



LPC Newsletter

Issue Number 140 - December 2011

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LPC Contractor Survey 2011-12

Do you want to help shape the future of your LPC - if so, have you taken our survey yet? See Page 8 for further details...

Department of Health Consultation on New Market Entry Regulations

Please remember that the above consultation runs until 25th January 2012; your LPC will be making a formal response to this consultation, however we would encourage all contractors to do the same. The consultation document can be downloaded and responded to by following the following link:

<http://tinyurl.com/6w38hwu>

A View from the Chair...

We had a lot of guests at this month's meeting – a kind of LPC Christmas party without crackers. Jim Barlow was with us as usual, but also Jan Butterworth who basically represents pharmacy services at cluster level. As well, we welcomed Carol Townes, Sue Bamford and Genine Riley who came to talk to us about medicines management issues from the Clinical Commissioning Groups' perspective.

The main thing to report here was some robust debate around seven day prescribing for dispensing into MDS trays. Sadly it seems that involved parties positions are becoming more and more entrenched. The LMC have railed against it for years arguing that it is not for GPs to fund the service by signing extra prescriptions - and now the Cluster (which oversees the PCT) seems to be following the same line. We made it quite clear to the CCG representatives that, in the absence of any other funding route, the ONLY way currently open to pharmacists to compensate for the huge amount of time these trays take to prepare is to ask for seven day prescriptions. It ain't perfect, but it's all we have. The GPs are being fed the line that it is the pharmacist's duty to supply MDS if the patient needs one – and that the pharmacy contract provides money for us to do so. We made it as clear as we could that this is just plain wrong!

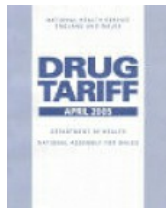
Our argument is that where a patient is only able to manage their medication if it is provided weekly and adherence can be monitored by a pharmacist then GPs *and* pharmacists share responsibility - and that a seven day script, supplied in a MDS could be construed as a 'reasonable adjustment' by all parties.

We also suggested that the 'extra work for GPs' element could be eliminated – for the time being at least – if they would only switch on the 'repeat dispensing' function on their patient IT systems.

To strengthen our argument and, hopefully prevent a complete moratorium on seven day prescribing locally, we would ask every pharmacist to ensure that all requests for weekly scripts are reasonable and justified. If you don't know what that means, for goodness sake contact a member of the LPC for clarification. The number of requests for these prescriptions is rising rapidly – hence the concern - and there is a very real danger that if we don't act now, to get numbers down, the only means of funding other than asking the patient to pay will be lost.

I hope that doesn't sound too much like a lecture!

Finally, to one and all, may I wish you a merry Christmas and a peaceful (one barely dares to say prosperous), new year. *Steve*



ARE YOU AHEAD OF THE GAME? If you are, you already know that the best way to hear about all updates from PSNC is to sign up for PSNC email alerts; just visit their website page... http://www.psn.org.uk/email_signup.php Just complete the details and you'll then start receiving the alerts in your inbox...alternatively, if you use Twitter, you can follow PSNC (@PSNCNews)

NCSO for December 2011

The following products have been given NCSO status for the month of December 2011:

- Betahistine 8mg tablets
- Bezfibrate 200mg tablets
- Tolbutamide 500mg tablets

It is essential that contractors endorse the prescription fully with the letters 'NCSO' and full details of the product dispensed (e.g. manufacturer or supplier or brand name and pack size. If a particular supplier's product is not listed with a price on the NHS RxS pricing system, pharmacies must also endorse the price paid (before discount and ex VAT)). The endorsement must also be signed or initialled and dated. If any of this information is missing, payment will be based on the Drug Tariff price rather than the endorsed product.

The following products have been granted price concessions for the month of December 2011:

Lofepamine 70mg tablets: £17.89

Tranexamic 500mg tablets: £6.77

The NCSO and price concessions only lasts for the month it is granted. If at the beginning of the following month the situation is not resolved, a new application is made.

