

Pharmacy Matters

April
2011



Keeping Community Pharmacy in touch with developments from the PCT



HealthyLifechecks extended for 3 months until end June 2011

NHS Coventry has extended the current CVD screening programme for 3 months. Discussions are still ongoing to determine how this programme will fit into future plans to compliment the service that is planned for delivery through GP practices. Funding is still available to allow contractors to continue to deliver this service up to a maximum of twenty screens over the 3 month period.

CONTACT DETAILS:

Young Persons Outreach Nurse



Coventry Community Health Services

Contraception & Sexual Health

[Please contact Vicky Tooth](#)

T: 02476246734 M: 07909687691

Text or leave a message and I will get back to you!

Enhanced services

Are you accredited for:

Eprise?
eNot Dispensed?
ePharmacy1st?

If you require training for any of the above please contact Laurence Tressler. Narinder Bhabra is now delivering training sessions in community pharmacies

Details for the IT lead dealing with EPS / smartcard queries for pharmacy are:

Ismail Khalifa: tel 024 76 844069

ismail.khalifa@covwarkitc.nhs.uk

Child Protection Team Move

Please note that from Wednesday, 23 March 2011 the Child Protection Team will be based at Wayside House and can be contacted on telephone (024) 76536803 and fax (024) 76536809.



Pharmacy First

BE AWARE THAT THE NHS COVENTRY COMMUNICATIONS TEAM ARE PROMOTING THIS SERVICE AS PART OF A LOCAL AWARENESS SCHEME

An innovative version of the community pharmacy minor ailments service concept has been commissioned by NHS Coventry to give patients an alternative care option. The **Pharmacy First** service in Coventry is a cost-effective NHS alternative for some patients who would otherwise access the services provided by the Walk-In Centre, Out-Of-Hours GP Services, or A&E. It allows local pharmacists discretion to intervene where it is clear that the patient would otherwise attempt to use the above more expensive services, which were designed to deal with more urgent or serious acute conditions. This also helps to reduce waiting times for these services which benefits those patients who do need to access them and provides an efficient option without the need to wait for those for whom the Pharmacy First service is appropriate.

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EPRISE service revision & relaunch

Eprise has played a major role in helping to promote quality cost effective prescribing locally but priorities in relation to prescription intervention have changed since the inception of this service. A revision and relaunch of this service is therefore considered appropriate.

The current focus on the need to address the QIPP agenda and the impact of the Health and Social Care Bill on general practice including the transfer of responsibility in terms of the prescribing budget from PCT to GPCC will make such a revision of the prescription intervention scheme even timelier.

Have you got any ideas for interventions that we could include within this service?

Remember the GP Commissioning Consortia groups will be very focused on cost effective prescribing and should welcome any help you may be able to offer to ensure this.

FEEDBACK WANTED PLEASE:

Palliative care – dexamethasone ampoules

Macmillan nurses often use dexamethasone amps 4mg/ml x 2ml as part of palliative care plans. It appears that the 2ml is not available. We cannot find out for certain whether this is a short term or long term problem.

We are told that the 1ml vials are available but there is some question about reliability of supplies of this formulation also. Once the position has settled down we would welcome clarification from community pharmacists.

We want to keep the MacMillan team and their prescribers up to date about how to request future supplies on prescription so that there is no delay due to Rx's needing to be rewritten. Delays are not welcomed by any patients but clearly this is a group we particularly do not want to inconvenience.

Specialist only drugs

The Coventry & Warwickshire Area Prescribing Committee have a specialist drugs list that gives certain drugs a category of Specialist Initiated, Shared Care and Specialist Only. These are drugs that have significant pharmacological complexity and/or rarity of use to make the prescribing of the medicine relatively uncommon in the community and they also often need careful monitoring.

Specialist only – (often called Red drugs) Prescribing remains with the consultant and should not be prescribed at all in primary care

Shared Care – (often called Amber drugs) can be prescribed in primary care once the patient has been stabilised on the medication. Patient care is shared between the hospital consultant and GP once a shared care agreement is in place.

