



# NEWS –May 2011

**Change** is something that community pharmacy is rather used to. Or so we thought! The current pace of developments which will significantly affect our businesses and practice brings with it potential risks and benefits- and not necessarily in equal measure. The aim of this Newsletter is to help you to answer 3 key questions:

- 1) What's going on *locally*?
- 2) What's the LPC doing for pharmacy *locally*?
- 3) What should I be doing?

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## What's Happening at the PCT?

The PCT is going through a process of role evaluation and rationalisation (to use the political jargon), to realign its structure to fulfil the interim role of supporting the developing consortia while still carrying out the majority of its present functions.

NHS Norfolk has "clustered" with NHS Great Yarmouth and Waveney with NHS Norfolk's Chief Executive, Andrew Morgan, leading both Boards. This clearly will result in closer working between the two

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PCTs.

We are very pleased that the Medicines Management Team is to remain largely intact as, quite rightly, its work is deemed essential and likely to be required in the future by any new structure. This is good news for pharmacy, as the LPC, pharmacists and Contractors alike have built up strong working relationships with this team.

Commissioning at the PCT is now handled by 7 Programme Boards:

1. **Women's and Children's Health Programme Board**
2. **Planned Care Programme Board**
3. **Unplanned Care Programme Board**
4. **Adult Mental Health, Learning Disabilities and Substance Misuse Programme Board**
5. **Long Term Conditions and End of Life Care Programme Board**
6. **Primary Care, Health and Wellbeing Programme Board**
7. **Drugs and therapeutics programme board**

As you'll see, Pharmacy and our services fall under the scope of many of these.

At present (fingers crossed, wood touched etc.) all our current enhanced services look likely to continue in the short/medium term. The LPC has been working closely with the commissioners and Contractors to ensure a good spread of provision for each service. We are also looking at future requirements for building evidence. The LPC Services Facilitator, Lauren Dyble, has been working hard to support uptake and delivery, and the LPC is committed to offering on-going support to all Contractors who wish to provide high quality extended services. ***Let us be clear, though, to secure current services for the future we must show good activity, outcome evidence and high quality delivery. PLEASE make sure you submit claims and complete required reports promptly and consistently. Norfolk LPC will issue reminders- PLEASE DO NOT IGNORE THEM!***

What is far less clear is how the multitude of other functions which the PCT is currently responsible for will be handled by the new structures. It seems inconceivable that individual consortia will be able to handle this workload, so it is just possible that the Consortia may have to themselves cluster to commission these other functions...If there seem to be more questions than answers about exact future responsibilities you are absolutely correct!

## GP Consortia Update:

Again, a mixed and developing picture. So far (3<sup>rd</sup> May 2011) the picture is:

**North Norfolk Health Consortium:** Includes most North Norfolk practices and some at the top end of outer Norwich. An Executive Board has just been elected.

**West Norfolk and Wisbech GP Commissioning Consortium:** This is the first to have elected a Board (mid-April). This seems to be the most advanced of the consortia and the LPC is in the process of making contact with key personnel and opening a dialogue on future working. It is interesting is that this consortia crosses both current PCT and County boundaries.

