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Welcome to 2009

Firstly, can we take this opportunity to wish you all a Happy New Year – the weather has certainly reminded us that January can be a harsh month! Let's hope the summer as predicted is going to be worth waiting for.

Pharmacy must move on!

The decision by Phil Hope, Department of Health Care Services Minister, to make no change to the current arrangements on GPs dispensing medicines to their patients will hopefully mean that the focus can move on to the rest of the Pharmacy White paper "Building on Strengths: Delivering the Future", and become much more constructive than it has been over the past few months. Having sent off our own response to the White Paper and copying this in to MPs in Devon, the LPC has been contacted by several MPs who are interested in visiting local pharmacies to learn more about the profession and the services it provides. If you would like to host a MP visit in your pharmacy please let us know.

Whose shoes do you have the courage to influence for pharmacies future?

The all party pharmacy group of MPs have not only been a major influence over the highly regarded White Paper but also provides the grass roots of community pharmacy with a voice in the halls of power.

Another vocal advocate of community pharmacy has been the magazine Chemist and Druggist, their informing and influencing MPs campaign 'Building bridges' has provided since February, 40 ministerial visits. A recent meeting arranged by the Chemist and Druggist brought together a group of highly active pharmacists and the influential members of the all party pharmacy group. The discussion focussed on the pharmacy profession's lack of engagement with MPs and how this can restrict our prospects of taking a greater role in NHS primary care. The chair, Dr Howard Stoate MP. recollected how another minister mentioned to him a quip about pharmacists, "What do you call an extravert pharmacist?" "A pharmacist who looks at your shoes and not just his!"

"What do you call an extravert pharmacist?"

"A pharmacist who looks at your shoes and not just his!"



Dr Stoate then went on to say we must become more vocal, stop hiding our opinions and deliver the outcomes on the services we have asked for.

All these demands from a proponent of pharmacy is a daunting task, however if there was a time to give a 110% effort to produce a better future for pharmacy it is now. We must engage, we must tell people what we do and we must, do what we do well.



Devon LPC provides regular locality meetings near you. In these forums you can meet colleagues, exchange views and share best practice. The meeting also provides access to support for those day to day problems, updating on current news or for something a little more complex such as hosting your own MPs visit.

The next forums are planned for:

Tuesday 14th January 2009, North Devon. Contact John Finn (john.finn@nhs.net)

Venue: Barnstaple Hotel, Braunton Road, Barnstaple EX31 1LE

Thursday 29th January 2009, Plymouth. Contact Mark Stone on (mark@devonlpc.org)

Venue: The Beefeater Meeting Room, Marsh Mills, Plymouth PL3 6RW

Thursday 26th February 2009, Torbay. Contact Simon Gardner on (rendrag@aol.com)

Venue: Torquay Premier Inn, The Seafront, Torquay TQ2 5HE

Consultation announced on pharmacy professional regulation and new General Pharmaceutical Council

The Department of Health has announced the start of the consultation process relating to the creation of a new professional regulator for pharmacy, the General Pharmaceutical Council. It is running for three months, closing on the 9th March 2009. The consultation document sets out the proposals to create a new regulator for pharmacists, pharmacy technicians and pharmacy premises in England, Scotland and

Wales from 2010 and outlines the functions, role and powers of the GPhC and has been published on the Department of Health website.

A series of consultation events is being arranged, details of which have been posted on www.pcc.nhs.uk/events.

Easter Opening – Deadline for notification of change in trading hours on Easter Sunday is the 12th January 2009.

The Christmas decorations are down, and you may have noticed a certain brand of Crème Eggs in the shops already! It may seem a long way away but any intention to change trading hours over the Easter period must be notified to the PCT by January 12th AT THE LATEST! If this involves core hours then the PCT has the right to refuse in order to maintain adequate access to pharmaceutical services.

Remember Easter Sunday is NOT a bank Holiday.

More information on the impact on 100 hour pharmacies and the Sunday Trading Act is available on the PSNC website. http://www.psn.org.uk/news.php/347/easter_opening_hours_reminder

Vascular Risk Assessment (Vascular Checks)

“Putting Prevention first” published in April 2008, outlined proposals for a system of vascular checks to be carried out in primary care. A further document was published in November “Putting prevention first – vascular checks risk assessment and management – next steps guidance for primary care trusts”. This latter document draws on some real life case studies and examples of how PCTs have already implemented vascular checks in their areas. It provides practical tools to support commissioning and links to existing resources

and guidance, and can be found on the LPC website. The Devon LPC has started to approach the commissioning organizations in Devon to find out what their own commissioning intentions are for the vascular risk assessment programme, and how they intend to make the best use of the community pharmacy resource that is on their doorstep and integrate community pharmacy in local plans.



