



LPC Newsletter

Issue Number 141 - January 2012

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Department of Health Consultation on New Market Entry Regulations

Please remember that the above consultation runs until **25th January 2012**; your LPC has made a formal response to this consultation, and if required for guidance this can be requested from the Chief Officer. The consultation document can be downloaded and responded to by following the following link: <http://tinyurl.com/6w38hww>

A View from the Chair...

On Wednesday morning last week (11th January) your LPC representatives sat down, in embattled mood, to plough through the agenda of an all day meeting. We don't often have one of these, but since we are entering a new and perhaps uncertain year we felt it might be time to do a little navel gazing and reflect on the role of the Committee both now and in the future. We have had valuable feedback from several contractors via the online survey and if you haven't looked at this yet, please can I ask you to do so. It doesn't take long and, as I've written here before, we can only respond to your wishes if we know what you want of us.

Early indications are that most of you are happy with what we do – the local training meetings and information services being particularly valued. But that doesn't mean we can rest on our laurels. Areas such as PR and publicity are currently underdeveloped and we will be looking into how to improve (and indeed in many cases initiate) links with the local media representatives as well as councillors, MPs etc. in the coming months.

We are also conscious that, whilst by its very nature the LPC is set up to represent contractors, we must also be cognisant of the needs of employee pharmacists, locums and pharmacy staff. It is after all you who deliver the services we try to develop and support.

So whilst I can't say you will notice any huge differences in 2012, be assured that your LPC is always looking to develop ways of working to represent you to the best of our ability. And, as always you are welcome to attend a meeting if you want to observe first hand what we get up to!

Of course we didn't spend the whole day in this fog of reflection and the afternoon was spent on more 'normal' business – much of which is reported elsewhere in this issue. So read on...

Best wishes for 2012

Steve

LPC Contractor Survey 2011-12

As Steve has mentioned above, please help to help shape the future of your LPC and take our survey:

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

It will run until **31st January** - a paper version is available on request or from the LPC website if you prefer:

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

The completed survey can then be posted to the LPC office (address on the back page) or scanned and emailed back as an attachment. Results will be reported next month...



NCSO for January 2012

The following products have been given NCSO status for the month of January 2012:

- Betahistine 8mg tablets
- Betahistine 16mg tablets

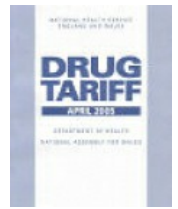
It is essential that contractors endorse the prescription fully with the letters 'NCSO' and full details of the product dispensed (e.g. manufacturer or supplier or brand name and pack size. If a particular supplier's product is not listed with a price on the NHS RxS pricing system, pharmacies must also 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 January 2012:

- Ketoprofen 2.5% gel : (100g) £6.84
- Lofepamine 70mg tablets: (56 tabs) £16.99
- Nitrazepam 5mg tablets: (28tabs) £4.20
- Tolbutamide 500mg tablets: (28tabs) £24.56
- Tranexamic acid 500mg tablets: (60tabs) £6.57

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.



Business continuity exempted from 2011/12 IG requirements

All NHS providers, including community pharmacies, need to provide information governance assurances to the NHS on an annual basis. This is done through the online Information Governance Toolkit. The deadline for contractors to submit their 2011/12 return is the 31st March 2012.

There are no significant changes to the information governance requirements this year. The Department of Health has confirmed that pharmacies are exempt from requirement 9-319 (business continuity planning) for 2011/12 whilst discussions continue between PSNC and the Department of Health on business continuity planning.

Key points to note about this year's submission:

Pharmacies are expected to attain Level 2 compliance against each of the pharmacy information governance requirements. Whilst optional, it is not mandatory for pharmacies to have evidence to comply with the Level 3 requirements.

It is important to make some comments to support entered scores, this could be by making some comments in the comments box or ticking the relevant evidence obtained boxes but it is not mandatory to complete the optional fields to record where each piece of evidence is located or to upload evidence such as policies and procedures. Note some evidence will include commercially sensitive information and would therefore be inappropriate to upload.

