skills to spot the signs of violence before it happens "

Further information

Conflict management training and advice:

- NHS Counter Fraud and Security Management Service training www.cfsms.nhs.uk
- Maybo (conflict management specialists) www.maybo.com

Safe working practices and personal safety:

- www.suzylamplugh.org

Victim support

- www.victimsupport.org.uk

Wholesaler updates

AAH

New software to help manage care home medicines

AAH customers using the LINK pharmacy management system can now benefit from new software that helps manage medicines for care homes. LINK Care Home software allows the care home record to be added to the patient medication record system, together with administration times. Current medicines are highlighted for ease of dispensing repeat medicines. The system allows medication administration record sheets and cassette cards to be printed without the requirement for pre-printed paper.

Phoenix

Share in Buttercups Training

Phoenix Medical Supplies has acquired a minority share in the training provider Buttercups Training Ltd. Buttercups Training provides a range of training courses for pharmacists and their staff in community pharmacies, hospitals, medical practices, prisons and the armed forces.

Numark training programme

Numark has launched a new training strategy called Numark Academy. The strategy incorporates the regional training events and pre-registration trainee events currently running, and also features a bursary scheme and training panel. Numark members and their staff can now apply for a bursary, supported by Actavis, to undertake training that will add value to the business, as judged by the new panel. The panel comprises ten members from across the UK, to help adjudicate applications for the bursaries and shape further training. An information brochure will be sent to Numark members over the next few weeks. Further information can be obtained by telephoning 01827 841200.

UniChem

Your counter assistant

The sign up process for the second year of UniChem's "Your counter assistant" training modules is taking place throughout May and June. Members who are interested in continuing the training programme for a further 12 months should contact their UniChem account manager for more information.

2008 convention

The UniChem 2008 convention will take place on 13–20 October at the Barr Al Jissah Resort and Spa Hotel, near Muscat, Oman. Customers interested in attending the convention can telephone the UniChem convention hotline on 0800 634 0119.

Made-to-measure hosiery service

UniChem, in partnership with AltiMed, has launched a new service for customers who require made-to-measure compression stockings. To help pharmacy staff ensure that the correct size stocking is ordered, a service pack has been produced that includes a tape measure, order forms and process chart, plus contact information and product advice. For more information contact UniChem on 01773 515599.