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Pharmaceutical Public Health – getting the priorities right The New Community Pharmacy Contract - Public Health Service – PART 2

The specification for the Public Health Service element of the new community pharmacy contract was outlined in the September 2006 issue of Pharmacy News. To follow that up, here is a short overview of public health and pharmaceutical public health.

A widely quoted definition of public health is “Public health is the process of mobilising and engaging local, state, national, and international resources to assure the conditions in which people can be healthy”.

It's important to realise that there are many determinants of health and healthcare itself is only one of them. The core elements of public health practice require:

- ♥ A population perspective, securing the greatest health improvement for the greatest number of people
- ♥ Collective responsibility for health protection and disease prevention
- ♥ An active understanding of the underlying socio-economic determinants of health, as well as individual health-related behaviour in disease
- ♥ A multidisciplinary approach that emphasises partnership with the population served.

What makes public health different to medical or biomedical disciplines is its population perspective rather than a focus on the individual. It concentrates on interventions that can do the greatest good to the most people. The key areas for public health are health improvement, improving services and health protection.

Pharmaceutical public health concerns the area of public health that utilises the pharmaceutical skills, knowledge and resources to influence and deliver on the wider public health agenda. Many areas are intertwined or related to each other and we don't even realise that what we are doing is public health practice. In terms of the new public health service, think particularly of opportunities in your every day interaction with clients where you or your staff could promote healthy lifestyle messages.

Pharmaceutical Public Health services Key priorities include:



- Smoking Cessation
- Health Promotion
- Tackling inequalities through access to services in deprived areas
- Improving access (weekends, out of hours)
- Screening services, e.g. diabetes
- Pharmaceutical Needs Assessment
- Emergency Planning
- Sexual Health
- Harm Reduction (substitution services - drugs and alcohol)
- Antibiotic Prescribing
- Immunisation
- Travel Health

To support this service NHS Education Scotland has produced a distance learning pack 'Flavours of Pharmaceutical Public Health'. The chapters are currently available online at www.nes.scot.nhs.uk within the pharmacy section. They cover a range of topics and introduce the concept of this population perspective that sets public health apart in addition to providing some underpinning knowledge on each topic.

Thanks to Aileen Muir, Consultant in Pharmaceutical Public Health, NHS Lothian.

The Pharmacist representatives on the Lothian CHPs and CHCP introduce themselves...

The Community Health Partnerships (CHPs) for Edinburgh, East Lothian and Midlothian and the Community Health and Care Partnership (CHCP) for West Lothian are now well established.

Mike Embrey, Midlothian CHP

I've been a qualified pharmacist since July 2002 and a pharmacy owner with my two colleagues since May 2003. Whilst initially working mainly at Danderhall we now own five pharmacies so my time is spread more thinly. I thoroughly enjoy working at the 'coalface' particularly as different pharmacies offer very different challenges and I find the breadth of experience that I've had is



useful when sat around the CHP table. I've been on Midlothian CHP since August 2006 and found the meetings to be very interesting, the remit of a CHP is wide but like most things in life comes back to finance. Midlothian CHP is attended by many people with a wealth of experience in different areas so it has been a steep learning curve for everyone but ultimately should prove beneficial for the health of the local population.

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Lindsay Howden, East Lothian CHP

I have found the last six months or so very interesting. I considered it to be a major advance that pharmacists would, as of right, have a place in the new CHPs. I had been involved for some time with the East Lothian Pharmacy Locality Group (PLG) and am a member of the management board. However, I felt that the group operated in isolation from other parts of the health service in East Lothian. This was not the wish of the PLG.



I believe that health should be a partnership between the public, health practitioners and local councils. I feel that while I have a specialist role to play as a pharmacy representative this must not eclipse my role as an advocate for the people of East Lothian among whom I work. All of us on the CHP Sub-Committee have a great deal to offer but we can also learn a great deal from each other. Our CHP is still very much finding its feet and looking at the most efficient ways of working. Some pharmacy issues have already come on to the agenda. We have, so far, discussed the new pharmacy contract, methadone supply and 'statin switching'.

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Martin O'Dwyer, Edinburgh CHP

I work at Springwell Pharmacy in Gorgie. Edinburgh is divided into two Community Healthcare Partnerships.

I represent community pharmacy on both the North and South Edinburgh committees. The remit and responsibilities of the CHP involve delivering on objectives set out in the local health plan. Already, it is clear that pharmacy can help meet many of the objectives of the CHP. Major issues on the table at the moment include child protection, smoking cessation and dental health. Edinburgh covers five PLG group areas. It is very important for me to understand what is happening in all these areas.



