



In this Issue

	Page
Chief Officers News and Views	1
Responsible Pharmacist Consultation	1
Service Development – Medicines Use Reviews	2
National Chlamydia Screening Programme	2
Not Dispensed Scheme	3
Repeat Dispensing	3
Public Health Campaigns	4
Directions of Prescriptions	4
Controlled Drug Requirements in Pharmacy 2008	5

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CHIEF OFFICER'S NEWS AND VIEWS

With the start of the new year, I looked back over 2007 with mixed feelings. There was a time of considerable change particularly with Devon PCT and the staff adjusting to new structures and what seemed to be a continuous movement of staff. The teams are still now establishing so change will continue on through 2008. For us at the LPC it has meant building new relationships and trying to gain some common ground of mutual understanding and trust. At the same time we are still experiencing the development of practice based commissioning and the establishment of the various consortia, clusters or zones depending on which part of the county we are working with! Until it is clear to GPs exactly what PBC means, the LPC continues to bang the drum about the benefits community pharmacy offers in terms of their potential contribution in reducing health inequalities and improving the health status of the local population.

So what we have to do now is look forward to a new start in 2008, and trust that the imminent pharmacy White Paper will provide a clear steer from the government that community pharmacy be enabled to grow and offer its full potential. Likewise, we are already hearing Lord Darzi saying that pharmacy is key to delivery of community based health services. Let's hope that the final report from the Darzi review will recognise the true value of community pharmacy!

But its not all one sided, we can't afford to wait for the commissioners to come to us because it won't happen. So if you have good ideas for local services you would like to offer that you believe can make a real difference to patient care, let us know. If you have identified a local need or gap in service for your patients, let us know. If you want to provide services through practice based commissioning, it has to come from you on the ground. The LPC is your resource – we can help, steer, advise and support you. Use us!

RESPONSIBLE PHARMACIST CONSULTATION

Heard the term? Know what it meant? Where did you sit in the debate? The consultation closed on the 20th January 2008, Devon LPC responded on behalf of its members. You can view our response on our website www.devonlpc.org.

Perhaps as part of your CPD you would like to learn more about the work of the LPC, what we do, why we do it? Do we just sit in an ivory tower not understanding the issues you face? To find out, pharmacy contractors are welcome to attend any LPC meeting as observers, let us know if you would like to come along to a meeting. They are usually held at the Secretariat Office at Deer Park, dates of future meetings can be viewed on our website, along with the agendas and minutes of previous meetings.

The next full LPC Committee meeting will be held on Monday 11th February 2008 (7.30 pm) at the Secretariat Offices, Deer Park, Haldon Hill, Kennford, Exeter. If you are interested in attending as an observer please contact the Secretariat. For a full schedule of LPC meetings for 2008, see the LPC website www.devonlpc.org

SERVICE DEVELOPMENT

MEDICINES USE REVIEWS

What a perfect way to demonstrate the value of community pharmacy in helping patients get the most from their medicines and improve their health and wellbeing. So what are you waiting for? To demonstrate our commitment to supporting contractors in the effective delivery of this service, the LPC has produced a second resource offering hints and tips on eight therapeutic areas, to complement our first resource pack published in the autumn last year. A copy is enclosed with the newsletter for each contractor, further copies will be available at our next series of workshops (see below).

What you have all been waiting for - The new MUR form is leaner and meaner for the new year!

The January fitness regimes have started in earnest with the objective of being leaner and meaner for the New Year, and in 2008 it is not only your patients but the MUR form has been worked on too!

Changes were made to the MUR paperwork (see below) after a DoH and PSNC review of the forms and your feedback, as well as the processes, with the aim of improving their acceptability and ease of use. The form is now slimmed down to two pages which it is hoped will improve communications between GPs and pharmacists. In addition no longer are copies required to be sent to GPs, unless an action recommended needs their consideration. When the new form was released the PSNC reissued guidance to pharmacists that the MUR is not a clinical review - it is about a patient's use of their medication. An MUR should cover a patient's understanding of their medicines, investigating side effects, reducing waste and improving adherence to prescribed regimes. If pharmacists concentrate on making an MUR too clinical this may harm relationships with doctors and even lead to liability charges!

