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Chief Officer's Report

Our AGM was held at the Sandy Park last centre on the 15th October and we heard Simon Driver, Managing Director of Cegedim Rx alert pharmacists to the requirements of EPS Release 2 and how they needed to embrace the IT challenge. David Bearman, LPC Chair, also described the past year's activities of the LPC and the challenges the profession faces ahead. You can read more about this in the LPC Annual Report that can be viewed on the LPC Website.

More recently, much of the LPC effort over the past few months has been spent in considering the proposed PSNC model constitution and reviewing the way it will be working to support contractors over the next few years. At the Special Meeting held on the 2nd November, contractors voted by a two thirds majority in favour of the model constitution and the LPC will now be writing to the PCOs to ask for formal recognition of the LPC when it is established in April 2010. Now is the time to be thinking about whether you would like to be involved in the LPC either as an elected member or Company Chemist Association nominated member. If you are interested and would like to find out more please contact Sue Taylor at the Secretariat.

The only constant in the NHS is change! The LPC would like to mark the the appointment of Ann James as the new Chief Executive of NHS Devon. Ann comes back to Devon after successful times with Plymouth PCT and latterly NHS Cornwall and the Isles of Scilly. She comes with a proven track record of working with primary care and encouraging innovation. We are looking forward to establishing a constructive relationship with her to help address the many problems facing NHS Devon.

The Digital Prescription Switch Over

The AGM Report

West Country residents have been the first in the country to see the switch over to digital TV and by 2012 all of the UK will have access to all the numerous digital channels. At some point soon after the switching off of analogue TV we in pharmacy are likely to see the end of the paper prescription and the total switch over to its digital replacement, according to Simon Driver the Managing Director of Cedigim Rx, the company behind Pharmacy Manager and Nexphase. His best guess for when we would see the phasing in of EPS2 in early adopter PCTs was as early as late 2010, however he conceded the programme had been beset by delays and missed deadlines.

Mr Driver attended the Annual General Meeting of Devon LPC at Sandy Park in October as the guest speaker. He was well received by the pharmacy and PCT representatives who were present on the evening. The feedback submitted

by the audience after the event ranged from "panic" and "retire" to "start facing up to the fact that this change is coming". There is a real feeling of anxiety about this massive change with our main representative bodies; the NPA, PSNC and RPSGB, in a C & D article stated that they all felt it was too early to tell whether EPS will realise any benefits for pharmacy.

The view of the Cedigim Rx Managing Director was that there would be benefits for pharmacy. "Accuracy of the dispensing process will be improved" was the first advantage that pharmacies should see, "streamlining of the working processes by the grouping of repeat prescriptions", "reducing the need for duplication of clinical checks", in addition these benefits he said would improve the customer experience of pharmacy too. As EPS2 will bring automatic filing and submission of prescription tokens to the PPD, Simon felt that this would

save time and he quipped that it would certainly be possible for a more rapid payment from the NHS, an issue previously voiced by contractors in Torbay.

Simon also noted the challenges he believed pharmacy would have to overcome, the first of which was the nomination of the dispensing pharmacy by the patient. He reported that the patient would most likely place the nomination via their doctor and pharmacies should start to communicate this process to patients in order to secure their prescription business. The next challenge is the fact that exemption tokens will

need to be printed for all patients to sign who qualify for a non-age related exemptions, “25% of the exempt prescriptions will need to be printed for signing” he said and this would cause a significant increase in work load for your average pharmacy. His last point was concerning the risk of IT systems failure in pharmacies, “pharmacies must realise that an IT failure could have a significant impact on its business”, he suggested that steps such as robust contingency plans and regular hardware replacement plans should be prepared.

Simon’s answers to your questions not replied to on the evening:

1) Process for validation of prescription which is obviously wrong & supply of information to the LPC.

The electronic prescription message is generated by the prescribing system. Included in this message is the name of the prescribed medication as well as the DM+D code for the prescribed item. The dosage instructions within the electronic prescription message are free text, they are exactly as the prescriber entered them (i.e. if they type “1 TDS” this is how it will appear in the message). In order to obtain EPS R2 accreditation, prescribing systems must demonstrate that the information in the message matches what has been seen on-screen in the prescribing system.

There have been incidents in EPS R1 where prescribing systems have supplied a prescribed item description on the token which does not exactly match the DM+D code supplied in the message. For EPS R2 prescribing systems must also demonstrate that their mapping to the DM+D is acceptable and that the DM+D codes in the electronic message are accurate and correspond to the text descriptions for the prescribed items.

Within EPS R2 there is a requirement for dispensing systems to be able to print a dispensing token using the information in the electronic message, i.e. the prescribed medication, dosage text etc printed on the token is taken directly from the prescription message. Therefore if there is an issue with the information in the prescription being wrong, a dispensing token could be generated by the pharmacy. Cegedim Rx service desk is also able, with the customers’ permission, to review the electronic message itself.

Cegedim Rx maps from the DM+D code in the message to its drug database and follows strict clinical checking processes to confirm the veracity of the mappings.

Where, for example, the DM+D code in the electronic message doesn’t match the text description in the message, the user is able to break the mapping to allow them to dispense the item based on the text description. Cegedim Rx professional services department monitors situations where this occurs and for roll out they will implement a central alerting system for their professional service department which will detect where sites have broken links and allow them to pro-actively investigate why the link has been broken.

There are no plans within Cegedim Rx currently to pass this information to third parties such as LPCs. Pharmacies could pass the LPC an anonymised copy of the token for example or could take screenshots.

2) On-Screen checking:

Cegedim Rx have designed the systems to allow checking both against the paper token (should pharmacies wish to mirror current processes) and on screen.