If you have problems obtaining a Part VIII product or problems obtaining the product at the set Drug Tariff price, please report the issue to PSNC using the online feedback form on the PSNC Website. If you have been able to source the product, please provide full details of the supplier and price paid. PSNC will investigate the extent of the problem and where appropriate discuss the issue with the Department of Health.

CIP Error Re-Check Request Deadline

Approaching!

Contractors who have not already done so, urgently need to consider whether they are going to request rechecks of bundles of prescriptions in the period 1 April 2009 to 31 March 2011 inclusive. The deadline for making these requests is 31 December 2011. PSNC would encourage contractors to submit their request forms as soon as possible and not to wait until the last minute. The full details of the payment package, together with a 'question & answer' document and a form to be used for requesting rechecks are available on the NHSBSA website via the following link:

<http://tinyurl.com/43vbrfc>

More information on the CIP error package is available at:

<http://tinyurl.com/3csuysl>

Need more information on the New Medicine Service? Click on www.psn.org.uk/nms

Specials Update

One requirement which has proven to cause particular concern is the requirement of obtaining a Certificate of Conformity (CoC) or Certificate of Analysis (CoA) for non-part VIII B listed lines. We understand that for some contractors these may have proven difficult to obtain, and we would be grateful if you are able to feedback details of such scenarios you have experienced:

- What are the circumstances in which such problems are experienced?
- Are there certain lines where there are more difficulties experienced over others?
- Where the wholesaler/importer has been unable to provide you with the CoC or CoA what was the reason given?

Any information should be emailed to peter.southstaffslpc@gmail.com

Where do I send my CoC or CoA?

Even though a letter was sent out to contractors regarding where to send CoCs and CoAs in South Staffordshire, we understand there are some people who are not aware of the details, so here they are:
Stafford & Surrounds and Seisdon: Sam Buckingham, Unit 12, Greyfriars Business Park, Frank Foley Way, Greyfriars, Stafford, ST16 2ST

Cannock Chase: Sharuna Reddy, Block D, Beecroft Court, off Beecroft Road, Cannock, WS11 1JP

East Staffordshire: Susan Bamford, Edwin House, Second Avenue, Centrum 100, Burton on Trent, DE14 2WF

South East Staffordshire (BLT) Genine Riley, Merlin House, Etchell Road, Bitterscote, Tamworth B78 3HF

For more information on Specials, please see the section on the PSNC website:

<http://www.psn.org.uk/pages/medicines.html#unlicensed>

Service Development Report - Dr Ruth Goldstein

Medicines Use Reviews

I have recently been doing more and more work with the pharmacy advisers attached to Clinical Commissioning Groups and with various GPs. At various meetings with these groups or individuals what I am trying to do is promote the use of community pharmacies, especially for services such as MURs, Targeted MURs and the new medicine service.

BUT...I am encountering problems being my normal enthusiastic self as I am often confronted with an angry/annoyed audience who thrust in my face very poor examples of MURs done by pharmacists. I recognise that these are only the very few MURs that are not great and go outside the purpose of an MUR, but they have an incredible effect on the people they are sent to and totally poison the minds of the individuals to the good that majority of MURs can do! So I thought a few hints/bullet points about MURs below may just reduce the number of forms I get thrust in face from MR, Mrs and Dr Angry!!

Please remember that an MUR is about the way a patient **USES** their medicine - it is not a review of when they had their blood pressure checked, it is not about suggesting someone's symptoms could be diabetes or hypothyroidism. These clinical and diagnostic discussions are down to the GP, so please please just stick to feeding back on an MUR form about the way a patient USES their medicines ONLY