Old MUR Form (01/04/2005 – 14/12/2007)	New MUR Form (14/12/2007)	
Forms can still be used until 30 th September '08	Forms can be used now! Form can be completed electronically Word formatted document available from PSNC website.	
Full copy of MUR form to patient	Full copy of MUR form to patient	
14 medication entry lines	6 medication entry lines More sheets can be attached together if necessary	
Action plan on second page	Action plan now on overview page (top page) More sheets can be attached together if necessary	
Consultation questions long winded	Consultation record questions streamlined	
Full copy of MUR form to GP with or without any recommended actions	<i>Action recommended to GP</i>	Send overview page to GP, can if required also include consultation record page within 7days
	<i>No Action recommended to GP</i>	No copy sent to GP, but must inform of MUR taking place Use template notification form within 1 month

CHANGES IN THE MUR FORM/PROCESS

Copies of the new form, template MUR doctor notification form and pharmacist/doctor advice leaflets can be obtained from the PSNC website. http://www.psn.org.uk/index.php?type=more_news&id=2716 Use the new paperwork as an opportunity to contact your local practice to discuss the service.

MURs must remain a priority for the LPC and contractors. With the launch of the new paperwork and publicity materials from the PSNC, we are running some fun to do, back to basics workshops during the spring. Details are attached to the newsletter, even if you are an old hand at MURs you never know, you might learn a trick or two. Join us and get re-energized with this service!

NATIONAL CHLAMYDIA SCREENING PROGRAMME

Devon PCT has a particularly challenging target to reach each year of 13,000 screens. In negotiation with the LPC it has recognised that community pharmacy is a major player in terms of helping to reach that target,

particularly in terms of its accessibility, longer opening times, location in the community and proven record in reaching vulnerable groups of people and that notoriously hard to reach group called MEN! Pharmacies who provide Emergency Contraception under a patient group direction in Devon PCT have been offered the opportunity to participate in the screening programme (open to all young people age under 25). Most of you have by now attended a training session, the paperwork and arrangements are just being finalised and it is hoped to go live with the pharmacy programme by the middle of February. If you are EHC accredited and not yet attended a Chlamydia training session let the LPC Secretariat know as one more session may be arranged if there are enough people interested. I cannot stress enough the importance of the profession delivering on this service – other PCTs in Devon are watching with interest! Final paperwork will be sent out shortly. We are also working with Torbay Care Trust and hope to establish a similar service by the summer. We are also hoping to be able to negotiate for a PGD so that pharmacy can offer treatment when appropriate to do so.

NOT DISPENSED SCHEME

Devon PCT have just launched a “not dispensed scheme” that is expected to run until the end of March 2008. Not-dispensed schemes involve pharmacy staff actively consulting with patients to determine whether or not they need all the medication on a prescription. If a patient does not require a particular item, for example because the item was ordered in error, is no longer required, prescribed by mistake, etc., then the item is “Not Dispensed.” The scheme intends to focus on all repeat prescribing items (not for items managed through Repeat Dispensing) and each intervention resulting in a ‘Not Dispensed’ drug will qualify for a fee of £3.00 to cover administrative costs. The pharmacy will also be remunerated with 15% of the savings generated. The scheme aims to reduce unnecessary dispensing of medicines and provides the opportunity for community pharmacy staff to engage more closely with patients, which may lead to other clinical interventions or prompt an MUR. The scheme has been approved by the LPC and the PCT has just sent out the paperwork. IMPORTANT NOTE – the scheme requires a Standard Operating procedure, the LPC have designed a template SOP attached to this newsletter and downloadable from www.devonlpc.org that you can adjust for your own system.

CONTINUING THE THEME OF REPEAT PRESCRIBING – HOW TO HOLD THE REPEAT PRESCRIPTION - PHARMACY BASED REGULAR PRESCRIPTION MANAGEMENT

Many pharmacies offer the regular patient a prescription management scheme, the service is called many things from ‘keep the repeat’, ‘prescription management’ and ‘prescription collection service’. To a house bound patient this can mean the difference between taking their medicines regularly or being without them for a number of days.

However there have been concerns raised where a pharmacy keeps hold of the repeat prescription order form as it is thought this could open the system to misuse. The Pharmaceutical Society after conducting an enquiry (2004) into the issue of consent issued guidance for pharmacists to follow in a fact sheet ‘Professional Standards and Guidance for the Sale and Supply of Medicines’¹.

