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**SPOTLIGHT ON  
MEDICINES USE REVIEWS**

**Devon PCT and the Turnaround Plan  
How community pharmacy can support the PCT**

The Turnaround Plan event was held in Exeter on the 30th January with John Finn and David Lord.

Currently, the Devon PCT is in considerable debt. Part of their "financial recovery plan" is to include community pharmacists in strengthening medicines' management to support cost effective prescribing and reduce waste.

Community pharmacists in Devon PCT are encouraged to target MURs to reduce drug cost and work in collaboration with GPs. Key actions are:

- To be aware of Local Priorities for prescribing (see Drug Talk, Jan 2007) or LPC website on-line documents ([www.devonlpc.org](http://www.devonlpc.org))
- To identify how you can target patients and contribute through focused Medicines Use Reviews
- To establish ways to work with your local practice.

Some examples of outcomes for targeted MURs could include:

Reducing inappropriate use of blood glucose testing strips, encouraging generic prescribing, reducing "specials" prescribing and recommending cost saving formulation changes e.g. Ramipril tablets to capsules.

Performing more MURs will also safeguard the money already allocated to community pharmacy so we need to take full opportunity of this!

On the evening, there was a query regarding Zoton®. We can now confirm that Wyeth are promoting Zoton Fastabs® as an option if someone has been changed from Zoton® capsules (which are being discontinued) to the generic, who then encounter side effects despite possibly trying a different generic manufacturer or omeprazole. They are not promoting that Fastabs® have a better side effect profile than generic capsules.

For more information on cost saving outcomes or ideas, please see our website or contact Emma at the LPC Secretariat.

**CHIEF OFFICER'S REPORT**

Well into the new year already and the end of the review of the control of entry, with the news that a further review into the pharmacy contract and the regulatory framework will take place during the early part of the Spring. The Department of Health has initiated a further review of contractual arrangements and what action is needed to allow PCTs to have more powers to commission adequate service provision to meet local health needs, whilst not losing opportunities to maximise choice and contestability. Anne Galbraith, former Chair of the Prescribing Pricing Authority, has been appointed to lead and chair the discussions and is expected to report by March 2007. The results will inform a further formal consultation. Again this puts the profession into a state of tension and uncertainty, set within a local environment of cuts in service and major structural changes within the NHS.

The LPC has been reviewing its own strategy and priorities in light of the above, and the need to ensure that the profession is delivering the requirements of the contractual framework. The main effort for us this year will be on supporting contractors in providing the MUR service, The LPC feels very strongly that this service will underpin any commissioning of future local services based on more clinical areas, as well as supporting the case for new advanced services. We have to get this right – the money is available for the service. Engaging with practice based commissioning is also an important task for the LPC but securing local funding for services is extremely difficult from cash strapped PCTs. Another important strand to our work will be to promote community pharmacy locally and to the public, GPs and leaders in the NHS particularly through local media. And finally, we are putting in place measures against which we can monitor our performance in our service to you.

You can hear about our plans and other initiatives by coming along to our contractors' meeting on the 1st March 2007. (flyer attached)

### Examples of MUR outcomes this month

- Changing a prescription from branded Fosamax® 70mg tablets to generic alendronic acid tablets 70mg. Recommending this change to a GP and subsequent actioning can save about £180 per year.
- If a patient is on Ramipril tablets as a result of swallowing difficulties, remember that all strengths are the same size so try and recommend that patients taking two half dose tablets (for ease of swallowing) don't need to do this i.e. a patient on two Ramipril tablets 5mg OM will find it easier and more cost effective on one 10mg tablet OM.

