

In this issue:

- ❑ Implementing the New Pharmacy Contract and ePharmacy Services
- ❑ The Dawn of the New Pharmacy Contract
- ❑ So what do patients want from their pharmacy?
- ❑ Winter Pressures and Beyond – National PGD – Urgent Provision of Current Repeat Medicines to Patients by Pharmacists

Implementing the New Pharmacy Contract and ePharmacy Services

The new contract is now imminent and its implementation strategy is being initiated across Scotland. The four elements of the contract will be implemented on a phased basis from April 2006 with the phasing aligned to the availability of the e-infrastructure required. Minor Ailments Service (MAS) and Public Health Service (PHS) will come first, from April 2006, followed by Acute Medication Service (AMS) and Chronic Medication Service (CMS) from April 2007.

We are the Champions!

*“The main driver for implementation will be the use of appropriately trained and practising community pharmacists (practitioner champions). They will be expected to develop expertise in the new contract and then support other community pharmacists by cascading their knowledge and experience to their peer group in their practice locality”.*¹

The Lothian Practitioner Champions - from left to right



Scott Garden, Jill Cruickshank, Jo Donaldson, Fiona McCready, Pam Chisholm, Sally Connolly

The champions were nominated by the Lothian Pharmacy Contractors' Committee. This team will be organising awareness sessions on the eMAS system and providing contractors with regular updates about what they should be doing to be prepared and when things will be happening. They will also be contacting contractors personally over the next few months as the scheme rolls out in order to provide information and support.

Reference

1. New Community Pharmacy Contract: Progress Report and Implementation Programme. NHS Circular. PCA(P)2005(20). Scottish Executive. 30 November 2005.
[http://www.show.scot.nhs.uk/sehd/pca/PCA2005\(P\)20.pdf](http://www.show.scot.nhs.uk/sehd/pca/PCA2005(P)20.pdf)

Introducing the Lothian ePharmacy Facilitator



Louise Galloway, ePharmacy Facilitator, IM&T, NHS Lothian Primary Care Organisation

Louise recently took up this new post. She will be involved in facilitating the rollout of NHS Mail and is the contact for enquiries relating to this and for the new ePharmacy programme. She will also be working with the practitioner champions to implement eMAS. It is hoped that all pharmacists and support staff will have NHS email addresses in the very near future. A proforma has been sent to community pharmacists to verify the information collected nearly a year ago. Once this has been completed, a directory for Lothian can be uploaded on to the system and pharmacists will be informed that they can log on, look for their entry in the directory and register online for an email address. It has not been possible to take this forward until now, as the only information that would have shown on the directory would have been the pharmacist's name and the contact details of NHS Lothian Board. Now, NHS Lothian Board departments can be formed and these will be populated with the details of each individual pharmacy, allowing people to choose their name with greater confidence.

You can contact Louise by email at louise.galloway@lpct.scot.nhs.uk or ☎ 0131 537 5917.

Thanks to Anne Lorimer for contributing text and photographs.

The Dawn of the New Pharmacy Contract

2006 is now upon us (anybody else wondering where 2005 went?) and the new Pharmacy Contract, talked about for so long, is just around the corner. Implementation is due to begin in April 2006. The first changes we will see are the introduction of the Minor Ailments Service (MAS) and the Public Health Service (PHS). These will be followed in approximately 12 months time by the Chronic Medication Service (CMS) and Acute Medication Service (AMS) once e-solutions are in place. Locally negotiated services will continue as the new contract is implemented, but there will be a move towards national benchmarking for their payment.

Extra monies have been made available by the Scottish Executive Health Department to help prepare pharmacies for the new contract's introduction and pharmacies should now be ready. This may have meant investment in new computer hardware and software, reviewing your staff arrangements and installing a consultation area.

Much of the new contract is building on what pharmacies do already, so there will be no 'big bang' but a phased implementation of new ways of working. For example, pharmacies already stock useful leaflets for patients, display posters and provide information to patients. The PHS component of the new contract will merely build upon this by providing publicity materials for national and local campaigns, setting service standards so all pharmacies meet minimum requirements and providing appropriate funding (as a fixed fee) for the value of this service. This will really help pharmacy to deliver and reinforce key health improvement messages to local populations.

