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### **Health Promotion Champions and Public Health**

Pharmacies in Torbay and Devon will recently have received information about the first public health campaign for 2011-12, which will focus on skin cancer. Torbay Care Trust has already established a network of Health Promotion Champions; and NHS Devon has agreed to trial this approach in the South Devon locality. All other pharmacies in NHS Devon will be expected to participate in the public health campaign. Letters have recently been sent out from the LPC Secretariat, I would urge those pharmacies invited to take part to take up the offer and not to miss out; as you will know community pharmacy features heavily in the public health white paper and it is important to start building the evidence around the pharmacy contribution to public health.

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### **NHS Devon Smoking Cessation Local Enhanced Service**

Contractors in Devon will recently have received information about the 2011-12 Local Enhanced Service for Smoking Cessation. There are some revisions which you will have read about in the correspondence that has been sent out. Just to emphasise - following feedback from the LMC, the LPC and local pharmacists the payment structure for 2011-12 has been revised from last year.

It is now:-

- Sign up and setting quit date                      £25
- Quit status as 'successfully quit'                      £25
- CO validation completed                              £5

This means up to £55 is available per quitter. Moreover, the initial increased sign-up fee recognises the work put in up to the 28 day mark.

### **Medication**

It is now possible to support a quitter who wishes to use prescription stop smoking medication (varenicline/bupropion). A prescribing fee is being offered to GP surgeries for them to prescribe on behalf of the specialist Stop Smoking Service and the pharmacy Stop Smoking Service. The LMC have endorsed this arrangement. Where pharmacy advisers wish to support smokers using this medication they can provide a letter of request to the GP and claim the smoking LES fee of up to £55 on the SS3. Once sign up from GPs is finalised, NHS Devon will inform pharmacies which GP surgeries are part of this arrangement. The pharmacy adviser must inform the GP of the quit outcome in such cases. Letters of request and outcome are provided as appendices in the LES.

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### **Diary Dates**

4 May 2011 7pm	Plymouth Locality Forum – The China House, Sutton Wharf, Plymouth
9 May 2011 7pm	Exeter, East & Mid Devon Locality Forum – The Buckerell Lodge Hotel, Exeter
19 May 2011 7pm	North Devon Locality Forum – The Park Hotel, Taw Vale, Barnstaple

**Details of all LPC events on [http://www.lpc-online.org.uk/devon\\_lpc/forthcoming\\_events.html](http://www.lpc-online.org.uk/devon_lpc/forthcoming_events.html)**

## NCSO

PSNC recently wrote out to all LPCs asking us to reinforce the importance of the NCSO endorsing process to our contractors.

There is a set reimbursement price for the supply of drugs listed in Part VIII of the Drug Tariff. Occasionally there are shortages of these products, for example, if there are manufacturing problems or a change in demand, leaving pharmacy contractors faced with dispensing an equivalent product that is only available at above the set Drug Tariff price. When this happens, PSNC is able to apply to the Department of Health for the 'No Cheaper Stock Obtainable' (NCSO) Concession to be granted for a particular month. If this status is granted, pharmacy contractors will be reimbursed based on their endorsement rather than the fixed Drug Tariff Price.

In checks undertaken by PSNC on pharmacy NCSO endorsing practice, significant numbers of eligible prescriptions have not been endorsed or have been incompletely endorsed, so have been priced at the normal reimbursement price.

***If a pharmacy does not endorse where required to claim the Concession or does not endorse completely - they will lose out. We have heard from one contractor who would lost just over £1600 for one month if they had not endorsed correctly!***



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Key points to remember:

- When claiming the NCSO Concession it is essential that contractors endorse the prescription fully with the letters 'NCSO' and full details of the product dispensed (e.g. manufacturer or supplier or brand name and pack size. If a particular supplier's product is not listed with a price on the NHS RxS pricing system, pharmacies must also endorse the price paid (before discount and ex VAT). The endorsement must also be signed or initialled and dated. If any of this information is missing, payment will be based on the Drug Tariff price rather than the endorsed product.
- Given the number of products in short supply at present, contractors may want to consider undertaking an additional check during the end of month prescription submission process, to ensure that all prescriptions have been endorsed correctly, where necessary.
- In checks PSNC has undertaken on endorsing practice, the most common omission is not initialling the endorsement.
- Once the NCSO concession has been granted, it only applies for that particular month more detailed guidance including an online feedback form to report a shortage can be found on the PSNC Website: [www.psn.org.uk/NCSO](http://www.psn.org.uk/NCSO)

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## EPS 2 Event NHS Devon

The EPS 2 event held on the 15<sup>th</sup> March at the Exeter Racecourse was really well attended by over 100 pharmacists, pharmacy staff and general practice representatives. The Connecting for Health Pharmacist Mohammed Hussain gave an excellent presentation on how EPS 2 works in a pharmacy.

There were some great take home points made by the presenters, the main point being EPS 2 has the capability to completely revolutionise the way that we work in pharmacy. Mohammed showed the audience how pharmacy works today, with peak prescription activity in the mid-morning and then again mid-afternoon. He stated that EPS 2 repeat prescriptions will be delivered 7 days before the prescription is due to be collected, and that the pharmacy will receive these overnight. This was seen as a way to smooth the prescription dispensing activity throughout the day, which would allow the pharmacy staff in busier periods to focus on responding to walk-in customers.

Another advantage of EPS 2 is that payment will be eventually handled electronically removing the need for the arduous task of endorsing prescriptions (especially now with the numerous NCSOs), filing and sending to the PPD.