**Norwich:** Has also just elected an Executive Board.

**Southern Norfolk:** Elections for the Executive Board are currently underway.

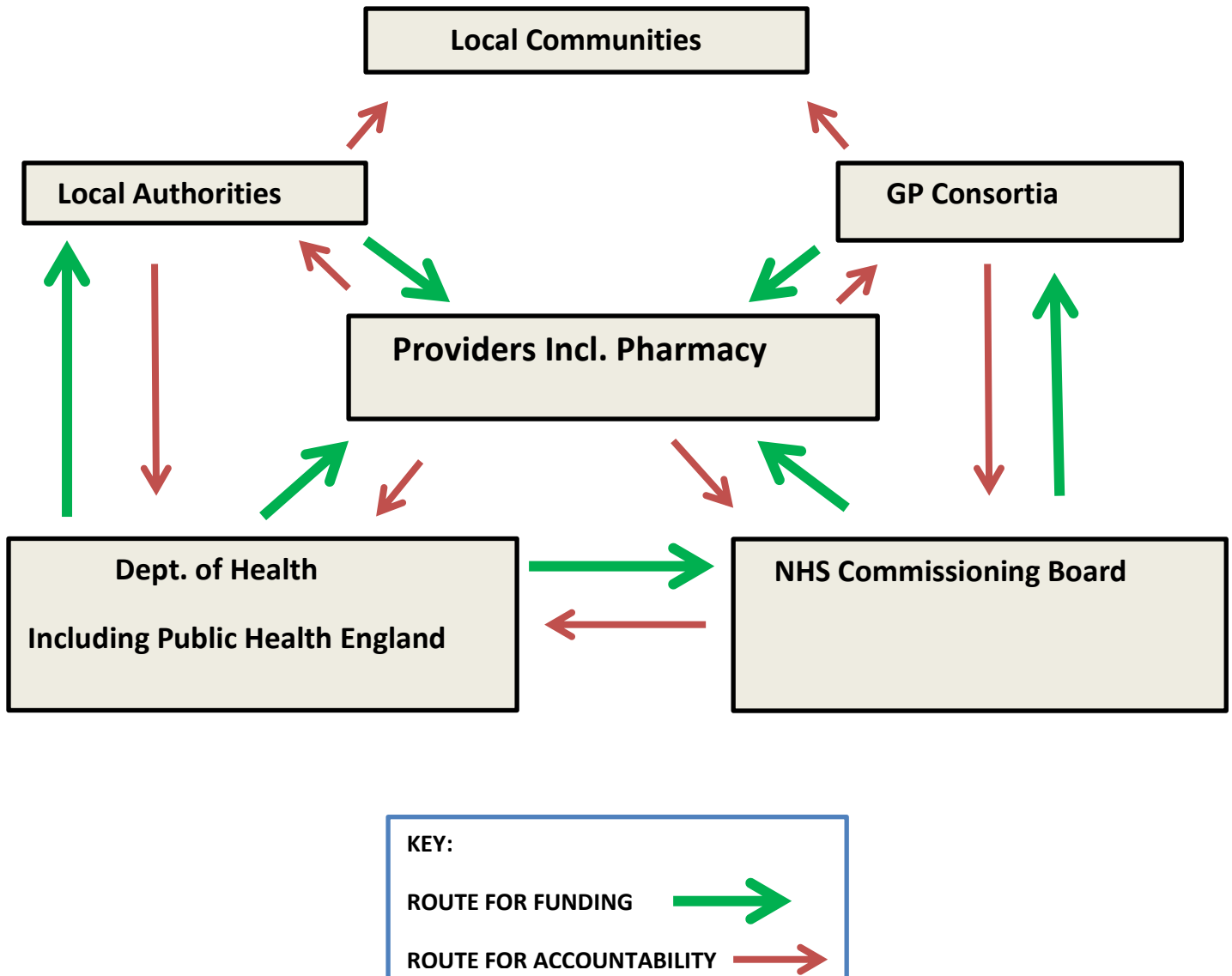
There may be some changes to the practices in the above, as some have not yet joined a Consortium and currently **Dereham Health** is a very small Consortium on its own.

**Norfolk LPC is constantly monitoring the developing Consortia. Until some stability is attained there is limited potential for detailed discussion on future joint working. As in the case of the West consortium, though, we will act when the time is right to ensure we do not miss the boat. Services most likely to be of interest to any Consortium include those which maximise the benefits of prescribed medication and potentially decrease admissions for long-term conditions and medication-related harm. The MUR + model is therefore going to be our focus in the short/medium term.**

**We will keep you informed of Consortia developments. If you would like an update for your area in the meantime, please contact us.**

## How Will Enhanced Services Be Commissioned in Norfolk In The Future?

Some new services may be commissioned directly by GP Consortia (see above). Most of our existing services and potential new ones come under the “Public Health” agenda and thus we need to consider the funding streams for **Public Health** in the future:



As you can see, whilst some Public Health funding may come via nationally agreed services from the NHS Commissioning Board, a majority will come from Local Authorities, via a (supposedly) ring-fenced Public Health Budget.

In Norfolk, the relevant local authority is Norfolk County Council.

Within this a “Health and Well-Being Board” will be established to lead commissioning of these services. This will be highly influential. Norfolk’s H&WB Board will be established soon. Norfolk LPC has already met with Norfolk’s new Director of Public Health, Dr Jenny Harries, on several occasions (and she came to speak at our March LPC meeting). We are fortunate that Dr Harries has a good knowledge of community pharmacy and its potential to deliver public health services. Whilst we expect the H&WB Board to be small, she has already indicated

that she will ensure the involvement of community pharmacy in all relevant matters, and we will hopefully have a seat on all relevant advisory committees.