In both systems it will be possible to view the information at the time of dispensing and also bring the information back on screen after the initial dispensing to, for example perform the clinical or accuracy check. They have added more powerful filters etc to their prescription tab to make it easier for the user to identify the script to bring back if they do not have a bar-coded token to scan.

Information Governance

No sooner has the dust started to settle following the Responsible Pharmacist legislation coming into effect from the 1st October, than we have a new beast to deal with, INFORMATION GOVERNANCE! The PSNC and the RPSGB have been working jointly with the Department of Health and NHS Connecting for Health to identify the set of toolkit requirements that community pharmacies will be expected to comply with in terms of information governance, and to develop guidance and tools to assist their effective implementation. It is hoped that the guidance and support material will be sent to all pharmacies in January 2010.

However, there is no reason why a pharmacy could not start working towards achieving the requirements now – however the expectation is that given time constraints no more than a baseline (e.g. a declaration of pharmacies current level of performance against each requirement) will be undertaken before March 31st 2010 which is the NHS's target. The first step will be for pharmacies to consider their internal management structure for implementing the requirements, e.g. who will be the Pharmacy IG lead?

In the meantime, your LPC will start discussing with our local Primary Care Organisations about the support that may be available from them locally and in particular access to NHS Mail accounts which is currently a requirement to access the e-training resources that will be available.

So be aware that this is coming over the hill for the new year! Look at the consultative information contained on the PSNC website (<http://www.psn.org.uk/pages/ig.html>) and feedback constructive comments by the 27th November 2009. We will keep you posted of developments as and when we find out ourselves.

And not forgetting the Responsible Pharmacist ... !! Thank you to everyone that attended the recent LPC workshops on the Responsible Pharmacist (all 280 of you)!! The feedback from the events was really positive and as promised the summarised outcomes from the workshops are now on our website along with links to other useful documentation and resources. View them at; www.lpc-online.org.uk/bkpage/files/115/events/responsible_pharmacist_workshops_the_answer_highlights.pdf

Public Health and Community Pharmacy

Don't forget the local health promotion campaign running in November 2009, focusing on alcohol interventions and to return evaluation forms in time.

The LPC recently met with the three primary care organisations in Devon to discuss the possibility of developing a programme for Health Promotion Champions. This particular approach to delivering the public health campaigns that are an essential service in the contractual framework has been running in other parts of the south west. It is designed to provide pharmacy staff with information which can be used to improve Health Promotion activity within the pharmacy.

The idea is that each pharmacy will have a lead member of staff to take responsibility within the pharmacy for health promotion and provide support and advice about engaging with patients and customers and creating promotional displays. We are still waiting for feedback about whether or not this approach will be supported by the PCO's across Devon but will keep you posted.

Other projects the LPC is involved with include developing the Pharmaceutical Needs Assessments with Devon and Torbay; a Medicines Use Review audit and development of a training workshop for the new year in Plymouth; piloting an integrated sexual health service in Torbay and pharmacy inclusion in the Devon project supporting carers with Health and Wellbeing Checks.

LPC Website

Over the last few months the resources on the LPC Website (www.devonlpc.org) have been reviewed and updated. Please take a few minutes to browse our site. If you have any thoughts or suggestions about how our website and support to you could be improved, let us know. We would welcome your comments.

Fluoxetine Joins The No Cheaper Stock Obtainable List (NCSO)

After a number of anecdotal reports of pharmacies having difficulties in the local area getting hold of Fluoxetine 20mg capsules, the PSNC has added the drug to its national NCSO list in October which means pharmacies can dispense and endorse a more expensive brand.

Stopping or Swapping Antidepressants - All pharmacists will be aware that swapping or stopping antidepressants is fraught with problems, patients should be advised that not to stop treatment suddenly or miss doses and that patients should also be warned about possible symptoms that may occur when treatment is discontinued. Hence when the fluoxetine supply became difficult this became a real problem for patients taking the drug.

For your information, if a need is such that a patient should stop or swap their antidepressant, the change should only be completed with consultation between the doctor and the patient because of the problems that can occur. There are guidelines available from NICE, Drugs and Therapeutics Bulletin and Maudsleys publications which generally inform that a stop of an antidepressant should happen by slowly tapering off the dose. They also recommend that when a patient's antidepressant is changed to another, a cross tapering of dosing is completed to minimise the risk of symptom recurrence. However the guidelines also states that practitioners should seek specialist psychiatric advice or follow appropriate local guidance.

Forthcoming Events

Don't forget the Torbay Locality Forum being held on Tuesday 10th November at Torquay Premier Inn, The Seafront, Torquay TQ2 5HE. The evening starts at 7pm with a buffet and the meeting starts at 7.30pm
Topics to be discussed include;

- Information Governance and what it means for you
- Flu Planning in Torbay – How can pharmacy help?
- Responsible Pharmacist – The impact so far

A Quick Reminder To Pharmacies Completing Enhanced Services

If you are a manager of a pharmacy that is signed up to and offers enhanced services such as EHC and Substance misuse to name a few, make sure when you give notice to leave your job please contact the respective PCT to inform them of the change. This is so the PCT can map effectively the availability of services to patients.

The LPC Locum List

The LPC Secretariat hold 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) 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.

CONTACT DETAILS FOR DEVON LPC

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The next full LPC Committee meeting will be held on Monday 9th November 2009 (7.30 pm) at the Secretariat Offices, Deer Park Business Centre, Haldon Hill, Kennford, Exeter, EX6 7XX. The final LPC meeting of 2009 will be held on Monday 14th December, at Deer Park. 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