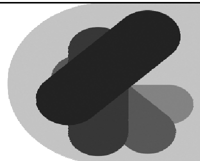

Devon Local Pharmaceutical Committee

Keeping you informed of what's going on in your area Issue No: 51 April 2009

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Delivering the future – We need to develop pharmacy to deliver the vision.

Having spent a couple of days with Jonathan Mason the National Clinical Director for Community and Primary Care Pharmacy, I have found myself reflecting on our position in primary care and how we have progressed over the twelve months since the White Paper was published. Jonathan's appointment was in line with the intentions set out in the White Paper. As a commissioner in City and Hackney PCT he has demonstrated his commitment to the development and integration of community pharmacy in primary care, borne out by the robust commissioning of pharmacy services in his area and commitment to supporting contractors in their delivery of those services. Is this transferable to Devon? For a number of reasons, sadly, probably not.

What I do hope for however is the transferring of his passion and vision for community pharmacy expressed in the south west last week and that he has made an impression on the local PCTs who are responsible for commissioning services from community pharmacy. We know that properly commissioned and supported, community pharmacy can and **WILL** make a real difference in improving health outcomes for our patients. What has been so disappointing for us locally is that the White Paper has thus far failed to deliver and missed the targets on the directed enhanced services; in particular the promise of a minor ailments scheme that I know all of you believe so strongly would enable you to make a real difference in improving access for patients and reducing inequalities in health.

Remember when you call another health care professional to discuss a drug issue about a patient that they are in fact "our patients".

In his presentation to an audience of over 70 community pharmacists and their staff last week at the Devon LPC Spring Event, Jonathan described how his ideal approach to commissioning services through community pharmacy was through "bundles" of services. For example, a bundle of services exploiting the accessibility and convenience of pharmacy would include self care (self limiting illness, emergency contraception); Unscheduled Care (medicines out of hours); and Screening (Chlamydia and other STi's, diabetes and cancer). His challenge to PCTs was the need to strengthen the commissioning of pharmacy services through a robust pharmaceutical needs assessment (PNA). The PNA must be clearly linked to the PCT's Joint Strategic Needs Assessment and integrated into wider Primary Care Commissioning; supported by guaranteed pharmacy leadership within the local and regional NHS.

We need to strengthen commissioning of pharmacy services – PCTs need a Board Level Champion for Pharmacy

Jonathan's key message to the pharmacists listening was the importance of reviewing the skill mix within the pharmacy, ensuring premises are fit for purpose, and most of all, making sure the pharmacist does what the pharmacist has to, use your unique position – your knowledge and expertise – and make the most effective use of the pharmacist's time.

For a community pharmacist's thoughts about Jonathan's presentation – READ ON….

Our Leader, Our Profession and Our Patients

At Sandy Park rugby football ground the home of the Exeter Chiefs, seventy pharmacists (including myself) gathered to hear Jonathan Mason the clinical director for primary care and community pharmacy talk about his role and the future of pharmacy.

Jonathan, **our leader** has been in post since October last year as the Community Pharmacy's Tsar, where his role is to lead the development of community pharmacy services and improve the quality of pharmacy care. Prior to this role Jonathan has spent much of his career working in community pharmacy and primary care, indeed his father owned a community pharmacy in Bearstead in Kent. He has also gained experience within the primary care setting, through working as the head of prescribing and pharmacy at City and Hackney teaching PCT, and as the clinical director role is a part time position this is where he presently spends the remainder of his working week. The experience gained by working across two pharmacy sectors has provided him with a great insight into how the pharmacists in different sectors work together.

On talking about **our profession**, **our leader** defined clearly the present strengths and weaknesses of the community pharmacy. Great accuracy of dispensing, easy access for patients and a highly skilled work force shine through as our strengths. Our weaknesses are that we are not used enough by the public for health related services, which only 1 in 10 people would use a pharmacy for health advice and we work without effective communication with other stakeholders in primary and secondary care, which hampers our integration into the NHS.

The area of communication between secondary care and community pharmacy is **our leader's** first action to improve care for **our patients**. The transition of care where a patient moves between the hospital care setting and is discharged into the community can give rise to a number of problems, of which I am sure you have seen in your pharmacy. Jonathan spoke passionately about how we will have the responsibility to ensure that **our patient's** care is delivered safely at this transition, through a new directed medicines use review which will be built into the secondary care contract. This directed MUR would take its place alongside another new MUR for higher risk drugs such as the DMARDs and warfarin. The second thing he believes community pharmacy can shine at is the NHS health check, previously called the less patient friendly vascular risk assessment. Jonathan said that if pharmacy can prove it can provide this service effectively and to a high standard of quality that would facilitate the development of new pharmacy services.