Dr Harries has also offered to assist us with engaging with key Local Authority personnel when the time is right. We thank her for her support.

## So What Should I Be Doing?

- 1) Ensure you have completed all appropriate “Sign-Up” paperwork for the services you offer- if in doubt contact the LPC.
- 2) If you are offering a service, consider getting extra staff trained to allow for holidays, sickness, days off etc. The more robust the pharmacy service is the better.
- 3) If you are not offering a service and would like more information or discuss it confidentially and informally, again contact the LPC.
- 4) Ensure all paperwork is completed on time and in full. Record evidence of good feedback and outcomes- please share this with the LPC (remove patient identifiers). Keep a record of referrals and if appropriate follow them up to check on outcomes.
- 5) Discuss your services with your local practices. Most friction stems from poor communication. Why not ask to meet with their Clinical Lead(s) to discuss how your services might help them?
- 6) Consider approaching local Parish Newsletters etc. to suggest an article about pharmacy services. The LPC will be happy to help with content etc.
- 7) Can you really say that all your staff promote your enhanced services? If someone is browsing NRT products are they always encouraged to make an appointment with your Smoking Cessation Advisor?
- 8) Some services are clearly linked. A smoker attending a HealthCheck should be offered an appointment with your Cessation Advisor. Anyone asking for EHC should be offered a Chlamydia test if appropriate.
- 9) Quality is everything. One pharmacy offering a below-standard service may affect the reputation of all pharmacy providers. Please don't let yourself and others down. For confidential support if you are struggling, please contact us.

## **How Will Norfolk LPC Adapt to the Changes?**

Norfolk LPC currently represents Contractors to NHS Norfolk. Clearly, when the PCT is dissolved Contractors in all areas will continue to require representation. We have already met with colleagues from the other LPCs in the region to discuss future needs. We will certainly need to work closely with other areas to ensure representation to the National Commissioning Board. Local support must also continue though, and Norfolk is a large area in itself. As you will see from above, pharmacy must also be adequately represented to GP Consortia (and these may cross all existing PCT and county boundaries) and Local Authorities. Realignment may be necessary, and we are keeping this under review. At present, maintaining and building local contacts with those most influential to your futures remains our key task. Norfolk LPC will ensure that it has the skills and resources to do all that is required to advance community pharmacy services.

We will keep you posted.

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## **NORFOLK MEDICINES SUPPORT SERVICE**

You will be aware that for some time funding for Norfolk Medicines Support Service has been in doubt, and that financial pressures also led to a hold on it accepting new referrals.

Norfolk LPC has been working closely with our counterparts at the LMC to raise strong objections to the reduction and potential loss of this important service. Following this, we are pleased to announce that NMSS will now be taking new referrals, and Ian Charles will be writing to Contractors very soon (you may even have already received his letter) to explain the process.

We will continue to lobby for the service, but we now hope that the need for such a service is better understood by the Commissioners, and that the long-term future is more secure.

You can help ensure this by following the protocol carefully and conducting your DDA assessment before referral into the service.

NMSS have also proposed that Pharmacies undertake the Annual Check that the NMSS adjustment is still appropriate for the patient. This will be done via a brief questionnaire which should be completed with the patient or carer/relative either in person or by phone. You will be sent pre-populated

forms for your NMSS patients at the appropriate times, and the process should just take a few minutes- if there were any major issues you would no doubt already be aware and have taken action. Should an issue arise it should be referred to the NMSS, so unexpected workload should not be placed on the pharmacy. A fee of £10 is proposed for this additional interaction.

This seems a sensible measure- it will help the Service and may improve contact between pharmacy and patient/carer/relative. As such Norfolk LPC supports this development and would ask you to agree to this for your NMSS patients. The service will be writing to you directly soon to explain the process more fully.

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## **EPS IN NORFOLK- WHAT'S HAPPENING?**

98% of pharmacies are technically able to use Release 1 of the Electronic Prescription Service to scan bar coded prescriptions to download prescription and patient information and to send dispense notification messages to the Spine.