- 1) If during an MUR or indeed any other discussion with a patient you unearth issues/practices which you feel the GP should know about, which are not related to the way a person USES their medicine, then by all means pass that information onto a GP surgery, BUT NOT as an MUR. Use another referral method or transfer of information system, NOT the MUR forms.
- 2) Please remember that you need to send a list of patients who you have carried out an MUR on to the relevant GP surgeries at regular intervals, even if there is no action for the GPs. They DON'T need the forms but they do need a list of patient names. I have recently been asked by several surgeries if the MUR service has been withdrawn as they are not receiving any notifications at all. Whilst most MURs will not result in any actions from a GP we DO need to let them know who has received them.
- 3) If you are sending a complete form back to a GP can you make sure the writing is legible and that you don't do things like underline words, circle words or use punctuation like exclamation marks! In know its tempting to 'highlight' the bits we consider important, but the GPs think its just a way of pharmacists telling the what to do and this does nothing to help us work collaboratively in peace and harmony!
- 4) On some of the forms I have recently had 'thrust at me' the pharmacist has identified that the patients are taking OTC medicines and vitamins and have asked the GP to confirm suitability of these with their prescribed medicines. One of the GPs who raised the issue of the quality of MURs with me, made the comment that this is exactly the sort of information that pharmacists should be able to give patients and that this is our remit and not the GPs therefore should not be passed back to a GP to deal with. I have to agree with the GP in this case - for most OTC medicine it is us who should give patients advice regarding suitability. It may be pertinent to give the information to the GP to keep them informed but please do not ask them to confirm suitability.
- 5) It is really good that most of our pharmacies are MUR active and in fact most of doing nearly their whole quota of MURs. I think this demonstrates how professional and responsible we are as a group of professionals. BUT the down side is that there is more material around about MURs and it some GPs are getting more and more aware of them so we need to ensure that are method of recruiting (i.e. gaining written consent) and the outcomes are recorded properly and the quality of what is being delivered is very high as the more we do the more scrutiny we will come under so please don't add fuel to the fire that these are just a 'money making exercise' for pharmacists; instead lets deliver a fantastic service to patients which improves the way they use their medicines, improves health outcomes for patients and reduces unnecessary waste of unused medicines.

One final point to note - within the section on the PSNC website on MURs there is an **Annual MUR Standards Checklist**. This is a voluntary document which the LPC recommends as an effective tool to ensure that your MUR service continues to meet the necessary regulatory standards. The PCT has already asked for all MUR accreditations to be confirmed as part of the process of self-accreditation for the New Medicine Service and using this document will help in this process.

The link to follow is http://www.psn.org.uk/pages/pct_monitoring_of_murs.html

Service Development Report continued...

Healthy Living Pharmacies

This is just to update everyone on how this initiative is developing. We have to date got 65 community Pharmacies interested in being of Phase 1 of this initiative. This is great as we had hoped to get half our pharmacies, so thanks for your initial enthusiasm. 45 members of counter staff have now received the face to face health trainer champion training and a further 60 members of staff are now in receipt of their distance learning training packs. If you are one of these people please keep working through the material and organise a time for your assessment with Buttercups. We are hoping that all counter staff will be accredited as health trainer champions by the end of January.

The final bit of training is the leadership training which is due to take place across the area in January.

All Members of staff from the pharmacies who have registered their interest are invited along for the evening, this should include the regular pharmacist, the HLP lead and any other members of staff who are interested. This training is only open to HLP interested pharmacies, but we will re-run it later in 2012 for people from other pharmacies who would also like to receive the information. The dates of the training are below - Refreshments will be available at 7pm with the workshop commencing at 7.30pm prompt.

10th January - Wiggin Centre, Robert Peel Hospital, Tamworth

11th January - Borough Council Offices, Civic Centre, Riverside Stafford

18th January - Council Offices, Codsall

21st January - Bains Pharmacy, Hednesford

24th January - Edwin House, Second Avenue, Burton

Please book in with the Doodle website as usual: <http://doodle.com/thhut2kyqzt6m883>

Alternatively, if you cannot access the Doodle site, you can:

- email your booking to peter.southstaffslpc@gmail.com or
- call Peter on 01785 715460 or
- text the name and venue of the workshop plus your name and pharmacy to 07870 214487

