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From Strength to Strength

Lothian Pharmacy Locality Groups Link in to the Changing NHS Structure

There are active PLGs in all eight Lothian localities, the majority now led by a small board rather than a single lead pharmacist. Changes both within pharmacy and the wider NHS are moving at great pace. The pharmacy locality group structure has enabled pharmacists to meet together to exchange information and ideas and to discuss the possible consequences of these changes on their day-to-day activities.

Attendance at meetings, held in pharmacists' own time, has increased gradually and some good supportive relationships are starting to emerge. With so much relating to the practice of community pharmacy being in a state of change the majority of PLGs have set up an informal email group, which allows speedy communication among members of the group, dissemination of information and a way of canvassing opinion on various matters. Although the West Lothian board has been running very successfully for quite some time, most of the PLG boards are still in their infancy. Board members are driving the individual agendas and sharing the workload of attendance at external meetings.

There is a great deal of enthusiasm for the **new pharmacy contract** and moving away from a volume driven system towards one where the needs of the patient and the delivery of pharmaceutical care are at the forefront. There is, however, a need to temper this in the knowledge that prescription volume is unlikely to decrease and the dispensing of these medicines in an accurate and timely manner will need to continue. The PLGs provide a forum to discuss and debate opportunities and barriers presented by the new contract and this would appear to be valued by those who attend.

A series of meetings, in each PLG area, were used to disseminate information about **NHS24** and how community pharmacy would link into the 'out of hours' picture. NHS24 is still a young organisation and issues are emerging on both sides in relation to how we best work together but due to the personal contact made through these meetings it should be easier for the

groups to take forward any issues they have and for NHS24 to have a contact point.

The various stages and processes involved in the roll out of the **NHS Net** to community pharmacy were also discussed at these meetings where Alan Fleming, project co-ordinator for Scotland, presented and was available to answer any questions.

PLG meetings have been used as a way of disseminating information about the **pharmaceutical care model schemes** which are laying the foundations for the chronic disease management component of the new contract and people have been sharing their experiences and encouraging others to get involved.

With the setting up of **Community Healthcare Partnerships (CHPs)** across Scotland the way that NHS services will be delivered is changing. One of the exciting things for pharmacy is that the composition of the CHP sub committee is defined in statute and a community pharmacist has a seat on the CHP sub committee along with a general dental practitioner and an optometrist.

A number of PLG meetings have focused on how these CHPs will function and how the community pharmacist appointed to the CHP can be supported in this new role. We have been very fortunate that Dr Ian McKay, Chair, NHS Lothian CHP Implementation Group, presented at a pharmacists meeting in the north of the city and Tim Montgomery, city of Edinburgh Project Manager, CHP Implementation Group, presented at a meeting held in the south of the city. These meetings, attended by about 60

pharmacists, fuelled many questions and were the basis of further discussion at subsequent meetings.

The PLG structure is working well as borne out by increasing attendance in all areas and increased frequency of meetings in

some areas. It is hoped that it will continue to thrive and provide support for those taking on new roles particularly those pharmacists appointed to the CHP sub committees.

Thanks to Anne Lorimer, Lothian Pharmacy Locality Group Co-ordinator, for contributing this article.



News from East Lothian PLG

After a period of relative quiescence, the East Lothian Pharmacy Locality Group has started to look at a number of projects and to discuss matters of mutual concern to community pharmacists in East Lothian. There are 20 community pharmacies in East Lothian comprising a mix of independents and multiples providing services to people living in both rural and urban areas and with a wide socio-economic range.

The group currently has no lead pharmacist so it was agreed that a board be appointed to share the workload. One representative has already attended the Lothian PLG Leads meeting. The board had its inaugural meeting in September, attended by 4 community pharmacists, the PLG co-ordinator and the chief pharmacist, Lothian Primary and Community Division (LPCD), and took the form of a brainstorming session.

It was felt that the PLG could work constructively to improve the pharmacy services to patients in East Lothian and allow pharmacists a forum for debate on matters of common professional interest. Concern was expressed that community pharmacists in East Lothian had been treated extremely badly over the 'Simvador[®]' project and further discussion of this important issue was planned.

