

# Pharmacy Matters

Aug 2011

Keeping Community Pharmacy in touch with developments from the PCT



## On the web ....

You are probably aware of two very useful websites that provide much useful information about local pharmacy matters. But just in case.....

### Coventry LPC

[http://www.lpc-online.org.uk/coventry\\_lpc/](http://www.lpc-online.org.uk/coventry_lpc/)

### Coventry & Warwickshire Pharmacists

<http://www.cwpharms.org.uk/>

## nhs.net

The majority of pharmacies are now set up for nhs.net email!

We will shortly be circulating a list of pharmacy nhs.net email addresses to contractors which will allow improved communication between local community pharmacies.

## Reminder: Licensed Simvastatin Oral Suspension Available.

Last year, Rosemont Pharmaceuticals launched licensed simvastatin oral suspension products:

- simvastatin 20mg/5ml oral suspension sugar free 150ml
- simvastatin 40mg/5ml oral suspension sugar free 150ml

There is a professional requirement that where a product is ordered on a prescription, a pharmacist must supply a product with a marketing authorisation, where such a product exists and is available, in preference to an unlicensed medicine.

Both the 20mg/5ml and 40mg/5ml strengths of this product are listed in Part VIII of the Drug Tariff with fixed reimbursement prices. The Drug Tariff prices are based on the list prices of the Rosemont products.

## PHARMACYIST IS YOUR SERVICE. ARE YOU PROMOTING IT ?

Note from Frances Dixon (PCT Information Specialist) about Information Governance – Please share with the PCT the details of any incidents so that we can offer help and support.

## PharmPerform

Prescription Intervention Schemes	12-2010	1-2011	2-2011	3-2011	4-2011	5-2011
No. of pharmacies	84	84	84	84	84	84
No. of participating pharmacies	3	11	18	19	20	25
Pharmacies registered	57	57	67	72	76	83
<b>Registration</b>	<b>68%</b>	<b>68%</b>	<b>80%</b>	<b>86%</b>	<b>90%</b>	<b>99%</b>
<b>TOTAL Interventions</b>	<b>36</b>	<b>160</b>	<b>190</b>	<b>289</b>	<b>254</b>	<b>481</b>
Drugs Cost	£ 322	£ 1,706	£ 4,016	£ 3,834	£ 3,010	£ 5,180
Drugs Cost / Item	£ 8.94	£ 10.67	£ 21.14	£ 13.26	£ 11.85	£ 10.77
Consultations Cost	£ 108	£ 480	£ 570	£ 858	£ 762	£ 1,440
<b>NETT Saving (Cost)</b>	<b>£ 182</b>	<b>£ 1,056</b>	<b>£ 3,045</b>	<b>£ 2,592</b>	<b>£ 1,947</b>	<b>£ 3,222</b>

More and more pharmacies are engaging with the PCT prescription intervention schemes! And activity is increasing also. Thanks for your support!

## STOP SMOKING – CPD

**What the Daily Mail *should* have printed!** The full story of the study on nicotine patches in pregnancy

<http://www.nhs.uk/news/2011/07July/Pages/nicotine-patches-quit-smoking-pregnancy.aspx>



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## Pharmaceutical Specials

You will be aware of the significant increase in cost of pharmaceutical "specials" that has impacted on the costs of prescribing in Coventry over the past couple of years.



The PCT has been working closely with the LPC and representatives from the two local GP Commissioning Consortia and discussions are still ongoing on how we can all work more closely together to deal with the excessive pricing by some "specials" suppliers. To support contractors in their quest to obtain cost-effective supplies of these items it has been agreed that pharmacists need to be made aware of the range of prices charged for the regularly prescribed items, from a number of suppliers.

The PCT has prepared a spreadsheet that contains the cost prices (sourced directly from the named suppliers) for the Top 100 "specials" dispensed in Coventry 2010-11. The suppliers that have been approached are those which manufacture and supply directly to pharmacies. We have not included any lists from intermediary organisations who act as "middlemen" in the supply process. This will be updated on a regular basis and other suppliers will be added to the list. These regular revisions will be made available to the LPC for inclusion on the LPC website.

Thank you for your continued support in helping to ensure the efficient management of NHS funds to deliver the best possible service to our patients.

## Ongoing Branded Medicine Supply problems

The ongoing problem of stock shortages leading to delays in supply of products is clearly impacting on patient care. The PCT is receiving feedback to that effect from patients and GPs. We are advised that PSNC, manufacturers, wholesalers, the Department of Health and regulators are working together to find solutions to the current problems. If you have any information that might help to resolve the problem locally please get in touch.

**Detailed guidance on individual manufacturers' contingency supply arrangements can be found on the PSNC website:**

[www.psnec.org.uk/brandedshortages](http://www.psnec.org.uk/brandedshortages)

**Other resources on the site include guidance on legal and professional obligations in relation to trading medicines in short supply and supply chain best practice guidance.**

## Is salt good for you?

Earlier this month, a number of newspapers claimed that "salt is safe to eat and cutting our daily intake does nothing to lower the risk of suffering from heart disease." The reports said that the latest findings are a blow to NICE which has been calling for salt reduction measures. **But this is not the full story!**

NICE published [guidance](#) in June 2010 calling for an acceleration of the reduction in salt in the general population from a maximum intake of 6g per day per adult by 2015 and 3g by 2025. Commenting on this latest research, Professor Capewell (Vice Chair of guidance group), states: "Crucially, it does not change the public health consensus from the WHO, PAHO, NICE etc, which is that dietary salt raises blood pressure (this is bad), reducing dietary salt intake lowers blood pressure (this is good)."

