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MEDICINES USE REVIEWS

DIABETES	Tuesday 24th April 2007 Venue: Gipsy Hill Hotel Exeter
CARDIOVASCULAR	Monday 30th April 2007 Venue: Boringdon Hall, Colebrook, Plympton
DERMATOLOGY	Tuesday 1st May 2007 Venue: Barnstaple Hotel

All events start with a hot food buffet at 7.00pm and the workshop at 7.30pm.

See the attached flyers for further details and booking forms. If you book, please turn up as we still have to pay for non-shows!!

CHIEF OFFICERS REPORT

Medicines Use Reviews - Surveys

Thank you to all of those people who have returned the surveys. We have had an excellent response - so far at just over 70% return rate (although there's always room for improvement, i.e. 100%)!! The next task for the LPC is to analyse the results (work in progress) and decide on a programme of support and resource development for contractors, based on what you have told us.

There are still a number of pharmacists who have yet to become MUR accredited. There are a number of alternative ways to do this, but probably the simplest way is to complete the CPPE online assessment which is FREE and can be completed within a couple of hours. The website is www.cppe.manchester.ac.uk If you have problems accessing a computer to undertake this assessment the LPC can offer facilities at the secretariat office. Please contact Emma Mortimer on 01392 834022 for details.

One of the most requested areas of support are resources provided by the LPC. We are just about to launch an MUR support pack that we have produced in conjunction with Gloucestershire LPC that will be circulated to all contractors. We are also working jointly on another pack with Hampshire and Isle of Wight LPC covering concordance and compliance issues for a number of therapeutic areas.

Keep watching the website for further news and updates or contact Sue at the Secretariat Office.

Medicines Use Reviews - LPC Support Programme

Asthma - Over 35 pharmacists enjoyed a lively if somewhat cramped evening at the first Plymouth event on asthma early in March. We are supporting Asthma UK in evaluating the success of the MIMS MUR Asthma Resource Pack produced in association with Asthma UK and PSNC. All pharmacists who attended the Plymouth event were given a set of patient questionnaires and a pharmacist's questionnaire to be returned to Asthma UK - please don't forget to return these - it will help Asthma UK improve their materials to help pharmacists support people with asthma.

Cardiovascular - At this Exeter event, the speakers were Shenda Diaz (Nurse Consultant in Heart Failure) for lifestyle advice and rehabilitation programmes, and Chris Roome (Interface Development pharmacist, RD and E) for treatment of hypertension and heart failure and medication concordance issues. Top tips from the evening included:

- The bioavailability of diltiazem MR preparations varies so patients should remain on the same brand and therefore GPs should be encouraged to prescribe branded products.
- All coronary heart failure (CHF) patients should be considered for an ACE inhibitor and the doses used are usually higher than in hypertension. Compliance to these is essential as 'revolving door' hospital admission in CHF patients is usually due to poor compliance
- NSAIDs should be avoided in patients with CHF - check for evidence of this in PMR and OTC sales
- There is no clinical advantage to EC preparations of 75mg aspirin. If your patient is unable to tolerate the dispersible formulation, suggest a swap to ordinary tabs.
- Try to find details of your local Cardio Rehab Teams and liaise with them on the MUR service

Devon PCT and the Prescribing Turnaround Plan

At the evening event held in January on the Devon prescribing turnaround plan and how Medicines Use Reviews can support cost effective prescribing pharmacists were asked to carry out a small audit of recommendations. One pharmacy made seven interventions that could have made an estimated cost saving of £605.00. Five of the seven interventions were actioned by the GP. Don't forget to send in your completed audit if you went to the event - there's a £25 book token in it for you. Keep up the good work - all of

the PCTs are focusing on reducing waste medicines and cost effective treatment which demonstrates that MURs are a valuable tool in supporting these priorities. To remind yourself of the local priorities see the LPC website www.lpc-online.org.uk/devon_lpc/

SUBSTANCE MISUSE SERVICES

Devon PCT Needle Exchange Services - Enhancement

Clients who access the needle exchange service in order to obtain clean needles also require either citric or Vitamin C in order to help dissolve the heroin before injecting. The citric and vitamin C has been free of charge to clients through EDP but has not been available in the past through community pharmacy. Devon DAAT (*sorry not Plymouth or Torbay*) has been able to secure citric and vitamin C for community pharmacists to provide to clients under the needle exchange programme.