However, the board felt that the PLG should concentrate on the positive things that are happening in pharmacy. A number of initial discussions have been held on such issues as emergency supply and the impact of NHS24.

Members of the group feel that with the closure of GP surgeries on Saturdays there is increasing pressure on pharmacists to supply patients whose medication has run out. It may be useful to have a standardised approach to this. This also has an effect on the level of counter prescribing. The relationship between pharmacists and NHS24 was also seen as being very important and members would be monitoring this situation. It was also thought useful that GP practices and patients should be supplied with information from the PLG detailing the location of pharmacies, the names of the pharmacists involved, including any areas of special expertise, and information about services available.

Possibly the most positive outcome of the group's deliberations, so far, has been the decision to undertake the first leg of an East Lothian audit examining pharmacists' clinical interventions throughout the working day. The group received this idea enthusiastically when a member proposed it. After discussions with the LPCD Clinical Governance department, data collection forms were designed and the audit was run in February. It is hoped that the results of this survey will show current work patterns and how these may be amended in light of the new pharmacy contract. The aim of this work is to explore how to provide pharmaceutical care more effectively to patients in East Lothian.

Thanks to Dr Lindsay Howden, Community Pharmacist, East Lothian and Member of East Lothian PLG Board.

Promoting the Lothian Joint Formulary and Prescribing Indicators to Community Pharmacists in South West Edinburgh

The Lothian Joint Formulary (LJF) is an invaluable information source reflecting local prescribing advice and expertise. Prescribing Indicators (PIs) were first introduced in Lothian in 1993 as part of the prescribing budget setting process. There are now 13 PIs designed to encourage cost effective and quality prescribing and compliance with the LJF. GP practices receive an incentive payment for meeting PI targets.

Although community pharmacists are an important source of medicines information for prescribers, anecdotal reports suggested there might be gaps in their awareness of Lothian prescribing policies such as the LJF and PIs. This was confirmed by the results of a questionnaire sent to 14 pharmacies in the SW Edinburgh locality. Twelve replies were received. None of the respondents used the LJF website (the most up-to-date version of the LJF), 4 out of 12 had never used the LJF in any form and only 2 respondents could describe the Lothian PIs.

To increase awareness of the LJF and PIs, a pilot training pack and half-day direct learning session were developed for community pharmacists, funded from the Lothian Prescribing Development Scheme. The training pack was based on one that had already been developed for GPs, and included a Continuing Professional Development (CPD) record as recommended by the Royal Pharmaceutical Society. The pack required that pharmacists answer questions on the LJF website, comprising the adult formulary, the children's formulary, the Lothian Prescribing Bulletins, and Scottish Medicines Consortium decisions.

The sessions included presentations on the prescribing committee structure in Lothian, the development of the LJF, the electronic version of the LJF used by GPs (eLJF-GPASS), and the Lothian PIs. Workshops enabled discussion of how community pharmacists could use the LJF and PIs.

A total of 31 pharmacists were sent the training pack, and 24 attended training sessions. Eighteen of the 24 pharmacists completed the training pack prior to attending the training. The training was well received, and all participants said they would recommend the training pack to a colleague. When asked what changes they intended to make to their practice as a result of the course, 22 pharmacists said they would either become more familiar with the LJF or use it more often for advice to patients or in dealing with GP queries. One participant said they would review their OTC guidance in the light of the formulary recommendations. The pilot training was successful in raising awareness of the LJF and PIs among community pharmacists. In the workshops pharmacists explored how this knowledge could enhance their relationship with prescribers, advice to patients and their business.

Browse the LJF website at www.ljf.scot.nhs.uk. The training pack will soon be available to download from the LJF website - a good way to kick start your CPD record!

Thanks to Pauline Westwood and Maureen Reid, Primary Care Pharmacists, South West Edinburgh LHCC.

SEEPRISE (*South East Edinburgh Prescription Review and Intervention Scheme with Education*) was funded from SE LHCC prescribing savings 2003-04. The project enabled community pharmacists to work in partnership with general practice in optimising and addressing minor technical aspects of prescribing on a day-to-day basis.