**Professor Mike Kelly indicates that "On the basis of this one review NICE will not be altering its current recommendations on salt".**

**The PCT has made a decision that as of 1st September 2011, general communication to community pharmacies (rather than direct personal communication) will only be conducted via nhs.net email.**

Emails will still be received from non nhs.net addresses however. Reductions in PCT manpower that are occurring in advance of the PCT folding in 2013 mean that it is not possible to print, envelope and post large quantities of mail items. Also Information Governance guidelines require a confidential route to be established for email communications.

## Count-down!

**ONLY 18 pharmacies** have yet to set up their nhs.net.

Please contact Susan Dhesi (024 7624 6007) asap if you have identified problems in setting up nhs.net.

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## CPPE

### NHS Community Pharmacy Contractual Framework Service Developments

Changes to the NHS Community Pharmacy Contractual Framework (CPCF) are planned to be implemented across England in October 2011. This will see the introduction of a new medicines service, targeted medicines use reviews, and changes to clinical governance requirements.

The new services provide community pharmacists with the opportunity to strengthen their role in medicines optimisation, enabling you to become more involved in significant stages of the patient care pathway.

**Roz Payne, our local CPPE tutor says:**

*CPPE is preparing a number of resources to support pharmacists prepare for the new services.*

#### New Medicines Service – Plan of options for learning



##### Open learning

Word version in PDF – available from website

We will replace this with the designed version when ready

National mail out to ALL pharmacists and pre-regs in England

(This is a tentative date due to the size of the task of printing 34,000 and mailing)

**End of July**

**End of Aug**

**Early Sept**

The planned content is comprehensive and likely to include service aims and outcomes, patient focus, QIPP / Current Agenda /Burning platform, link to MURs, adherence, consultation skills, service implementation and PR, SOPs, resources and clinical issues

**Local solutions workshops will also be organised – watch this space!**

#### Other CPPE sources of info/learning

- Communicating locally focal point
- Patient Centre Care open learning
- Soft skills Guides
- Consultation skills events in **October 2011 to March 2012**
- Getting the most out of MURs workshops
- CPPE is developing a guide to targeted MURs (available September 2011)

**Contact [info@cppe.ac.uk](mailto:info@cppe.ac.uk) if you have any questions**

The Royal Pharmaceutical Society has created a hub on the NHS Community Pharmacy Contractual Framework Service Developments

<http://www.nelm.nhs.uk/en/NeLM-Area/News/2011---July/25/RPS-creates-hub-on-the-NHS-Community-Pharmacy-Contractual-Framework-Service-Developments-England/>



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## REPEAT PRESCRIPTION MANAGEMENT GUIDELINES

The PCT working with GP practices has introduced a number of Practice Medicines Co-ordinators in some GP Practices. These "PMCs" are working very closely with the medicines management team and individual practices to reduce prescribing waste. Prescribing data is now showing that this team work is having dramatic results. However one of the points that is being fed back from the PMCs is the failure of some contractors to operate proper repeat management systems. The teams are keen to work with their local community pharmacies.

**The following Good Practise Guidelines have been prepared and agreed by the PCT and LPC. Please ensure that all relevant staff have access to this guidance.**

### GENERAL PRINCIPLES

- Where a patient is capable of ordering their own repeat medication they should as a rule be encouraged to do so.
- The prescription repeat slip that is generated by the prescriber is the property of the patient and should as a rule be passed to the patient when the prescription is presented at the pharmacy for dispensing.
- Repeat requests must not, other than in exceptional circumstances, be submitted to a GP practice more than seven days before the current supply runs out.
- Where repeat slips are used, the patient must indicate on the repeat slip which items they require and then sign and date the form.
- No incentive should be offered by a pharmacy to secure the right to order repeat prescriptions on behalf of a patient.



### Standard Operating Procedures

Pharmacies that run "managed repeat" services on behalf of patients must produce SOPs to cover such services. Where a patient chooses to allow a community pharmacist to order repeats on their behalf this must be carried out strictly according to the SOP. Managed Repeat SOPs must include the following steps and stipulations

- A patient must give signed authorisation for a community pharmacy to order repeat medication on their behalf. A copy of this signed authorisation must be kept by the pharmacy and be made available for verification.
- Confirmation of which repeat items need ordering MUST be obtained directly from the patient no more than TEN days before the current supply is due to run out.
- How, when and by whom this confirmation is obtained MUST be recorded and records retained to allow PCT verification. (Confirmation can be for example, either a dated signature from the patient, or a dated record of a phone call to a patient with a signature from the member of staff making the call).
- Repeat prescription requests submitted on behalf of a patient by a pharmacy to a practice must bear the pharmacy stamp.

**Where pharmacies submit prescription repeat requests on behalf of patients, the preferred system is as follows;**

- Patient retains repeat slip
- Patient indicates on repeat slip which items are required and lodges repeat request at pharmacy no more than 10 days before prescription is due to run out
- Pharmacy delivers bulk repeat requests to practice
- Patient collects repeat prescription from practice (or where signed agreement between patient and pharmacy exists) pharmacy collects on behalf of patient

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