This will be supplied to community pharmacists in the Devon PCT area but please contact Karen Histed-Todd on 01392 685114 if you require more details.

Also there is a choice of needle size available from the supplier. If you are only receiving one size, please discuss this with your supplier or Karen.

In Torbay, pharmacy needle exchanges in Torbay should refer clients to the static needle exchange services co-ordinated by EDP, which DO supply acidifiers, alongside a whole range of injecting equipment, free of charge. Contact Helen Wilks, Harm Reduction Co-ordinator (Torbay DAAT) 01803 841416 for further details of opening times and availability.

A similar situation exists in Plymouth with regards to acidifiers. Clients can of course purchase these through pharmacies - encourage the sale of individual sachets rather than "bulk" purchase. This will encourage clients to return to pharmacies and reduce risk of BBV transmission through use of large packets of ascorbic or citric acid. These are available through www.exchangesupplies.org

Plymouth - Supervised Consumption Local Enhanced Service (LES).

This started on the 1st April and to date only 12 Service Level Agreements (SLA) have been submitted to Plymouth PCT. Could contractors please send in their forms as soon as possible together with the appropriate CPPE certificate to register for the enhanced service. Contractors are also reminded that blue supervised consumption forms are no longer needed from 1st April. Details for claiming are available in the SLA guidebook which were sent out to pharmacies in February.

Please note change of date: The date for Pharmacy Part One training has also changed from Monday 7th May to Wednesday 16th May 2007.

For further information about any of the locally commissioned pharmacy services for substance misuse in Plymouth contact Graham Parsons or Emma Harrison on 01752 434870.

Local Enhanced Services

Smoking cessation training is being offered in North Devon on Tuesday 17th April. Details are on the LPC website. Further training will be offered later in the Spring for the rest of Devon, including Plymouth and Torbay. The protocol and fee structure for the service is being finalised between the three Primary Care Trusts and the Devon LPC.

Pharmacy Advice to Care Homes

The LPC is currently negotiating some changes to the Community Pharmacy Advice to Care Homes Scheme for 2007/2008. A feasibility study of the proposed changes has been undertaken and the results are being discussed between Plymouth PCT, Devon PCT, Torbay PCT and the LPC to agree the changes.

Full details will be sent out shortly; in the meantime please do not sign any homes up for next year until you receive confirmation of the 07/08 scheme from your PCT.

PSNC Contract Workbook

A revised edition of the Contract Workbook has been published by PSNC and sent to all contractors. This is a useful tool to help you prepare for any contract monitoring visits undertaken by the Primary Care Trusts. Remember that the Devon LPC has prepared a number of protocols and example standard operating procedures that can be downloaded from our website and adapted for your own use.

Complaints Procedures

The Independent Complaints Advocacy Service (ICAS) provides free support and advocacy to people that have concerns or complaints regarding their NHS treatment. ICAS advocates can offer information and support over the telephone or meet with complainants where necessary. One of the action points contained in the PSNC contract workbook is to establish contact details of local ICAS, to include in any acknowledgement of a complaint that a pharmacy may send to a complainant. The ICAS service for the South West is based in Liskeard for those people living in Cornwall and Devon:

email: liskeard.icas@seap.org.uk

tel: 01579 345193.

ICAS can provide leaflets and posters for display.

