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### **The Pharmacy White Paper: Building on Strengths, Delivering the Future**

The Pharmacy White Paper (Pharmacy in England: Building on Strengths - delivering the future) was published on 3 April 2008. Two weeks ago we saw the publication of the consultation document *Building on Strengths - delivering the future - proposals for legislative change*, which fulfils the commitment to publish fuller information on a number of proposals for structural change and to consult on them. The proposals outline plans to allow Primary Care Trusts to replace the existing “necessary or expedient” control of entry test with a “more comprehensive and rational” assessment of pharmacy contract applications with reference to PCTs’ pharmaceutical needs assessments (PNAs). It also proposes measures to give PCTs “explicit power to de-commission services from poorly performing providers”, or withhold payments on inadequate quality of service grounds. Employee pharmacists, managers, locums and pharmacy technicians could also be subject to greater scrutiny under the plans, which recommend PCTs having ‘supplementary lists’ of individuals involved in providing pharmaceutical services.

The consultation also suggests allowing dispensing doctors to sell OTC medicines and possible solutions to anomalies in the awarding of their contracts.

Some weeks ago, the Devon LPC and Devon LMC issued a joint statement re-affirming that:

*“... It (The Pharmacy White Paper) sets out a direction of travel that has been based on local examples of best practice that are already working well and does a reasonable job in recognising the opportunities for pharmacy to contribute positively to patients’ health care outcomes.*

*Both the LMC and the LPC view the proposed pharmacy services set out in the White Paper as being part of the solution to capacity problems in primary care that will serve to improve access and choice for patients.*

*We believe very strongly that it is in all our interests to encourage more and better collaboration between pharmacy and general practice. Whilst understandably some dispensing practices have voiced concerns about proposals contained in the Pharmacy White paper to change the rules governing market entry for dispensing doctors, there are also associated risks and concerns for community pharmacy.*

*We firmly believe that all healthcare professionals should focus on collaboration to find the best ways of supporting patients and the public...”*

The Consultation closes on the 20<sup>th</sup> November 2008; the document and accompanying papers are on the DH website [http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH\\_087324](http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_087324) or via a quick link on the Devon LPC website.

The Department of Health is also hosting a series of six national events to support the consultation and listen to the views of stakeholders. Representatives from community pharmacy are particularly welcomed along with representatives from public and patient organizations and appliance contractors. One event is tailored specifically for pharmacies, on Sunday 12<sup>th</sup> October 2008 at the Radisson Edwardian Marlborough in London. All events must be booked via NHS PCC; book online at [www.primarycarecontracting.nhs.uk/events/all/949](http://www.primarycarecontracting.nhs.uk/events/all/949). Other dates are Newcastle on the 17<sup>th</sup> October 2008, Manchester on the 28<sup>th</sup> October 2008, Birmingham on the 29<sup>th</sup> October 2008, and London on the 30<sup>th</sup> October 2008. The LPC will be attending on behalf of its contractors, however, the more pharmacists that attend the better. We saw in the previous White Paper listening events, that weight was given to the strength of feeling expressed at each event, so where large proportions of dispensing doctors or PCTs attended, their views were seen as, and reported to be the feeling of the event. For this reason, it is essential, if the views of pharmacy contractors are to be given the necessary weight, that pharmacy contractors and LPCs attend in sufficient numbers. Please go along to any of the events if you can make it.

**Please Don't Miss this important event,  
which promises to be very informative and interesting!!  
The Annual General Meeting of the Devon Local Pharmaceutical Committee is due to take  
place on the evening of Thursday 9th October.**

Guest speakers Sue Sharpe and John Turk will present during the evening. As well as the presentation of the LPC annual accounts and report on LPC activities over the past year, Sue Sharpe, Chief Executive from the Pharmaceutical Services Negotiating Committee will talk about the future of community pharmacy and how this is evolving through a series of government policy documents (see above!). This will be followed by John Turk, Chief Executive of the National Pharmacy Association who will take a look at the recently published government's Pharmacy White Paper and what this will mean for contractors. He will also talk about how the NPA will be able to support its members. There will also be an opportunity to ask questions of either speaker or members of the LPC. The meeting is being held in Exeter at the Sandy Park Conference Centre - For further details of how to book a place please see the attached flyer, our website ([www.devonlpc.org](http://www.devonlpc.org)) or contact the secretariat office on 01392 834022.