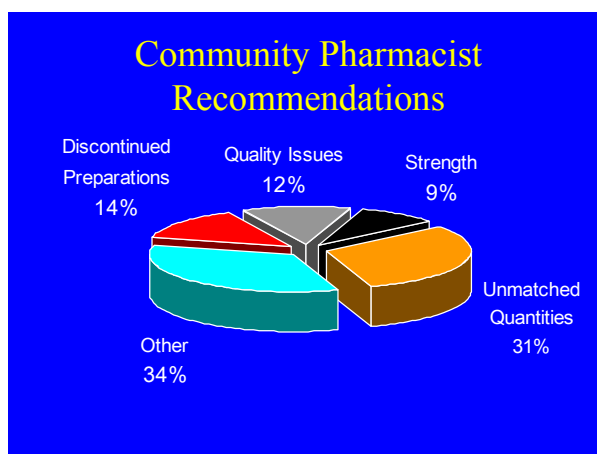
The SEEPRISE project focused on repeat prescribing, with the use of a 'community pharmacy feedback form'. This was to enable pharmacists to make recommendations on repeat prescribing, allowing GPs to review these suggestions in a timely manner. The longer term aim was to develop an effective communication tool, to streamline repeat prescribing and to develop the role of the community pharmacist.

- The project ran for a 3-month period
- 13 of the 19 eligible pharmacies participated
- 267 forms were returned highlighting 283 issues
- Number of recommendations highlighted ranged from 2 to 87 per pharmacy
- 264 of 283 (93%) repeat prescribing recommendations were agreed and acted on by the GP

'Unmatched quantities' on repeat prescriptions accounted for approximately a third of recommendations. This necessitates more frequent patient re-ordering requests, increases workload to both practices and community

pharmacies and augments patient inconvenience. The likelihood of patients inadvertently running out of medicines or stockpiling and contributing to waste also increases.

A further third of recommendations were grouped as 'other'. These consisted of: endorsing requirements needed for either legislative or payment reasons; instalment or quantity amendments for medicines dispensed in Dosett® boxes; items disallowed on NHS prescriptions; items the patient is no longer taking but remain active and available to order on the repeat system.



The remaining third of the recommendations covered 3 areas:

- dose optimisation - where a higher strength preparation is available, e.g. two lisinopril 10mg tablets replaced by one 20mg tablet
- quantities at variance to the locally agreed 56-day supply
- preparations discontinued by the manufacturer

In 'tidying up' prescribing it could be seen that many of the points raised were relatively minor. However, ambiguities of any nature increase risk of an error being made. Prescribing problems in General Practice occur at a rate of 3 to 5% of all prescriptions, of which a third can be classified as major safety concerns.¹

Recommendations

- Synchronisation of quantities was the issue that would most benefit the patient, pharmacist and General Practice.
- SEEPRISE format was useful to illustrate local specific prescribing issues. It was not however the most effective or efficient way of managing issues common to a large number of prescriptions.
- A simple procedure should be encouraged so that when a drug is initiated GPs prescribe an amount that will keep other repeat items synchronised.
- Improved interfacing of prescribing software is needed with terms and requirements recognised by the Prescription Pricing Division (PPD).
- Dose optimisation could be co-ordinated and managed by the community pharmacist on discussion with the patient. A reliable feedback system would need to be in place to notify the practice, at which point GPASS (or alternative system) would be updated.
- Electronic networks will assist communication in seamless transfer of information. This community feedback format would be more useful if it were paperless.
- The community pharmacy feedback form can be used at local level to identify technical prescribing issues, manage risks and improve working systems in a community pharmacy and GP practice.
- Information transfer remains a priority on hospital discharge to both general practice and community pharmacy.

Reference: 1. Wilson T, Sheikh A. Enhancing public safety in primary care. *Br Med J* 2002;324:584-7.

