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LPC member leaving – Peter Hope, LPC CCA Representative for The Co-operative Pharmacy, has decided to resign from the LPC. We wish Peter the best of luck with his plans for the future, and thank him for his valuable contribution over the year of his membership.

Diary Date - Devon LPC Annual General Meeting – Monday 10th October 2011 Sandy Park, Exeter

Our annual general meeting will take place on **Monday 10th October 2011** starting with a buffet at 6.45 pm. We are delighted that Mike Holden, Chief Executive of the NPA has agreed to be our keynote speaker. All Devon pharmacies and members of the pharmacy teams are invited to attend and we are hoping for a good turnout.

Healthy Living Pharmacies in Devon

Both NHS Devon and NHS Plymouth submitted expressions of interest to become pathfinder sites for Healthy Living Pharmacies. This is a very good step forward for us in Devon. The two PCTs submitted their applications by the required date of the 8th July, and we will be notified if we have been successful by the 5th August.

There are a number of benefits to implementing Healthy Living Pharmacies, including improvements in quality and productivity, the ability to demonstrate to future commissioners what community pharmacy can deliver which may lead to more services being commissioned, increased public awareness of community pharmacy



health and wellbeing services and improved involvement and engagement of the pharmacy team including developing Healthy Living Champions.

In Torbay, we have worked very closely with the Healthy Lifestyles team to develop Health Promotion Champions initially and have further trained a small number of staff to become Pharmacy Healthy Living Advisors; nine members of pharmacy staff received the Royal Society of Public Health Level 2 course in understanding Health Improvement earlier in the year. We hope to be able to further develop and support these pharmacies in the future in the delivery of public health campaigns and services.

A very encouraging piece of news for us was to hear that the Devon LPC had been awarded a place on the Torbay Shadow Health and Wellbeing Board. The Health and Wellbeing Boards will have the responsibility to lead on improving the strategic coordination of commissioning across the NHS, Social Care and related children’s and public health services and provides us with a very unique opportunity to highlight the potential that community pharmacy offers in terms of improving the health and wellbeing of the local population.

The LPC member who has been nominated to take the LPC place is Kevin Muckian and we are looking forward to supporting him take on this role over the next few months.

While on the topic of public health, the directed Health Promotion Campaign for June across NHS Devon and Torbay Care Trust, focusing on skin cancer, finished at the end of June. There has been a very low response rate so far - please do not forget to send back your evaluation forms in the freepost envelopes that were included in the packs, if you have not already done so. Don’t think that as the closing date has passed you don’t need to send them back – you just won’t be entered in to the prize draw.

It is very IMPORTANT to demonstrate your participation in this essential service.

Public Health Survey

All pharmacists in Devon and Cornwall were recently sent a short survey identifying professional development needs for community pharmacy teams in their public health role. We have had a good response so far but it could be better! Please take just 10 minutes to complete the survey and post it back to us in the Freepost envelope that was included in the original mailing. If you have mislaid your original copy download a copy from the LPC website. The outcomes from the survey will be used by us and the Peninsular Public Health network to help you and your teams deliver high quality public health services in your pharmacy.

New Medicines Service

While we are waiting to hear further on the requirements of the New Medicines Service and Targeted MURs, we have arranged a series of evening workshops for our contractors and their pharmacy teams. The provisional dates are:-

5 September 2011	Barnstaple Hotel, Barnstaple EX31 1LE
6 September 2011	The China House, Sutton Wharf, Plymouth PL4 0DW
8 September 2011	Exeter Race Course, Kennford, Exeter EX6 7XS
14 September 2011	The Passage House Hotel, Kingsteignton TQ12 3QH
15 September 2011	The Watermark, Erme Court, Ivybridge PL21 0SZ
20 September 2011	The Premier Inn, The Seafront, Torquay TQ2 5HE

Each evening has a buffet at 7pm, meeting starts at 7.30pm. Please make a note in your diaries; more information will follow shortly.