The fact sheet states-

1. The service should be operated in co-operation with local prescribers
2. A patients consent* must be obtained before a repeat prescription service is instigated
3. Establish, at the time of each request, which items the patient or carer considers are required and ensure that unnecessary supplies are not made
4. Ensure that an accurate up to date audit trail exists to identify each request and supply
5. If at this point the pharmacist notices any concordance or other problems with the patient’s prescription, they should use their professional judgment to decide whether referral to the prescriber is required

These schemes have been running for many years in pharmacies and will probably be superseded when finally the ETP system is up and running, but following the above guidance will ensure a professional service.*There is also guidance from the society in a fact sheet on the professional standards expected for obtaining the patients’ consent for joining and ordering prescriptions in such schemes².

References:

1-Professional Standards and Guidance for the Sale and Supply of Medicine www.rpsgb.org/pdfs/coepsgsmeds.pdf

2- Professional Standards and Guidance for Patient Consent www.rpsgb.org/pdfs/coepsgpatconsent.pdf

PUBLIC HEALTH CAMPAIGNS

The LPC holds regular meetings with all three PCTs in Devon. The issue of public health campaigns comes up on numerous occasions. The direction of travel in health is to promote self care and to support people to better care for themselves.

We know that community pharmacy is best placed to provide advice and access to the population and so improve general health status. However, it is essential that pharmacy acts collaboratively with local providers and commissioners to deliver integrated care. Providing an excellent valuable service but in isolation will not support greater engagement of community pharmacy at a local level.

Public health campaigns provide a focus and are often linked to PCT targets or key local concerns. The evidence from such campaigns will inform future service needs and redesign. For pharmacy to be considered in delivering any new services, it is important that it is supportive of campaigns and provides appropriate feedback where necessary. The LPC would like to encourage contractors to be supportive of the PCT public health campaigns and

provide quality feedback. The LPC would also remind contractors that participation in public health campaigns is an essential service under the contractual framework and therefore a contractual obligation. (This also applies to the multi disciplinary audits).

In recent discussions with **Devon PCT**, we have agreed that there will be four public health campaigns in 2008-09 focusing on sun awareness, breast feeding and young families, obesity and stopping smoking. We are just about to finalise agreement on topics with Torbay and Plymouth PCTs.

Devon PCT will also be reinstating their pharmacy forums for 2008-09, dates can be found on our website although details of venues and topics are still to be finalized. It is intended to include briefings on the public health campaigns as part of the forums, as well as keeping contractors up to date with PCT developments. This is excellent news in terms of building relationships and improving communication channels with the PCT.

DIRECTION OF PRESCRIPTIONS – A CONTINUING CHALLENGE

Recent developments and publications from the Department of Health have indicated that one of the highest priorities for the NHS is that of extending patient choice. The introduction of Choose and Book enables patients to choose the hospital that best meets their needs. A range of public health initiatives such as smoking cessation and sexual health enable patients to choose their preferred provider for advice and treatment.

As a health profession, community pharmacy has always provided the greatest level of independent choice and access for patients. Although we know that a large majority of patients use a regular pharmacy the choice always remains with the patient who may on occasion choose a different pharmacy for a specific need, and rightly so.

Direction of prescriptions from various health professionals has always been a concern for pharmacists and patients. Recent IT advances such as Electronic Transfer of Prescriptions, the introduction of internet pharmacy, the increasing trend for pharmacies to relocate to general practice sites and the development of 100 hour pharmacies has placed the choice agenda under greater threat.

There have been a number of concerns raised by pharmacy contractors recently including mailings to patients from doctors promoting a particular pharmacy, setting up of pharmacies inside surgeries, sometimes owned by doctors, where there is a suspicion of direction of prescriptions or where patients are encouraged to use the in-house pharmacy, and the use of IT where patients are not given a prescription in hand to promote the use of a particular provider.

We are aware that the PSNC is in discussion with the Department of Health to discuss these issues and LPCs have been asked to support the PSNC in collecting evidence of such directions in order to highlight the scale of the issue.

Devon LPC has been approached by a number of local contractors recently about individual incidents that we have worked closely with the Devon LMC to resolve, but we strongly urge contractors to forward copies of emails, leaflets, posters or papers that provide evidence of the direction of prescriptions, to the LPC office for collation. Please forward to sue@devonlpc.org, or fax to 01392 833339.