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Sally Connolly, West Lothian CHCP

I have been a Community Pharmacist for 18 years and currently work in the pharmacy based at Murieston Medical Practice in Livingston for Lloydspharmacy. In September 2005, I was nominated through the West Lothian PLG for the post of West Lothian Community Health and Care Partnership (WL CHCP) Community Pharmacist. Temporary funding has been negotiated from the WL CHCP to allow two sessions a week to prepare for and attend meetings and to work with the Primary Care Pharmacy team at St John's Hospital in Livingston. Our PLG has evolved into the *CHCP Pharmacy Forum* and my role is to represent the views of my peers and to feed back from the various meetings and groups I attend. I am now looking forward to working closely with my fellow CHP Pharmacists in Lothian.



The role as a CHCP pharmacist has dovetailed nicely with my other role as a 'practitioner champion' for the new pharmacy contract and led to me taking up a part-time secondment in August as *Primary Care and Community Support Pharmacist* in West Lothian. I cannot say how much support and encouragement I have had from the team at St John's Pharmacy Department and huge thanks go out to them all. The learning curve has been extremely steep but the role has been equally as rewarding.

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Community Pharmacy - how satisfied are our patients and customers?

Last winter 70 Community Pharmacies across Lothian took part in a Customer Satisfaction survey with the following aims:

- To find out what customers think about the quality of service provided (and to see if they have changed/improved since 2001)
- Identify any perceived problems with individual pharmacies, by providing them with an individual confidential report with recommendations to enable improvements to be made
- Assess patients' knowledge of the services provided
- Find out what services patients would like to be provided in the community pharmacy setting.

Although there were a few first time participants, for many pharmacies, this was the second time they had participated in the project, first run in 2001. This enabled comparisons to be made between the two sets of results to determine if any improvements to the service had been made. Each of the 70 pharmacies handed out a questionnaire and reply paid envelope to 150 customers who came into the pharmacy for advice or to collect or purchase a medical product. The questionnaires were returned anonymously to the Clinical Governance Support Team for data entry and analysis. A total of 4,847 forms were returned, giving an impressive combined return rate of 51%.

The Findings...

Of those who returned forms, 66% were female, 41% were aged 40-65 and 45% were aged over 65. Patients remain very loyal to their local pharmacy with 94% of patients stating that they have been attending the same pharmacy for more than 12 months. Fifty-eight per cent of patients prefer to attend the pharmacy closest to where they live and 28% say they use a particular pharmacy, not

because of its location, but because of the quality of service received during a previous visit.

Patients were asked if they would use services traditionally provided within their local surgery, such as routine monitoring and testing (e.g. blood pressure monitoring, blood glucose testing, weight management, dietary advice), if they were provided in partnership with their GP by trained staff within the pharmacy - 64% of patients indicated that they would like to use these services if provided. This represents a considerable shift in opinion since the 2001 survey when many patients indicated that they would prefer to use their GP. This will help many pharmacies with the introduction of new services in relation to the new community pharmacy contract.

All pharmacies with a return rate greater than 20% have now received their individual confidential report giving their full results and recommendations for improvement.

The results of the survey again show community pharmacy in a positive light. Since the previous survey, funding was identified to improve seating and to help in the provision of private consultation areas, however, the results show that there is still room for improvement in these areas.

An evaluation of the project is planned to determine how many of the recommendations have been implemented, and a Lothian-wide report will be produced.

If you would like further information, please contact:

✉ robert.wilkinson@lpct.scot.nhs.uk ☎ 0131 537 8563.

Thanks to Robert Wilkinson and Aileen Thomson, Clinical Governance Support Team, Lothian Primary Care Organisation.

Unscheduled Care – Pharmacy Guide

Community Pharmacies will have received a new folder 'Unscheduled Care - Pharmacy Guide', to replace the 'National PGD for Urgent Provision of Repeat Medicine by Community Pharmacists' folder. The folder includes information on access to 'Emergency Care Summaries' and to direct referrals to OOH providers. The folder also contains 5 copies of the national Patient Group Direction (PGD) for urgent supply of repeat medicines and appliances. The PGD will continue for a further 2 years, but will be updated every 6 months to reflect the current BNF and BNFC.