### **Community Pharmacy 2008-09 Funding Agreement**

Details of the changes in contractor funding for 2008-09 have just been announced. Finally, the Department of Health has recognised that the funding for pharmacy has been inadequate. The PSNC said after negotiating with the DH that the additional payment recognises the financial pressures faced by pharmacies today.

This was based on the 2007-08 margins inquiry, it said, "which indicated that pharmacists would have earned an estimated £65m excess purchase profits, above the agreed £500m, in the first half of this financial year. This estimate was provisional pending the results of the 2008-09 margins inquiry"

The headline affect is that each average pharmacy dispensing around 6,000 items per month will receive an additional £3,000 per month as the practice payment increases from 34.5p to 101.1p per item, until April 09. This necessary increase in payments is in addition to the 'formula-driven' increase in the pharmacy funding for 2008/09 and will provide a much needed boost. The annual 'formula for future years' increase gives pharmacies a rise for the inflation in costs, such as staff wage rises, an increase for the growth in the volume of prescriptions dispensed, and the increased regulatory burden that has arisen owing to changes to CD regulations, obtaining and renewing EPS smartcards and

complying with NPSA alerts. An extra £1 per MUR also means that a contractor who completes the full allocation could receive a maximum income of £11,200.

The PSNC has also stated that there will be a cost of service inquiry which would be completed as soon as possible so the future funding of community pharmacy is stable and reliable.

The sting in the tail is the further £65m set to be taken out of Category M over the second half of this year, as reimbursement prices will be reduced by an average of 16 pence per item.

The announcement of the funding agreement was therefore received with a cautious response by local contractors and the Devon LPC. Although the average pharmacy may benefit, there will be some falling below that average who could even end up worse off. The funding situation is still volatile enough to make it difficult for contractors to plan to invest in their business as the future position post April 2009 is still unclear. It is vital that the pharmacy network needs to be allowed to stabilise so that contractors can prepare to take up the white paper's challenges, confident that any new investment in premises and staff will not be undermined in the future.

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### **Why Bother with ETP?**

The South West SHA ranked 10<sup>th</sup> for the number of prescriptions that have bar codes printed on them. For anyone knowing Sir Ian Carruthers' reputation, you will be aware that this is not acceptable, particularly when there are just 10 regions!

The reasons for GPs not printing bar codes are multiple. It may be that their system is not able to produce the bar code; it may be that the GP would need to access two separate systems which is not practical; it may be that the GP forgets to use their smartcard (where have I heard that before?) or it may be that the GP just does not want to "play ball". Whatever the reason, the PCTs now have a target to increase production of bar codes in General Practice to at least 40% so there should be some more available to scan soon.

Many pharmacists do not see bar codes printed on their prescriptions, and many choose not to see the bar codes on prescriptions. No matter what the reason for not scanning them, can pharmacists afford to wait for release 2 before acting?

In my opinion NO! If you do not test the system now and report the annoying issues you encounter, then when release 2 comes, those annoying issues will be what you have to live with. Please, Please, Please start scanning bar codes if you see them and report anything that does not work as you would like it too. This may be the time it takes to process the data that you see or it may be an educational issue for the use of the GP or Pharmacy system which is quick to resolve, but it may need a system change which we need as much evidence in order to address.

Please bother. Email, telephone, write, fax whatever issues you face with the system to your PCT ETP lead (Gail Irvine, Beth Orlando or Gary Kennington) or direct to me at the LPC and I will forward the details to the PCT for you.

Jonathan 01392 834 022 [jonathan@devonlpc.org](mailto:jonathan@devonlpc.org)

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### IMPORTANT - Medicines Use Reviews

Don't forget that after the 30<sup>th</sup> September 2008 the old style MUR form will no longer be valid. Make sure that you have new style forms that were introduced on the 14<sup>th</sup> December 2007, and dispose of your old ones. MURs continue to be an important service that act as a springboard for pharmacies to provide other services as and when they are commissioned from Primary Care Trusts. Across the whole of Devon, we are seeing 80% of contractors providing MURs. Just under 70% of contractors are regularly engaged with completing MURs each month and they on average are completing about 16 MURs each month. Across the South West, the average % of engagement for contractors is 63%, so all three PCTs in Devon are ahead of the game for engagement in MURs.