MAS is an important part of the new pharmacy contract and will enable advice and treatment (or advice alone along with a referral to the patient's GP) to be provided where appropriate. With MAS, the work we already do in counter prescribing for minor ailments is recognised, but new ways of working will be required due to the new funding mechanism. Patients who are exempt from prescription charges will register at their chosen pharmacy where they will then receive free treatments for minor ailments instead of needing to see a GP for a prescription.

Further developments may include pharmacists being able to fast track patients for a GP referral and the use of Patient Group

Directions (PGDs) to supply medicines or pack sizes currently only available on prescription.

MAS will be entirely electronic and payment will be based upon the number of patients registered for the service and reimbursement for products supplied. It may therefore be useful to get the eMAS software installed as soon as possible so pharmacists and staff will be familiar with its use before April! Contact your Patient Medication Record (PMR) supplier for more information.

Implementation of the new contract is to be supported by local pharmacist 'practitioner champions' who will receive training to help support their colleagues. These pharmacists have now been selected (see page 1) and you will hear more from them when they receive more training for their new role. As ever, there are many places to turn for help and support, including the Champions, SPGC, Lothian Pharmacy Contractors' Committee, NHS Lothian Contractor Support Officer, the NPA, a new contract website and of course other colleagues who will be going through exactly the same as you.

Good luck!

Thanks to Mike Embrey, Secretary, Lothian Pharmacy Contractors' Committee.

Mike Embrey can be contacted by email payrme@hotmail.com or ☎ 0131 663 3031

So what do patients want from their pharmacy?

The Edinburgh and Lothians branch of the Royal Pharmaceutical Society of Great Britain (RPSGB) chose the theme *'What do patients want from their pharmacy'* for a seminar held on Thursday 24th November at the Headquarters of the Pharmaceutical Society in Scotland, York Place, Edinburgh. The meeting was attended by pharmacists working across the spectrum of pharmacy and by patient representatives from the following organisations: Chest Heart & Stroke Scotland, the VOice of Carers Across Lothian (VOCAL), South East Scotland Cancer Network (SCAN) and Asthma UK Scotland, as well as from the Lothian Diabetes and Cardiovascular Disease Managed Clinical Networks (MCNs).



The evening began with an update on local developments in pharmacy services by [Sandra McNaughton](#), Primary Care Pharmacy Co-ordinator. Sandra focused on how pharmacists are contributing to the care of patients with various long term conditions, and how practice is being shaped for the delivery of the 'Chronic Medication Service' part of the new pharmacy contract, which is scheduled to start in April 2006.

Supplementary prescribing will play an important part in pharmacists' contribution to chronic disease management. It is defined as "a *voluntary prescribing partnership between an independent prescriber (a doctor or a dentist) and a supplementary prescriber to implement an agreed patient-specific clinical management plan with the patient's agreement.*" The healthcare structure is changing and patient demand continues to increase. NHS plans emphasise the need for the organisation of care around the needs of patients and carers. Supplementary prescribing enables a new avenue of access to care, which can be faster and more convenient. New contracts, first the new General Medical Services and very soon the new pharmacy contract, present opportunities for pharmacists who will have to work together with patients and colleagues to ensure consistent and complementary services.

[Robbie McGregor](#), Community Pharmacist, West Lothian and Committee Member, Scottish Pharmaceutical General Council, presented some

facts and figures about the numbers of pharmacists in NHS Lothian who have undergone training as supplementary prescribers, or are currently being trained. So far, in Scotland, 166 pharmacists have qualified as supplementary prescribers, 15 have completed the course and are awaiting mentorship to carry out their period of learning in practice and 189 are currently in training.

A discussion then took place between the panel of patients and patient organisations and the pharmacists in the audience. Important insights into the views of patients were gained and the discussion highlighted the importance of good communication as new pharmacy services are planned and rolled out.

The patient representatives acknowledged that once patients have experience of a pharmacist's services and advice they tend to continue to use that pharmacy. Patient registration (with a specific community pharmacy) as an aspect of the new pharmacy contract was also discussed. Carers would welcome advice from a pharmacist to help them to understand more about the medicines that the patient they are looking after is taking. Although it would appear that some patients have concerns about pharmacists having greater access to their clinical information, these are in the minority, and most patients are likely to support a formal structure whereby information can be shared securely across the NHS.

Thanks to Dot Anderson, Chairman, RPSGB Edinburgh and Lothians Branch.

