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Topical Issues

As you will all be aware the coalition government has launched its plans for the future of the NHS with the White Paper – **“Equity and Excellence: Liberating the NHS.”**

The White Paper sets out a vision of the future that is radically different from anything we have seen before. Within a short space of time strategic health authorities and primary care trusts will cease to exist, to be replaced not by some other management structure, but by consortia of General Practitioners who will mould and commission services directly. For the first time in the history of the NHS, clinicians are being given both the power and the responsibility to design the service. This has huge implications for all of us, many of which are only now starting to become apparent. One thing is for certain – once all of the changes contained in the White paper have taken place the NHS will never be the same again.

Whilst there is only limited specific mention of community pharmacy there is one paragraph which stands out:

“The community pharmacy contract, through payment for performance, will incentivise and support high quality and efficient services, including better value in the use of medicines through better informed and more involved patients. Pharmacists working with doctors and other health care professionals, have an important and expanding role in optimising the use of medicines and in supporting better health. Pharmacy services will benefit from greater transparency in NHS pricing and payment for services”.

GP Commissioners will not be directly responsible for commissioning services GPs themselves provide; and will not commission dentistry, community pharmacy or primary ophthalmic services. These will instead be the responsibility of a NHS Commissioning Board. However, it is not currently clear whether this will include local enhanced services, or whether these will still have to be agreed with local commissioners, i.e. the GPs. A White Paper on Public Health will be published later in the year, setting out the government's programme for public health including the creation of a new Public Health Service. PCT responsibilities for health improvement will transfer to local authorities. The majority of locally commissioned services delivered through community pharmacy are based on public health priorities so again, it is not clear at the moment where responsibility for these will rest.

Now, more than ever before, community pharmacy needs to ensure delivery of high quality services against commissioned expectations; deliver high value and targeted medicines use reviews to demonstrate the impact pharmacy can have on optimising medicines use, minimising waste, reducing harm and improving patient outcomes; and build productive relationships with local stakeholders including local GP practices and patient representatives.

There are lots of unanswered questions now, but as we find out more relevant information ourselves we will keep you informed through the LPC website, newsletters and locality forums.

The LPC continues with its programme of arranging MP visits to community pharmacies. At this time of great change in the NHS structures we are very grateful to the MPs for their interest. Seven MPs have so far visited pharmacies across Devon and seen at first hand the valuable contribution community pharmacy makes to their local communities and the NHS as a whole. Reports from the visits are on the LPC website; if you would be interested in hosting a visit in the future please let us know.

Respiratory MURs

To support you with delivery of high value MURs, and to demonstrate the improvements to patient care that may be achieved through this service, the LPC has worked closely with the Torbay PBC Board and Torbay Care Trust to develop a respiratory MUR focusing on asthma initially, and later on in the autumn on patients with COPD. Torbay pharmacists will have received information about this; if you have not already signed up to the

initiative please do without further delay! Details may be found on the LPC Website.



It is intended to roll this programme out across the whole of Devon over the next year or so as part of the Quality, Improvement, Prevention and Productivity programme being run by the NHS South West (if you have forgotten what this means see the March edition of the LPC newsletter).

Branded Medicines

Branded medicine supply problems continue to cause significant disruption to pharmacies and patients and remains a priority for PSNC to work constructively with the organisations representing the industry and government. It is important that you continue to feedback supply issues involving branded medicines so that the situation may be monitored. A copy of the PSNC on line feedback form is available at:-

http://www.psn.org.uk/quota_feedback.php. However, you may recall that the LPC ran a local audit on the supply problems facing pharmacists last year; we are planning to re run the audit in the autumn as we believe the problem is worsening and having a still greater impact on community pharmacy. **More news on this in September.** In the meantime, PSNC has published a template "Dear Doctor" letter in the branded shortages section of their website outlining the current problems that you may wish to use with your local practices if you are having particular supply difficulties.