*One satisfied pharmacist.....*

*"The last LPC meeting really inspired me to "just get on and do them!" MURs I mean..... and I have to say that I have been clocking up two each day and am loving it. I am picking up all patients on risedronate/alendronic acid, starting new medication, out of sync with their ordering of medicines. Each patient has been delighted that I am interested in them and their medicines. I thought they would know that anyway!!"*



### JARGON BUSTER

**MURs can support GPs in meeting their QOF points. QOF? What's that? It's the Quality and Outcomes framework for GPs.**

Under their contractual arrangements GPs are paid not for volume but for quality of services and reaching certain thresholds in clinical areas as well as systems. There are links to the national service frameworks and an emphasis on managing long term conditions. Once agreed thresholds have been met, GPs receive "points" and ultimately payment. How MURs can contribute to GPs QOF points is a good starting point for discussing the service with your local practice, particularly for asthmatics, diabetics and COPD patients.

**The LPC will be publishing a quick guide to the QOF framework and break down of the quality indicators and point values on their website in the next few days— don't miss it!**

### MUR Support Survey—All Pharmacy Contractors

You will shortly be receiving a short survey that we would like all pharmacies to complete and return to the LPC office either by fax or mail by the end of February 2007. Like many of our colleagues, the LPC is really concentrating on supporting contractors to deliver MURs over the next year; the funding is derived from reductions in the price of Category M medicines and the funding (currently £10,000 per pharmacy per year) can be recovered only by delivery of this service.

Replies to the survey will be treated in confidence and will help us prioritise our efforts to help you. When you receive it, please help us to help you by taking a few minutes to complete and return it to us promptly.

### Professional Practice - FP10DA Prescription (Instalment Dispensing) Guidance

The NHSBSA Prescription Pricing Division has re-issued their guidance on the dispensing, endorsement and reimbursement of FP10MDA (instalment dispensing) prescriptions. A copy of this guidance and a range of frequently asked questions can be found in the Drug Tariff Resource Centre on the PSNC website.

The main points to remember include;

- A dispensing fee and additional schedule 2 or 3 controlled drug fee (where appropriate) will be paid for each instalment specified by the prescriber that has been dispensed.
- Where the prescriber has requested instalments at daily intervals in separate containers and specified that supply can be made in advance, and the dispenser has supplied these instalments separately and endorsed the prescription as detailed above, then the fees will also be applied to the instalments supplied in advance.
- Where prescribers indicate supply by instalments at intervals less frequent than daily, dispensers should endorse the total amount supplied on the day specified by the prescriber.
- Where the prescriber has indicated supervised consumption or observed self-administration, a fee may be claimed for both the supervised instalment and for any instalments taken away in advance. If the prescriber has also indicated that the take-home supply should be dispensed in daily dose containers, a fee may be claimed for each container dispensed.
- If a prescriber has ordered more than fourteen instalments, then the lines on the right hand side of the prescription form can be split to allow all the instalment to be endorsed.

### tłumaczyć się usługiwanie

**"Translation Service" for those of you who can't read Polish.**

Have you ever wished to write a prescription label in a different language?

**Two to be taken twice a day  
(2 a prendre 2 fois par jour)**

and be able to print the information on your pharmacy label?

Devon LPC has been asked to notify contractors about a free online service available from a Devon based Pharmacy Company 'RX Info' that will translate standard prescription messages into 13 different languages. The service is free and available at [www.translabel.co.uk](http://www.translabel.co.uk) or via the LPC website under Links and Pharmacy organisations – Rx Info.

The LPC has suggested a "large text in English" version as another option to help with meeting the compliance support under DDA requirements. If you think this would be useful – please contact the secretariat Office.

## OUT AND ABOUT!

### TORBAY CARE TRUST CORNER

#### Contract monitoring visits:

We have commenced the next round of contract monitoring visits. As last year, Ali Hayes will be the community pharmacist on the visits with Christine Branson, Assistant Director of Primary Care; the Care Trust contracts lead. Nicci Hilson who works with Christine and is increasingly involved in pharmacy work is also attending as a learning experience. With 38 pharmacies in the Bay, we have decided to undertake a three-year rolling programme of visiting; so, we'll visit one-third this year, one third in 2008 and one third in 2009 before starting again! For pharmacies who received a visit last year, the main focus of the visit is to establish how things have changed and progressed since the previous visit. All pharmacies who we are visiting have already been contacted so for those that haven't – you can breathe again for a while yet!