If you have not yet started MURs, or would like some support please contact the LPC Secretariat. We are always on the lookout for examples of good practice, or where you have made a real difference to patient care – let us know if you have any stories to tell!. **Don't forget the fee has increased to £28 per MUR.**

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### Closure Notification

It is incredibly important to notify your PCT if your pharmacy has to close for any reason whatsoever during core and supplementary hours. Make sure you know who to contact in the PCT, especially out of

normal working hours and at weekends. Torbay Care Trust has produced a template form for use by Torbay contractors that can be viewed on our website

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### Personnel Changes

If you are providing an enhanced service that requires accreditation of individual pharmacists, for example EHC under the local patient group direction, it is essential that you notify the PCT if the pharmacist leaves, particularly if this means that the service can

no longer be provided from your pharmacy. Please ensure that if you are unable to provide the service even temporarily, you must signpost people on to the nearest available venue where they can access that service.

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### EHC

Devon PCT is just about to re launch the EHC Local Enhanced Service for 13-19 year old women. The Devon LPC are managing the administration of the re launch on behalf of the PCT and information packs are being sent out week commencing 15<sup>th</sup> September. Watch out for the post! There are some changes, the key ones being the need to ensure that accredited pharmacists are available for 75% of the opening times of the pharmacy, CRB checks will need to be applied for (funded by the PCT in line with other health care professionals), and the CPPE child protection distance learning pack will need to be completed.

Accreditation workshops have been arranged for pharmacists who have not already been accredited, on the 20<sup>th</sup> October in North Devon and 3<sup>rd</sup> November in Exeter; full details will be in the information pack you receive.

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### Multi Disciplinary Audit – Devon PCT

The multi disciplinary audit for Devon PCT is on emollients and topical steroids in patients with eczema. The information and protocols should have been circulated to all community pharmacies in Devon PCT ready to commence on the 29<sup>th</sup> September. Please ensure you return your completed paperwork by the due date.



**PHARMACY STOP SMOKING PUSH**  
**Smokefree Branding Blitz Now Here!**



Smokefree south west has launched a major initiative promoting all NHS stop smoking services across the region. This new £1.5 million campaign will use TV, radio, newspaper, billboard and bus advertising. The high impact campaign started at beginning of September and will run until March 2009, it aims to support all health services in achieving their '4 week quitter' targets for 2008/09. The promotional materials will be available free to your pharmacy from the



local stop smoking teams and they can be used to raise the profile of your stop smoking service.

This promotional campaign will be obviously very unlike the advertising in the 1950s when this advert was used to promote smoking!

This will come as good news for pharmacy as this year the Devon pharmacies have reported lower demand for their stop smoking services as the surge of quitters caused by the smoking ban last July has abated. So, is pharmacy alone in seeing less people wanting to quit? Cancer research reported in July that just 3% of quitters used NHS stop smoking service which is crazy when you know that using a support service more than doubles your chances of quitting than NRT alone. So think of the people who purchase NRT to try to quit alone (35% of those trying to quit) and remember to mention to them "that they are over twice as likely to quit for good if they use your support programme".

### **How can you Push your pharmacies stop smoking service?**

- 1) Talk to us! We at the LPC have just produced a practical guide to providing a stop smoking service and we can supply it free of charge. This comprehensive guide is an 'all you need to know guide' to ensure your service is the best it can be.
- 2) Make sure your customers know about your service! Ask for the smokefree marketing materials that will be made available from the local PCT. Contact your local stop smoking team. Devon 0845 111 1142, Torbay 01803 299160. In Devon the local smoking cessation advisors are Vicki Tearle (Exeter, East & Mid) 07891 999193, Matt Seal (South & West) 07891 999147, Richard Coleman-Taylor (North Devon) 01769 575120.
- 3) Get more training for you and your staff. Training usually means attending a late night event, however we here at the LPC are offering for a limited time a support training visit to you and your staff in your pharmacy – contact us.
- 4) Know the best time to do a stop smoking service campaign, and that is over the next six months as the percentage of smokers trying to quit nearly triples from 5% of smokers to 14%, the key period is January to March which is not far away

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### **Dispensing combination NRT under the LES**

Please note that it is possible to dispense two types of NRT to heavily-dependent smokers under the LES agreement.

