



COMMUNITY PHARMACY WALES *Newsletter*



Issue 15 Spring 2008

CEO INTRODUCTION

It is with great pleasure I write my first introduction to a CPW newsletter. As you may be aware, I have recently taken up the post following the retirement of Peter Haydn Jones and I would like to take this opportunity to pay tribute to his work, and the excellent staff here at CPW, in guiding contractors through the early years of the pharmacy contract. My own background is in community pharmacy and it is my hope that this experience will help me to ensure I am always acting in your best interests.

It has been an interesting start. I have tried to meet and talk to as many people as possible, to get a feel for people's concerns, and how they feel CPW should be addressing them. It is fair to say there are a lot of views out there. Myself and the Board are keen to ensure these views are properly reflected in how CPW operates, and to this end we are reviewing how we work and how best we can take pharmacy forward in Wales. Your views on this are welcome, please send them in.

My term has started with some good news, as reported later in the newsletter. A 4% uplift both for this year and next in the indicative rates has been achieved, which was no mean feat. Well done to Steve and the negotiating team.

Representing the views of contractors to politicians is one of the most important parts of CPW's role, and also one of its most difficult. That's why this year we felt it important to have a major presence at the Labour Party conference in Llandudno. As well as hosting a table at the official dinner, CPW had a stand in the main exhibition hall demonstrating the range of services pharmacy can offer and offering delegates the chance of a free lifestyle check-up. It was a successful approach, with over 20 Assembly members and MPs visiting the stand. This afforded us the opportunity to really push home the pharmacy message, and to develop our idea of community pharmacy as a one-stop shop for health. It was hard work, but extremely worthwhile, and my thanks to all those involved.

When talking to contractors, it is clear that there is a lot of anxiety about the future. Category M, direct-to-pharmacy schemes and primary care estates strategies are all areas that are causing huge concern. Many of these issues are out of the direct control of CPW, but through its relationships with PSNC, WAG and the LHBs we are working hard to address them. At the same time, we are working on support for advanced services, and the commissioning of further enhanced services. Key amongst this is our work on securing a national minor ailments service.

As stated earlier, I welcome any ideas, comments and suggestions on how you think CPW can best act upon your interest. I look forward to working with you all.

POINTS OF INTEREST

Patient
Questionnaire

HOWIS
access/course

MUR
Updates

'Drop-in' to the
Labour Party
Conference

NES
Uplift





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Community Pharmacy Patient Questionnaire (CPPQ)

The Welsh Assembly Government have agreed to the template which fulfils the requirement of paragraph 25 (2) (a) (iii) of Schedule 2 to the Consolidation of National Health Service (Pharmaceutical Services) Regulations 1992 (Wales) – the requirement to conduct an annual community pharmacy patient questionnaire (formerly referred to as the Patient Satisfaction Questionnaire).

The questionnaire will allow patients to provide valuable feedback to community pharmacies on the services they provide. **The requirement applies in Wales from the contractual/financial year 2008/09.** The CPPQ template is available in English and Welsh versions. The templates are available to download from CPW website (www.cpwales.org.uk go to – new contract – forms – CPPQ link) The section also includes useful information and FAQs on the Questionnaire.

The following guidance has been issued by the Department of Health and PSNC;

*The Clinical Governance specification of the Essential Services requires pharmacy contractors to conduct an **annual** patient survey.*

- 1) Pharmacists must undertake a patient satisfaction survey annually.
- 2) Contractors may add additional questions if they wish, **provided they are related to healthcare service provision.** The point at which extra questions can be added is highlighted in the questionnaire.
- 3) The minimum number of returned surveys for analysis required each year is proportional to dispensing volume, as outlined in the table below:

Average monthly script volume (Items)	Minimum number of returned surveys
0-2000	50
2001-4000	75
4001-6000	100
6001-8000	125
8001-upwards	150

- 4) The questionnaire must be free from adverts.
- 5) The questionnaire shall be accompanied by an explanation as to what it is for, how to complete it, options for it to be returned and what will be done with the responses provided.
- 6) There must be at least two choices as to how questionnaires can be returned. This may include as one option either to return it to a location other than the pharmacy or replying electronically.
- 7) The survey shall be distributed from the premises to which it refers.
- 8) Surveys shall be distributed only to persons who have received NHS services from the pharmacy.
- 9) Surveys shall be distributed in a way which reasonably reflects the pharmacy's business profile. For example:
 - *It is unacceptable to survey all patients who have received a MUR but none who have received an enhanced service.*
 - *Distribution should be even over the opening hours of the pharmacy, including weekends and extended hours where applicable.*

Where the pharmacy delivers a significant number of prescriptions to patients' homes, consideration needs to be given to ensure a suitable distribution of surveys to these patients.
- 10) Responses should be analysed and strengths and areas for improvement identified

HOWIS access/course

99% contractors with current orders placed.

