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Tackling Supply Issues

Providing critical medicines as frontline healthcare professionals, pharmacists are acutely aware of the distress and inconvenience that the current supply issues are having on their patients.

Trying to maintain continuity of supply and manage patient questions takes up large amounts of your time and energy as you will see from the results of our recent audit that showed pharmacists spend over an hour each week chasing stock. Continued pressure and feedback has resulted in best practice guidance being developed by a group representing the different parts of the supply chain, requiring all to play their part in reducing the burden of supply problems, including manufacturers and wholesalers. The aim of all parties should be that, under normal circumstances, pharmacies should receive medicines within 24 hours.

This best practice guidance requires manufacturers, wholesalers, pharmacies, dispensing practices and prescribers to take steps to improve efficiency of supply to patients.

The full guidance can be found on the Department of Health website http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124017.

Please continue to provide evidence of supply issues to the PSNC. Support in sourcing branded medicines is available from the PSNC Information Team (01296 432823) and the NPA Information Department (01727 858687).

Key affected products and guidance on manufacturers' contingency arrangements can be found at www.psn.org.uk/brandedshortages.

Devon LPC Medicines Stock Audit 2

During the month of November last year 70 pharmacies from all around Devon, Torbay and Plymouth collected evidence for two weeks on the current medicines supply problems. This was the second audit that we have carried out, and it was the LPCs aim to find out whether the situation had improved since the Medicine Summit that took place in March 2010.

Devon LPC would like to thank all the 70 pharmacies that collected all the information, without your efforts this research would not have been possible.

The results of Medicines Supply Audit 2:

- The average number of medicine supply issues per pharmacy increased to 7.7 (537 issues from 70 pharmacies) in the November 2010 pharmacies audit from 4.8 (379 issues from 79 pharmacies) in April 2009
 - It would appear that the stock supply problems have got markedly worse
- The audit showed that 28 (5.2%) patients suffered moderate harm (short term harm, which required significant intervention e.g. missed dose of anti-epileptic causing a fit); 72 (13.4%) patients suffered low harm (minimal harm, e.g. missed dose of anti-migraine drug)

Although this is subjective data it does give us a feel of the general situation, and we can say patients are being harmed by the lack of availability of essential medicines in the supply chain

- The average delay to a patient being supplied with medicines that has a supply issue is a staggering 4.4 days
- In 98 (18.2%) of the supply issues the pharmacies had to go direct to the manufacturer to order the medicine via the emergency procurement arrangements

Through the fantastic work the pharmacy teams are doing only 18% of the supply issues lead to a delay for the patient of over 14 days. We believe this result in the context of this massive problem, indicates that the hard work undertaken by pharmacies is benefiting patients.

The above results will be highlighted to Devon GPs through the Purple Pages LMC newsletter to raise their awareness, and we have already shared them with the PSNC. We will also ensure that we communicate the good work that you are doing to all the local representative MPs. *For further detailed analysis and comment please see the Chemist and Druggist featured on the 17th February 2011.*

NCSO Endorsement Reminder

To ensure that you will be reimbursed correctly for dispensing products which have been granted the NCSO concession it is essential that all the following information is endorsed on the prescription form:

- 'NCSO' (No cheaper stock obtainable);
- Full details of the product dispensed (e.g. manufacturer, brand name or price if it is an uncommon item and pack size);
- Sign or initial the endorsement;
- Date that the prescription is dispensed.



If any of this information is missing, payment will be based on the Drug Tariff price rather than the endorsed product. The NCSO concession only lasts for the month it is granted.

Details of products currently granted the concession can be found in the generic medicine shortages section of the PSNC website.

Good pharmacy practice for the NPSA lithium alert

In December 2009 the NPSA released guidance which indicated that closer monitoring of patients taking lithium therapy would reduce the harm caused to patients taking the medicine. The guidance had to be implemented by community pharmacy by 31st December 2010, however we have recently received a number of queries on the alert, so we wanted to issue some key pieces of advice to pharmacies (we suggest further reading of the documents listed).

The NPSA stated in the best practice guidance that: 'Prescribers and pharmacists check that blood tests are being monitored regularly and that it is safe to issue a repeat prescription or dispense the prescribed lithium'.

This means that your pharmacy should check the following points below before a prescription is dispensed, and we would recommend that you record the information collected from the patient/representative as an intervention on the patients PMR.