Changes have been made to improve the usability of the Toolkit. Any scores, evidence and comments entered into a pharmacy's 2010/11 assessment will automatically be rolled over to the 2011/12 assessment. However, there is still a need to tick to confirm that scores, evidence and comments have been reviewed and to update the information entered where necessary.

Head office staff members can now centrally view the submissions of individual stores through a central log-in. To access this functionality, Head office staff should contact the Exeter Helpdesk (0845 3713671).

Forgotten passwords? Technical support in using the NHS Information Governance Toolkit, including requests for access right changes and password re-sets can be obtained from the Exeter Helpdesk (Exeter.helpdesk@nhs.net or 0845 3713671).

Detailed guidance on the information governance requirements including templates to support meeting each requirement can be found in the dedicated Information Governance section of this website.

More PSNC News...

PSNC Pricing Accuracy Checks

As part of ongoing work to monitor the accuracy of prescription pricing by the NHS Prescription Services, PSNC has been auditing the accuracy of prescription switching from the 'exempt' to 'charge paid' groups. To date approximately 1,600 contractor accounts have been sampled over 16 separate months since the introduction of CIP. The LPC receives a copy of the resulting report where a check is undertaken on a monthly bundle of one of the contractors in its area; the latest one received relates to a bundle dispensed in April 2011, and although the overall result shows a net overpayment originally of around £121, this hides the full statistics:

- 73 items with pricing errors (1% of all items submitted)
- 97 errors in total, including fee and graduation errors, levy charge errors etc
- 10 items completely missed
- An average price difference of £9.82
- Largest net price difference of £103.14

Whilst the PSNC will continue to monitor performance of NHS BSA in their pricing, many of the errors were simply related to the incorrect quantity priced. We understand there is little contractors can do about this individually however we would ask that a careful check is made of the FP34A to be vigilant for inaccuracies particularly in high value items and professional fees which can be more easily identified.

PSNC has reported on its activity in relation to Prescription Bundle Checks - see

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

NHS Hints & Tips newsletter

Issue 6 of NHS Prescription Services "Hints & Tips" for dispensing contractors is now available. This issue contains articles on:

- Arrangements for claiming additional fees for dispensing unlicensed specials and imports
- Changes to the Drug Tariff wording for broken bulk and out of pocket expense claims
- A guide on pre-payment certificates
- How to reduce the number of referred back items

To read this latest issue click on this link:

<http://tinyurl.com/8xcgo4k>



COC/COA requirements for imported products - Updated Guidance

Following communication between PSNC and the Department of Health, there has been an update in the wording for Part VIII B of the Drug Tariff, effective from 1st January 2012. The update is regarding the sending of a Certificate of Analysis (COA)/ Certificate of Conformity (COC) for non Part VIII B products. Please see the FAQ below which outlines the changes.

FAQ. I am finding it very difficult to get hold of a Certificate of Analysis (COA)/ Certificate of Conformity (COC) for an imported product, what should I do?

The Drug Tariff states that for imported unlicensed products not listed in Part VIII B, the contractor shall make every reasonable effort to obtain a Certificate of Analysis (COA)/ Certificate of Conformity (COC) for each imported product sourced.

However, it also says that where a COA/COC is not available, the contractor must stamp, date, initial and endorse the invoice with the invoice price less discount (where not clearly detailed by the supplier) and the prescriber's details.

At the end of each month, the contractor shall send a copy of the appropriately endorsed COA/COC/invoice to the PCT of the prescriber, allowing the PCT to match expenditure to the special supplied. Details of where to send these was published in the December Newsletter.

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)

Need more information on the New Medicine Service?