- The PGD now includes all appliances that are available on repeat prescription. Contractors are advised to check the drug tariff for allowable products
- 'General Practitioner' has been replaced with 'Prescriber' to allow supply under the PGD where repeat medicines and/or appliances are prescribed by an independent or supplementary prescriber
- Dihydrocodeine and codeine oral preparations can now be supplied

- Schedule 1, 2 and 3 controlled drugs may not be supplied
- Temazepam and all morphine salts including 10mg/5mL may not be supplied
- Individual schedules should be checked prior to supply of a medicine and/or appliance

GP surgeries across Scotland will again be shut for a total of 8 days over the festive period and community pharmacy will play a key role in providing unscheduled care for patients through either the use of the PGD, direct referral, MAS or advice. Pharmacists are encouraged to return their individual authorisation form as soon as possible in order to be able to use the PGD. All locums should have access to the new folder and CPUS forms.

Individual authorisation form should be faxed or posted to: *Claire Murphy, Contractor Support Officer, NHS Lothian Primary Care Organisation, Stevenson House, 555 Gorgie Road, Edinburgh, EH11 3LG, fax: 0131 537 8420* to ensure that NHS Lothian has an accurate record of all those operating the PGDs.

Thanks to Geraldine Smith, Senior Regional Pharmacy Advisor, NHS 24.

Minor Ailment Service – eMAS update

It is now nearly 5 months since eMAS went live for all community pharmacists across Scotland and feedback from pharmacists and patients is extremely positive. Pharmacists are enjoying patients valuing the service they can offer and seeing a clear link between pharmacists and GPs. Patients are delighted with the accessibility of the service and are spreading the word in their community.

To ensure the success of eMAS going forward it is crucial that all pharmacists engage in the service at every appropriate opportunity, and that when a patient requires advice, the CP2 form is printed and signed. This will ensure that patient registration

status is rolled on for another 12 months, and alleviate the potential issue of registrations dropping off Patient Medication Records (PMR) in June/July 2007, 12 months after the initial registration of many patients.

Did you know...there were 78,600 registrations and 15,800 consultations for eMAS in Lothian up to the end of October?

*Thanks to Jill Cruickshank, Community Pharmacist,
Lloydspharmacy, South Queensferry &
Pharmacy Practitioner Champion.*

A day in the life of... a Pharmacy Practitioner Champion

My role as a pharmacy 'champion' is to support fellow pharmacists during the implementation of the new Pharmacy Contract. Scotland launched its new Pharmacy Contract a year after England, Wales and Northern Ireland. We waited, watched and picked up a few tips from those that had jumped in at the deep end. We should be thankful that our contract is being rolled out in stages allowing each part to be implemented to the best of our ability. And that is where we champions come in - to support and share good practice amongst each other, whilst also spreading the word to other health professionals.

A typical day

Most days start at about 8.50am. Usual procedure - turn on computer, check fridge temperature, etc. And since the first of July 2006, start the eMAS system. I know each pharmacy has its own way of doing this as each PMR supplier has come up with a unique bit of eMAS software (with each and every one presenting a different problem).

Today is a little different from the usual day, I have 'champion duties' today. One of those rare and often hard to find creatures 'a locum' arrives at 9.00am. I leave the dispensary to them and move into the office. The first thing on my list to do today is contact some of the pharmacies in the area of Edinburgh that I support. We champions try to contact as many pharmacists/pharmacies in each of our areas as often as possible. I am really just checking to see

how they are all getting on with the implementation of eMAS. The questions from different pharmacies are often very similar, e.g. how to submit CP2 forms to PPD or slightly more technical questions regarding IT - these are usually referred on to Louise Galloway, the IM&T facilitator for Lothian.

After the round of phone calls it is off to Bonnyrigg Health Centre where I have been asked to attend the Midlothian Practice Managers meeting to give a presentation on eMAS. These opportunities are great as they allow us to spread the word about the new community pharmacy contract to other health professionals and help build strong ties between GP practice and community pharmacy. The presentation covers the background to eMAS, the information required to register patients, IT infrastructure, what can be prescribed, remuneration, and most importantly, the way patients can benefit and also how it will benefit GP/nurse time. There are lots of questions after the presentation. Everyone seems to be interested in the new service and how it will benefit their patients.

I am sure that everyone has had their own challenges with the implementation of eMAS. It is important to remember that this is a great step forward for Pharmacy and the first step in our new contract. Let's get ready for the next bit...

*Thanks to Jo Donaldson, Community Pharmacist,
Lloydspharmacy, Edinburgh &
Pharmacy Practitioner Champion.*

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 January 2007.