Ensure the following information is available (usually found in patient's Purple Lithium Record Book) and recorded in the PMR:

1. Current brand, formulation and dose of lithium
2. Current lithium blood level (normal range 0.6mmol/L – 0.8mmol/L if newly prescribed, and between 0.8mmol/L -1.0mmol/l if prescribed lithium in the past) and monitoring frequency, at least 3 monthly.
3. Check if patient has lithium toxicity signs, tremor, nausea and diarrhoea, muscle weakness
4. Urea & Electrolyte monitoring (U&Es) at least 6 monthly
5. Thyroid function tests monitoring (TFTs) at least 6 monthly
6. Any significant changes weight or BMI
7. OTC medicines taken, Lithium can interact with NSAIDs, antacids with sodium bicarbonate

Note: Please see the Bolton PCT Guidance for Prescribers and Community Pharmacists and the NPA/NPSA Lithium SOP for further details, both available via the internet.

EPS Release 2

EPSR2 is on its way to Devon and will require pharmacies to examine and perhaps change their current dispensing processes. NHS Devon and the Devon LPC have arranged a meeting to explain the journey at the Exeter Racecourse, on Tuesday 29th March 2011, starting at 7.00 pm with a buffet. A flyer is enclosed with this newsletter.

Pharmaceutical Needs Assessment

All three of the PCTs in Devon published their PNAs as required on the 1st February. You can view the PNAs on the LPC and PCT websites. These documents will be used to assess any pharmaceutical applications under the current control of Entry regulations.

Information Governance

The Information Governance (IG) process is continuing with the LPC and Primary Care Trusts across Devon reminding all contractors to complete their declarations by the 31st March 2011 deadline. All pharmacies need to achieve Level 2 compliance with all requirements that are relevant to them, with the exception of business continuity planning. A comprehensive Guidance document will have been sent to you by PSNC, which is also available on their website. Should any contractors have any difficulties or problems with making their declarations then they can gain advice from the PCT, PSNC, NPA or the LPC.

Please don't leave this until the last minute, we have been hearing reports from contractors that completion of the toolkit takes at least one day, because of the need to upload your evidence.

The Information Governance Toolkit version 8 is live on the IG Toolkit site.

<https://www.igt.connectingforhealth.nhs.uk/>

When a contractor completes the online Information Governance Toolkit, the Toolkit uses the completed answers to indicate whether the submission is 'satisfactory' or 'unsatisfactory'.

PSNC has notified us of a problem whereby pharmacies were achieving Level 2 on everything except the business continuity planning requirement, the Toolkit was still showing their status as 'unsatisfactory'.

This problem has now been resolved. A global 'exemption' has been technically applied to the business continuity requirement in the Toolkit for the 2010-11 submission. If a pharmacy has achieved Level 2 on all requirements relevant to them except business continuity planning, the Toolkit will now show their status as 'satisfactory'.

This is being applied to assessments that have been submitted as well as assessments that are actively being completed. Note, the 'exemption' is technically being applied during an overnight process, so if someone is just starting an assessment, the 'exemption' should be technically applied to their assessment the evening after they start.

PSNC is still in discussion with the Department of Health on the business continuity requirement.

Map of Medicine

You may have heard about the Map of Medicine, and wondered why you should be interested. Well, the Map of Medicine is a peer-reviewed, web-based, easy to use, source of best practice guidelines for common conditions. It helps to visualise and join up the patient's journey across primary, secondary and community care and can also include information on local services. It is used extensively in South Devon and is being adopted across the rest of Devon.

If you are carrying out medicines use reviews, making interventions with your patients, liaising with GPs and other professionals involved with your patients, or want a brief refresher on the latest guidelines or joint formulary information, you will find the Map of Medicine an essential tool to use.

It's easy to access; you will need an NHS Athens user Name and password. There is a link from the Map of Medicine home page (<http://england.mapofmedicine.com/>) to the health Information Resources (NHS Evidence) website - www.library.nhs.uk where you can register on line. It takes about a week to receive your user name. Once registered, this will give you access to national NHS resources and some of the electronic resources your local NHS library currently subscribes to. It's well worth it and will support your CPD.

