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**Future Challenges for the NHS – what this could mean for community pharmacy!**

As we all know public sector budgets are under intense pressure. While NHS funding is protected for another year and is set to rise at around 5% next year, after that the party is well and truly over. In short, the NHS in England is faced with the prospect of finding savings of around £15-20bn over the period 2011 - 2014. At the same time, the demographic pressures on the health system over the next few years are likely to cost the NHS upwards of £1 billion extra each year at 2010-11 prices and would, in the normal scheme of things, require real annual funding increases of just over 1% in order to maintain quality.

To help the NHS prepare for the tough times ahead the Primary Care Trusts have been tasked with finding ways of reducing costs, and are also working within a framework called QIPP to guide their decision making. (QIPP = Quality, Innovation, Productivity and Prevention). ***The aim of QIPP is to maintain the focus on quality initiatives leading to longer term, sustainable improvements.***

You can be sure that this will impact on community pharmacy? You may think that pharmacy is protected, after all, the contractual arrangements are negotiated centrally, and pharmacy is paid from the global sum, so you won't be affected, right? Wrong! QIPP requires the whole health economy to provide solutions to meet the forthcoming challenges faced. The Strategic Health Authorities and Primary Care Trusts will have to focus on achieving efficiencies right across the health care system and the south west will be no exception.

One of the strands of work currently being undertaken regionally and locally is the development of a work programme part of which is looking at how to maximize savings through making prescribing switches and identifying cheaper alternatives in prescribing and medicines management. We have already seen some local activity in changes to prescribing of salbutamol to Ventolin®; and Movicol® to Laxido®.

Whilst the members of the Devon LPC and other LPCs across the south west recognize and acknowledge the difficulties that will face the NHS, we want to work with the PCTs and our prescribing colleagues as closely as possible. In this way we feel that we can, in partnership, identify ways in which we may contribute to improving efficiencies in the system, and reducing overall costs to the NHS. The Devon LPC has expressed extreme concern to the three PCTs we work with about a number of recommendations that are currently being made, including those mentioned above, that will directly impact on the economic viability of community pharmacy. On behalf of the LPCs across the South West and in an attempt to clarify our own position, we have produced a briefing paper setting out how pharmacy is funded and why it is funded in the way it is with some examples of how local decisions have already had an impact on our pharmacy contractors. A copy of the briefing document which gives a fuller explanation of our headlines below may be viewed on our website at [www.devonlpc.org](http://www.devonlpc.org).

**Branded Prescribing – works against competition**

An open, competitive market will always produce an efficient pricing structure, while a closed uncompetitive market will always produce inefficiencies, low productivity and high prices. To put it simply prescribing specific brands in the NHS will only do one thing in the long term; raise the price paid by tax payers for their medicines.



**A short term saving at a cost** - The saving made by branded generics will be short term and in the long term will increase prices through lack of competition.

**Loss of frontline pharmacy staff** - In the meantime if the pharmacy contract fails to deliver the full and nationally agreed funding, pharmacies will close and frontline healthcare staff will be lost. ***We do not believe the focus on prescribing switches such as those being recommended locally will meet the aim of QIPP.***

## New Devon LPC

After what feels like a very long process of agreeing the new LPC constitution, we have at last completed the election process for the new independent members of the Devon LPC and received confirmation of all the Company Chemist Association representatives. From the 1<sup>st</sup> April 2010, the members of the LPC will be as follows;