Branded Generics

Despite verbal assurances from our local PCTs that they are not pursuing the implementation of medicines switches including branded generics, we have had several reports from our pharmacies and seen copies of letters from GP practices indicating that there are some practices going ahead and making such changes. We would value feedback from pharmacies on local medicine switches that you become aware of or branded generic supply

problems relating to local PCT or practice activities; you will find a fax back form attached to this newsletter which should be returned to the LPC Secretariat notifying us of any specific local issues. Information we receive from our local contractors is always useful in helping to inform our discussions with PCTs and GPs, and for lobbying upwards to PSNC and MPs.

Health Promotion Champions

The LPC has recently been awarded some funding from the NHS South West to run a project to develop the concept of the Health Promotion Champions in community pharmacy. Torbay Care Trust have been supporting health promotion champions through the local public health campaigns focusing this year on alcohol, sexual health and smoking cessation. It is hoped to work with the pharmacy teams to identify any support

they may need in making interventions with their customers and patients, offering additional training to increase their skills base and to design an appropriate training and support package that could be rolled out across the whole of the south west. Again, any initiatives that provide evidence about the invaluable role of community pharmacy in supporting people to improve their health can only be good for the profession locally.

Ask Your Pharmacist

Ask Your Pharmacist Week this year starts on November 8 and will focus on the role pharmacy plays in communities and as a frontline healthcare provider, the NPA has announced.

"Community pharmacy has expanded its role, and now supplies a wide range of NHS services in the heart of neighbourhood communities, within reach of the people who need them most", said NPA communications head Stephen Fishwick. "The NPA is keen to convey the true value of community pharmacy," Mr Fishwick added.

"We therefore ask NPA members to tell us their stories so that we may highlight these in and around Ask Your Pharmacist Week. We hope members will not be too modest." For information about Ask Your Pharmacist Week 2010 visit the campaigns section of the NPA website www.npa.co.uk



Information Governance

As you know Information Governance (IG) provides necessary safeguards for, and ensures appropriate use of patient and personal information. Like clinical governance, it is a way of working and is compulsory for all NHS Service providers including community pharmacies.

A new version of the IG toolkit has been released and pharmacies are expected to be at Level 2 across all the requirements by final submission on 31st March 2011.

The number of requirements has been reduced to 16 and the website has been redesigned to have better access to resources. Changes to the toolkit include a Quick Start guide, reporting and progress spreadsheets, full PDF documents of each requirement and the option to add more than one user.

Several requirements have been merged and the evidence required has been made clearer.

Evidence can be uploaded to the site; however there is currently no requirement for pharmacies to do this. We would encourage you to use the upload facility as it is likely to be a requirement for future submissions.

The PCTs will offer their support in completing the toolkit, so for any questions or advice, please contact the following people:

Torbay Care Trust: Pete Niland	Email: Peter.niland@nhs.net	Tel: 01803 210493
NHS Devon: Phil Stimpson	Email: Philip.stimpson@nhs.net	Tel: 01392 267659
NHS Plymouth Tina Seedhouse	Email: tina.seedhouse@plymouth.nhs.uk	Tel: 01752 435003

Further information can be found on the IG Toolkit website <http://www.igt.connectingforhealth.nhs.uk/> or the PSNC website http://www.psn.org.uk/news.php/775/nhs_information_governance_requirements_201011_

An introduction to the world of GP commissioning –

Karen O'Brien, Community Pharmacist representative on the Torbay PBC Board

Baywide PBC incorporates all the GP practices in Torbay and it is in the early stages of practice based commissioning. The group that I attend on a monthly basis includes Doctors, Nurses, Public Health, Torbay PCT, Service Providers, a representative from Patient forum as well as myself as a representative for Community Pharmacy. I am also part of the Baywide sub-committee for prescribing.

Whilst the whole board and the sub-groups have met several times the earlier meetings were required to sort out terms of reference and ways of working, which are still in their infancy.

I am delighted to say that our soon to be launched asthma service will be one of the first improvements to patient care that Baywide have "commissioned" as such. The practices will identify patients for us to perform an asthma intervention medication usage review incorporating some key information and asthma management indicators for the GP's / Asthma Nurses. We hope by performing a second annual MUR that our data will show improved patient care and outcomes as well as a contribution to reduced hospital admissions.