Repeat Prescription Ordering Processes - whilst we don't want to keep banging on about this, discussions with our Medicines Management colleagues at this month's LPC meeting highlighted some positive things which will help ensure that your repeat ordering processes are well managed and not attracting unwelcome criticism about over-ordering of repeat items:

- Follow your SOPs - if you have received complaints about the process, review the SOP
- Ensure the whole process is auditable - make a record of the entire request (many PMR systems have the facility to do this)
- Feedback to GPs information on items not dispensed (this could be done monthly)
- Encourage and participate in patient education on what to re-order and when
- Report evidence of over-prescribing (eg extra items prescribed not ordered) to the GP and to your LPC who will collate this to present to Medicines Management leads

Information on the last point can be emailed to Peter Prokopa at peter.southstaffslpc@gmail.com

A final word for 2011... I just wanted to finish this newsletter on a more positive note! Over the past year the LPC has worked hard to develop new services and offer you training and education event and we have been delighted by how much support we have had from our pharmacists. It has been really notable that more and more pharmacies are getting involved with our enhanced services and attending regular training events. This all adds up to us delivering really good care to our patients...so thank-you for your support and here's to a bright 2012! *Ruth Goldstein* goldsteinruth@aol.com 07976216326

Clinical Governance and Contract Monitoring Visits Letters to advise of your visits will be coming out to you soon - if you haven't yet returned your pre-visit questionnaire, it is not too late - doing so will save you (and us) time at the visit. For those of you who did return the form, thank you - it will be helpful if you can have a copy at the visit but if you haven't kept a copy please email me and I'll organise one to come out with us.

Don't forget, if you have any questions about your contractual obligations or Clinical Governance requirements, or think you may need LPC support at the visit, please contact Peter Prokopa peter.southstaffslpc@gmail.com or telephone him on 07870 214487.

Finally, please note the neither the PCT nor LPC can supply locum cover associated with a visit - if you think that this may be necessary (and we think that this is unlikely) then it is your own responsibility!

Ella One Accreditation

We now have around 20 pharmacists accredited to provide EllaOne to girls who need EHC but are outside the 72 hours that Levonelle covers. If you attended the training evening run by Dr Kundu early this year but have not yet done your accreditation exercise please do so as soon as possible. If you have lost your accreditation question then just contact me, via email, and I will re-send it.

CPPE News *from your local CPPE Tutor, Gillian Hall*

CPPE training is free for GPhC registrants in England.

What's On in Lichfield?

Public Health Workshop: Weight Management. Wednesday February 1st 2012; 7.30pm – 9.30pm. Book online now.

Watch the website and book for these great events; they are suitable for pharmacists and registered technicians and it would be great to welcome our pre-registration pharmacists too. They will be especially useful if you are involved in the healthy Living Pharmacy Initiative. These events will be available to book in the New Year.

Focal Point event: Child Health. Wednesday April 18th 2012; 7.30pm – 9.00pm.

R2R: palliative care. Wednesday 9th May 2012; 7.30pm – 9.30pm.

Technician Evening Event: Consultation skills. Wednesday 23rd May 2012; 7.30pm – 9.30pm.

Public Health Workshop: Cancer awareness and screening. Wednesday 11th July 2012; 7.30pm – 9.30pm.

Food will be available at 7pm at all of these events and we start the event at 7.30pm prompt so that we can finish at the scheduled time. The evenings are well attended and the group is very relaxed and welcoming – a great environment in which to meet colleagues and learn together. Join us in The Old Stables, Lichfield Cathedral Visitor Centre, The Close, Lichfield.

New this month: *Useful apps for pharmacy* - a CPPE guide – check it out on the CPPE website

<http://www.cppe.ac.uk/News/Article.asp?articleID=236&ID=80>

Apps for smartphones and tablets are the gateway to instant information. We have collated over 40 health apps that will help you in your practice. Some of them are a source of information, some can be used during consultations with patients and some are for signposting to advice on healthy lifestyles and self-care.

