



Devon Local Pharmaceutical Committee

Keeping you informed of what's going on in your area
Issue No: 41 November 2007

In this Issue

News from Deer Park	Page
Counter Fraud	1
Devolvement of the Global Sum	1
Local Enhanced Services	2
Controlled Drugs and the role of the Accountable Officer	2
Darzi Review of the NHS	2
NHS Choices	3
Who's Who in the South West – Andrew Lane	3
The ABC of Category M	3
Forthcoming Events	4
	5

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STOP PRESS: 12TH NOVEMBER 2007, DEVON LPC ANNUAL PHARMACY MEETING & AGM SANDY PARK EXETER - no charge and delicious food - at 6.45pm, MEETING STARTS 7.30pm

Lots of events happening at the moment – see our website for more details. Special mention must be made to our pharmacy meeting and AGM being held on Monday 12th November 2007, at the Sandy Park Conference Centre near Exeter. This is an exciting opportunity for you to hear from the three PCT Chief Executives about their plans for developing health care and where pharmacy fits into this. You may not think this matters to you but it does. Any services planned or commissioned through pharmacy will impact on you and your teams; take this opportunity to come along and meet them and your colleagues. The food is pretty good too! The LPC works hard on behalf of the pharmacy contractors in Devon and their teams – we need your support.

Details of the meeting are attached to this newsletter.

News from the Secretariat team

We have a new addition to the team at the Secretariat Office, and are delighted to introduce Mark Stone who has replaced Emma since her departure in August. Mark has been a community pharmacist for Lloyds Pharmacy for seven years and completed his pre-registration in Derriford hospital.

Mark says he would very much like to achieve world domination by the LPC position, but failing that just to get a good understanding of how primary care commissioning works and how community pharmacy can achieve a meaningful role in this area. He would also like to understand how pharmacy needs to evolve as a profession to make this possible.

In his spare time he enjoys food (sometimes cooking?!) and socializing, and his main hobbies range from going to the gym to sailing and motor racing (badly)!

We wish Mark luck in his new role no doubt you will be seeing him out in the patch over the coming months.

. The Devon and Cornwall members of the NHS counter fraud team also wanted to introduce themselves and the Pharmacy Reward Scheme – see the attached article for more information

Devolution of the global sum

The closing date for comments on the Department of Health's consultation on devolution of the global sum has now passed. The LPC has responded on behalf of our contractors, and a copy of our response is posted on the website. To see what we said look up Committee Matters on our website www.devonlpc.org

Local Enhanced Services

Good news for smokers in Devon!!

Devon PCT has reviewed its LES for smoking cessation support, and a decision was made to allow pharmacists to supply 12 weeks of NRT for clients signing up to the support service. A letter will be coming out shortly to pharmacists, if you haven't already signed up take the opportunity now. The PCT is planning a substantial advertising and marketing campaign to support the service.

Look out for further information from the PCT.

Devon PCT is also considering commissioning an enhanced service from community pharmacists whereby the contractor is rewarded for not dispensing an item that is not required by the patient. The scheme will be resourced to ensure the contractor is not out of pocket as a result of the intervention and reimbursed for the clinical assessment provided. Schemes elsewhere in the

country have demonstrated good outcomes in terms of cost effectiveness and increased patient safety through the prevention of unused medicines being kept at home.

We are also in discussion with the three PCTs in Devon about the possibility of pharmacists being more integrated into local sexual health services and providing Chlamydia screening and treatment. Evidence from around the country has shown that pharmacy based schemes have a high return rate for screening and are valued by young people. This would be a fantastic opportunity for pharmacy locally and improve accessibility to the service considerably for young men and women aged between 16 and 24.

More news to follow on these two proposals.

Controlled Drugs and the Role of the Accountable Officer

Under the new arrangements, PCTs are required to appoint an Accountable Officer who is responsible for ensuring the safe management and use of controlled drugs within both the PCT provider arm and the organisations with which the PCT contracts.

In the case of community pharmacies, the responsibility for monitoring and inspection lies with the RPSGB inspector whose remit includes reporting to the PCT Accountable Officer.

One additional responsibility of the PCT Accountable Officer is to establish and maintain a local intelligence network on the use of controlled drugs with the PCT locality for the purpose of managing and sharing intelligence. The core network includes representation by the Accountable Officers of local NHS Trusts and local independent providers, the Healthcare Commission, the SHA, the local authority, the police, CSCI and the local RPSGB inspector. The PCT accountable officer is the hub of the locality intelligence network and there are links to other

organisations on a wider network including the Devon LPC.

If any person has any concerns, issues or significant incidents to report involving the use or management of CDs by any individual or organisation in and around your area, they should now be reported to your local PCT's accountable officer. There is no standardised format for raising concerns but it is recommended that patient identifiable information should be removed where possible.

The Accountable Officer in your area is:

Devon PCT: Tina Campbell email: tina.campbell@nhs.net tel: 01392 207346

Torbay Care Trust: Teresa Widdecombe email: teresa.widdecombe@nhs.net tel: 01803210557

Plymouth tPCT : Jo Watson email: jo.watson3@nhs.net tel: 01752 434870

Darzi review of the NHS

The interim report published in September set out the vision for the NHS over the next 10 years. The Darzi consultation now enters its second phase with the emphasis shifting to local (SHA and PCT) level. Luckily we had already made representations to NHS South West and community pharmacy is now included on the local clinical pathways network groups for both the Staying Healthy and Long Term Conditions groups. We felt it was crucial that there was strong pharmaceutical input into the process. What is fed in from local level about the design and delivery of the best quality of

care for patients based on the latest clinical evidence and the views and experiences of patients will be influential in shaping the final report.