The Release 1 allowance was initially triggered by a claim to the PCT. Following this you should be receiving £200 per month. Please note that you must be in an on-going position to operate the service (at release Level 1) to receive this allowance, so it is worth checking this as if you cannot the PCT would be entitled to suspend payments.

Three pharmacy systems now have full approval for EPS2 rollout: Cegedim Pharmacy Manager, AAH Proscript Link and RX Systems Proscript.

### **SMARTCARD ISSUES**

The PCT person currently responsible for Smartcards is Anthony Sutton [Anthony.sutton@norfolk.nhs.uk](mailto:Anthony.sutton@norfolk.nhs.uk) If there are any issues Anthony cannot help with or you feel we should be aware of an issue, please let the LPC know.

### **EPS2:**

In mid-March, EMIS Web became the first GP system to be granted EPS2 full rollout approval. Since it is the issuing of the appropriate EPS2 prescription that is the “rate limiting step” to full activation of the service, no real progress can be made until the majority of the GP systems are approved. This may be some way off. A pharmacy cannot claim the EPS2 allowance until the system goes “live” locally, so this is beyond our control.

Until more national progress on GP systems is made, the PCT EPS Project Board has decided to suspend further EPS2 rollout work. If you have any queries about this, please contact the LPC. In the meantime we would advise you to discuss EPS2 with your system suppliers on a regular basis to ensure you are kept aware of developments from their end.

## **PHARMABASE IN NORFOLK**

Independent Contractors in Norfolk will have, or shortly will be receiving a letter from Health Information Exchange Limited providing logon details for PharmaBase. Multiple pharmacies will be receiving their logon details via their respective Head Offices.

PharmaBase is a web-based pharmacy services platform which can help us deliver services more effectively.

The first release will allow you to access an electronic version of the **PSNC's Contract Workbook**. Subject to your Company policy, we would suggest that you start using this facility immediately.

Pharmabase also has the ability to make records of EHC and Supervised Consumption supplied via local enhanced services. The range of services PharmaBase covers will be expanded with future releases. The system's ability to allow Contractors to check payments received depends upon the PCT signing up to "Option 2" level, for which there is a charge to the PCT.

### **What's the Local Picture?**

The LPC has long been pushing for a better system for Contractors to claim for enhanced services, which will better allow for reconciliation of claims and payments. In the longer term Pharmabase may well be the answer to this, and we have been discussing its use with key personnel at the PCT and Anglia Support Partnership. The current enhanced services Pharmabase covers are still quite limited, and in Norfolk they are either elements of a wider service (in the case of EHC and the Sexual Health Service) or just one part of a service covered by an Administrator (in the case of Supervised Consumption). As such, implementation at present would not be a solution for any complete enhanced service. We would have preferred that PharmaBase rollout covered linked groups of services so that it was easier for a Commissioner to use straight away, and we have made these views clear to PSNC. That said, we very much recognise the potential of the system and there is considerable interest and support for the concept at the PCT. We are likely to trial its use

shortly for at least one service- potentially NRT supply when Pharmabase is enabled for this (expected October 2011) . We will keep you posted, but for now we would advise you to have a look at the system when your logon details arrive and use it for Contract Workbook recording to get you used to it.

## **Enhanced Service Payments and Checking Payments**

We are aware of the difficulty Contractors have reconciling claims and payments for enhanced services. Though it may be some time until a better longer-term solution is found (see above) we have requested that some progress is made now. As a result, we have agreed clarification and increased separation of payments made via the PPA which appear on your monthly PPA statement. From now on the codes which appear on the statement will refer to enhanced services as follows:

**Local Service 1: Payment Not to Dispense**

**Local Service 2: NRT Voucher Scheme Payments (does not include quit fees)**

**Local Service 3: Sexual Health Items of Service (EHC, Chlamydia etc.)**

**Local Service 4: NHS HealthChecks**

**Local Service 5: Sexual Health Annual Retainer (£400)**

**Local Service 6: Palliative Care (Retainer and out-dated stock costs)**

**Local Service 7: First Oral Contraceptive**

We understand that this is of less use to multiple pharmacies which do not receive their PPA statements directly. For greater detail Ian Small has kindly agreed to provide a breakdown of Sexual Health Items of Service Payments on request [ian.small@norfolk.nhs.uk](mailto:ian.small@norfolk.nhs.uk) and John Reuben will do the same for NRT [john.reuben@norfolk.nhs.uk](mailto:john.reuben@norfolk.nhs.uk)

Smoking Cessation quit fees will continue to be paid via SmokeFree Norfolk. Needle Exchange and Supervised Consumption Payments are also paid directly, with a BACS advice issued.