Specialist initiation – (often called Green drugs) are initiated by secondary care and then prescribing is transferred to the GP.

The Medicines Management Team have been working hard with the GP practices to ensure that any drug that is designated as a Specialist Only drug is referred back to the consultant for prescribing. Most common drugs include those for Alzheimer's disease e.g. Rivostigmine, Donepezil, Galantamine and drugs for renal failure e.g. Mycophenolate.

We have had incidences where pharmacies are requesting such items from the GP surgery on behalf of the patient and prescribing has been reinstated.

If you would like a copy of the Specialist drugs list please contact a member of the medicines management team.

Did you know?

- **There are currently 85 community pharmacies in Coventry**
- **94% of the population use local pharmacies at least once a year**
- **It is estimated that there are approximately 40,000 visits to community pharmacies in Coventry each day**
- **Coventry community pharmacies dispense approximately 5 million items per year**

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GP Commissioning Consortia

From April 1st Coventry GPs will be split into 2 commissioning consortia groups; InSpires and Godiva.

InSpires consists of 24 practices with a patient population of approximately 175,000
 Godiva consists of 41 practices and also has a patient population of approximately 175,000.

They will have responsibility for certain budgets one of which is prescribing. We will keep you up-dated with any prescribing plans that may be put into place.

TB Service

All documentation relating to this service must now be sent to:
 Laurence Tressler (Deputy Head of Medicines Management) at
 NHS Coventry, Christchurch House.

Please ensure that your payment requests are submitted monthly along with copies of the prescriptions and any invoices for "specials" and out of pocket expenses.

Shortages of Rifater

I have been contacted by Gowda Ravi, Consultant at UHCW and staff from our TB service to advise me that there are still ongoing supply problems with Rifater. There are major concerns that this could interrupt some treatment regimens for patients.

Some contractors will have supplies of this product that they are unlikely to use. If so and you are prepared to supply them to one of our commissioned TB pharmacies, I include the list below. Feel free to contact them.

Boots	49 The Precinct	Telephone: 02476 227689
M Hussain Chemists Ltd	1A Harnall Lane East	Telephone: 02476 222447
Leslie Bonham Chemist	88-89 King William Street	Telephone: 02476 226974
Rowlands Pharmacy	1 Henley Road	Telephone: 02476 688922
Tesco Pharmacy	Tesco Store, Clifford Bridge Road	Telephone: 02476 817849
Monarch Pharmacy	42 Prior Deram Walk	Telephone: 02476 674826
Mount Nod Pharmacy	126 Sutherland Avenue	Telephone: 02476 470352
Boots	94 Moseley Avenue	Telephone: 02476 592298
Imperiun Ltd	1 Wheelwright Lane	Telephone: 02476 689437
Longford Chemist	The Primary Care Centre, Longford Rd	Telephone: 02476 365273

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MAKE SURE YOUR PRESCRIPTIONS ARE CORRECTLY SIGNED AND SORTED!!

Please note the contents below taken from a recent letter from NHS PRESCRIPTION SERVICES Access to forms

Following the introduction of the new processing system in March 2007, NHS Prescription Services has provided contractors with photocopies of individual prescription forms that have been switched between exempt and chargeable if they have asked for them. This was to help them review and improve their dispensing processes to make sure that the backs of forms are filled in correctly when a patient is exempt from charge.

Some contractors have then approached their PCT with these copies to consider retrospective signing of the forms. We are not aware of an agreed mechanism available for retrospective claims of this nature.

Due to the volume of requests and the resource (both time and cost) we are no longer providing these copies.

However, it is important that the policy on 'access to forms' continues to be applied. The relevant Secretary of State Directions can be found at:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4124092.pdf

The PCT shall afford the contractor reasonable facilities to examine/inspect all or any of the prescription forms dispensed.