Baywide has also commissioned a new micro-suction service which moves the service from the hospital into primary care which is much more convenient for patients and saves money. They are looking currently at small service changes until the control of budgets are transferred.

The new NHS White Paper, **Equity and Excellence: Liberating the NHS** has confirmed that GP's will have the total commissioning budget by 2012. Next year Baywide will have "shadow budgets" and hopefully will be able to increase the number of service changes to improve patient access/outcomes and more cost effective.

As you are all aware there are cost cutting exercises across every part of the NHS and the drug budget is very much a target. If you can think of a way to save money e.g. pharmaceutical waste reduction, more efficient services, ways to reduce hospital admissions etc, something that you have always thought could be done a better way then please do not hesitate to email me obrientd1@aol.com or Sue Taylor at Devon LPC.

Karen O'Brien

Interactions With Warfarin Are Implicated In Causing The Many Of The High INR Readings In A Local Hospital

It has been over three years since the release of the NPSA Patient Safety Alert number 18 on 'Actions that can make anticoagulant therapy safer'. Plymouth PCT recently held a meeting to review the progress achieved so far, where the improvements were analysed from audits that had been completed in primary and secondary care.

Derriford hospital (Plymouth) reviewed 20 sets of notes of patients who presented with an INR over 6, as part of their audit between September and November 2009. The results indicated that drug interactions were the likely cause of the high INR levels in 14 of these patients, while compliance caused a high INR in 1 patient.

Commenting on the results a local consultant haematologist said "it is easier to think what drugs don't interact with warafin, as almost all drugs do interact with warfarin". The results starkly reiterate that warfarin has a significant number of interactions which are major enough to put a patient at risk of severe harm.

The primary care audit carried out last year showed a number of improvements on the measured 2008 baseline. The percentage of patients who were instigated on warfarin in primary care and were not issued with a yellow book decreased from 55 patients (8%) to 1 patient (0.3%), while those patients already established on warfarin that did not have a yellow book decreased from 8% to 7%.

The NPSA Alert recommended that we as community pharmacists questioned patients picking up warfarin medicines, to ensure that patients INR is regularly being monitored and that their INR was safe before issuing a prescription for anticoagulants. These current NPSA recommendations are very much reinforced by the evidence presented above.

MUR TIP: We as community pharmacists are ideally placed to help patients understand the importance of understanding the risks/benefits of warfarin, the need for regular monitoring, and the numerous drug (including OTC) and food interactions.

The Most Commonly Seen Warfarin Interactions

Warfarin is unique in its interactions because it is completely metabolized by the liver and is sensitive to changes in elimination. Most of the drug interactions are pharmacokinetic, i.e. those that change the absorption, distribution, metabolism and elimination of warfarin. Pharmacodynamic interactions, where there is an increase/decrease of pharmacological effects is also a significant interaction type with warfarin.

PHARMACOKINETIC:

Interactions that increase the effect of warfarin

Amiodarone, Amitriptyline*, Bezafibrate, Ciprofibrate, Ciprofloxacin, Clarithromycin, Cranberry Juice, Dexamethasone*, Erythromycin, Esomeprazole, Fenofibrate, Fluoxetine, Grapefruit Juice, Itraconazole, Ketoconazole, Lansoprazole, Metronidazole, Miconazole, Omeprazole, Orlistat, Paracetamol, Penicillin(s), Phenytoin*, Prednisolone*, Rosuvastatin, Simvastatin, Tamoxifen, Thyroid Hormones, Venlafaxine.

Interactions that decrease the effect of warfarin

Amitriptyline*, Azathioprine, Carbamazepine, Dexamethasone*, Phenobarbitone, Phenytoin*, Prednisolone*, Rifampicin, St John's Wort, , Vitamin K.