Finally **our leader** noted that we in **our profession** as pharmacists rarely use the term **our patient** when talking to other health professionals and that the road to integrating pharmacy services should start here, with owning the shared responsibility of pharmaceutical care for **our patients**. So remember when you call another health care professional to discuss a drug issue about a patient that they are in fact **our patients**.

The audience also heard from Christine Branson about how Torbay Care Trust is approaching the development of its own pharmaceutical needs assessment, followed by John Finn of Devon PCT on the development of local care pathways and the importance of making sure medicines use reviews become more embedded in the design of services. Finally David Bearman outlined how Plymouth PCT is establishing Health Programme Groups, which will have the responsibility of identifying the health priorities for Plymouth and agreeing what services are needed to meet local needs. So three different styles, but all moving in the same direction, that is; identifying what the local health needs are, and agreeing how those needs will be met.

***********IMPORTANT MESSAGE**********

Pharmacies have to step up to the plate, embed MURs into the pharmacy service and local care pathways. Why is this so crucial – think about it – if a PNA identifies a gap in medicines management because contractors are not providing MURs – what potential opportunity does that offer a potential competitor? That's the reason why the LPC continues to drive the MUR service, support contractors and pharmacists wherever we can – work with us and make this service happen!

Stop Press!

At the LPC meeting held last night a number of contractors raised their concerns about quotas being imposed arbitrarily by manufacturers causing delays to patients receiving their medicines. The LPC agreed to carry out an audit to identify and evidence problems during the first two weeks of May, details will be sent out separately. In the meantime - please please please report difficulties you are experiencing through the PSNC website - use the online feedback form for this purpose. For support on this issue, please contact the PSNC Information Team.

Electronic Prescription Service

The Secretariat has received some enquiries from contractors about whether they need to enable N3 connectivity prior to Release 2 of the Electronic Prescription Service.

PSNC has just issued some guidance on their website http://www.psnc.org.uk/news.php/458/new_contracts_to_be_entitled_to_claim_eps_r1_one_off_allowance.

This link will take you to an article detailing an amendment to the April 2009 Drug Tariff to allow EPS Release 1 enabled contractors who opened new premises (other than a minor relocation) after December 2005, and who missed out on receiving one or both of the £1300 allowances to apply for the missed allowance payments.

If a pharmacy contractor that received the two £1300 allowances in December 2005 and February 2006 but has not already deployed Release 1 of the Electronic Prescription Service**, they are expected to deploy Release 1 by 31st July 2009**. If there is a reason that a pharmacy is not able to deploy the service by 31st July 2009, this should be discussed with their PCT. Release 1 is intended to iron out any difficulties with the existing systems to ensure smooth roll over when Release 2 happens. The LPC would urge contractors not to delay any further. Do you really want to start off Day 1 of Release 2 with a paperless system, never having tried it out before??

Contract Monitoring

The LPC will shortly be circulating a practical resource to support contractors in preparing for their contract monitoring visits. In the meantime, if you have been notified of a forthcoming visit and would like some help to get ready, please contact the Secretariat Office. Don't forget that you can ask for a member of the LPC to be present during your visit if you feel you need some extra support.

The Devon PCT is sending out their self assessment document as we go to press. You will have six weeks in which to complete this and return to the PCT. Don't forget that this is a requirement under the contractual framework – make sure you complete the document and return in a timely fashion.

Helping your customers and patients stay healthy!

We have agreed with the three PCTs across Devon that there will be a co-ordinated approach to the **Essential Services** component of the contractual framework, the public health campaigns. These start in May 2009, with Sexual Health. The full year's calendar will be sent out to you shortly with the information and materials for the May campaign. Don't forget that you will be monitored on your participation in the campaigns as part of the monitoring process. For information about the timescale and topics see the website at Devon LPC > Online Resources > Essential Services > Healthy Lifestyles.

Community Pharmacy Practice FP10 Amendments

Please remember to ensure that any amendments made by a GP to a computer generated prescription are appropriately initialed by the prescriber. If there is any doubt at all over an altered prescription, please raise your concern with the relevant practice and prescriber.

Repeat Prescriptions

What do you do if a patient does not pick up a repeat prescription? Bin it? Contact the patient? Call the prescriber? We have had some instances reported to us where pharmacy is discarding repeat prescriptions after a couple of months if not collected, and not informing the practice concerned. Why not contact your local practice and ask them what they would like you to do in this situation.