75% contractors now installed.

37% contractors access to HOWIS .

CPW is receiving a lot of requests from people about general access to HOWIS. CPW is considering holding some evening practical sessions on basic access to HOWIS. Please advise if you would be interested in attending a short session in familiarising ourselves in basic access to the HOWIS Site please let us know.

Erosion of the community pharmacy network: an unintended consequence of primary care services consolidation.

Following on from the wide-ranging reviews undertaken into acute health service provision in each of the three NHS Regions in Wales it is evident that many LHBs are planning to consolidate GP services into a reduced number of sites. Whereas CPW fully supports proposals aimed at modernising primary care services and improving services to patients, CPW are becoming increasingly concerned that the potential impact this may have on the community pharmacy network in the local area may not be receiving full and proper consideration.

For community pharmacy owners across Wales the location of the GP practice remains the key determinant of the location and viability of their businesses and radical changes in GP practice location, as they consolidate and move into new purpose built units, has the potential to impact negatively on the viability of the local community pharmacy network.

The Wanless Report recognised, quite properly, the need to deliver more services in the community and also equally recognised that this needs to be achieved through the 'full engagement' of all healthcare providers.

CPW believe that the community pharmacy network:

1. Delivers much valued healthcare services to local communities. Community pharmacists see both the well and the ill and to many people, including the elderly, young mothers, those without access to car transport and those with chronic conditions, they are a health lifeline in the community. Many of the planned new centres, due to a shortage of choice sites, will be located some distance away from the local community.

2. The effect of a pharmacy closure in an area of health deprivation will serve only to increase inequality of access.
3. The closure of a pharmacy in a small community could have a significant effect on the sustainability of that community. Research shows that, in small communities, three core businesses namely a health centre, a pharmacy and a source of cash make the difference between a viable business community and one that fails.
4. In 2003, the New Economics Foundation published a report Ghost Town Britain: a lethal prescription calling for the Governments to recognise the role of pharmacies in supporting local services.
5. The new community pharmacy contract is an evolving contract and pharmacy will look very different in 5-10 years time. The ability of the NHS in Wales to utilise the capacity of the community pharmacy network is totally reliant on a viable and widespread community pharmacy network being in place.

CPW believe that a 'hub and spoke' model of healthcare provision is the most appropriate model with the new consolidated primary care centres as the 'hub' and the surrounding community pharmacy network as the 'spokes'. When considering the need to include a community pharmacy in a consolidated primary care centre it is important to understand that over 85% of prescriptions issued to patients are regular repeat prescriptions. Patients requiring more acute medication will often have access to a neighbouring pharmacy within a reasonable travelling distance.

In the drive to modernise primary care facilities there is a temptation to view the inclusion of a community pharmacy in the new centres as a 'source of income' rather than an integral part of the primary care network. CPW believe that the unintended consequence of this approach could be irreparable damage to parts of the community pharmacy network.

CPW are therefore looking to raise awareness of this issue and to seek reassurance that plans for consolidation of GP practices will only take place against the background of a full and proper Pharmaceutical Needs Assessment. Any proposed plans should incorporate an assessment of the likely impact of any proposals on the viability of the local community pharmacy network.



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Community Pharmacy Assurance Framework (CPAF)

NHS Primary Care Contracting published an updated draft of the Community Pharmacy Assurance Framework (CPAF) and Community Pharmacy Strategic Commissioning Tests in 2007.

The NHS Primary Care Contracting team and PSNC have been working with the NHS, pharmacists and pharmacy organisations to revise the Community Pharmacy Assurance Framework, in the light of experience gained over the first two years of the new pharmacy contract.

Although the use of the Community Pharmacy Assurance Framework is not mandatory, WAG and CPW endorse its use in Wales, and it is hoped that Local Health Board will continue to use it. The NHS Primary Care Contracting team welcome comments and suggestions that can be used to further refine it. Local Health Boards and contractors are encouraged to 'test' the updated CPAF and feedback any comments to CPW.

CPW MUR work

CPW are currently closely examining Successes and Barriers surrounding MURs in Welsh Pharmacies. Any input/comment would be extremely appreciated. (please email: info@cpwlaes.org.uk) The work group will also be looking at areas where further guidance has been requested e.g. MURs in Children. Please also advise if there are any specific areas you would be interested in considering. MURs in Wales continue to grow and CPW continue to encourage uptake of the service. CPW is encouraged that per population head, Wales carries out slightly more MURs than England.