*Thanks to Carol Philip, Lead Pharmacist, Lothian Repeat Prescribing Services Task Group.
A full copy of the report on the SEEPRISE project is available.*

Pharmaceutical Care for Patients with Diabetes Sharing Information and Planning Future Services

Key stakeholders attended a meeting in February to share information on current work being undertaken in Lothian to provide pharmaceutical care for patients with diabetes. The day was well attended with pharmacists from a broad range of local and national organisations, an LHCC Clinical Director, the Diabetes Managed Clinical Network (MCN) manager and a Lothian Diabetes patient representative.

The morning took the format of a series of presentations to share current strategy and service developments. These were wide ranging commencing with an overview of Pharmaceutical Care Model Schemes (PCMS) for Type 2 diabetes by *Annamarie McGregor*, Director of the PCMS Initiative. The same speaker closed the morning with an overview of the transition from model schemes to a chronic medication service.

Fiona Reid, Pharmacist, Newbyres Medical Group, presented the results of her cardiovascular risk reduction clinics, showing that significantly more patients have met their target blood pressures than previously. Supplementary prescribing in this clinic is now more convenient for patients and doctors. *Katy Kelly*, Community Pharmacy Development Pharmacist, described the development of the services facilitated by the Pan Lothian Pharmacy Diabetes Task Group (previously described in Pharmacy News, May 2003). Five pharmacies have provided level 1 services (medication advice and health counselling) to 33 patients and eight pharmacists are trained to provide level 2 services (medication review), of whom four have provided reviews with over 100 patients in local GP practices. An LHCC approach to community based education for newly diagnosed patients with type 2 diabetes was described by *Katie Johnstone*, Primary Care Pharmacist, South Central Edinburgh, who has seen 165 patients in the multidisciplinary clinic. The Lloyds model of a community pharmacy screening service for the prevention and early detection of patients with diabetes was described by *Moira Wilson*. The positive impact of a culturally sensitive educational programme for ethnic minority groups was described by *Lubna Kerr*, Research Pharmacist.

Alison Cockburn, Pharmacist, Western General Hospital, described her pharmacist-led clinic within the Metabolic Unit at the Western General Hospital where she sees referred patients with diabetes, cardiovascular disease and/or diabetic nephropathy who do not meet the cardiovascular risk targets specified in SIGN Guideline 55. More than half of referred patients have achieved target

blood pressure and there was a significant reduction in blood pressures and blood cholesterol levels to target.

Liz Buist and *Ruth Armstrong*, Pharmacists, St John's Hospital, described a similar pharmacist-led cardiovascular risk clinic, which has been established in five health centres in West Lothian.

Problems associated with variation in choice and contractual agreements for meters to measure blood glucose were highlighted by *Carol Lumsden*, Primary Care Pharmacist, East Lothian.

Mary Scott, Lothian Diabetes MCN manager, described the principles of a managed clinical network and the role of the Local Diabetes Services Advisory Group (LDSAG). She emphasised the need for pharmacy to link with other services and publicise services through the website www.show.scot.nhs.uk/lotdiabnet and the Lothian Diabetes Handbook.

There was an opportunity to network over lunch before breaking into workshops in the afternoon. With reference to the Scottish Diabetes Framework (SDF) consultation document and other key reference documents such as RPSGB guidance on the care of people with diabetes, the National Service Framework (NSF) for Diabetes and The Right Medicine, participants mapped current services to the SDF and identified the volume of activity for specialist and general services. The day concluded with discussion around a vision for development of services to meet pharmaceutical care needs of patients with diabetes.

All groups raised a number of issues to be taken forward by a voluntary leadership group. These included the need to:

- Engage with other services and publicise pharmacy services
- Integrate and learn from developing specialist services
- Provide consistent and equitable services which meet patients' needs including those with ethnic and cultural differences
- Implement a public relations strategy

An outcome from the day is the formation of a leadership group whose remit will be to generate a strategy for pharmaceutical care for patients with diabetes. The group shall engage with local and national organisations to ensure that services are planned and further developed in collaboration with key stakeholders.

Thanks to Moira Kinnear, Head of Education, Research and Development for Pharmacy, NHS Lothian.

If you have any comments on Pharmacy News, or wish to contribute to a future issue, please email:

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Deadline for submitting articles for next issue: end April 2005.