Why not download and have a look at this guide over the Christmas break and get ready to help your patients with their New year resolutions?

Remember to feedback any comments on this guide or new apps that help you in your role, to your colleagues via our [blog](#) on apps or our [Facebook](#) page.

Have you taken the CPPE e-challenge?

Remember to check out our new fortnightly online quiz - click on the following link:

<http://www.cppe.ac.uk/e-challenge/>

Please don't hesitate to get in touch if you have any questions:

Gill Hall, mobile 07931 590899, email gillian.hall@cppe.ac.uk

LPC Note: Don't forget - we aim to publish information on all CPPE local events on the calendar on the LPC Website - including those in neighbouring areas - just follow this link:

http://southstaffslpc.co.uk/component/option,com_gcalendar/Itemid,85/

The calendar also includes information on LPC-run workshops, and, where possible, information on events run by other organisations such as the Royal Pharmaceutical Society Local Practice Frameworks (LPFs). If you are aware of other events or development opportunities to promote to pharmacists or support staff (and which support the provision of NHS Pharmaceutical Services) please contact your Chief Operations Officer, Peter Prokopa:

Email: peter.southstaffslpc@gmail.com Office: 01785 715460 Mobile: 07870 214487.

Christmas Opening Hours

The Christmas Pharmacy Opening and "Rota" hours have been sent to all pharmacies and have also been posted on the LPC Website. Unfortunately, a few pharmacies have told the primary care team that they have had to change these within the last week or so; the regulations on this are clear that to advise the PCT of changes to Supplementary Hours, **90 days' notice** is required. To apply to amend Core Hours (either 40 or 100 hours) this must be done at least 90 days before a change is required; the PCT (and the LPC too) always recommend doing this well in advance of 90 days as this then leaves time for any appeal, should the PCT decline the application. Whatever your opening hours over the Christmas and New Year period, please ensure your local surgeries know and display notices to show where pharmaceutical services can be obtained when you are closed.

Despite the rush that is December, there are two GP practices still progressing towards going live under EPS R2 - this is expected sometime in the spring of 2012. The two practices that are involved are the Colliery Practice in Huntington, Cannock and Gnosall Practice. Already we have a number of pharmacies who are live under EPS R2 and will be able to accept electronic prescriptions, and more awaiting to progress to this. There is now the opportunity to hold further "drop-in" sessions for the issue of the RA01 Smart cards required for EPS R2, to those members of pharmacy teams who are:

- Pharmacists
- Pre-registration pharmacy graduates
- Technicians
- Dispensers
- One member of non-dispensing staff where this is necessary to enable business continuity (eg for Saturdays/Sundays).

These sessions can be held at PCT offices in Burton, Tamworth Stafford or Rugeley, and will be dependent on the demand for them. If this is required for any of your pharmacy team then please email peter.southstaffslpc@gmail.com with the number of Smartcards and preferred venue. We will then let you know dates and times for the sessions by email and announce in the next Newsletter.

One final issue surrounds the statistical information about pharmacy dispensing of bar-coded EPS R1 prescriptions which has until recently occasionally been sent to PCTs. This information will now be routinely supplied to PCTs on a monthly basis so that pharmacies claiming the EPS payment but not downloading prescriptions may come to the attention of the PCT, who could then be justified in asking for evidence that the pharmacy can still process electronic scripts.

For further information, please see the EPS information on the PSNC website: <http://www.psn.org.uk/pages/eps.html>

Empty Liquid Controlled Drug Containers

There have been some queries from contractors regarding the advice which appeared in a recent Newsletter suggesting that the correct method for disposal of empty liquid CD containers was to rinse the bottle with water, denature the rinsing and add the empty bottle to the DOOP bin. The LPC has asked for a re-examination of this as many contractors have more than 20 empty 500ml bottles per week to dispose of, thus filling a considerable number of DOOP containers very quickly. As soon as we have the definitive answer for this we will let you know.