Code of practice for the promotion of NHS funded services

The LPC wants to draw the attention of pharmacy contractors to the Code of Practice for the promotion of NHS funded services. The Code of Practice has been in place since 2006, and while the whole of the Code may apply to community pharmacy, some sections are likely to be more relevant than others. The Code applies only in relation to the NHS funded activities, so does not affect the other retail aspects of a pharmacy business, and does not apply to promotion of private dispensing.

For example, below is an extract from the Code.

No promotional activity should be undertaken that undermines the reputation of any individual providers, clinicians or other health professionals or otherwise brings the same into disrepute.

The principle in this rule is familiar to all pharmacists, as the profession's Guidance on advertising, which supplements the Code of Ethics, includes a requirement that advertisements must not bring the profession into disrepute, or disparage the services provided by other pharmacies or pharmacy professionals.

Comparative claims are permitted in the interests of vigorous competition and public information. They should neither mislead nor be likely to mislead

Community Pharmacies sometimes promote their services to the public, and comparative claims may be used to differentiate their services from their competitors. This is acceptable where the claims are accurate, and do not mislead or exaggerate. Sources of comparative data must be retained, in case of complaint.

No gift, benefit in kind or pecuniary advantage should be offered or given to clinicians, other health professionals, administrative staff or commissioners as an inducement to refer or commission services.

There is already a provision in the Terms of Service that prohibits the offering of an inducement in return for the presentation of a prescription. This rule appears to go considerably further. Prescribers should not direct patients to particular pharmacies, and this rule would prohibit a pharmacy from offering any gift, benefit in kind or pecuniary advantage as an inducement to refer patients with prescriptions to a particular pharmacy. Community pharmacy owners sometimes contact their Local Pharmaceutical Committee and / or PSNC about local arrangements which suggest that there may be some form of inducement being offered to GPs or their staff, in return for direction of prescriptions - this rule appears to prohibit that conduct. Because the terms of the prohibition are not limited to financial inducements, it is likely that community pharmacies will need to take special care not to contravene this rule.

There is a full resume of the Code on the PSNC Website:

http://www.psn.org.uk/pages/code_of_practice_for_the_promotion_of_nhsfunded_services.html Impact on Community Pharmacy

Clinical Commissioning

The LPC has been busy contacting the local Commissioning Groups to start discussions on how community pharmacy may become more involved in local decision making. We have been invited to join the North Devon Clinical Commissioning Reference Group; the LPC representative will be Nerys Cadvan Jones. In Torbay, Karen O'Brien (LPC member) is a co-opted member of the Baywide Commissioning Consortia, and Andrew Mawhinney (Community Pharmacist) has been co-opted onto the Torbay Clinical Advisory Group, replacing the former Professional Executive Committee. Recently Mark Stone, myself, and Will Cockburn who is also working for the LPC to provide professional support to the Secretariat, have presented at the South Devon Respiratory and Diabetes Clinical Commissioning Groups to promote the new Medicines Service and targeted MURs which will be implemented as part of the national pharmacy services from October 2011.

Talking rubbish!

As you know under the NHS community pharmacy contractual framework as part of the essential services, community pharmacies are obliged to accept back unwanted medicines from patients.

Pharmacies should be aware that they are solely responsible for ensuring that waste is;

- *correctly segregated; appropriately labeled and packaged appropriately for transport;*
- *stored safely and in a secure area away from public access;*
- *described accurately and fully on the accompanying documentation when removed*
- *transferred to an authorised person for transport to an authorised waste*

Pharmacy managers should ensure that staff are trained and aware of the waste procedures and be aware that it remains the legal responsibility of the pharmacy, not the waste contractor, to ensure full compliance with regulations.

The PSNC has been working with the Department of Health, the Environment Agency and others, to prepare guidance for pharmacies. This guidance has been published by the Department of Health and is available via the PSNC website at: http://www.psn.org.uk/pages/essential_services_waste_management.html.

See pages relating to community pharmacy on pages 170-184 which is very comprehensive.

NHS Plymouth is planning a clinical governance evening in September 2011 specifically on waste where Rose Bristow from PHS will give a presentation.

