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PRACTICE BASED COMMISSIONING

The government paved the way to integrate community pharmacy into the NHS as a key service provider through the pharmacy contract. This brought the skills of the pharmacist out into the pharmacy front. With the use of consultation rooms and MURs, the contract is designed to change the perception, in the public eye, that community pharmacy should be one of the first ports of call for NHS services and advice.

In order to offer a wider range of services in community pharmacy, pharmacists will need to operate in a competitive market with other service providers in order to have their skills commissioned by the PCT through the practices. Here lies the dichotomy... gaining agreement as to which services a pharmacist may offer could be in direct competition with the GP practices.

So why would practices commission a service from you?

There is a finite amount of time available within the day and GPs will be expected to take over some work from secondary care. It is true that the services offered by community pharmacy could be undertaken by a GP or practice nurse; however there comes a point when a practice needs to recognise which services it would rather sub contract to another service provider whilst the practice chases its *own fish*.

This sub contracted work from community pharmacy (or another service provider) will generate income for the GPs through the savings predicted in each business case. This principle is still in its infancy and many practices are struggling to come to terms with the services they will be providing as distinct from those services they would be commissioning – especially when these services are considered competitive (ie the practice could provide it).

The biggest leap of faith here will be from the practice as they would be paying for a service that they do not have direct control over. If the service does not deliver, then the practice would lose face. The least risky option is to keep services in house. This however is not competitive and the only way to address this chasm and to build confidence in the ability of the pharmacist must be through improved communication between the two professions.

What action should Pharmacists take?

This has to be improved communications. It is likely that GPs and the practice staff do not fully understand what happens in the pharmacy during the day (and vice versa). You may wish to invite staff into the pharmacy to understand how requests from the surgery are processed in the pharmacy. See if you can attend part of the practice meetings to understand what the current concerns are for the practice. Offer to target MURs around specific issues the practice may have. If you wish to know more about

PBC, or want help with a proposal, contact Jonathan Kerr at the secretariat office.

In short, improve the opportunities to work with the practice and to understand your competencies and willingness to be involved in patient care.

COPD LEADING THE WAY

Devon LPC has developed a COPD service that can be offered by community pharmacists for managing patients with COPD. Practices wishing to commission the service will be able to reach many of their patients who currently do not attend (undiagnosed) or rarely attend for appointments (low risk patients). The programme that community pharmacists would employ includes taking lung volume readings, helping patients to understand their medication and most significantly teaching the patient how to manage their condition and what to expect following the disease diagnosis.

The aim of the programme is to prevent avoidable hospital admissions from patients who would have dialled 999 due to a lack of understanding surrounding their condition.

Devon LPC has attended stakeholder events organised by the Department of Health in order to shape and design the new COPD NSF due to be published in 2008. It is hoped the service offered by community pharmacy will become the gold standard for PCTs or practices to commission in the future.

If you wish to know more about the service, please call Jonathan Kerr at the secretariat office.

MEDICINES USE REVIEWS—ON THE UP!

We now have the data that reflects March 2007 MUR activity which shows an increase of 11.5% on February with a total of 1623 MURs completed by 117 pharmacies across Devon. In February, 109 pharmacies delivered a total of 1455 MURs. This is excellent but there is still a way to go before Devon pharmacies reach the average number required of 33 per month if 400 per pharmacy per year is to be achieved.

One of the difficulties in getting the MUR service up and running is the lack of effective communication between the pharmacist and GP practices despite the benefits of talking with GPs to ensure they understand the benefits of MURs and the broader pharmacy contractual framework. You could suggest referring the patients they find hard to reach, the ones who do not attend their asthma or diabetes clinics. Demonstrating that MURs are a key element in improving patient health outcomes and reducing unplanned hospital admissions and waste medicines, is very important to the future of the service and the successful commissioning of new services.

This was an area some of you identified as needing help with, so to continue our programme of supporting MURs we are running a Post Accreditation MUR Seminar on the 2nd July, which will be looking at barriers to MUR implementation and delivery including working with your surgery, patient recruitment and time management.

For further information and a booking form see the attached flyer. If you would like help or support in approaching your practice please contact Emma at the Secretariat Office for advice in how to do this.

The 2nd July will be the last in our current series of MUR workshops, but a new programme of events covering therapeutic areas and other support requested via our survey is planned for September onwards, more information will follow.

Another aid for you is provided via the GSK +Plus Communication Skills 2 pack that covers all the key areas needed to be an effective communicator and deliver competent MURs and other patient focused services such as smoking cessation.

The pack comes with four CDROMs which cover:

1. Understanding context and content in communication
2. Selling your services to health care professionals
3. Understanding a patients beliefs about their medicine
4. Helping change patients' behaviour

The pack is **free** to NPA members and can be ordered by phoning their support line on **0800 221441** or emailing; **customercontact@gsk.com** with your NPA membership number.

DIABETES: BLOOD-GLUCOSE METERS

Following on from the diabetes MUR evening in Exeter in April, we now have some details regarding the blood glucose monitors that the Exeter Diabetic Centre supply to their patients. It is the Ascensia Contour® meter and more details and a free sample can be obtained by contacting Nick Cull at Bayer on 07717892201 or Nicholas.cull.nc@bayer.co.uk

ATHENS ACCOUNT FOR INDEPENDENT CONTRACTORS

A personal Athens account allows access to the National Library for Health over the internet providing full text resources from journals and publications.