<b>David Bearman</b>	<b>CCA rep - Co-Operative</b>
<b>Stephen Budden</b>	<b>Independent Contractor, East Devon</b>
<b>Nerys Cadvan-Jones</b>	<b>CCA rep - Boots</b>
<b>David Chapman</b>	<b>CCA rep - Lloyds</b>
<b>Simon Gardner</b>	<b>CCA rep - Boots</b>
<b>Nigel Gray</b>	<b>CCA rep - Boots</b>
<b>Peter Hope</b>	<b>CCA rep - Co-Operative</b>
<b>Andy Lawson</b>	<b>CCA rep - Boots</b>
<b>Michael Lennox</b>	<b>CCA rep - Lloyds</b>
<b>Kevin Muckian</b>	<b>Independent Contractor, Torbay</b>
<b>Chris Naidu</b>	<b>Independent Contractor, North Devon</b>
<b>Karen O'Brien</b>	<b>Independent Contractor, Torbay</b>
<b>Stephen O'Reilly</b>	<b>CCA rep - Sainsburys</b>
<b>Tony Perkins</b>	<b>CCA rep - Asda</b>
<b>Paul Stevens</b>	<b>Independent Contractor, Exeter</b>

The first meeting of the new LPC will be on April 19<sup>th</sup>. The committee will certainly face a challenging couple of years, with the devolvement of the global sum; development and introduction of pharmaceutical needs assessments, changes to the mechanism for control of entry in the pharmacy market, getting to grips with the issues around branded generic prescribing and negotiating with the cash strapped NHS as highlighted earlier. And of course most importantly providing on-going support, information and advice to our pharmacy contractors across the county.

I would like to take this opportunity to thank you to all of you who took the time to complete and return our recent LPC contractor survey. In total we had 88 completed surveys returned which is being evaluated. Your opinions, views and comments will be used to set the priorities and work plan of the new LPC. Feedback from the survey will be published in April.

In the meantime, please continue to let us know of any current issues that are impacting on you locally, any worries or concerns, but also some positive stories are always welcome. PSNC has developed a 'Community Pharmacy Charter' lobbying pack for LPCs to use and we will be using the Charter to raise the profile of pharmacy and demonstrate the value of the community pharmacy network.

We always want to hear about success stories where you have made a real difference to a patient's life, developed a successful service or are doing something different – don't hide your light under a bushel – let us show you off!

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### **A New Pharmacist Manager in the Pharmacy? Let the PCT Know**

We have received a number of requests from different PCTs asking the LPC to highlight the issue of notifying the PCT when a change in the pharmacist manager or regular pharmacist occurs. PCTs request that this notification happens to ensure that their details about the pharmacy are up to date in relation to the locally enhanced services. This is because some of the LES services will have training and accreditation requirements or necessitate a sign off by the PCT.

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### **Local Enhanced Service Development**

The **Chlamydia** screening and grab bin services offered through a small number of community pharmacies in the NHS Devon area is coming to the end of the pilot stage. Sue is leading on the evaluation of the pilot, and hoping that the PCT will continue to commission the service following the evaluation. In the meantime, those pharmacies involved don't forget to keep promoting the service to young people accessing your pharmacy; please continue to make the brief interventions for clients coming in to see you either for emergency contraception or their normal contraceptives pills and make the most of other opportunities that present themselves.

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## Learning Points – Trimethoprim Liquid In Neonates

A recent contact from a pharmacist working in the Royal Devon and Exeter Hospital (RD and E) has highlighted a few useful points surrounding the use of Trimethoprim liquid in babies.

The pharmacist explained a recent experience where a baby was admitted to the RD and E after it had received a dose which was tenfold the recommended dose. This problem has been seen before by the Pharmacy department, and it is likely to originate from the low prophylactic doses used in babies.

The dose of Trimethoprim used in the prophylaxis of urinary tract infections is 2mg/kg per day (dosed at night); in practice this means administering a low volume of Trimethoprim 50mg/5ml liquid. For example in a three month old baby with a weight of 9lbs (4kg), the required dose is 8mg per day or a volume of 0.8mls which is very small volume. The mistake commonly seen is where the baby has received a dose of 8mls.

This dosing error can occur for a number of reasons; however we are highlighting this issue to pharmacies

so that they are aware of the problem and can thus be proactive. When a prescription is dispensed for Trimethoprim 50mg/5ml it would be good practice to ensure that the parent understands fully that only a very small dose is required to provide prophylaxis against urinary tract infections. It may be necessary to indicate on the label both the dose in mg and the volume of liquid that should be dispensed via the oral syringe.