Health Promotion Campaigns

In Torbay, the Health promotion champion initiative goes from strength to strength. The Champions have just completed the third round of training sessions, which this time focused on supporting your customers and patients to stop smoking, in readiness for No Smoking Day.

We have been in discussion with the public health teams in Torbay and Devon. The first campaign for 2011-12 will focus on Skin Cancer and raising awareness about safety in the sun. Details are being finalised and all pharmacies in Torbay and Devon will be notified as soon as possible.

Diary Dates

24 March 2011 7.30pm	Dementia Follow up event Ivybridge (Flyer enclosed)
29 March 2011 7.30pm	EPS Event – Exeter Racecourse
6 April 2011 7.30pm	Dementia Follow up event Exeter Racecourse (Flyer enclosed)

Details of all LPC events on http://www.lpc-online.org.uk/devon_lpc/forthcoming_events.html

Healthy Living Pharmacies (HLPs).

HLPs offer a suite of services built on the expertise of the teams including developing staff to become Health Trainer Champions. The concept of Healthy Living Pharmacies is key to securing and developing more services through Community Pharmacies. Already successful in Portsmouth, the LPC is looking to implement this concept locally and is in discussion with the public health teams in Devon, Torbay and Plymouth. In the meantime, we cannot stress too many times how important it is for pharmacy to deliver on the services already commissioned across the County. If you are signed up to EHC, Chlamydia screening, stop smoking, needle exchange, or supervised methadone, please ensure your staff are fully briefed and up to speed with the requirements of the service specification, are following the standard operating procedures and engaging with your patients. If you don't use it, you'll lose it!

Premier Pharmacist

We were recently sent the following example of pharmacy best practice from a local contractor. The event occurred just before Christmas.

"The pharmacy received a prescription for a one year old baby recently discharged from hospital. The prescription received from the GP was for:

- **Furosemide SF solution 5mg/5ml: 9ml daily**
- **Spironolactone SF solution 5mg/5ml: 9ml daily**

All the alarm bells rang here: baby, hospital discharge, new prescription and new patient. A Christmas recipe for disaster...So, I stuck a "Ask for Pharmacist" sticker on the bag so that the pharmacy staff alerts me when the prescription is collected.

When the mother came in to collect the prescription a few days later, I wanted to find out more about the clinical background of the baby and the dosage he was discharged on from the hospital. The mother expected that the GP would carry on the same treatment at the same dose of 0.9ml daily. I pointed out that the GP had written a prescription for 9ml daily, which is 10 times more than the amount the baby had at the hospital. The mother said as the baby was tiny and that the consultant hadn't mentioned any dose increase she would carry on giving the baby 0.9ml daily. I explained that we have to label dosages as per the prescription and advised her to check again with GP/Consultant for the exact dose before she started using this prescription.

I then rang the surgery but the GP was not in so left a message for her to ring back. I also rang the GP's secretary to ask whether she could tell me what the hospital's discharge letter said only to be told: "Why do you check?". At this point, I really didn't feel I had to justify the reasons for my doing my duty as a pharmacist. Being a bit more assertive, I managed to extract the information I wanted: the hospital discharged the baby on 9mg of furosemide and spironolactone daily.

I then lost no time in ringing the mother back and asked her to read what the labels on the bottles she had from the hospital pharmacy said: Furosemide solution 50mg/5ml: 0.9ml daily and Spironolactone 50mg/5ml: 0.9ml daily, which translate in $50 \times 0.9 / 5 = 9$ mg and therefore the dose on the GP's prescription was correct: $5 \times 9 / 5 = 9$ mg.

I don't know whether this particular mother had an A level in Maths but I suspect that she wouldn't have checked the strength of the products we dispensed and worked out the equivalence in dosage. I explained that she must not give the same amount (0.9ml) but 9ml as per GP's prescription or otherwise the baby would have received a dose 10 times weaker than intended.

I felt then a near fatality had been averted and shared the lesson learnt with the pharmacy staff: we should not assume that all parties refer to the same product and we should always express a dose in weight unit (g, mg). A Significant Event form was sent to the PCT and I am trying to figure out the best way to suggest this good practice to the surgery without being told to mind my own business."

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The next full LPC Committee meeting will be held on Monday 14th March 2011 (7.30 pm) at the Secretariat Offices, Deer Park Business Centre, Haldon Hill, Kennford, Exeter, EX6 7XX. If you are interested in attending 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