The MUR 'new' form

The 'new' Version2 form currently being used in England has now been approved for use in Wales FROM 3/3/08. There is a 6 month transition period (expires 3/9/08) where old version 1 form will also be accepted in Wales.

MUR 3 Month Rule

Can a MUR be offered to a patient (in a pharmacy in Wales) that has not been receiving pharmaceutical services from the pharmacy for a period of at least three consecutive months?

In 2005 the Welsh Directions were amended to allow a MUR service consultation to be offered to a patient in a accredited pharmacy premises in Wales, by a MUR accredited pharmacist if that patient has not been receiving pharmaceutical services from the pharmacy for a period of at least three consecutive months.

2008/09 Capped level of MURs in Wales

The limit remains at 400 MURs that can be carried out and claimed for by contractors who have appropriate accreditation and consultation areas. The 400 limit is enforced in Statutory Direction and entered in the Drug Tariff. An LHB is obliged to pay contractors for up to 400 MURs claims in the financial year if they have been carried out to this service level specification.

National Enhanced Services in Wales – annual uplift

We are now pleased to be able to inform you that agreement has been reached on Indicative Rates for the five National Enhanced Services for the 2007-8 financial year.

The BSCs have been advised that the updated rates, will become operative from the 1st March 2008. In addition the BSCs have been instructed to make a back payment to contractors who have provided these five National Enhanced Services between the 1st April 2007 and the 29th February 2008. The revised rates represent a 4% uplift in Indicative Rates for National Enhanced Services.

Your Regional Committees are also seeking an annual uplift for the local enhanced services, and your support in this is appreciated. If you have any queries regarding your local services please contact your Regional Executive.

WP34c/statement News

CPW continue their work with HSW. From March 2008 you will see more changes to your WP34c & statements to help with your reconciling.

These include:

- A box to enter in your number of hours for submission of Practice Payments
- A grand total for top dispensed lines on your Cat M and ZD items
- Changes to the itemisation of Specials

It is not possible to itemise Cat M etc beyond the totals until we have electronic transmission for statements without the statement running on average to over 1,000 pages.

CPW hope that you find these changes useful and thank HSW for their continued hard work in these developments.

Annual General Meeting

The Annual General Meeting for Community Pharmacy Wales was held at the Future Inn Cardiff Bay on Monday 14 January 2008.

'Building Bridges' C&D campaign

CPW support the C&D campaign in encouraging pharmacy visits by MP/AMs. If you have a visit planned to your pharmacy and would like support from CPW please contact your Regions Executive. CPW is often approached directly for suggestions of which pharmacies could be visited to highlight/showcase specific issues. It would be useful if you have a particular interest or would be willing to be visited in general if you advised CPW and we could establish a list of willing participant for the often short notice requests from AMs/MPs.

Drug Tariff in Wales

**Hard copy by request only
(contact your LHB to discuss)**

On 29th February WAG explained they had no additional resources to support the continued free supply of the Drug Tariff. The NHSBSA Prescription Pricing Division had informed them that they will be unable to invoice individuals at the approximate £3 cost but that they will be in a position to invoice the LHBs.

WAG have sent a letter to LHBs to advise them to consider the funding implications involved. A letter has also been sent to all contractors.

If you are a contractor in Wales and you wish to continue receiving hard copy of the Drug Tariff please contact your LHB to discuss.

NB The WAG have advised that if the LHB is unable to fund, the cost of the individual hard copy ordered will have to be picked up by the individual contractor.

CPW are still in communication with WAG over the funding implications of this announcement.

The Drug Tariff is available FREE to all in an electronic format. The electronic Drug Tariff provides access to the current edition of the National Health Service Drug Tariff for England and Wales, compiled on behalf of the Department of Health by the NHS Business Services Authority, Prescription Pricing Division.

The Electronic Drug Tariff is available at http://www.ppa.org.uk/ppa/edt_intro.htm





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CPW 'drops-in' to the Labour Party Conference

Community Pharmacy Wales 'dropped-in' to the Labour Party conference (weekend of 16th-17th Feb) to offer Assembly Members and Members of Parliament a lifestyle check up.

CPW hosted a stand at the conference and used the opportunity to demonstrate how it can fulfil the Governments manifesto commitment to pharmacy-led NHS drop in centres by demonstrating the wide range of public health and medicines management services that community pharmacy can offer. A huge number of AMs and MPs took up the offer to visit the stand and listen to how pharmacy could potentially meet the health needs of their constituents.

Visitors included the First Minister for Wales Rt Hon Rhodri Morgan, the Secretary of State for Wales Rt Hon Paul Murphy and the Health Minister for Wales Edwina Hart AM. Amongst the topics discussed were the introduction of minor ailments schemes across Wales and the widening of the pharmacy public health role, all of which received extremely positive responses. The First Minister took the opportunity in his key note speech to reiterate his government's commitment to the development of community pharmacy.