THE NEW YEAR, NEW CHANGES – CONTROLLED DRUG REQUIREMENTS IN PHARMACY '08

As a direct response to the January 2000 conviction of Harold Shipman and the government's inquiry in 2004/05, changes to the controls on procurement, storage and supply were recommended. The 2006 Health Act enacted the changes to the regulations and most of these came into effect in March 2007. However, there are still a few significant regulations coming in this year.

Requisitions

1st January 2008 saw the regulations for requisitions change, requiring the name and address of the supplier to be recorded on all requisitions for schedule 1, 2 and 3 controlled drugs issued in the community.

The requisition can either be computer generated or hand written and must contain the following information*:

- 1) The name, address and profession or occupation of the recipient
- 2) The purpose for which the drug is supplied and the total quantity to be supplied
- 3) Is signed by the recipient in their own handwriting

****A standard form is being developed by the NHSBSA, PPD department but it will not be mandatory to use it. Your local PCT will be able to inform you how to obtain it.***

The supplier must complete the following:

- 1) Record their name and address on the requisition and this can be done by using the pharmacy stamp
- 2) Endorse the supplier of the medicine
- 3) Add their CD prescription F code (this must be obtained from the PPD and is different from your contracting code, PPD tel-0845 610 1171)

The regulations will also require the original requisitions for all schedule 1, 2 and 3 controlled drugs to be submitted to the NHSBSA Prescription Pricing Division. This data will provide PCTs and Accountable officers with a more complete picture of the use of Controlled Drugs in the Community.

Controlled Drugs Register

From 1st February 2008 the regulations for the form of the controlled drugs register (CDR) will be changed and replaced with a requirement for specific headings/fields in the CDR. The new headings that must be followed are:

When a controlled drug is received

- 1) Date supply obtained
- 2) Name and address from whom received
- 3) Quantity received

When a controlled drug is supplied

- 1) Date supplied
- 2) Name and address of person or firm supplied
- 3) Details of authority to possess-prescriber or license holder details
- 4) Person collecting schedule 2 controlled drug (patients/patients representative/healthcare professional) and if healthcare professional name and address.
- 5) Was proof of identity requested of patient/patients representative? (Yes/No) – If person is not known to staff ID must be requested
- 6) Was proof of identity of person collecting provided? (Yes/No)- NB. If proof is not presented the pharmacist can still supply even though the person may not be known to them
- 7) Quantity supplied

Pharmacy contractors are required under their terms of service to have SOPs for dispensing and repeat dispensing and regulations now also require SOPs relating to the management and use of controlled drugs. The PCT accountable officers have the responsibility of ensuring that pharmacies have their SOPs up to date. Further information on the CD SOPs can be obtained from the RPSGB and template SOPs are available from the NPA.

In brief, the SOPs should include:

- who has access to the controlled drugs;
- where the controlled drugs are stored;
- security in relation to the storage and transportation of controlled drugs
- disposal and destruction of controlled drugs;
- Patient Returns – internal procedures
- Out of Date Stocks – control, storage and notification arrangements
- Frequency of Audit
- who is to be alerted if complications arise record keeping, including registers and records of patient returns

Additional information that may be recorded

Currently the following information MAY (not must) be recorded in the CD register:

Running balances; Prescriber identification number.

These will become mandatory at a later date, but are now considered good practice.

MONITORING OF CD MANAGEMENT.

The monitoring of the Controlled Drug controls will fall to the Society Inspectors who during routine visits will be looking at issues relating to:

- Personnel – adequately trained
- Accountability & SOPs (specific to CDs)
- Security & Safe Custody
- CD Stock & assembled medicines
- Records – running balances?
- Supplies – advice given to patients
- Destructions – procedures and records
- Concerns about prescribing & OTC sales
-

Further information

Full document available on DH website: www.dh.gov.uk/publications

Regulations required for computerised CDRs: www.opsi.gov.uk/si/si2005/20052864.htm

Safer management of Controlled Drugs: a guide to good practice in secondary care (England).

www.dh.gov.uk or www.rpsgb.org.uk

A guide to good practice in managing CD's in Primary Care- www.npc.co.uk/background_for_cd.htm

The Accountable Officer for Devon PCT has now changed to Joy Davey, 01392 207818

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