There may be a problem with concordance or compliance with medication. Calling the practice and asking for a meeting to discuss a mutually acceptable process may also provide you with an opportunity to promote the NHS repeat dispensing service and Medicine Use Reviews (MUR) – all in the interest of developing a good local working relationship and improving care to "our" patients.

Repeat Prescription Services

Important Reminder! If you are running a repeat prescription service from your pharmacy, please ensure you adhere to the RPSGB's Code of Ethics. Most importantly, do not request a repeat prescription from a surgery before obtaining the patient's or carer's consent, and ensure an audit trail exists to identify each request and supply. At the time of each request make sure you establish which items the patient or carer considers are required and ensure that unnecessary supplies are not made. At this stage, the pharmacist must use their professional judgement to decide whether concordance or other problems that the patient may be experiencing require early intervention either through a MUR or by referral to the prescriber (See Repeat Prescription article earlier). Encourage the use of the NHS Repeat Dispensing service wherever possible when talking to your local practices about your services. The Code of Ethics for Pharmacists and Pharmacy Technicians is available on the RPSGB's website (http://www.rpsgb.org/protectingthepublic/ethics/).

Medicines Use Reviews – when is a prescription intervention NOT an MUR?

When it is purely used for dose optimisation or synchronisation! We have been asked if it is appropriate for a prescription Intervention to be used for a proposed dose optimisation or synchronisation. PSNC has some very clear guidance and examples on the PSNC website (http://www.psnc.org.uk/pages/murs_and_prescription_interventions_what_is_the_difference.htm)Briefly , as part of a planned or pro-active MUR or Prescription Intervention dose optimisation and synchronisation can of course be included, whilst remembering that the underlying purpose of a MUR is to improve the patient's knowledge and understanding of their medicine. It would not be sufficient for a pharmacist to simply complete an MUR form that only relates to a proposed dose optimisation or synchronisation. It is also important to remember that a prescription intervention must cover all medicines for a patient and not just the drugs that triggered the intervention.

Building Confidence with MURs

Feeling a bit rusty with MURs? Haven't done any for a while or want to reinvigorate your service?
The LPC had agreement from Pfizer that they would run some local workshops to support local pharmacists in "Building Confidence with MURs". There are three workshops planned at the end of April, see box for details. There is a letter attached to this newsletter with details of how to book, and the Events section of our website has them listed.

The Key Topics will include

- Recruiting patients
- Getting the team on Board
- Approaching GPs
- Dealing with difficult questions from patients
- Time management
- Ideas for freeing up time
- **Find ways to move forward with the service**

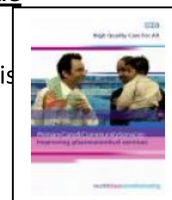
Dates

28th April	Copthorne Hotel, Plymouth
29th April	Imperial Hotel, Torquay
30th April	Sandy Park Conference Centre

Do MURs matter? Well, yes they do

The workshops are intended to be fully interactive and based on case studies.

World Class Commissioning of Pharmaceutical Services – DH Guide



As part of a wider programme of support for PCTs to assist with the development of World Class Commissioning competencies, the Department of Health has publis[illegible]o the commissioning of pharmaceutical services.

The guide says commissioners (PCTs) will need to develop and strengthen their commissioning of pharmaceutical services if they are to maximise the opportunities for contributing to their population's health that pharmacy can offer.

This guide is intended to build awareness and capability within PCTs:

- Section 1 sets the scene for the guide and emphasises the key areas for
- developing the role of pharmaceutical services;
- Section 2 describes the application of world class commissioning to primary care;
- Section 3 provides key information about pharmaceutical services, how they are delivered and describes the distinctive features of commissioning pharmaceutical services;
- Sections 4 to 6 set out the steps of the commissioning process as they apply to pharmaceutical services, from establishing the baseline and developing the vision to the levers and tools available to make change happen; and
- Section 7 contains a series of questions that are pertinent for PCT Boards in respect of their commissioning of pharmaceutical services.

The guidance can be downloaded from the DH website (www.dh.gov.uk). The LPC will be writing to the three PCTs in Devon to ascertain their response to this document and its recommendations.