However, the presenters did highlight this will be a great change in the way a pharmacy works, and if pharmacies did not embrace the ETP concept they will never realise the benefits, so all the members of the audience were advised to get using EPS 1 where ever it was available to start their learning!

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## Maximising income

**Many of you will have attended the Drug Tariff training events we ran last November and repeated earlier this year.**

**As promised, see below some FAQs in response to questions raised at the events.**

### **What happens if the endorsement printing is wonky or difficult to read? Will the PPD scanners read endorsements effectively?**

This depends upon the item. If further clarification is needed for the prescription to be priced then the form will be returned to the contractor for clarification. If the item can be priced from the information in the body of the form, the prescription will be priced. This could reduce the reimbursement provided to the contractor. For example, if a product in Part VIII has two pack sizes listed and the pack size used has been endorsed but this has been poorly printed or is not aligned with the item on the prescription form, the reimbursed price could be substantially lower than the cost of the product.

### **Discount not given for specials – what should be endorsed if the contractor receives a bonus from a loyalty scheme or an early payment discount?**

If a contractor receives a payment from a loyalty scheme provided by a specials manufacturer, or if they have received a discount for prompt payment of an invoice, the contractor is deemed to have received a discount and should not endorse the prescription DNG (*PSNC website*). It would be good practice for all pharmacies to have a written statement provided by the person responsible for supplier contracts and payment of invoices, detailing whether these discounts/rewards are provided to give confidence to employees that they are not using the DNG endorsement fraudulently.

### **How can contractors get around the problem of holding redundant stock when a prescription for a single dressing is received when they are only obtainable in outers of 10?**

A contractor may have a supply arrangement with a dressing / appliance supplier that includes the supply of singles. Care should be taken with this as the supply of a single from such a supplier may carry an on-cost or delivery cost that would not be reimbursable as an out of pocket expense as dressings in Part IXA are excluded from these arrangements.

The changes to arrangements for the supply of appliances in April 2010 allow pharmacy contractors to choose whether they regularly dispense appliances [listed in Part IX] in the course of their business, or dispense such prescriptions infrequently, or take a decision not to dispense them at all. If a contractor provides particular appliances 'in the normal course of his business' there is still an obligation to provide them 'with reasonable promptness'. This has not been tested but the PSNC's interpretation is that a contractor could choose never to supply a particular dressing; if they supply a particular dressing as a full outer they could then not choose not to supply the same dressing if it were only ordered in singles.

The PSNC is aware of financial losses associated with supplying some Part IXA items and have a page on their website that discusses them. This has been limited to losses relating to carriage charges that cannot be reclaimed. The page can be found at <http://www.psn.org.uk/pages/appliancesoop.html>.

### **What would be paid for a prescription for “Foley Catheter (14ch) long term”?**

The PPD advise that the contractor get the prescriber to supply more detail on the body of the prescription (e.g. brand name, manufacturer) to avoid it an underpayment. The pricing operators are not medically trained and whilst it details of short / medium / long term use are included in the monographs for different brands / variants of foley catheter, they may apply the standard price to such a prescription.

### **What happens if the amount of out of pocket expenses detailed on prescriptions differs from the amount filled in on the FP34C?**

The amount of out of packet expenses paid to a contractor is the amount claimed on the FP34C; the amount detailed on individual prescriptions is used for audit purposes. If a contractor fails to include an out of pocket expense for a prescription(s) on the FP34C it will not be reimbursed.

### **What is an OP of lymphoedema dressing?**

Generally an OP of a lymphoedema dressing would be viewed differently for different products. Some products are priced per pair whilst some are priced per piece. For the benefit of clarity the PPD recommend that lymphoedema items that are prescribed in multiples of ‘OP’ are clarified with the prescriber and are subsequently endorsed by the prescriber with the amount required.

### **What does CE stand for as part of the CE mark?**

The CE mark certifies that a product has met the health, safety and environmental requirements of the European Union, thereby ensuring consumer and workplace safety. CE stands for “Conformite Europeene” .

### **Oramorph is not a special container but has an expiry of three months once opened. If I was requested to dispense a part bottle on a prescription, how can I claim for the remainder if it is not used within three months and discarded?**

The clauses about limited stability products only refer to reconstituted antibiotics and do not help with this situation. If you dispense Oramorph infrequently you would be able to claim broken bulk on the remainder, however this claim would be ignored if you dispensed other prescriptions for Oramorph in the month. The problem arises when you normally dispense Oramorph in full bottles and an unusual prescription asks for a part bottle. Unfortunately there would be no means of claiming for this at present if you chose to dispense sealed bottles where Oramorph is prescribed in multiples of 100ml (a full bottle).

### **Can I claim “Discount not given” for an NCSO generic where I have had to obtain it from an alternative supplier who does not provide a discount?**

In short, no. The DNG endorsement is for specials, named patient drugs or products that have been sourced overseas for a patient. The DNG endorsement would be ignored on a prescription for an NCSO product. A claim for out of pocket expenses would be accepted for delivery charges and / or handling fees (even if the product was category A or M for which out of pocket expenses are not normally allowed), however out of pocket expenses could not be used to claim for the lost discount.

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#### **CONTACT DETAILS FOR DEVON LPC**

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If you are interested in attending as an LPC meeting as an observer, please contact the Secretariat on 01392 834022.

Details of all forthcoming events can be found on the events page of Devon LPC website [www.devonlpc.org](http://www.devonlpc.org)