For more information, contact Christine Branson ([christine.branson@nhs.net](mailto:christine.branson@nhs.net) 01803 210543) or Nicci Hilson ([nhilson@nhs.net](mailto:nhilson@nhs.net) 01803 210542)

#### PCT-wide multi-disciplinary clinical audit – hospital prescribing:

We have some initial results from this audit on hospital prescribing which we are currently in the process of writing up and will share with you all as soon as they are available. For more information, contact Christine Branson ([christine.branson@nhs.net](mailto:christine.branson@nhs.net) 01803 210543) or Jane Booth ([jane.booth@nhs.net](mailto:jane.booth@nhs.net) 01803 210545)

#### Medication reviews in care homes:

This scheme was run as a one year pilot in Torbay and we have recently analysed the results. We were hoping to share this with participating contractors on 7<sup>th</sup> February but unfortunately our “key note speaker” Brian Brown from CSCI was off sick, so this meeting has been postponed with a future date to be advised shortly. In the meantime, we are meeting with LPC colleagues to discuss the initial findings. For more information, contact Christine Branson ([christine.branson@nhs.net](mailto:christine.branson@nhs.net) 01803 210543) or Nicci Hilson ([nhilson@nhs.net](mailto:nhilson@nhs.net) 01803 210542)

#### Signposting file:

The recently revised and “new improved” signposting file, put together by Nicci Hilson at the Care Trust, is currently being distributed to pharmacies. **Watch out for it in your post soon!** For more information, contact Nicci Hilson ([nhilson@nhs.net](mailto:nhilson@nhs.net) 01803 210542)

### DEVON PCT

While organisational structures and jobs are being sorted out, it is not likely that the PCT will be running the public health campaigns and audit that form part of the essential services of the contract until later in the year. This obviously makes it difficult for you to undertake your own business planning for the year but we are proactively working with the PCT via David Lord, who has the interim lead responsibility for community pharmacy in Devon PCT, to make sure community pharmacy doesn't completely disappear off the radar! This is obviously an extremely difficult time for our colleagues in the local NHS and we continue to support them as much as possible in the interests of the profession and patient care.

## LOCAL ENHANCED SERVICES

### Support and advice to care homes:

The Devon LPC is working alongside Devon PCT, Plymouth tPCT, Torbay Care Trust and CSCI (Commission for Social Care Inspection) to revise the advice and support to care homes scheme. All parties continue to recognize the value of the scheme but feel that it's time for a make-over. The results will be shared with contractors as soon as they are available. For more information please contact Sue Taylor at the LPC Secretariat in the first instance.

### Smoking Cessation

In view of the challenging targets that PCTs have had set for them and the forthcoming public ban on smoking, the Devon LPC is also working with the three PCTs to revise the current smoking cessation scheme. We hope to see the pharmacy based service commissioned across the whole county.

Other services where we want to see more consistency are in EHC and extended hours of opening.

### Devon LPC Meeting Dates 2006-07

These are advertised on our website [www.devonlpc.org](http://www.devonlpc.org)  
If you are interested in attending an LPC meeting as an observer or in knowing more about the work of the LPC please contact the Secretariat Office on 01392 834022 or visit our web site [www.devonlpc.org](http://www.devonlpc.org)

### MUR WORKSHOPS

**Dates of planned workshops are listed below, details will be sent out to pharmacists nearer the time, or are available from our website [www.devonlpc.org](http://www.devonlpc.org)**

#### OSTEOPOROSIS

5 March	Barnstaple
17 July	Plymouth

#### CARDIOVASCULAR

13 February	Torbay
6 March	Exeter
30 April	Plymouth
5 June	Barnstaple

#### ASTHMA

20 March	Plymouth
Tbc	Torbay

#### DIABETES

24 April	Exeter
21 May	Torquay
10 July	Barnstaple

#### DERMATOLOGY

1 May	Barnstaple
12 June	Plymouth

#### PAIN MANAGEMENT

5 July	Torquay
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## Devon LPC – Contractors meeting and AGM

Thursday 1<sup>st</sup> March 2007 at the Exeter Rugby Club.

