

## See attached list for attendees

### Diabetes Education - Rita Meek (Novo Nordisk)

The emergency admission rate for diabetics is high in north Devon (£290k spent on inappropriate admissions) and we have twice the UK average of lower limb amputations. DESMOND is a training course available in parts of the South West but there is no patient education over the whole of Devon. Rita asked how Novo Nordisk could support Pharmacists to give advice to patients. The Pharmacy Service Proposal for Plymouth was made available to help generate ideas (E copy attached with these minutes). We then broke into groups and made the following suggestions:

1. Training on DESMOND, what it is and how do patients get on the course
2. Support with interventions, especially newly diagnosed patients where it can be most powerful
3. Provide us with lifestyle and diet sheets/information/email/web sites – diet, smoking, alcohol
4. Fliers to attach to prescription meds to help get the patient engaged
5. Posters to put up in the pharmacy
6. Leaflets dealing with areas of diabetes
7. More professional training – especially on glucose meters and testing (frequency)
8. Use of pens. Provide pharmacies with demo pens
9. Questions (“handles”) to catch patient’s attention and help start the conversation
10. Better education around this disease area
11. In depth review – NICE guidelines, how to treat condition, rational on prescribing
12. Current guidance on prevention of complications (eyes, foot care etc.)
13. Appropriate care of extremities
14. Signs and symptoms of hypoglycaemia
15. Information about medical exemption
16. Novo Nordisk to visit pharmacies and provide education for professionals
17. Keep us informed of how Devon is doing v other locations (NHS opportunity locator)
18. What does the patient get from whom – diabetic clinic in hospital, nurse at surgery etc. (to help us signpost). How is a patient informed when first diagnosed – hospital or via GP?
19. Formulary info on what to recommend esp. testing equipment
20. What will be different for paediatrics?
21. What services does/could the PCT commission?
22. Provide a “hot line” for professionals
23. Help improve communication between hospital/GP and pharmacy

### PNA feedback – Solveig Sansom, NHS Devon

Solveig explained what the Pharmaceutical Needs Assessment was and that the deadline for feedback on the PNA for Devon had been extended to 30<sup>th</sup> November 2010. She acknowledged that the opening times for Pharmacy services were incorrect and out of date and that most of the errors have been corrected in the edited document. Opening times identified as incorrect were for the following locations:

**Holsworthy** (Boots open 07.30 to 18.30, Monday, Tuesday, Thursday and Friday, and 07.30 to 18.00 on Wednesday). Should Hartland be included in the list? They have a dispensing practice.

**Bideford** (and Northam) 08.30 – 18.30 Monday to Friday and 08.30 to 17.30 on Saturdays with Sunday rota

**Woolacombe** Variable summer and winter opening hours

7 day week March to September, 09.00 - 18.00 Monday to Saturday and 10.00 – 16.00 Sundays

## Feedback questionnaires:

1. No comments
2. We did not have copies of the services listed so were unable to comment on the accuracy of this for North Devon.
3. No mention of **minor injury services** (sunburn, mole checks, bites/stings etc.) specifically relating to holiday locations. **High elderly population**
4. Missing acknowledgement of trial services e.g. **alcohol interventions**
5. Gaps in services: - **Alcohol awareness, minor ailments and injury.**  
**Discharge from hospital**
6. No. Not enough information
7. No. No list of current services, future developments
8. Recognition of the **population increase during summer months** (specifically Woolacombe) – 2,000 to 20,000 people

## NHS Devon Pharmacy Team Update

Copies of the November update were provided. E copy attached with these minutes.

## NHS Devon Prescribing Team – Carol Albury ([carol.albury@nhs.net](mailto:carol.albury@nhs.net) 01769 575135)

Carol explained the information provided in The Prescribing Post and offered to add forum members to the distribution list. Contact Carol if you want to get an e copy. She explained the prescribing advice her team was currently focusing on with GPs which could be reinforced in MURs and with general dispensing advice:

- If calcium supplement required, ensure it is with vitamin D
- Risperdol should be prescribed in secondary care and not by GPs
- Brand prescribing (LPC/LMC agree this is counter productive)
- Dose optimisation re cost (e.g. seretide 50 evohaler for asthma, Seretide 500 accuhaler for COPD)
- Prednisolone – no benefit of EC preps
- Prostaglandin analogues in glaucoma - encouraging GPs to put dose on scripts
- Opticare device is now in Devon formulary for patients who struggle to administer eye drops
- Esetimibe – for primary hypercholestraemia only

## Pharmacy “keep repeats” schemes

GPs believe these are leading to over ordering of medication. They have evidence of repeats being resubmitted immediately after prescription dispensed and not when next required. Carol requested that pharmacies check if the medication is still required when handing out “keep repeat” medication and not to automatically reorder “prn” medication without first confirming with the patient that it is needed again.

## Care Homes

The Prescribing team have recognised the need to review medication of patients in care homes and will begin MURs in the next three to four months. If we have any feedback of inappropriate prescribing/ordering by homes, please pass on the evidence so that the team can begin to tackle the financial impact of waste.

Nerys asked for ideas for future agendas and thanked everyone for coming.

*Carol has offered to invite Mr Lewin and a diabetic nurse specialist to the next forum to help with the professional education requests identified in Rita’s session tonight.*

Meeting closed at 9.05pm