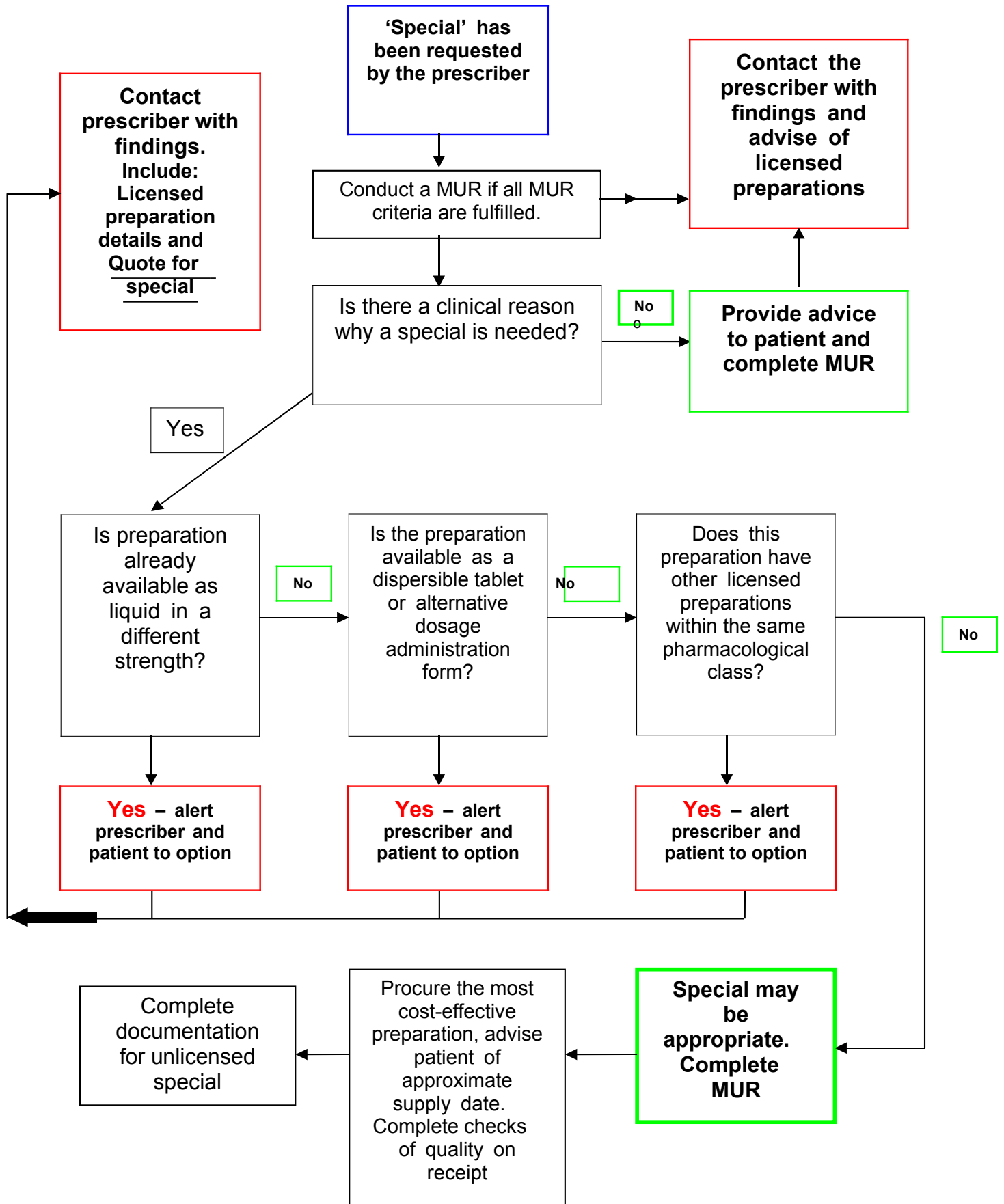
Dealing with Prescriptions for Specials

At our recent LPC meeting, one of the CCG Medicines Management Leads related an incident which caused some concern about inappropriate prescribing and dispensing of a liquid "special". This related to a prescription received in a pharmacy for an unusual formulation and strength of Morphine in oral solution. The pharmacy took the prescription at face value and ordered the product from their specials supplier. When this was picked up by the local practice pharmacist an investigation revealed that the prescriber had erroneously order this item, when in fact a standard oral solution had been intended; the consequential extra costs of the item supplied were considerable.

