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Changes at the Devon LPC

It is not only the country that will go to vote during 2010. A far more important election surely will be the election of the new committee for the Devon Local Pharmaceutical Committee. You may have already seen the proposed new constitution which sets out how the LPC will operate after April 2010. In addition, there will be a new committee, the election for which will be taking place very early in 2010.

The LPC will of course welcome interest from any contractors wishing to stand and represent their fellow pharmacists on all issues relating to community pharmacy at a local level. If you are an employee of an independent contractor, you may be nominated by your employer as their representative. If you are employed by one of the multiple pharmacy companies, you may approach the Company Chemists Association (CCA) to express your interest.

Although we say this every year, more than ever before, the coming years will be full of many new challenges, with reduced national budgets, changes in control of entry regulation, increase pressure on quality and continued commissioning issues to name but a few. As a committee member, you will have the opportunity to influence the direction of travel for pharmacy in all areas of development. The LPC always welcomes fresh thinking and new ideas with the dynamism of people wanting to make a difference. As a committee member you will have the benefits of;

- Developing a knowledge of the local health economy
- Becoming aware of what is likely to happen locally
- Have a greater understanding of national issues
- Influence the direction of travel for community pharmacy
- Work with fellow contractors
- Develop skills in working as part of a committee which is most helpful for personal development for those that want to tackle new challenges.

The position of committee member has its challenges and can be demanding, but it does have its rewards. Details of the election will be circulated later in the year, but if anyone is interested in having an informal discussion beforehand of what may be involved, please feel free to contact Sue Taylor, the Chief Officer of the Devon LPC, either on 01392 834022 or by email sue@devonlpc.org.

In the meantime, don't forget that the Devon LPC special meeting to vote on the new proposed constitution is to be held on Monday 14th September 2009, 6.30 pm for 7.00 pm, at the Devon Hotel, Matford, Exeter. Copies of the proposed constitution and details of the meeting are on the Devon LPC website. http://www.lpc-online.org.uk/devon_lpc/new_constitution.html

Final Reminder - Boxing Day – Monday 28th December

In 2009, the official Boxing Day Bank Holiday has been declared to be Monday 28th December, as the 26th December 2009 falls on a Saturday. It is not customary to declare Bank Holidays at weekends. If your pharmacy opens on Saturdays for either CORE or SUPPLEMENTARY hours and you propose/intend to close on the 26th December, then you need to apply or inform your PCT giving at least 90 days notice. Notification deadline: Sunday 27th September 2009.

As this is a Sunday and not a working day we would suggest that you submit any applications/notifications no later than Friday 25th September 2009.

Generic Clopidogrel Confusion

Generic clopidogrel tablets are now available in the UK. Clopidogrel hydrochloride and clopidogrel besilate salts have been licensed by the EMEA (European Medicines Agency) on the basis that they are bioequivalent to the reference product, *Plavix* (clopidogrel hydrogen sulphate).

All preparations are licensed for the prevention of atherosclerotic events in patients with recent MI or stroke and patients with established peripheral arterial disease. *Plavix* is currently the only preparation specifically licensed for use in patients with acute coronary syndrome and thus any use of a generic product would be outside of licence. If you require more information please contact Sanofi-Aventis.

MUR TIP! The announcement followed recent statements about the use of clopidogrel with proton pump inhibitors. Data from the US showed that concomitant use of clopidogrel and PPIs increased by the re-occurrence of heart attacks in patients by up to 40%.

As there are a number of patients taking both medicines together it is a good idea when you see these patients to complete an intervention MUR. The local Effective Practice Committee has recommended that Doctors review patients taking the two medicines together with a view to removing the PPI from the patient's prescribed medicines. It went further to state options such as prescribing basic antacids tablets or H₂ antagonists if the patient required an alternative drug.

Neoral (Ciclosporin) Patent Expiry

The potent immunosuppressant Neoral which is indicated for use in organ and tissue transplantation loses its' patent in September 2009. As all pharmacists know, ciclosporin is a drug with a very thin therapeutic index and because of this it has laborious monitoring requirements for patients on the maintenance dose.

The BNF recommends that as ciclosporin is such a critical drug with potent effects and the fact that there a difference with the bioavailability for the products on the market, ciclosporin should always be prescribed by brand to reduce dosing problems experienced by patients. Surprisingly around 35% of prescriptions are written generically. However when you receive a generic prescription, it is best practice that you confirm the brand that the patient is currently taking and dispense that product.

**As we at the LPC have known all along –
Repeat Dispensing really does benefit patients!!**

Research undertaken by Dr John Holden and Graham Brown (Garswood Surgery, St Helens) examining the introduction of repeat dispensing in their general practice has recently been published in the International Journal of Pharmacy Practice (Holden, J. & Brown, G IJPP 2009: 17; 249-251).