We are delighted that Sue Sharpe, Chief Executive Officer PSNC, has agreed to be our keynote speaker talking about the progress so far of the contractual framework and the issues as PSNC see them, how Category M is working, Medicines Use Reviews and where PSNC sees the profession going over the next five years. Join us to hear Sue and also about the work of the Devon LPC; and from David Jenner, Clinical Director CFEP UK Services “How to do patient satisfaction surveys”.

See enclosed flyer for more information and a booking form

### PRACTICE BASED COMMISSIONING

*What is Practice based commissioning? How does it affect pharmacy? Should pharmacists be involved? What is the most important thing a pharmacist can do now?*

The government is pushing hard for primary care to begin PBC. This means that practices individually or grouped together will need to review their patient lists and establish business plans to support the services they would like to provide over the coming year.

The PCT needs to agree these plans and the services that the practice would like to have commissioned. The following point is the biggest hurdle to overcome: should practices continue to commission the existing services already established, or should they look to new models for patient care? This step into the unknown is what is preventing PBC from taking off.

If pharmacy is to provide safe robust alternative health care pathways commissioned under PBC then there are a number of factors that need to be in place.

- Strong well presented business cases that demonstrate a fair return for the work provided and a comprehensive valuable service to patients.
- Good working relationship between the practice and the service provider.

As an analogy who would you want to commission to build an extension to your house? Would you choose the builder next door, just because he lives next door, or would you put out to tender and select the most appropriate provider based upon cost, reputation, reliability and demonstrated quality? Pharmacists need to be seen as a preferred service provider because of their reputation, reliability and accountability for the services they already provide and the ones they would like to provide in the future.

The LPC can help with business proposal, but each pharmacy must work on establishing the relationship with their surgery to understand what services are needed locally and to strengthen business relationships between pharmacy and General Practice.

PBC is unlikely to take off quickly. There will be a delay whilst GPs individually or through consortiums try to understand what they are required to do. Once a sound business plan is in place, these plans still need to be project managed to select the most cost effective and suitable proposal(s) locally; then the services need to be evaluated before the following year. The LPC is not waiting for the process to be bedded in or we will miss the boat. The large predatory companies are already looking for openings to run practices and medical centres. The LPC want to ensure pharmacy is able to tender for pharmaceutical services and patient care pathways that can be incorporated into the traditional dispensing process.

### Devon PCT Practice Based Commissioning Launch Event

Devon PCT is launching an event for PBC on the afternoon of Tuesday 6<sup>th</sup> March 2007 at the Sandy Park Conference Facilities (Just off Junction 30 M5). The event will run from 1.30pm to 6pm with a light lunch provided. The speakers include Dr Kevin Snee (Chief Exec of Devon PCT), Rebecca Harriott (Director of Provider Services), Dr David Jenner (NHS Alliance PBC Lead) and Ian Tulley (Chief Exec of Devon Partnership Trust).

Spaces are limited so if you would like to attend and understand how pharmacy can fit into PBC plans please email Cindy Flatt at the following address or contact her on 01392 356924.

[cindy.flatt@eastdevon-pct.nhs.uk](mailto:cindy.flatt@eastdevon-pct.nhs.uk)

### **JUST IN CASE BOXES**

February 1st saw the launch in North Devon of the “Just in Case Boxes”. A selection of drugs for injection in a blue plastic box prescribed by GP’s for palliative care patients who may require intervention for common symptoms. The “Just in Case Box” will be kept in the patients home for use by healthcare professionals. This proactive measure may help to combat the access to medication problems encountered particularly in the out of hours period. The event was well attended by pharmacists, GP’s, and Community Nurses. A further information session open to the multiprofessional group will be held on 16th February at 1pm at Barnstaple Town Library. Please contact 01271 341533 if you would like to attend. For further information please contact; michelle.jeffery@ndevon.swest.nhs.uk.

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

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