Business Contingency / Emergency Planning

PCOs have recently been considering reviewing their major Incident plans. This is an appropriate time to trigger revision for your business Business Continuity/Emergency Planning.

- Have you got a general service continuity plan in place?
- It is adaptable for situations e.g. pandemic?
- Have you identified the critical resources needed to run your business(stock, personnel, equipment, utilities etc)?
- Have you assessed the impact on your business from the loss of any of these resources?
- Have you considered how long the business could continue to operate without these resources or with these resources reduced?
- What is the impact on your customer? Will you lose business to the internet?
- How fluid is your cashflow? How will you cope if there is a delay in prescription payments?
- Check your business insurance. Does it cover business cessation/loss of earnings or in the case of a pandemic does it cover liability for spread of disease among staff?
- Can you assure the safety of staff and premises if law and order becomes an issue?

If you would like any further help with planning, please contact your Regional Executive with specific issues. Resource guidance is also available from NPA.

Help us to help you!

Over the next few months CPW staff are endeavouring to up date our databases with information that will be useful in maintaining effective communication with you and also giving us a clearer picture of what is happening in community pharmacies and how we can further develop services and information.

Enclosed is a form with some general questions that we would find useful. We would be grateful if you would complete the form as best possible and return it in the SAE to CPW by 15th April 2008.

Many thanks in anticipation of your help.

CDs

WAG Guidance has been distributed to you all. If you have any queries there is supporting guidance available from RPSGB(W). If you have contractual specific queries relating to CD regulations please contact your Regional Executive for advice. Some existing general advice from PSNC is detailed below:

As part of the new arrangements, the RPSGB now ask pharmacy contractors to make a declaration in relation to the management and use of CDs at each of their premises. This forms part of the annual premises retention fee cycle.

SOPs: Pharmacy contractors are required under their terms of service to have SOPs for dispensing and repeat dispensing. The regulations now also require SOPs relating to the management and use of controlled drugs to cover the following points:

- Ordering and receipt of CDs;
- Assigning responsibilities;
- Where the Controlled Drugs are stored;
- Who has access to the CDs;
- Who should be alerted if complications arise;
- Security in relation to the storage and transportation of CDs as required by the Misuse of Drugs regulations;
- Disposal and destruction of CDs;
- Record keeping, including maintaining relevant CDRs under the Misuse of Drugs legislation and maintaining a record of the CDs specified in Schedule 2 to the Misuse of Drugs Regulations 2001 that have been returned by patients.

Monitoring and Supporting Staff Handling CDs: Pharmacy contractors need to have in place arrangements for monitoring and auditing the management and use of CDs by pharmacists and staff. The arrangements are required to include:

- Recording any concerns raised in relation to the management and use of CDs by the relevant individual;
- Assessing and investigating any concerns raised regarding the management and use of CDs by the relevant individual; and
- Determine if there are any concerns in relation to the management and use of CDs by a relevant individual which the pharmacy contractor

considers should be shared with a responsible body e.g. RPSGB.

Pharmacy contractor must also ensure that pharmacists and staff handling CDs receive from time to time, appropriate training to carry out their responsibilities in the management and use of CDs.

Recording concerns: Pharmacy contractors should record concerns expressed about incidents that involved or may have involved improper management or use of CDs by a pharmacist or member of staff. The record should include the following:

- The date on which the concern is made known;
- The dates on which the matters giving rise to the concern;
- Details regarding the nature of the concern;
- Details of the pharmacist or staff involved;
- Details of the person or body raising the concern;
- Details of any action taken;
- An assessment of whether information should be disclosed to a responsible body; and
- If disclosure to a responsible body takes place, details of the disclosure and the responsible body to which the disclosure was made.

An Accountable officer and police officers would have the power to enter and inspect pharmacy premises if concerns were being investigated.

Further guidance on the details required in the SOPs for CDs can be obtained from the RPSGB and templates for CD SOPs may be obtained from the NPA.

C&D Awards

The C&D magazine awards take place in June and there are 12 categories including MUR Champion of the Year and Community Pharmacist of the Year.

For details go to www.chemistanddruggist.co.uk/awards





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FEEDBACK

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INFORMATION

Wales' specific issues regularly updated on the CPW website. www.cpwales.org.uk
PSNC website: www.psn.org.uk

CPW Partners



Pharmacists: don't forget by reading this you may be performing CPD. Why not make a record in your RPSGB CPD plan & record file or online www.uptodate.org.uk



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