Nearly half the population in the UK receive repeat prescriptions and 75% of all prescribed items are estimated to be repeats; however, use of the repeat dispensing service has remained very low and in Devon we believe it is running at about 2% of the total number of prescriptions.

Holden and Brown looked at the key performance indicators of time saved, patient satisfaction levels and the rates of adoption and continuation with the scheme. Their sample focused on serial repeat-prescribing workload (GPs and receptionists) surveys which were performed each day for a week, five times in the year and a patient satisfaction survey undertaken mid-way through the year. Community pharmacist opinion was informally sought and prescribing costs were checked at the start and end of the year.

The general practice cared for 2886 patients during the time of the survey in 2007, with staff comprising two full time GPs two in training and six administrative staff. In June 2008 the patient satisfaction survey was conducted with 56 patients participating. The benefits of repeat dispensing cited by them included the fact they liked being able to collect medication from the pharmacy without the usual two day wait and the consequent travelling time saved. Over 600 patients of the 2886 total were receiving repeat dispensing after 12 months. By December 2007, 45% of all prescribed items in this practice were repeat-dispensed, compared with less than 1% nationally. Within a year 21% of patients were on the scheme and the proportion continues to grow.

The authors suggest repeat dispensing can offer substantial time savings – potentially over 2 weeks of GP time a year and 150 reception hours for the practice sampled. There was also a noticeable reduction in lost and missing prescriptions.

The Responsible Pharmacist

We have been overwhelmed by the numbers of people wishing to attend our Responsible Pharmacist workshops. Over the month of September, we are running five workshops with over 200 people attending in total. Apologies to those of you who have missed out owing to the huge demand for places.

We will be publishing the presentation and scenarios discussed at the workshops along with the outcomes of the discussion groups on the LPC website towards the end of the month. In the meantime, don't forget that the Chemist and Druggist is publishing comprehensive information about the requirements, Standard Operating Procedures etc on its website.

<http://www.chemistanddruggist.co.uk/responsiblepharmacist/>

Local Service Development – Chlamydia Screening

Pharmacy is now considered to be a core service provider for Chlamydia screening. In Devon, the PCT is just about to commission Chlamydia “grab bins” in a limited number of localities, and targeted interventions from those pharmacies already providing EHC under a patient group direction. Plymouth PCT is also starting to develop its' pharmacy based service as is Torbay Care Trust. This is good news for pharmacy as it is ideally placed to offer increased access and choice for young people.

DIARY DATES:

- 22 September** North Devon Locality Forum (to include the Responsible Pharmacist)
The Barnstaple Hotel, Braunton Road, Barnstaple
- 15 October** Devon LPC AGM - guest speaker Simon Driver, Managing Director Cegedim Rx
Sandy Park Conference Centre, Exeter
- 20 October** Torbay Locality Forum Facilitated by Simon Gardner
Venue to be advised and will be posted on website
- 2 November** Exeter, E Devon & Mid Devon Locality Forum Facilitated by George Wickham
Devon Hotel, Matford, Exeter

For all the latest details of events being organized please visit the Devon LPC website.

http://www.lpc-online.org.uk/devon_lpc/forthcoming_events.html

STOP PRESS! Community Pharmacists included on H1N1 vaccination list

A letter has just been sent out to all PCT Chief Executives, LPC Secretaries and SHA Flu leads to advise them that community pharmacists and their clinical staff who have regular clinical contact with patients will be eligible for inclusion in the priority list for the H1N1 vaccination. The letter has been signed by Ian Dalton, National Director of NHS flu resilience, and Sue Sharpe, Chief Executive of PSNC, following discussions to clarify the initial announcement of the priority H1N1 vaccination programme.

All health workers who are directly involved in patient care are eligible for the priority vaccination. Community pharmacies provide frontline healthcare and there was no intention to exclude pharmacy staff who meet the eligibility criteria which are dependent on their roles and risk of exposure.



As with other healthcare professionals, some pharmacists and their staff will fall within this definition, whereas others will not, depending on the role that individual plays in patient care. The assessment and implementation of this will be a local responsibility.

Commenting on the letter, **Sue Sharpe** of the PSNC said: "Community pharmacists have been understandably unhappy about their apparent exclusion from the list of frontline healthcare workers eligible for the priority H1N1 vaccination programme."

The Department of Health has clarified that there was no intention to exclude pharmacy staff who work directly with patients on the frontline from receiving the H1N1 vaccination as a priority. Sue Sharpe also commented that she was encouraged to see that the DH continues to have a strong commitment to community pharmacy and has acknowledged the important contribution that it has played in the pandemic response.

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The next full LPC Committee meeting will be held on Monday 5th October 2009 (7.30 pm) at the Secretariat Offices, Deer Park Business Centre, Haldon Hill, Kennford, Exeter, EX6 7XX. 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