Should the PCT allow a retrospective payment then the payment adjustment, recalculated by NHS Prescription Services, will need to be approved by PCT finance and applied through the PCT local payment application for charging to the PCT budget.

NCSO products

NHS Prescription Services is aware that some contractors are now asking for photocopies of prescriptions for NCSO products as they have failed to correctly endorse the prescription item in line with Drug Tariff Part II, Clause 9C endorsing requirement prior to submitting the account for processing.

The above policy 'access to forms' also applies to this type of request.

Stop Smoking Voucher Service

The West Midlands Lifestyle Services Consortium, made up of the eight PCTs listed below, have commissioned stop smoking and stop smoking in pregnancy services using tariff-based contracts.

NHS Stoke-on-Trent
South Staffordshire Primary care trust
Shropshire Count Primary Care Trust
Sandwell Primary care Trust
NHS Telford and Wrekin
NHS Walsall
NHS Coventry
NHS Worcestershire

A core component of stop smoking and stop smoking in pregnancy service is the provision of pharmacotherapy including nicotine replacement therapy. There are a number of mechanisms that contracted providers can use to make nicotine replacement therapy available to patients. One of these mechanisms is through the voucher scheme. Such a scheme was developed in and has been running in Coventry for some time. Under the scheme, contracted providers of stop smoking services or stop smoking in pregnancy services would issue an official voucher to patients, which would be redeemed for nicotine replacement therapy at a designated pharmacy. The various services around the region need to be amalgamated to form one consistent service that can be provided by all providers covering the region above.

Does this affect you? Make sure you attend the meeting on 20th April.

Put this date in your diary:



1st June 2011

Parkinson's Disease – We are currently arranging an MUR Update event on this subject with the aim of launching an MUR+ service. Discussions with the key local partners and experts in the field of Parkinson's Disease are ongoing.

Watch this space!



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PHARMPERFORM – Don't get left behind!

Prise Code	Pharmacy Name	Address 1
001	Tesco Pharmacy	Arena Park
019	Chemycare Chemist	33A Park Road
030	Heath Pharmacy	36 Heath Crescent
032	Forum Pharmacy	304 Walsgrave Road
043	Lloyds Pharmacy	343, Tile Hill Lane
046	Lloyds Pharmacy	47/49 Riley Square
049	Lloyds Pharmacy	43 Toncross Avenue
050	Lloyds Pharmacy	Unit 1
052	Lloyds Pharmacy	48 Kenpas Highway
055	Lloyds Pharmacy	100 Moseley Avenue
058	Stoney Stanton	631-633 Stoney Stanton Rd
068	CO-OP Pharmacy	Norman Place Road
081	Vantage Chemist	130 Far Gosford Street
082	Sainsbury Pharmacy	335 Fletchamstead Highway

Remaining Pharmacies who have not requested logins (70 out of 84 signed up). Please contact Martin asap.

MARTIN HAYWOOD FCMA

Paradigm Associates Ltd
 Web www.execlounge.com
 Tel. 07092 015496
 Mob 07734 324564
 Fax 08709 223157

Correspondence & payment claims.

A letter has been sent out to inform all interested parties that community services of Coventry PCT are transferring to Wayside House and joining the C&W Partnership Trust and to advise that all correspondence and claims for payment should in future be sent to this address.

This refers **only** to the community services and has nothing to do with Medicines Management. Please continue to send any correspondence or claims for payment to me at the address below:

Laurence Tressler
 Deputy Head of Medicines Management
 Primary Care Directorate
 NHS Coventry
 Christchurch House
 Tel: (024) 7624 6007
 Fax: (024) 7622 6280

Have you been paid for the services you provide?
 Do you understand the payments on your FP34?