Winter Pressures and Beyond - National PGD Urgent Provision of Current Repeat Medicines to Patients by Pharmacists

NHS 24 and community pharmacies receive many requests during out-of-hours periods and public holidays from patients requiring repeat medicine supplies. This has been addressed by NHS Scotland who have initiated a 'national Patient Group Direction' (PGD) that enables community pharmacists to provide current repeat medicines to patients.^{1,2}

*"This initiative will allow pharmacists to provide continuing care, working in partnership with their GP colleagues and help patients to get access to the medicines they require during GMS out-of-hour periods. This is yet another step towards closer working between GPs and community pharmacists"*³

Bill Scott, Chief Pharmaceutical Officer, Scotland

The PGD allows pharmacists to supply almost any medicine to a patient from the BNF and BNF for Children, which they normally receive on a repeat prescription. The most notable exclusions are for injectables, controlled drugs and those drugs used for acute conditions. The PGD can only be used when the patient's GP is unavailable or the surgery is closed and is only relevant to patients registered with an NHS Scotland GP practice.

If a supply is made using the PGD, the pharmacist fills out a community pharmacy urgent supply (CPUS) prescription form which is submitted to Practitioner Services and a copy sent/faxed to the patient's GP so that their repeat prescription record can be updated.

- The pharmacist ensures it is appropriate to make a supply of the medication(s) and the medication is valid for supply under the terms of the PGD
- A maximum of one cycle of the patient's normal repeat medication can be supplied
- The patient cannot receive a second successive supply of the medication.

Information required to complete the CPUS form includes:

- ✓ Patient's name, address & CHI/DOB
- ✓ Pharmacy contractor code
- ✓ Pharmacist registration number
- ✓ GP reference number.

References

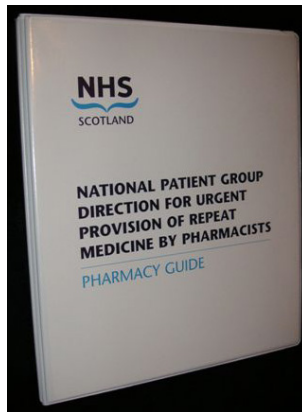
1. Urgent Provision of Current Repeat Medicines to Patients by Pharmacists. NHS Circular. PCA(P)(2005)21 & PCA(M)(2005)16. Scottish Executive. 5 December 2005. [http://www.show.scot.nhs.uk/sehd/pca/PCA2005\(M\)16PCA2005\(P\)21.pdf](http://www.show.scot.nhs.uk/sehd/pca/PCA2005(M)16PCA2005(P)21.pdf)
2. Winter Pressures and Beyond: Urgent Provision of Current Repeat Medicines to Patients by Pharmacists. NHS Circular. PCA(P)(2005)22. Scottish Executive. 8 December 2005. [http://www.show.scot.nhs.uk/sehd/pca/PCA2005\(P\)22.pdf](http://www.show.scot.nhs.uk/sehd/pca/PCA2005(P)22.pdf)
3. A new approach to the provision of emergency supplies in Scotland. Pharm J 2005 (3 December);275:682. http://www.pjonline.com/pdf/news/pj_20051203_emergencysupplies.pdf

Thanks to Lothian Primary Care Pharmacists.

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

anne.gilchrist@lpcot.scot.nhs.uk

Deadline for submitting articles for next issue: end February 2006.



If the CHI and/or GP reference number is not known, the pharmacist can obtain this information from the surgery when it is next open. Pharmacists will make the patient (or their representative) aware that the normal process for ordering repeat medications via their GP still applies *and is the mechanism by which repeat medications should be obtained.*

Guidance for action required by GPs and practices on receipt of the CPUS has also been issued:

- Update the patient record to show a supply has been made
- Destroy any repeat prescription(s) already produced to minimise the opportunity for duplication of supply
- Inform the pharmacy and the NHS Scotland Counter Fraud Services (CFS) if the patient is not registered at the practice (by faxing copy of the CPUS received from the pharmacy to the CFS, Fax: 01506 465182).

If supply using the PGD is not appropriate, the pharmacist may consider the following options:

- Make a supply under the existing code of ethics Emergency Supply regulations (legally 5 days supply and a charge is applied)
- Sell an appropriate OTC medication
- Refer the patient to the local out-of hours service.