Click on

www.psn.org.uk/nms

Service Development Report - Dr Ruth Goldstein

Healthy Living Pharmacies

We are nearly at our first launch day and its really going to happen! The enthusiasm from pharmacists and staff has been good and the final part that a few pharmacies are now fulfilling the quality criteria to register as a Healthy Living Pharmacy. All pharmacies whose staff have received training have also received the quality schedule for accreditation and I



am in the process of visiting pharmacies as they think they are nearly fulfilling all the HLP standards, once they are all met I can sign them off and then they will receive all the advertising material, a box of resources for all areas covered by HLP and they are 'GOOD TO GO FOR IT'!

During February, March and April the LPC are organising advertising of the initiative and we are still planing on having 60 pharmacies fully up and running as HLPs by the end of April. Whilst the advertising is aimed at promoting Healthy Living Pharmacies, it will basically be raising awareness amongst the public about community pharmacies and the services we offer, so I will benefit everyone, not just HLPs.

We are planning on launching a second we of HLPs later in the year, so any pharmacy that has not taken part in this initial programme is more than welcome to register their interest in becoming an HLP later this year. Please contact me if you would like further details and want to register an interest.

Medicine Use Reviews for people with memory loss

Across South Staffordshire a company called MAC UK have been commissioned to support people who have memory loss. There is a team of 6 nurses, a doctor, advisers and project leads fulfilling this work. I have been working with them to develop a way they can refer their patients to pharmacies for more advise with medication management, as we recognise that this is a major issue as memory loss develops. MAC UK have developed a leaflet advertising pharmacy services and referring their patients to their local community pharmacy for an MUR, where possible. They are planning on giving this to all their patients and highlighting the benefits of patients talking to pharmacists about their medication needs, as part of the service they give patients. We are planning on running some training in April with the memory advisers and pharmacists to talk through some issues specific to their patients and to try and develop some further joint working. In the meantime, please be mindful that more and more people may come into your pharmacies asking about MURs and what they can offer to people with memory loss. Personally I believe this is a really important group of our patients who don't always come top of anyone's list for extra services, so I am very excited by this initiative and I am sure it will be a huge benefit to patients and very rewarding to pharmacists.



Relationships with Hospital Pharmacies

Despite the fact that we all hold the same degree and that our patients are often shared between the settings, we rarely have any contact with our colleagues in hospital. However, the New Medicine Service and the targeted MURs are beginning to change all this. Locally we have had discussions with all the pharmacy teams in the three local hospitals, Good Hope, Mid Staffs and Queens Burton and all have felt that there is some merit on having a joint evening meeting with their community colleagues. I am in the process of getting dates and venues for these (hopefully sometime in March) and we will let you know as soon as they are booked. In the meantime, you may be interested in some literature that has been produced recently to try and bridge the gap between hospital and community pharmacies. Please access the following site if you are

And finally, as usual!

Just a reminder that if you need help or assistance with Service Development issues don't hesitate to contact me, preferably by email unless it is really urgent. I will always get back to you as soon as I can...and look out for more information on workshops taking place throughout the spring!

Ruth Goldstein
goldsteinruth@aol.com 07976216326

There's more from Ruth over the page on Clinical Governance Issues...

Clinical Governance Issues - Dr Ruth Goldstein

Delivering medicines to patients' homes – Please can I ask all pharmacists, their staff and drivers to just make sure that when you provide a collection and delivery service you are following procedures and don't ever try to cut corners....we have recently had an incident where the wrong person's medicines were left on the doorstep of the wrong person's house!! This is not good practice for several reasons:

a) Medication should never be left outside somebody's house, it should always be handed to someone and signed for, so you have a record of who has taken charge of the medicine from the driver to the patient or their carer .

b) There should always be a check at the point of delivery that the medicines being delivered are meant for the person they are being delivered to, ideally the patient or the carer should be asked to open the bag at handover and check that what is in there is what they are expecting.