Local payment 1: Eprise
 Local payment 2: Not Dispensed
 Local payment 3: Stop Smoking
 Local payment 4: Weight Management
 Local payment 5: Minor Ailments
 Local payment 6: Healthy Lifecheck (CVD Screening)
 Local payment 7: ASC - Sexual Health
 Local payment 8: Chlamydia screening
 Local payment 9: Flu/ Palliative care/TB
 Local payment 10: Miscellaneous

If you are part of a multiple please can you pass this information on. We regularly receive calls and invoices trying to trace payments that have been paid via the PPD as stated.

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Seasonal Flu / H1N1

Thanks for your help and support with sourcing and supplying antivirals during the winter flu period.

You will recall the letter that was sent out by the PCT to contractors at the time:

It is very likely that you will begin to see prescriptions for antivirals in increasing numbers and as a result we request the following:

- Please order in at least 2 packs of Tamiflu® 30mg and 75mg plus 1 pack of Tamiflu® 45mg and Relenza® 10mg as soon as possible
- Let the PCT know if there are any supply problems

The PCT will reimburse contractors for any of this initial stock order which remains unused at the end of the flu season and to this end please fax this form back to the number below with the batch numbers and expiry dates for each pack that you order in.

Product	Batch No/ Expiry Date
Tamiflu® 30mg:	_____
Tamiflu® 45mg:	_____
Tamiflu® 75mg:	_____
Relenza® 10mg:	_____



I want to arrange reimbursement as agreed but I have received very few of these forms. Please get in touch by email if you think you have submitted one.

NRT Pharmacy Voucher Service Developments

PDG Meeting: 20th April 2011

This meeting will update all pharmacy contractors about the important changes to the Stop Smoking NRT Pharmacy Voucher Protocol Service in Coventry including:

- Overview of the Protocol for the Supply of Nicotine Replacement Therapy via voucher including the move from the local scheme to the regional scheme
- The new voucher forms and the process for payment via Pharmperform

Also covered at this meeting will be:

THE NEW ePRISE (revised e version)
 UPDATE ON THE PHLEBOTOMY SERVICE ROLL OUT
 CONTRACT MONITORING PROGRAMME 2011
 EPS 2 ROLL OUT – HEALTH BILL & LOCAL PROGRESS
 INFORMATION GOVERNANCE TOOLKIT RESULTS

PLEASE MAKE SURE THAT YOU INVITE YOUR STAFF TO THIS EVENT.
 THIS IS A GREAT OPPORTUNITY FOR THEM TO LEARN HOW TO
 DEVELOP THEIR ROLE IN YOUR PHARMACY

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CRB checks – price increase

We have been informed that from 1st April 2011 the charges made by the Criminal Records Bureau per CRB check have been increased. Therefore the full charge for employees of pharmacies will be £54.00 per check.



Help required:

Please promote the current waste campaign from NHS Coventry and the LPC in your pharmacy with leaflets and posters and at the same time support the eNot Dispensed service



DISPENSING INCIDENT

A community pharmacy incident was reported to me recently where a supply of doxazosin 2mg was dispensed instead of, but labelled as diazepam 2mg. The patient apparently took this incorrectly dispensed medication for some time before attending A&E due to feeling very unwell.

I am sharing this information with contractors as it seems likely that a contributing factor in this incident was the combination of similarity in name and identical strength of the two products which are often stored next to each other on pharmacy shelves.

Could this happen in your pharmacy? Would storing these two products in different locations reduce the likelihood of this occurring?

eND Scheme - Electronic NOT DISPENSED

No paper based claims will be accepted after 31st March 2011.

Coventry Teaching PCT developed and launched the original "Not Dispensed" scheme in December 2005 to help address the substantial problem of prescribing waste estimated to account for between £2-8 million in Coventry each year. The "Not Dispensed" scheme (ND scheme) allows the pharmacist to intervene and identify and thus prevent dispensing of those items included on repeat prescriptions which the patient does not actually require at that time. As part of the programme of transferring the community pharmacy enhanced service portfolio from a paper driven model to a web based management system the eND scheme is now totally web based and managed by PharmPerform.