Farewells!

John Finn has been a member of the Devon LPC for a number of years representing the Company Chemists Association, but is moving to pastures new with a secondment to the Devon PCT as Assistant Director of Strategic Commissioning. We would like to thank John for his significant contribution to the LPC and wish him well for the future.



It is also with regret that we say goodbye to Jonathan Kerr, who has worked with the Secretariat Team for just over three years. At the end of January, Jonathan is joining a new venture developing software packages for the NHS. He will leave a large gap in the team.

Keeping up to date!

PSNC has recently launched a new weekly electronic newsletter service (**PSNC E-news**) which provides a digest of the latest updates and news from the PSNC Website. Anyone can sign up for the service by visiting the main PSNC web page and following the link to sign up for the email list.

The **Devon PCT North Devon Prescribing Interface Group** is seeking a community pharmacist representative from North Devon to join the group and attend bi-monthly meetings on a Tuesday afternoon from 2pm to 4pm. The next meeting is scheduled for January 20th 2009. If any community pharmacist is interested in becoming the local representative please contact Carol Albury on 01769-575147 (Mon – Thurs) for further details.

Are you planning on getting the Flu?

Historically there has been a 40 year gap between flu pandemics and the last one was 41 years ago! Nobody knows when a pandemic will emerge. This is when the flu virus mutates to form a strain that is resistant to the human immune system. Many people suffer whilst their bodies fight to overcome the virus and many people (not always

the infirm) may die. Community pharmacy will be a focal point for communities looking for support with their health. Devon LPC's website has an article asking how ready community pharmacy is to manage a pandemic. Visit the news page www.devonlpc.org to read more.

Community pharmacists get access to PDS via new smartcard

In Release 2 of the Electronic Prescription Service which is expected to go live in 2009, community pharmacies will have access via a new smartcard to a part of the NHS Care Records Service known as the Personal Demographics Service (PDS).

As a consequence of this, community pharmacy staff will be required to adopt the same 'single card' access model and comply with the same security arrangements as other NHS staff accessing parts of the NHS Care Records Service. To access EPS Release 2, all pharmacy staff that use the pharmacy system will be required to complete Form RA01 to obtain a smartcard and passcode with the appropriate

access rights. PCT Registration Authorities (PCT RAs) will be responsible for issuing smartcards to pharmacy staff.

Detailed guidance on the smartcard arrangements for EPS Release 2 has been sent to all pharmacies as an insert in December's issue of CPN and can be found online in the NHS IT section of the PSNC website. The guidance says pharmacy staff will be allocated access rights dependent on their roles within the pharmacy and that the National Registration Authority has advised PCTs that they should start issuing 'premises cards' as soon as possible.

Out with the old – in with the new!

MUR forms – don't forget that from the 1st October 2008 you should have been using the new version 2 MUR form.

The **patient satisfaction survey** introduced in 2008 is a contractual obligation and has to be completed on an annual basis. View this as an opportunity to demonstrate how much patients value your service.

All of the forms and resources recommended here are available on the PSNC website.

New fax number for FP57 order form

The FP57 (prescription receipt and refund claims forms) order form issued by the Office Services Department at Dean Clarke House contains an old fax number. This is crucial when ordering and acknowledging receipt of the pads **The new number is 01392 449864.**

LPC Vacancy

The LPC currently has a vacancy for one member from the independent pharmacy sector. LPC meetings are currently held on the second Monday of each month, starting with a buffet supper at 7.00 pm with the meeting at 7.30 pm at the Secretariat Office. Copies of the LPC minutes are available on our website at www.devonlpc.org, along with our Code of

Conduct and governance arrangements. All contractors and employee pharmacists are welcome to attend LPC meetings but please telephone beforehand as space may be limited. If you would like to come along to find out more please contact Sue Taylor on 01392 834022.

PCT contract monitoring visits

The next round of contract monitoring visits will be happening shortly, if it hasn't already started in your area. If you want any support or advice about any issues that concern you about the visits, or about preparing for a visit, please contact Sue Taylor at the LPC Secretariat. We are currently preparing a best practice guide that will be circulated shortly and more resources put onto our website. The LPC already has a wealth of support materials on the LPC website at www.devonlpc.org. Don't forget that you are entitled to ask for LPC representation at your monitoring visit.