Smokers who score seven or more on the Fagerstrom test for nicotine dependency need higher levels of nicotine to help reduce the cravings associated with a quit attempt.

Evidence suggest that the patch plus the nasal spray is the most effective combination, but the patch may also be dispensed in combination with gum, microtabs or lozenges - as listed in the "High dependency" column in the Fagerstrom details.

You will need to charge the patient £7.10 for each item dispensed (unless they are exempt), and you may claim a £1 dispensing fee per item, along with the cost of the NRT.

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### **Safety Alerts to community pharmacies**

Community pharmacists are required under their terms of service, to ensure that procedures are in place for all stock to be procured and handled in a way that maintains integrity. However, there is no requirement under the Terms of Service to sign the safety alert and return it to the PCT.

The LPC has had concerns raised by local contractors about the volume of safety alerts being received in community pharmacy and the requirement to acknowledge receipt of alerts. It is important to recognise the Primary Care Trusts have a responsibility to ensure that all Community Pharmacies within Devon have access to alert notifications in a prompt manner, ensuring that pharmacy teams are aware of any issues that may impact on the safety and wellbeing of colleagues and patients alike and are able to take necessary actions.

Following a recent meeting between the LPC and Devon Primary Care Trust, we have been assured that the PCTs are working together to address any issues of duplication. We have made the PCT aware of the PSNC guidance relating to safety alerts that there is no requirement for pharmacists to sign safety alerts and return to the PCT. However, the PCT may check that arrangements are in place during their contract monitoring visits, to ensure that community pharmacies can demonstrate systems are in place for review and action and to maintain a log of actions taken on receipt of safety alerts. To this end, the LPC has produced a "generic" standard operating procedure that pharmacies can adapt to their own branch that can be accessed on our website at [www.devonlpc.org](http://www.devonlpc.org) under on-line resources. PSNC has also produced a template record sheet to assist contractors that can be downloaded at [www.psnc.org.uk/forms](http://www.psnc.org.uk/forms).

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### Locality Forums

The first locality forum organised by the LPC was held in Barnstaple on the 9<sup>th</sup> September. This was chaired by John Finn, LPC member and community pharmacist. A group of twelve local pharmacists had an interactive session reviewing how they approach some of the requirements of the contract, in particular recording interventions and undertaking medicines use reviews. John presented on some ideas of how pharmacists can work with GPs using MURs, and some local issues were raised in particular about ETP and how pharmacists could become more engaged in supporting the PCT to achieve some of its targets and priorities. Notes from the forum are available on the website.

The next North Devon forum will be held in January.

Further local meetings are planned in Exeter, East Devon, Plymouth and Torbay details;

Date	Locality	Venue	Facilitator
20 <sup>th</sup> October 2008	Exeter	St Leonards Church Rooms, Topsham Road, Exeter	George Wickham
21 <sup>st</sup> October 2008	Plymouth	Premier Inn, Marsh Mills, Plymouth	Mark Stone
23 <sup>rd</sup> October 2008	East Devon	The Heathfield Inn, Honiton	Ali Hayes
6 November 2008	Torbay	The Beefeater, Belgrave Road, Torquay	Simon Gardner

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***Yes, we know there is a clash of dates with the CPPE for the evening of the 9<sup>th</sup> October.***



***Unfortunately this was unavoidable due to the availability of speakers and needing to hold the LPC meeting before the end of October to meet the requirements of our constitution. We and our partner organisations always make every endeavor to avoid double booking, on this occasion we couldn't do it! Hopefully with the number of pharmacists working in Devon, there will be enough of you to go round!***

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#### CONTACT DETAILS FOR DEVON LPC Officers

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***The next full LPC Committee meeting will be held on Monday 13<sup>th</sup> October 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](http://www.devonlpc.org)***