Learning from experience - good practice guidance for medicines assessment and compliance support

(Throughout this article the term "carer" is used to describe an informal, unpaid carer)

Some assessments for compliance support may involve visiting patients in their own homes. When visiting patients, it is recommended that the pharmacy has a visiting protocol in place which includes how to contact patients (telephone or letter), who should undertake visits and the option for a patient to have a carer/friend/relative present. This latter point is particularly useful in the cases of vulnerable adults.

In undertaking assessments of relatively complex cases, whether they be in the pharmacy or in the patient's home, it may be helpful to have a carer/friend/relative present at any discussion. If this is not possible, ensuring that the pharmacy holds contact details for the same is useful, in case of queries arising as a result of an assessment.

Following an assessment, where a pharmacist makes a professional judgement concerning compliance support, the patient and/or carer should be clearly informed of the decision made, preferably in writing. They should be given the opportunity to respond and if necessary provide additional information. If withdrawal of a service is considered, for example a dosette, it is recommended that notice is given to the patient so they are aware when any changes will take place.

Whilst undertaking an assessment, it may become clear that the carers themselves have support needs. In Torbay for example, the Torbay Care Trust employs a carers lead - James Drummond - who can advise on the support available for carers. James can be contacted on james.drummond@torbay.gov.uk or by ringing the Care Trust switchboard on 01803 210500.

It is also worth noting that in difficult or complex assessments, the local PALS (Patient Advice and Liaison Service) can act as a helpful liaison between the patient and professional if necessary. In Torbay, the PALS team can be contacted on pals.torbaycaretrust@nhs.net or 0800 032 7657; Current details of the PALS contact details in other areas of Devon can be found on the LPC website, in the 'on line documents' section complaints guidance www.lpc-online.org.uk/bkpage/files/115/contract_docs/toolkit_no_3a_complaints_sop.pdf or on PALS online www.pals.nhs.uk

Oxygen

Missing Cylinders - we are still being asked by contractors for advice on how to deal with oxygen suppliers continuing to invoice pharmacists for missing cylinders. Advice from PSNC for the two most likely scenarios is as follows:

1. The patient has not returned the cylinder and the contractor can match the missing cylinder to the patient. In this case the PCT may be responsible under a clause in the drug tariff. The lawyers are currently arguing that the clause refers to headsets and not cylinders. It may be that a PCT would pay BOC for the cylinder in this case, but we suspect this scenario is not that common.

2. The cylinders have gone missing over time. In this case the NHS is not responsible and the matter is between the contractor and the Oxygen supplier. As such, the contractor should talk to the National Pharmacy Association (NPA) who has said they will represent contractors on a case by case basis. The NPA would be looking to see if the Oxygen supplier had a robust administration record to show where their bottles had been distributed and the number returned from each client.

The advice from the PSNC is to contact the NPA directly to take the issue up with them or contact Lindsay McClure at PSNC (01296 438 402) if you want further clarification.

De-commissioned headsets

It has been agreed nationally that pharmacy contractors will receive a fee of £50 for each authorised headset purchased on or after 1st July 2004 and a fee of £25 for each authorised headset purchased before that date. If pharmacy contractors submitted their claims for authorised headsets in time to hit the 31st December 2006 deadline, they can expect payment on the 1st May or 1st June 2007 for de-commissioned headsets depending on the time taken for individual PCTs to authorise the NHSBSA PPD to make payment. This authorisation is being coordinated through the three PCTs in Devon.

ZERO DISCOUNT (extract from PSNC website 040407)

Drugs for which Discount is not Deducted

From April 2007 the following products will be added to the list of Drugs for which discount is not deducted:

Humira 40mg/0.8ml solution for injection pre-filled disposable devices
Kaletra 200mg/50mg tablets
MCT Pepdite 1+ powder
Orfadin 2mg capsules
Orfadin 5mg capsules

Orfadin 2mg and 5mg capsules were removed from the list in February 2007 but were reinstated with immediate effect.

There are no deletions in April.