Have you accessed the system? Have you submitted an eND intervention? Do you need some help? Please email Laurence Tressler at the PCT.

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***** Urgent reminder *****

If you have not already activated your nhs.net email address then please contact Susan Dhesi susan.dhesi@coventrypct.nhs.uk ASAP for your username, password & user guidance. To date only 26 out of 85 pharmacies have been activated. Let's have a big improvement on this figure and work towards having an excellent means of effective communication between all.

Pharmacy Contract Monitoring 2010-11

A hard copy of the self assessment questionnaire will **NOT** be posted automatically to all pharmacies this year. Copies will be sent to all of the pharmacy email addresses that contractors have supplied to the PCT. A copy will also be available from the LPC website. If you have not informed us of your email address or if your details have changed please can you inform us so that we can update our records. If you have yet to activate your nhs.net email address, now might be a good time! In exceptional circumstances please contact Resham Dhillon in Primary Care to arrange for a hard copy to be sent.

The process will be similar to previous years:

1. All contractors will receive a self assessment questionnaire to be **returned to the PCT by the strict deadline of 4 May 2011.**
2. A visiting schedule will then be prepared. The selection process identifying pharmacies to visit will be based on the following criteria:
 - All pharmacies that fail to return a fully completed self assessment questionnaire by the stated deadline will be visited
 - All pharmacies that have opened within the last 12 months will be visited
 - Quality of evidence provided in self assessment questionnaire
 - Response to previous action plans
 - A small random selection of pharmacies will also be included
3. Approximately 12 pharmacies will be visited. Visits will be carried out between 6 and 10 June 2011. The visiting teams will consist of one PCT officer and an independent pharmacist. Visits will take no longer than 1½ hours.
4. Following the visits, as in previous years, an action plan will be prepared and forwarded to each contractor.

If you have any concerns or questions in relation to contract compliance or monitoring please do not hesitate to contact Ruth Hallett or Resham Dhillon (tel: 024 76246121).



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MUR post payment verification audit.

The PCT recently visited a cross section of nine contractors to trial a contract monitoring process to verify claims made for delivery of MUR services in Coventry. Following these visits I have now received the reports and action plans for the individual contractors. Overall the results of this audit are generally disappointing and do not help to promote the value of the MUR service. In some cases there is grave cause for concern. A letter summarising the findings will shortly be sent to all contractors.

Some pharmacies were able to demonstrate some outstanding examples of good practice and these were highlighted on their action plans. I would like to congratulate the pharmacies that have received plans noting these points. The reports clearly identify however that poor practice far outweighed good practice during the visits and there were a few examples of poor practice uncovered in a couple of pharmacies that gave rise to urgent cause for concern. These include:

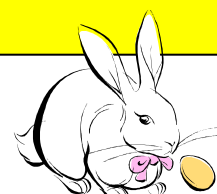
- MUR forms that are inadequately completed, i.e., not even the boxes ticked, just a list of medicines, forms that are just scribbled on, and action plans that are meaningless to anyone apart from the person who wrote them.
- Intervention MURs that deal with only one of a patients medicines, not all of them.
- Excessive numbers of MURs apparently completed and claimed on one day. One pharmacy had apparently undertaken 29 MURs in one day.
- The Pharmacy did not have records of MURs completed for the two years requested

The PCT plans to visit another tier of ten pharmacies in the next few weeks and to repeat this process on an ongoing basis. I would strongly urge all contractors to study the contents of this letter, to reappraise themselves of the MUR service specification and to reflect on the manner in which the MUR service is delivered in their own pharmacy.

The PCT is required to carry out post payment verification. Where standards of service are found to be below that detailed in the service specification, the PCT will support contractors who will be expected to urgently remedy this. However, where there is evidence that claims for payment have been made for services where evidence that these services have been provided is lacking, the PCT has a duty to refer such cases to counter fraud.



**Wishing you all a very HAPPY EASTER from the
Medicines Management Team**



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