Ordering repeat prescriptions for patients – As I am going around doing my Clinical Governance visits to all pharmacies I have been so far, on the whole, impressed by the standards that pharmacists are operating their repeat ordering system with. There is often an audit trail in place from when the patient orders the item right up to when the medicines are delivered to the patient. Many systems are now including a signature from the patient on the repeat slip to confirm the number of items that are being requested. This is exactly the level of detail we require so we can ensure everyone that pharmacists are not ordering medicines that patients do not ask for. Whilst this system works well for repeats that the patient is ordering in the pharmacy, another system needs to be developed for when the patient phones their order to the pharmacy. Here I am recommending that the pharmacy staff annotate the repeat note with the date and time of the telephone call and also with the number of items the patients wants to order and that this needs to be re-iterated to the patient during the telephone call. This way, there is a written record of the telephone call, in case it is ever disputed. I realise these systems appear to be laborious and over stringent but they will help defend us from accusations that we order medicines even when the patient asks us not to!

Guidance on Disposal of Empty Methadone Containers...

Peter Prokopa

We have been working with the Cluster Controlled Drugs Accountable Officer, Andy Riley, to offer practical guidance on the safe disposal of empty Methadone Oral Solution containers, which meets legal and professional requirements. In an effort to ensure contractors have the best advice, I have sought, and obtained, the following information from the GPhC Standards Advisory Team:

“The Inspectorate have worked closely with community pharmacists and the National Controlled Drug group over the last three years to ensure that controlled drugs are managed safely and effectively in pharmacies. Matters, such as the disposal of methadone bottles, have been discussed by the group who wanted the emphasis of all those involved in the management of controlled drugs to focus on the outcome and not the process.

The purpose of effective disposal of CD waste is to prevent diversion and to ensure that waste does not create a public health hazard. Methadone has been used for many years and there is no evidence to suggest that the residue remaining in ‘empty’ methadone bottles or the products of ‘rinsing’ are a ready source of diverted methadone.

There are different legal requirements for the disposal of unwanted and expired methadone, depending on whether it is stock methadone or patient returns. However a different judgement could be made regarding empty bottles that previously contained methadone. If, in the pharmacist’s judgement, the methadone bottle has been adequately drained then there is no methadone to dispose of and the bottle may be disposed as if it were any empty glass medicine bottle.

When developing a protocol consideration should be given to the risks, particularly for pharmacies providing substance misuse services. Failure to manage empty methadone bottles promptly and effectively may result in the accumulation of bottles (requiring safe storage) which in itself increases the risk of diversion and is contrary to the spirit of effective CD management.”

We would ask that you consider reviewing your SOPs for the supply and management of Controlled Drugs in the light of this information, which appears to negate the necessity to dispose of these containers via the DOOP bins providing the pharmacist is satisfied that no methadone remains in them, either by complete drainage or rinsing followed by appropriate denatured disposal.



What is a LINK?

LINK stands for Local Involvement Network. These have been set up around England to make sure local people, groups and organisations can bring their knowledge about the health and social care services they receive. They receive the funding for their activities from the Department of Health via the Local Authority.



The job of the LINK is to find out what people like and dislike about health and social care services and to work with the people who commission, plan and run them to help make them better.

LINK participants may include carers, service users, community leaders and patient representatives. It is important to know however that anyone can be involved and contribute to its activities because everyone's views matter.

This may involve talking directly to health and social care staff about a service that is not being offered or suggesting ways that an existing service could be made better.

The role of the LINK is to obtain the views of local people about their need for and experiences of local health and social care services. The LINK aims to give people a chance to suggest ideas to care professionals that may help improve services. It looks into specific issues of concern to the community, makes recommendations to the people who plan and run services. It can ask for information about services and get answers within a specified amount of time. A key role of LINK is to promote the involvement of individuals and groups in the commissioning, provision and scrutiny of local care services. Where it believes there are issues of major concern these can be referred to the local council overview and scrutiny committee.

In addition to the range of engagement activities the LINK is also responsible for an activity called "Enter and View". This entails LINK members who are specially selected and trained, visiting services, observing and assessing whether they are delivering what is expected and required and making recommendations, if necessary, as to improvements which could be made. This activity can take place in day care centres, residential and nursing homes and also in hospitals settings and a range of primary and community care settings (including community pharmacies!)