Access was available to NHS employees, and this has recently been amended to include some community pharmacists. Access is restricted to individual pharmacists working in independent Community Pharmacies who have a service level agreement (SLA) with an NHS PCT to provide either an Advanced or an Enhanced Service.

The eligibility goes on to exclude any Community Pharmacy with more than two sites. Any independent contractor who would like to gain access to an Athens account should access the following link:

<https://register.athensams.net/nhs/>

LAUNCH OF NEW WELLNESS WEBSITE

A new website has been created for the people of Devon to promote mental wellbeing. The website contains local support contact details, downloadable resources and links to other helpful websites and would be a useful addition to your signposting information.

<http://www.wellnessdevon.co.uk/>

LOCAL ENHANCED SERVICES IN DEVON

The LPC and the Devon Primary Care Trust have had robust discussions about the future of local enhanced services in Devon and how we will work together in the future. A new negotiating forum has been set up with key officers from both organisations that will provide us with a formal mechanism for discussion and agreement of local services and enable us to have more input into the development of local delivery plans.

Across Torbay Care Trust, Plymouth Teaching Primary Care Trust and the Devon Primary Care Trust different commissioning decisions are being taken for various reasons about services being provided in community pharmacy.

For example, pharmaceutical advice to care homes will be commissioned in Torbay and Plymouth for 2007-08, but negotiations are still underway with Devon.

Despite this however, it is an important part of our joint working with the three Primary Care Trusts that we aim to achieve agreement of common specifications and payments for future enhanced services, to get the best possible outcomes for patients. In the future, we need to obtain hard data that demonstrates patient benefit and outcomes and so any future service development will need a robust audit element built into the scheme.

PBC IN DEVON PCT

The LPC team have met Caroline Price, the new "Head of PBC" for Devon PCT last week. As a result of this meeting it has been agreed that the LPC will have a representative on the Devon PBC Steering Board that will enable us to have more of a voice when it come to redesign of care pathways and the potential integration of community pharmacy in local commissioning of services.

We look forward to working more closely with Caroline and her support team over the next few months.

FORTHCOMING EVENT

***2nd July 2007
POST ACCREDITATION MUR SEMINAR
Sandy Park Conference Centre, Exeter
See enclosed flyer***

The LPC supporting contractors to maximise their business

Drug Tariff Evenings

If you are one of those people who only touch the Drug Tariff twice, once to take your old copy off the shelf and again to put the latest copy on the shelf—read on

The Devon LPC supported two NPA 'Know the Drug Tariff' evenings last week in Plymouth and Exeter. Over 130 delegates attended and there was good mix of pharmacists and their staff. The evenings covered the main areas where pharmacies lose money or could maximise profits—Liam Stapleton and his team from the NPA did an excellent job of keeping everyone awake and interested to the end of the evenings! Main points that came out of the evening for our team are listed below:-

Easy ways to lose money

Supplying disallowed items—Be Aware!

The PPD returns 2,500 prescriptions for blacklisted items every month.

- Only the appliances, dressings and reagents listed in part IX of the Drug Tariff can be supplied on an NHS prescription (they must be the appropriate size).
If in doubt, ring the PPD or NPA or there is a useful search tool on the online drug tariff where you can type in the code of an appliance It can be located - www.ppa.org.uk/index.htm
- Be extra careful with health food products and vitamins as many of them maybe listed in the blacklist under different names or brands e.g. ascorbic acid effervescent 1g tablets are in the blacklist as Vitamin C. A list of alternative product names can be found in Martindale.

Broken Bulk/Out of Pocket Expenses

Don't forget to claim for broken bulk and out of pocket expenses by endorsing the prescription appropriately. BUT you can't claim these on any product from part IXa of the Drug Tariff (Appliances) which includes hosiery, catheters and dressings.

Sealed Packs

You can't claim broken bulk on catheters but if they are in a sealed pack and you endorse 'sealed pack' you can claim for the whole pack.

Category E

Check if a product is in Category E before sending it off to Specials. If it is, and the product is sent away, there could be considerable difference in what you are expecting to be reimbursed e.g. you will be reimbursed 1p for hydrogen peroxide ear drops 1.5% (cat E). They cost £54.55 if sent away to be made!!!

Calendar packs/special containers

For Calendar packs (u in the drug tariff) you must supply the nearest number of sub packs (always rounding down if applicable) or the exact quantity. Just because they drug has the days of the week on the back of the blister doesn't mean it is a calendar pack! For special containers (n in the drug tariff) you must supply the nearest number of special containers.

No cheaper Stock obtainable (NCSO).

This list is updated on the PSNC website. If you are finding something hard to obtain, please ring the PPD to inform them as it is this that influences the change in status of the drug.

Patient Declarations

If an exemption is not declared on the back of the prescription (except where then patient is under 16/ over 60 years old AND the date of birth is computer generated) the PPD assumes that a prescription charge has been claimed by the pharmacy and will automatically claim this back.

Selected List (SLS)

Supplying an item on the Selected List Scheme, which has not been endorsed "SLS" by the prescriber.

Computer systems are not infallible, recommended good practice is to keep websites like the PSNC and DT Online so you can easily access information while dispensing. Also check for amendments each month when the new Drug Tariff come in.

Category M

The 10th Category M price changes have been announced. These prices will apply to prescriptions dispensed between July and October 2007. There are no additions but the following products will no longer appear in Category M;

Co-codamol 8/500 effervescent tablets (60 pack)
Promazine 50mg tablets (250 pack)

For more information and to download a copy of the list in full, check the PSNC website www.psnc.org.uk