IMPORTANT NOTE FOR PLYMOUTH CONTRACTORS: LOCAL ENHANCED SERVICES – THE CARE HOME ACTION PLANS AND REPORTS WERE DUE IN AT THE PCT BY THE 31ST DECEMBER 2008.

IF YOU HAVE NOT ALREADY RETURNED YOUR CONTRACT MONITORING AUDIT IT NEEDS TO BE SENT BACK TO THE PCT BY THE END OF THIS WEEK AT THE LATEST.

CONTACT DETAILS FOR DEVON LPC

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The next full LPC Committee meeting will be held on Monday 12th January 2009 (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.

When patients need compliance support –we Must Do Something (MDS) and Dispel the Myths!

The LPC Secretariat has recently received a number of enquiries relating to the supply of medicines in monitored dosage systems and the associated prescribing of 7-day prescriptions; we would like to dispel some of the myths surrounding compliance support.

The prescribing of medicines in whatever quantity is a clinical decision for the prescriber to make. There may be instances where it is a **clinical** or **concordance** necessity for a vulnerable patient to be supplied a prescription for less than the 28 days routinely recommended for repeat prescriptions. For example, where there is danger that a patient may take more medication than directed; where there are concerns about the drugs concerned, for example, benzodiazepines, antidepressants etc; or if a patient frequently has changes to their medicines. In such situations it makes sense to prescribe for shorter periods to reduce the waste that would occur if the compliance aids had to be discarded and replaced (**which is not the responsibility of the pharmacist**). Therefore, medicines should be prescribed in quantities according to clinical need and the quantities prescribed on a prescription should reflect the required frequency of dispensing.

With regard to supply of medicines, the Disability Discrimination Act (DDA) requires a pharmacist to make 'reasonable adjustments' to provide support to those patients with a long-term impairment, to help them take their medication. This adjustment has traditionally been accepted to be a Monitored Dosage System (MDS) (although it is rarely indicated) and there are well rehearsed arguments about whether or not provision of a MDS is reasonable or not. If compliance aids are required because of the need to make a reasonable adjustment under the DDA then that is funded through the 6.6p per item distributed through the practice payments. For patients who are not entitled to a compliance aid under the DDA there is no source of NHS funding so this will have to be funded either by the patient or through a local enhanced Service (Torbay Care Trust fund such a service). For support with taking medicines **the decision of what, if any, adjustments are appropriate in each individual case is the responsibility of the pharmacist.**

Pharmacists cannot be "directed" to make a specific adjustment e.g. provision of a monitored dosage system. If a prescriber has a patient who they think is having problems in taking their medicines, (prescribers will also have a responsibility to make 'reasonable adjustments' to provide support to those patients with a long-term impairment), the patient should be referred to their own community pharmacist for assessment under the DDA. The pharmacist may decide to undertake a Medicines Use Review (MUR) which will also inform the prescriber what, if any, compliance support has been provided to that patient. If the patient is eligible for support, the pharmacist will need to decide which method of support or auxiliary aid is most appropriate.

Some prescribers will decide that a patient should have their prescriptions dispensed in shorter instalments such as 7 days for a number of reasons as referred to above. In a situation where a patient's doctor supplies 7 day prescriptions for a patient's monitored dosage system (MDS), it must be recognised that the prescriber has written shorter prescriptions so that weekly instalments of the patient's medication can be dispensed. The NHS repeat dispensing service may be used for this facility, For convenience, the prescriber may issue several 7 day prescriptions at once but this is not for dispensing on one occasion.

When a pharmacy assembles and dispenses say four x 7 day prescriptions (28 days) on the same occasion to a patient this could be viewed as a single dispensing act therefore negating the need for the shorter prescriptions. The LPC Secretariat would recommend that where 7 day prescriptions are provided, unless under specific instructions by the prescriber, all the prescriptions should be dispensed to the patient on different occasions, that is in line with the quantities. This is the process which is commonly followed by most pharmacies who receive 7 day prescriptions, as it ensures that the patient does not have the risk of unnecessarily large amounts of medication stored in their home.

Finally the majority of community pharmacies offer a delivery service highly valued and appreciated by patients, although this is not mandatory and is not paid for by any part of the pharmacy contract. The delivery service is either provided as a complimentary service or is subsidised by a small charge made to the patients using the service, however, it cannot be paid for by claiming fees that are payments for the dispensing of medication.