Devon Local Pharmaceutical Committee

North Devon Locality Forum

Notes from meeting held on Tuesday 9th February 2010

See attached list for attendees.

The agenda for the forum had been agreed to include discussion on the use of monitored dosage systems, compliance assessment, and hospital discharge arrangements and communications with community pharmacy. It had also been advertised as including a session on information governance, but because the LPC had subsequently agreed with NHS Devon to run some specific events on Information Governance, the agenda had been amended to include some discussion on the need to reduce prescribing costs, and how pharmacy could support the PCT in achieving this objective.

Andy Acott had agreed to take on the facilitation of the forum following John Finn's resignation from the LPC upon his secondment to NHS Devon.

Andy provided an overview of the recent report from the Care Quality Commission that had made a number of recommendations about managing patients' medicines after discharge from hospital. Some of the key recommendations included:

- Community pharmacists to receive a copy of hospital discharge letters before the patient or patient's representative arrived in the pharmacy for medication
- The PCTs commission pathways for specialist medicines support
- A stakeholder group set up to look at the problems hospitals face with compliance aids
- NHS Trusts to issue discharge prescriptions to pharmacies

Carol Albury, Prescribing Advisor from NHS Devon, informed the group that there was an interface group in North Devon that was working with the pharmacy team at the North Devon District Hospital. She explained that while the medicines management team could help to facilitate local discussions at the end of the day any requirement for secondary care to produce specific discharge letters, prescriptions etc would need to be built into the service level agreement between the hospital and the commissioners.

There was a general discussion about the types of problems that were faced by community pharmacists with some potential solutions. Sue outlined the way that NHS Plymouth had agreed with Derriford Hospital that patients would be signposted to their local pharmacy for a medicines use review post discharge, which fitted in to the Pharmacy White paper proposals. It was thought that even having a poster in the pharmacy would help publicize the availability of the MUR service. Carol suggested that pharmacists forwarded to her details of any examples they had of problems associated with hospital discharge. Sue thought the LPC may be prepared to make a small payment to contractors to carry out a short audit so that we could ensure any information sent to the medicines management team was structured and useful.

Action: Sue to forward details of the Plymouth model for discharge MURs. Nerys (Boots) agreed to design a short audit questionnaire that could be used by the pharmacists.

The use of compliance assessment tools in pharmacy was then discussed as a means of identifying patients that were eligible for monitored dosage systems under the DDA. Beth (Medicines Management) reminded the group that there were tools readily available on the PSNC website and also on the LPC website. A lot of work had previously been done on this topic. Many requests for blister packs come from formal carers employed by domicillary care agencies. However, pharmacists are not required to blister medicines because of a request by a carer, the DDA relates to the patient only and pharmacists need to assess the patient's need for compliance support.

The group then went on to discuss potential ways to improve the cost effectiveness of the prescribing budget. Every person was asked to contribute one idea, a list is attached in appendix 2. The meeting closed at 9.30 pm.

Date of next forum: The next LPC locality forum will be held on the 25th May 2010.

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Ideas to improve cost effectiveness of prescribing

Important Note – the majority of these recommendations will impact on pharmacy income – any proposals and recommendations taken forward will need to be reviewed to check whether it would be appropriate to incentivise prescribers/dispensing

1. Identify specials and inform GPs of costs
2. Pick list of cheaper alternatives
3. Pharmacy led repeat prescribing schemes are perceived as leading to waste and over ordering if the pharmacy SOPs are not watertight.
4. NHS Repeat Dispensing Scheme needs to be pushed forward by the PCT.
5. Medicines reconciliation for pre admission to hospital
6. Hospital discharge MURs and discharge medication information issued to community pharmacists
7. Pharmacists to check with patient each time they come in with a script to make sure they need the medicines requested – this ties in very closely to the repeat dispensing scheme
8. Synchronisation of patients' medicines
9. Dose optimisation
10. Prescriptions kept up to date with dosage alternations and changes
11. Promote 28 day prescribing
12. Dressings need to be prescribing according to the formulary (suggest trying to build relationships with local DNs who "often" want non-formulary choices)
13. Improved communication between GPs and pharmacists when a patient dies; often pharmacies make up prescriptions that are not collected because the patient is deceased
14. Run Brown Paper Bag clinics so that pharmacists can review a patient's total medication to identify waste (and identify opportunities for patients to use up old medicines; e.g. doubling up with lower dose before starting new higher strength)
15. Public Relations/Communication of messages to the public e.g. highlight cost of drugs to the NHS
16. Pharmacists to inform GPs if prescriptions are not collected rather than just disposing of made up prescriptions

17. Use community pharmacists for ongoing interventions and support particularly for patients with newly diagnosed conditions to ensure most effective use of medicine and lifestyle advice e,g, diabetics

18. Targeted MURs for pain management (and other condition specific – there is a lot of scope to reduce costs of pain killers used). The medicines management team could issue an updated guide on priority areas for MURs and in particular where cost saving could be achieved (synchronisation/dose optimisation/improved adherence)

19. Instalment dispensing for new treatment e.g. antidepressants. Pharmacists could double dispense (e.g. Cornwall scheme) to support patients on new regimes to improve adherence and compliance

20. Correct endorsement of prescriptions if an item is not dispensed – score out full description on FP10 not just endorse with ND (check latest guidance on PSNC website).