Shared Learning – handling of returned sharps

Pharmacists who came to the Exeter Pharmacy Forum in May will have heard of an incident when a pharmacy staff member incurred a needlestick injury when moving a bag of returned sharp bins. Although the bins were intact, a needle was protruding from the bin itself!

Ideally the client should place all used equipment directly into the larger pharmacy sharps container and the staff should not handle the sharps bins at all.

Pharmacies must ensure that they have a robust Standard Operating Procedure in place for the receipt of returned sharps and staff must be appropriately trained. Ensure that an appropriate protocol is in place for the handling of needle stick injuries.

NB. Pharmacies that are signed up to the Local Enhanced Service for needle and syringe provision may claim reimbursement for the cost of having their staff immunised against Hepatitis B.

Stop Smoking Service – NHS Devon

Over 40 pharmacists and their staff attended an evening launch event of the Stop Smoking LES for NHS Devon earlier this week. The national Tobacco Control plan is to reduce smoking prevalence among adults to 18.5% or less by the end of 2015. In Devon, while the prevalence is low in some areas, in others it is much higher. For example, in Teignbridge the prevalence is 14.7% but in Mid Devon its 23.7% and in North Devon 22.2%.



Because of the unique nature of community pharmacy, the profession is so well placed to support people to stop smoking, which is why Smoke Free South West and NHS Devon have committed to responding to feedback and reviewing the Local Enhanced Service to make it more attractive to pharmacy. Copies of the presentations from the evening may be found on the Devon LPC website. If you haven't already

signed up to provide the service –**what’s stopping you?** Let’s use this opportunity to show how you can make a real difference to the public’s health!

CLINICAL CORNER: Diamorphine, South West CD Local Intelligence Network (LIN) Shared Learning

In the recent SW CD LIN the members were informed about an event where an opiate naïve patient was given a high dose of diamorphine. This event identified what could be a weakness in the current (and past) BNF. There is little advice about what dose to prescribe an opiate naïve patient.

Devon PCT has put together a useful factsheet for continuous subcutaneous diamorphine infusion (NHS Devon, Palliative Care Guidelines on Continuous Subcutaneous Opioid Infusion, by Gail Foreshew 2011).



Below is an extract which gives guidance on how to use diamorphine in an opiate naïve patient. You may find this valuable when interpreting the suitability of diamorphine prescriptions in your clinical check.

STARTING SUBCUTANEOUS DIAMORPHINE - IN OPIOID NAÏVE PATIENTS:

For patients without pain: Prescribe 2.5 - 5mg SC diamorphine when required (PRN). Review after 24 hours. If patient requiring 3 or more PRN doses consider starting syringe driver.

For patients in pain: Prescribe 10 - 15mg/24 hours SC diamorphine via syringe driver. The dose is dependent on a patient’s weight, age, renal function and general frailty.

And, prescribe 2.5 - 5mg SC diamorphine when required for breakthrough pain. Review after 24 hours. If patient requiring 3 or more PRN doses consider increasing dose in syringe driver.

IN PATIENTS ALREADY ON ORAL MORPHINE

See BNF page 19 for conversion table, ‘prescribing in palliative care’

Diary Dates

19 July	Pfizer workshop: Building a Healthy Partnership with GPs – Exeter
20 July	Pfizer workshop: Building a Healthy Partnership with GPs – Plymouth
25 & 27 July	NHS Plymouth – EHC & Chlamydia training for pharmacists

For further details please see the events page on our website.

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

LPC Mailing Database

With the last newsletter we included a contact form for people wishing to have their details included on our new database so they would be kept informed of training events and forums that the LPC organise, and also to receive directly this newsletter, either by post or email. We had a terrific response, many of those sending in their details were people we had not had direct contact with before, so we’ve included the form again as there maybe more pharmacy staff who would like to send in their details. Please encourage your staff to complete the attached form (copy if necessary) and return to the Secretariat by faxing to 01392 833336 or email kathrynj@devonlpc.org

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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