Whilst it is be true that the prescriber must bear much of the responsibility for what they prescribe, and that the introduction of the "Specials Tariff" may reduce the future financial impact of this type of problem, the LPC believes that community pharmacists can, and should, take the opportunity to question an apparently new prescription for any item identified as a special. To this end, on the opposite page we have reproduced an algorithm first published last year to help pharmacists manage this process; we accept it is not perfect - for instance, it may not be possible to undertake an MUR as the patient may not be present in the pharmacy. It does however provide some valuable pointers to how pharmacies can play an active role in not only ensuring the supply of safe and effective products which patients are able to take easily but also helping the NHS in managing the increasing demands on finances.

If you decide not to use this, please consider reviewing your SOP for dealing with specials in the light of the incident described above.

MUR Algorithm for Specials Request



N. Khideja: 12/03/2010: Final – MUR Algorithm for Specials

South Staffordshire LPC Contractor Survey 2011-12

South Staffordshire LPC has recently been considering its future strategy and workplan for 2012-13; as part of this process, and in restating the committed to ensure that its activities continue to meet the needs of its contractors, we have launched our Annual Contractor Survey for 2011-12. We would be very grateful if you could complete this survey, the link to which is below:

<http://www.surveymonkey.com/s/NX3YSV7>

If you are not able to access this or prefer not to complete the survey on-line, please email me peter.southstaffslpc@gmail.com or call me on 07870 214487 to request a paper copy. Alternatively, this can also be downloaded from the LPC website at

<http://southstaffslpc.co.uk/Miscellaneous/View-category>

The completed survey can then be posted to the LPC office (address below) or scanned and emailed back as an attachment.

Whilst we appreciate that this is a busy time of year please take a few minutes to undertake the survey and help the LPC in meeting its obligations in engaging with its contractors. The survey will run until 31st January 2012, and the results posted on the LPC Website once they have been presented to the LPC at its meeting on Wednesday 8th February 2012.

Thank you in anticipation.

Peter Prokopa

Manufacturers' Supply Problems

The LPC continues to hear from contractors about the amount of time that they are having to spend obtaining branded medicines that are in short supply or subject to quota restrictions. One area highlighted by an LPC member was in relation to extra costs imposed by some manufacturers or suppliers when ordering items direct in these circumstances. These may take the form of a carriage charge, or handling charge from the manufacturer or wholesaler. Although they are claimable as out-of-pocket expenses on FP10s, they may represent a significant extra cost to the NHS and the LPC would like to highlight this to local MPs as part of the debate currently ongoing in Parliament on supply issues.

We would therefore request contractors to email peter.southstaffslpc@gmail.com with instances of this - please include the date of the order, manufacturer and product involved and the amount of the extra charge. If patient care has been impacted as a result of any delay in supply, please report this too.

LPC Contacts

LPC Members and Officers details are below. Please don't hesitate to contact us if you need help - for non-urgent queries, please use email whenever possible. Thanks!

		Representing	Telephone	e-mail
Chairman	Steve Bullock	IND	01543 432456	spgn.bullock@btinternet.com
Vice Chairman	Martin Wilson	CCA	07834 090648	mwilsonpharmacist@yahoo.co.uk
Chief Operations Officer	Peter Prokopa LPC Office		07870 214487 01785 715460	peter.southstaffslpc@gmail.com
Service Development Officer	Ruth Goldstein		07976 216326	goldsteinruth@aol.com
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