This type of issue highlights again our professional responsibility, “every prescription must be professionally assessed by a pharmacist to determine its suitability for the patient. Pharmacists must ensure that the patient receives sufficient information and advice to enable the safe and effective use of the medicine.” (Code of Ethics). This requirement has been clarified by the judicial judgments High Court (*Dwyer v Rodrick and others [1982]* – the Migril case and *Horton v Lloyds Pharmacy Ltd (2006)* – the Dexamethasone case , which both indicate that a pharmacist must exercise an independent professional judgement to ensure the drug and dose is correct for the patient.

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## Information Governance

**Less than one month to go!** By the 31<sup>st</sup> March 2010 all community pharmacies are required to complete an online baseline assessment against the requirements in the Information Governance toolkit. The three PCTs in Devon with the support of the LPC recently ran local informative sessions to brief pharmacy teams on the requirements for IG and are offering support to contractors if required. **Pharmacies which are part of larger groups should not act without instruction from their company. However, if you are an independent contractor the** LPC strongly recommends that you read the PSNC’s IG, workbook, register online and, if you had not already done so, complete the toolkit immediately. Key steps required include:

Information Governance



**Step 1:** Appointment of an Information Governance Lead.

**Step 2:** IG Lead needs to take time to understand the requirements, for example, by reading through the Information Governance Pharmacy Contractor Workbook. Contractors that have already completed their assessment strongly recommend reading through the workbook first).

**Step 3:** Register for access to the online IG toolkit.

**Step 4:** Login and record the pharmacy’s current level of compliance on the Online IG toolkit.

**Contact details for the PCT IG leads are as follows:**

**NHS Devon:** Phil Stimpson;

Email address: [Philip.stimpson@nhs.net](mailto:Philip.stimpson@nhs.net)

**NHS Plymouth:** Tina Seedhouse; 01752 435003

Email address: [tina.seedhouse@plymouth.nhs.uk](mailto:tina.seedhouse@plymouth.nhs.uk)

**NHS Torbay:** Helen Thorn; 01803 210509

Email address: [helen.thorn@nhs.net](mailto:helen.thorn@nhs.net)

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

If you are experiencing difficulties or problems, contact the relevant IG lead or Sue Taylor at the LPC. The PSNC website contains a wealth of information, and the resources there are excellent.

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## Branded Medicine Supply Ministerial Summit

On Tuesday, a Ministerial Summit on the branded medicine supply problems took place. The event was hosted by Health Secretary Andy Burnham and Health Minister Mike O'Brien and included participants from organizations representing different parts of the supply chain including PSNC, the ABPI and the BAPW.

The objective of the summit was to discuss the nature and scale of the medicines supply problems and how the issues can be tackled collaboratively.

At the end of the summit, participants agreed a range of actions including:

- A more explicit duty for manufacturers and wholesalers to ensure that sufficient stocks of medicines are available to NHS patients;
- A series of targeted inspections by the Medicines and Healthcare products Regulatory Agency;
- Tougher standards for the issue of licences for medical wholesalers; and
- Development of best practice guidance on how supply difficulties should be dealt with by doctors, pharmacists, manufacturers and wholesalers.

The MHRA targeted inspections mean that manufacturers and wholesalers will risk losing their licences and face prosecution if they breach legal duties on supply of medicines. Pharmacists and doctors risk being called to account by their professional bodies for breaching their ethical obligation to put patients first.

Full details can be found online at:

[http://www.psn.org.uk/news.php/701/tough\\_action\\_to\\_support\\_medicines\\_supply](http://www.psn.org.uk/news.php/701/tough_action_to_support_medicines_supply) .

The current supply problems remain a key priority for PSNC and feedback from contractors is critical.