If you have any payment issues which you feel we should investigate, please let us know.

## Reporting Reminder Chart

We have highlighted the importance of ensuring compliance with contractual reporting requirements. To help you with this, enclosed with this Newsletter you will find a laminated reminder chart, detailing what is required and when. Templates for reporting are available on the Norfolk LPC website [www.pharmacy-anglia.org](http://www.pharmacy-anglia.org) (click on Norfolk).

## NEW MEDICINE SERVICE

The “New Medicine Service” (NMS) will be an Advanced Service focussing on people in targeted groups with newly-prescribed medication for long-term conditions.

Patients will either be referred to the service by the prescriber, or be offered the service when they present a prescription to a pharmacy.

Clearly, if we are to avoid the issues which surrounded the introduction of the MUR service, we need a better understanding of the service among our medical colleagues and better communication pathways between Practices and Pharmacies.

It is likely to be July at the earliest before the service is launched. We have already been discussing the matter with the LMC, and we are pleased to report that there is strong support for such a service. Most pharmacists would prefer GP referral. To this end, Norfolk LPC will be monitoring developments and will be offering support prior to implementation. This may involve arranging some evening briefing sessions, and if so we intend to arrange for GP involvement too wherever possible.

## Targeted MURS

We are awaiting further details of the changes to the MUR service, and will provide support when these are confirmed. As above, though, we believe most GPs would support better targeted MURS, and the launch of the revised service will be an excellent opportunity to “sell” the benefits of the service to Practices and thus hopefully get a far greater percentage of GP referrals. Again, we will look to facilitate this as soon as possible.

## Smoking Cessation Training

You should have received a letter recently informing you of upcoming dates for smoking cessation Level 2 training.

Copies of the dates and forms can be obtained from:

Tony Dean, LPC Chief Officer, [norfolklpc@pharmacy-anglia.org](mailto:norfolklpc@pharmacy-anglia.org) Tel. 07789406632

or Lauren Dyble, Services Facilitator, [norfolkassist@pharmacy-anglia.org](mailto:norfolkassist@pharmacy-anglia.org)

This remains a key Public Health focus, and we would encourage participation by as many as possible. Please also ensure the robustness of your service wherever possible by having several members of staff trained and active. Please contact us to discuss the service if you'd like to know more...

## NHS HEALTHCHECKS TRAINING SURVEY

Some pharmacies have been running this service for several months now. Many are seeing good numbers of clients, and are also participating in PCT initiatives beyond the pharmacy itself.

What is clear is that you cannot just wait and expect clients to come to you. Those most successful ensure that client recruitment is "owned" by the entire staff. The LPC has carried out promotional work via radio advertising etc.

We have received several requests for additional training dates, and we would like to get a clearer idea of the numbers/locations involved.

It may be that we can arrange for training on the background to the service, protocols, referral etc. as a single evening session. Feedback tells us that the equipment training may best be done in your pharmacy once all the equipment is in place. Cascade training within your organisation is also permitted providing the trainer feels competent to do so.

**PLEASE COMPLETE THE FORM ON THE FINAL PAGE OF THIS LETTER AND RETURN IT TO THE LPC AS SOON AS POSSIBLE.**

**LPC Chief Officer, Tony Dean MRPharmS, Tel. 07789406632**

**Email [norfolklpc@pharmacy-anglia.org](mailto:norfolklpc@pharmacy-anglia.org)**

**Cobblewell Cottage, Great Bircham, Norfolk, PE31 6QW**

**NHS HealthChecks Training Request**

**Pharmacy Name and**

**Address.....**

.....

.....

**Number of Staff Requiring Training.....**

**Names of Staff Requiring Training:**

..... **Job title.....**

..... **Job title.....**

..... **Job title.....**

..... **Job title.....**

**Please Return asap to: Tony Dean, Chief Officer, Norfolk LPC,  
Cobblewell Cottage, Great Bircham, Norfolk  
PE31 6QW**