The details of the consultation can be found on www.ournhs.nhs.uk which has links to strategic health authority websites where full details on the individual consultation processes that they have put in place can be found.

Make sure you take part and encourage your patients and customers to do so as well.

NHS Choices

The nhs.uk database will be used by GP (and pharmacy) systems to locate a pharmacy to nominate under EPS Release 2. Not only that, members of the public may be viewing the information to check out where they can access

smoking cessation advice, EHC or other services. It is essential that a pharmacy's trading name and address is up-to-date and accurate on the site. Visit www.nhs.uk to make sure the information about Your Pharmacy is the right information!

Occasional Series – Introducing Who’s Who in the South West

Andrew Lane is the PSNC representative for the South West Region

'Having played an active role as contractor member for both Gloucestershire and Devon LPC's and always wondering how PSNC functioned I decided to apply for the vacancy when the PSNC SW Regional Reps position was advertised.

I had always thought of PSNC like a large corporate with a large office complex full of staff working hard on behalf of contractors in England. How wrong I was. Firstly the office in Aylesbury is a small listed building, housing a team of 6 and the Chief Exec, Sue Sharpe supported by 3 admin staff and a small information dept of 2 people. My role is as liaison between the executive team and the LPC's in my region and this is effected via meetings that I act as chair, where CEO's of the LPC's attend for mutual info exchange. I still attend my two LPC's and occasionally attend some of the regional LPC meetings as observer.

Having a number of my own pharmacies across the SW I find it helps me network with other like

minded pharmacists where we can all share our experiences at delivering the not so new pharmacy contract. I can give the benefit of my experience to the Region and act as liaison with the PSNC by being a member of the LPC Implementation Subcommittee (LIS) at PSNC meetings of which there are 5-6 per year and the annual conference and dinner with MPs. I report back to Mike King prior to each PSNC meeting with the region’s issues that contractors are concerned about and these issues are raised in the minutes at each PSNC meeting.

Concerns such as lack of PCT investment in locally enhanced services, a common theme, can be passed back to the executive for onward dialogue with the Government via the negotiating team. I would like to see more contractor involvement with LPC's, after all it is your LPC who are there to act on all our behalf. For more information about how you can get involved with the Devon LPC contact the Secretariat Office.

Things that Make You Go M(mmm)..

Recent news bulletins within the Pharmacy publications, and some national papers, have been full of stark warnings concerning the large financial affect on community pharmacy that the recent change in category M will have. From profit warnings in a number of the large multiple chains, to condemnation from Pharmacy groups. What is happening? What is category M?

The ABC of Category M

The category M scheme is best thought of as the manufacturers’ price based remuneration scheme for Pharmacies. It is a section of the drug tariff that contains 500 commonly used and easily sourced medicines. When it started in April 2005 the DoH stated that the aim of category M was to obtain best value for the NHS and to channel those savings made into the new Pharmacy contract for new services. At the time DoH said the savings would total £300 million.

The calculation of the reimbursement prices in category M is based on a complicated equation, which ultimately calculates the purchase margin available to Pharmacies. It involves the DoH collecting factory gate prices from manufacturers and data of dispensing volumes from the Prescription pricing division. Then the DoH

forecasts prescription volume for the oncoming quarter of the 500 medicines contained in category M and adds in the agreed purchase profit amount to the manufacturer prices. The allowed purchase profit has remained unchanged at £500 million into the newly agreed 2007/2008 financial year.

$$\text{Factory Price} + \text{£500 million (ONLY)} / \text{Items thought to be dispensed} = \text{Category M}$$

As you can see by the above very simplified equation there is one large assumption and that is the future volume of the 500 individual category M prescription items that will be dispensed in the next financial quarter. As each item that is going to be dispensed of the 500 medicines has its price set line with the estimated volume. Any errors in the crystal ball forecast have to be made up in the following quarter with an adjustment for change in the factory price. This is where category M becomes somewhat of a rollercoaster.

$$\text{Factory Price} + (\text{£500 million} - \text{Any previous quarter overspend or under spend}) / \text{Items thought to be dispensed} = \text{Category M}$$

The inaccuracy in the forecast of the estimated volume of category M has caused the angst within the profession that has become this months newspaper headlines.

When the new Pharmacy contract was conceived it was proposed that the contract would provide a fair return to contractors with the financial stability required for investment in Pharmacy and Pharmacy based services. It can be seen from the recent press coverage and over the past year and a half that Category M has done little to contribute to the financial stability of return on investment for contractors. However, there have of course been winners - some PCTs believe the savings will be considerable on their drugs budget this year, maybe we will see some of that returned in new services commissioned for Pharmacy and patients.

Forthcoming Events

*****12th November 2007 – Devon LPC Contractors Meeting*****
Sandy Park Conference Centre, Exeter
See enclosed flyer for details

20th November 2007 - MUR Workshop – Diabetes at The Cedars Inn, Barnstaple
(See enclosed flyer for details)

4th December 2007 – COPD – Update for Medicines Use Reviews at Broomhill Art Hotel, Barnstaple (See enclosed flyer for details)

Contact Kathryn Jones at the Secretariat office on 01392 834022 for further details or download information from the Devon LPC website

The next full LPC Committee meeting will be held on Monday 19th November 2007 (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.