The LPC urges local contractors who have experienced problems in obtaining branded medicines to feed this back to the PSNC Information Team to support PSNC's ongoing monitoring of the situation. PSNC passes a monthly summary of the feedback received to the Department of Health. This information is also used as an evidence base in discussions with manufacturers on manufacturer-specific problems, for example highlighting problems with contingency arrangements and promoting solutions. It is helpful if contractors can use the online feedback form on the PSNC website to report problems ([http://www.psn.org.uk/quota\\_feedback.php](http://www.psn.org.uk/quota_feedback.php)), including as much detail as possible about the incident. Alternatively contractors can contact the PSNC Information Team or email [sue@devonlpc.org](mailto:sue@devonlpc.org) and we will pass on the information.

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### "Reaching the parts others ... cannot reach" or Alcohol Brief Interventions!

The Devon DAAT has commissioned a small trial of pharmacies providing brief interventions based on alcohol usage. This will be running in eleven pharmacies for the next six months and is an exciting opportunity to demonstrate the value of community

pharmacy in providing access to services in identified areas of high deprivation or to those members of the public who do not access other primary care services. The trial will be starting in April. The LPC will be managing the project on behalf of DAAT.

#### CONTACT DETAILS FOR DEVON LPC

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Fax: 01392 833336  
[www.devonlpc.org](http://www.devonlpc.org)

*The next full LPC Committee meeting will be held on Monday 22<sup>nd</sup> March 2010 (7.30 pm) at The Devon Hotel, Matford, Exeter. 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](http://www.devonlpc.org)*



### **Forthcoming Events**

*The LPC will be running its locality forums again during 2010, to support local pharmacists and their staff in delivery of the pharmacy contractual framework and to improve awareness of local and national issues as they affect you.*

***Dates which have already been arranged are below. Flyers and booking forms will be sent out in due course.***

***Please remember to book a place for events you want to attend. Just turning up can cause problems particularly around the size of venue that has been booked and catering – just give us a call (01392 834022) or complete a booking form.***

<b>20<sup>th</sup> April 2010</b>	<b>Venue: The Devon Hotel, Matford, Exeter</b>
<b>6<sup>th</sup> May 2010</b>	<b>Venue: The Premier Inn, The Seafront, Torquay</b>
<b>18<sup>th</sup> May 2010</b>	<b>Venue: The Premier Inn, Marsh Mills, Plymouth</b>
<b>25<sup>th</sup> May 2010</b>	<b>Venue: The Barnstaple Hotel, Braunton Road, Barnstaple</b>
<b>22<sup>nd</sup> June 2010</b>	<b>Venue: The Devon Hotel, Matford, Exeter</b>
<b>7<sup>th</sup> September 2010</b>	<b>Venue: The Premier Inn, Marsh Mills, Plymouth</b>
<b>14<sup>th</sup> September 2010</b>	<b>Venue: The Devon Hotel, Matford, Exeter</b>
<b>16<sup>th</sup> September 2010</b>	<b>Venue: The Premier Inn, The Seafront, Torquay</b>
<b>21<sup>st</sup> September 2010</b>	<b>Venue: The Barnstaple Hotel, Braunton Road, Barnstaple</b>

*For details of all events please see our website for further information [www.devonlpc.org](http://www.devonlpc.org)*

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### **The LPC Locum List**

The LPC Secretariat holds a list of locums working in the Devon area. This is now quite out of date and details may have changed. If you are a locum pharmacist wanting work and would like your name added to the list, please contact the Secretariat (Tel: 01392 834022 or [kathynj@devonlpc.org](mailto:kathynj@devonlpc.org)) with your name and contact details. It would also be useful to give an indication of the geographical area in which you are based. The list is held in our offices and only relevant names and phone numbers given out to those looking for a locum.

For those looking for locum cover, all contact and negotiation of terms is **not** done through the Secretariat but direct, and any names given out are neither endorsed nor recommended by the LPC.

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