Torbay Care Trust – Anti Depressants – Pilot for instalment dispensing

As part of the self care management project currently happening in Torbay, the Torbay Care Trust has agreed to pilot the role of community pharmacy in supporting patients newly diagnosed with depression. The aim of the pilot is enable pharmacists to help patients with their concordance and identify any problems they may have when starting new treatment. Initially the pilot will run in Paignton with the intention to roll it out across the Bay if successful. A training evening has been set for the 23rd April 2009 which is open to all pharmacists wishing to update their knowledge in this area and to find out more about the pilot. A letter has recently been sent out. Details are also available on the events section of our website.

Reminder about Medical Devices Containing Mercury

Mercury-In-Glass fever thermometers may not be placed on the market after 3rd April 2009. They will no longer be available for purchase by members of the public and healthcare professionals.

Mercury sphgmomanometers may not be placed on the market for sale to the general public after 3rd April 2009, but may still be available for healthcare. Details are on the MHRA website (www.mhra.gov.uk)

Forthcoming Events

For details of the next round of Devon LPC Locality Forums, please see the enclosed sheet, with details and booking form for the evenings with Jon Bell on 23rd April in Exeter and 27th April 2009 in Barnstaple.

Details of all forthcoming events can be found on the events page of Devon LPC website;
http://www.lpc-online.org.uk/devon_lpc/forthcoming_events.html

TEVA Aims Machines –If you are interested in having an machine to try out in your pharmacy, please contact Kathryn at the Secretariat office or email kathrynj@devonlpc.org.

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The next full LPC Committee meeting will be held on Monday 11th May 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

Answers to quiz:
Q1 D, Q2 A, B, & C, Q3 B, Q4 D, Q5 D, Q6 A

Pharmacy Assistant Topics: New Advice For Children's Cough And Cold Medicines

After a thorough review of the use of cough and cold medicines in children under the age of 6 years, the MHRA has released two guidance statements. The first released a year ago in March 2008 stated that treatment of acute cough and cold symptoms should be restricted to paracetamol, ibuprofen, simple non-pharmacological linctuses (eg. Simple linctus, glycerol, lemon and honey) and the vapour rubs.

The second release made on the 28th of February this year issued guidance on the sale of cough and cold medicines in children under the age of six years. The statement from the MHRA noted that there had not been any safety concerns, as it there were with the treatment of children under the age of two years. However the medicines used were considered to be ineffective and as the medicines are ineffective the MHRA considered that the risk of allergies and side effects in children under six years taking the medicines was too great. Therefore is stated that children under 6 years should be treated with in line with the same recommendations made for the under twos.

For more information on the two MHRA releases please go to the MHRA website which has a excellent resource specially produced for community pharmacy, it can be accessed from the home page or via the following route, http://www.mhra.gov.uk/Safetyinformation/Healthcareproviders/Pharmacy/index.htm

Test Your Knowledge Quiz (Answers at the end)

1. What age group is affected by the package of guidance from the MHRA?
    a. 0-2 years
    b. 2-6 years
    c. 0-12 years
    d. 0-6 years

2. What advice would be appropriate to give to a mother of a 5 year old child with cough and cold symptoms?
    a. Give simple linctus or glycerol and honey cough medicines
    b. Give warm drinks and plenty of fluids
    c. Give paracetamol or ibuprofen to control temperature, aches and pains
    d. Give them a hot curry for their dinner

3. Why has the MHRA provided guidance on the use of cough and cold medicines in children?
    a. As the MHRA considers cough and cold medicines use in the under 6 year olds as unsafe.
    b. As the MHRA considers Cough and cold medicines use in the under 6 years as ineffective.
    c. As the MHRA considers the Cough and Cold medicines use in the under 6 year olds as expensive.
    d. As the MHRA considers the Cough and Cold medicines use in the under 6 year olds as unfriendly as some taste awful.

4. What should you do with your GSL over the counter medicines for children under the age of six years which has the old labelling instructions for under six years old and are affected by the guidance?
    a. Throw them away as the medicines are not recommended for use.
    b. Sell them through for use in children under the age of six years and then stop selling the medicines.
    c. Move the medicines behind the counter and sell them for use in children under 6 years.
    d. Leave them on the open shelves and sell them only for use in over 6 year old children.

5. What branded products from the following list can be safely sold for use in children under 6 following the MHRA guidance?
    a. Tixylix Cough and Cold
    b. Otrivine children's nasal drops
    c. Vicks Cough Syrup for Chesty Coughs
    d. Beechams Veno's Honey and Lemon

6. Why has the MHRA allowed the use of pharmacological medicines for coughs and colds in children over 6?
    a. As they tolerate medicines better
    b. As they can't say whether the medicine is working
    c. They get more coughs and colds
    d. As they have a lower weight