The focus of the enter and view activity would very much depend upon the nature of the service or activity being viewed. In a residential home the areas to be viewed might include nutritional issues eg the quality of meals, the availability of drinks throughout the day, the availability of training for staff, the role of carers within the home, staff turnover etc.

Within a Pharmacy these areas could include access to the pharmacy particularly by disabled people, the availability and use of resources to facilitate communication with the deaf or hard of hearing, the availability of relevant training for Pharmacy staff and such other areas as may be considered relevant and appropriate.

Staffordshire Link has recently developed a new website www.staffordshirelink.org.uk which provides regular updates on all its activities, details of current consultations and other work plans, planned engagement events on a District by District basis and it also gives details as to how individuals can become involved and feed their views in to LINK activities.

If you require further information please refer to the website or contact us on 01785 887990.

Bernard Bester, LINK Development Worker

PCT, Cluster & Regional News...

Waste Medicines Campaign

All pharmacies were recently sent a number of materials supporting a campaign to reduce medicines waste across the PCT. I have seen these prominently displayed in pharmacies, and the feedback that I have had is very positive. We would encourage every contractor to minimise Medicines Waste by helping patients only order repeat prescriptions for items that they actually need; we would always recommend a check when the medicines are handed to the patient that they actually need what they have ordered. I have been asked where patients are to send entries into the competition - I will try to find out this information and will publish this via the website as soon as I can. For more information about the campaign, check out the PCT website at:

<http://www.southstaffordshirepct.nhs.uk/services/Meds/index.asp>



Bank Holiday Opening Declaration 2012

The PCT Primary Care Team have recently sent out a form for contractors to declare their Bank Holiday Opening/closing expectations for 2012 (and New Year's Day 2013) - please ensure you complete and return these to the appropriate Primary Care Administrator. A copy of the form can be found on the LPC website at:

<http://tinyurl.com/6uokk5b>

This will help the PCT plan any additional pharmacy opening requirements on these dates. Primary Care Administrators are listed below; all are situated at the PCT Office within Springfields Health & Wellbeing Centre, Lovatt Court, Rugeley WS15 2FH.

- Stafford & Surrounds and Seisdon - Alison Boulton tel 01889 571362 email alison.boulton@southstaffspct.nhs.uk
- Cannock Chase - Kim Williams Tel 01889 571360 email kim.williams@southstaffspct.nhs.uk
- South East Staffs - Debra Poyser Tel 01889 571357 email debra.poyser@southstaffspct.nhs.uk
- East Staffs - Denise Pidd Tel 01889 571355 email denise.pidd@southstaffspct.nhs.uk

For more information on Bank and Public Holiday opening requirements, click on the following link:

<http://tinyurl.com/7ha4ghd>

C difficile passport

Reducing healthcare associated infection remains a high priority for the West Midlands. Attached to this email are a number of resources as part of an initiative to reduce *C difficile* – the CDI passport.

This approach was initially piloted in NHS North West and proved highly successful and is now being introduced across the West Midlands. Some pharmacies are already involved (eg. ASDA through their national links with the North West).

The idea behind the CDI passport is simple. It is issued to patients on diagnosis of *C. difficile* infection in hospital or by their GP. Subsequently the card should be shown whenever the person accesses health services eg. GP, pharmacy hospital etc.

If you or colleagues are presented with the card by a patient, then you should use your professional discretion about the appropriate action to take. In most instances, this will be to contact the prescriber to ensure they are aware of the patient's status, particularly if they are prescribed broad spectrum antibiotics or proton pump inhibitors.

You may also wish to encourage staff to access the CPPE and HPA materials on this topic - these can be found at <http://tinyurl.com/6smfgef> and <http://tinyurl.com/87xbpu3> respectively.

All of the information, including pdf files of posters, the card itself, and instructions for clinicians, can be found on the LPC website:

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

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.

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 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
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