PHARMACODYNAMIC:

Interactions that increase the effect of warfarin

Alcohol, Aspirin, Diclofenac, Ibuprofen, Fish Oils, Ginseng, Mefenamic acid, Piroxicam, Vitamin E

* Can increase and decrease the warfarin effects

References: Stockleys Drug Interactions 2010 & NHSSB Prescribing Support 2006

Emergency Hormonal Contraception

If you are planning to sign up to the EHC LES (NHS Devon) please ensure you complete the accreditation requirements as soon as possible. We have agreement with Torbay CT and NHS Plymouth that pharmacists wishing to attend an evening session on EHC may attend their own local workshops. If you would like more information - let us know.

Resources available on the LPC website to help with accreditation through CPPE for EHC

We can help you!

Are you struggling to find all the information you need to complete the online accreditation?

We noticed recently that something was missing from our website which we thought was there to help you out. We've now made sure all the resources are available at

http://www.lpc-online.org.uk/devon_lpc/ehc.html

Forthcoming Events

Don't miss the LPC Annual Contractors Meeting incorporating the AGM, to be held on Thursday 14th October 2010, at the Sandy Park Conference Centre, Exeter. Sue Sharpe, Chief Executive of PSNC will be the keynote speaker. Details are enclosed with this newsletter.

Other events not to miss:

Torbay Respiratory MUR Training Workshop 9th September 2010 – The Grand Hotel, Torquay

The next round of locality forums is due to take place on the dates below. Flyers will be sent out shortly.

Date	Forum	Venue
14 th September	Exeter, East & Mid Devon	Devon Hotel, Matford, Exeter
16 th September	Torbay	Premier Inn, The Seafront, Torquay
21 st September	North Devon	The Barnstaple Hotel, Barnstaple
20 th October	South Devon (Teignbridge, South Hams & West Devon area)	To be agreed

The Plymouth Forum due to have been held on 7th September has been cancelled and a new date will be advertised when agreed.

For further details, please see the events page of our website www.devonlpc.org

The LPC Locum List

The LPC Secretariat holds a list of locums working in the Devon area. If you are a locum pharmacist wanting work and would like your name added to the list, please contact the Secretariat (Tel: 01392 834022 or kathrynj@devonlpc.org) with your name and contact details. It would also be useful to give an indication of the geographical area in which you are based.

*For those looking for locum cover, all contact and negotiation of terms is **not** done through the Secretariat but direct, and any names given out are neither endorsed nor recommended by the LPC.*

CONTACT DETAILS FOR DEVON LPC

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If you are interested in attending 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

Premier Pharmacists – Your Stories Of Best Practice

The Milehouse pharmacy team has been very diligent with all our patients taking warfarin, in line with the recommendations made by the NPSA. We at Milehouse pharmacy always emphasise to patients the importance of bringing in their yellow book when they come to collect warfarin prescriptions, as this provides a record of current doses and regular testing.

Recently, a patient came in to the pharmacy with a prescription for an item which was not warfarin. When he handed over the prescription he also presented our dispensing technician with a piece of paper with his INR result on it. The gentleman decided to give it to the technician because earlier that morning he had a blood test to measure his INR, and he wanted details to be entered on the Pharmacy records.

When the technician started to enter the details, they noticed that the warfarin dose had been changed, and that the patient had not been supplied any of the appropriate strength tablets from our pharmacy. So they went to confirm the dose change with the patient, and to see if they had received a prescription for the necessary tablets.

The conversation revealed that the patient had no idea that he needed a prescription for a new strength (0.5mg) tablet, and had thought that he would use some "blue ones or pink ones instead, as 5mg was his new dose".

Once the patient confirmed the issue with the warfarin tablets, the dispensing technician took it upon themselves to source a prescription for the correct strength. The member of staff contacted the surgery to arrange for a prescription to be generated urgently, which then enabled the patient to take the correct dose of warfarin that evening.

This story is an excellent example of where community pharmacy can add real clinical value to patients collecting their medicines, it also reinforces the importance of the dispenser recommendations in the NPSA Patient Safety Alert (May 2008) on warfarin.

Submitted by Helen Tugwell, Milehouse Pharmacy, Plymouth

A £20 book token will be sent for each article printed.