The other changes to the list this month are that the names of the following products have been updated:

Becodisks® 400microgram & Diskhaler
Becodisks® 400microgram refill pack
Combivir® tablets
Novasource Forte® liquid
XLYS TRY Maxamaid® powder

and now read:

Becodisks® 400microgram
Becodisks® 400microgram with Diskhaler
Combivir® 150mg/300mg tablets
Novasource GI Forte® liquid
XLYS TRY LOW Maxamaid® powder

If you are unable to obtain discount on a product that you believe should be considered for inclusion in the list of 'drugs for which discount is not deducted', please report this to PSNC via the Zero Discount Online Reporting Form (www.psn.org.uk/zd) or by contacting the PSNC Information Team (01296 432823/zd@psnc.org.uk).

The PSNC information Team will investigate whether this product meets the new criteria and make an application to the Department of Health for the product to be listed as appropriate.

*******STOP PRESS*******

The OFT has launched a market study into the distribution of medicines in the UK.

The OFT commented, "This decision follows recent and proposed distribution changes by leading UK medicine suppliers. Until recently all medicines were distributed through a number of competing wholesalers but in March 2007 Pfizer Limited began selling prescription drugs solely through one wholesaler, Unichem. Other suppliers are also considering introducing significant changes to their own distribution arrangements.

The study will consider the likely impact of such changes on competition, the NHS and patients and will report back by the end of the year. The decision to undertake a market study reflects the importance of ensuring that the distribution of medicines involving pharmacists, hospitals and dispensing doctors, is timely, efficiently delivered and cost effective for patients. The NHS spends more than £10 billion per year on the purchase of prescription medicines. UK pharmacies currently provide more than 800 million prescriptions per year. At the end of the market study, the OFT will have a better understanding of the impact of the changes that are taking place and whether further action is required."

See the PSNC website for more information.

COMMUNITY PHARMACY PATIENT SURVEYS AND HOW CFEP CAN HELP YOU WITH THEM.

At last the Department of Health has released guidance on the patient surveys pharmacies will have to conduct annually from 01/04/2007 to comply with their new pharmacy contract.

This requirement is detailed in 26 (2) (a) (iii) of Schedule 1 to the National Health Services (Pharmaceutical Services) Regulations 2005.

Basically, pharmacies will have to gain between 50 and 150 completed surveys depending on their monthly script volume as below.

<u>Average Monthly Script Volume</u>	<u>Minimum number of returned surveys</u>
0-2000	50
2001-4000	75
4001-6000	100
6001-8000	125
8001+	150

The survey template is defined nationally and further detailed guidance on survey administration can be found at www.psn.org

The survey forms can be adapted by adding additional questions if pharmacies wish and include a space for patients to make comments.

The contract also compels pharmacies to discuss the area identified by the patient survey with the most potential for improvement with the PCT. You should also detail actions being taken to improve performance as well as areas where the pharmacy is performing strongly. Experience with the MUR service has shown that one of the most important things pharmacists can do to improve uptake is to motivate and get the buy in of their staff. Similarly with the pharmacy survey, pharmacy staff will be key in promoting and recruiting patients to the survey to get the required return rate, so involve them at the early stage.

Several independent health care research organisations will be offering patient survey packages for pharmacists, one of these is a local company that can support pharmacies with this requirement is CFEP UK Surveys. CFEP are an Exeter based company who are working with the National Pharmacy Association. They can help community pharmacies with an all inclusive service for the provision of paper based surveys for the patients to complete in the pharmacy or later at home. The services includes all materials, a poster, reply paid envelopes, a ballot box for completed surveys, pens and clipboards and a full quality assured analysis service with quality colour feedback documents.

Comparisons can be provided to national benchmark scores and assist in drafting any additional questions.

CFEP currently analyse C.600,000 patient surveys annually for GPs as part of their contract.

Ring 01392 286921 or e-mail pharmacy@cfep.co.uk and ask Karen for a quote.

Dr David Jenner
GP Cullompton and
Clinical Director CFEP UK surveys.

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