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Lothian Community Pharmacies Connect to NHSmail

The NHS email system 'NHSmail' has now been implemented throughout independent community pharmacies in Lothian. A directory of community pharmacists and support staff has been compiled from the information submitted by proforma earlier this year. To start using the service it is necessary to register and activate individual email addresses. In premises where there is a direct connection to the N3 network this can be done immediately, however those pharmacies with a group connection will not be able to use the service until their head office enables the N3 connection.

A 'Quickstart Guide' is available to help with the registration process – copies can be obtained from Louise Galloway, ePharmacy Facilitator, NHS Lothian.

The NHSmail system is a fully encrypted, secure method of sending information which meets BMA recommendations on security and confidentiality. It is internet based and can be accessed from any PC, although additional security information will be requested if a non-N3 connection is used.

NHSmail can transmit messages to Fax machines and can send SMS texts to any UK mobile telephone

number. However, as neither of these facilities is secure they must not be used for the transmission of sensitive or confidential information.

To access NHSmail click on the NHSmail icon displayed on the computer desktop. If there is no such icon present, the system can be accessed by clicking the Internet Explorer icon, which should bring up the Community Pharmacy webpage.



Selecting the N3/NHSmail option at the top left hand side of this page, then clicking on the large blue NHS logo will bring up the NHSmail login screen. The other method of accessing the system is to type the web address (www.nhs.net) into the computer address bar.

A User Guide is being compiled by Louise Galloway which gives further information about how to use the NHSmail

system and its facilities. This will be available on request in the near future. Louise is also happy to visit community pharmacies to give advice and training, if required.

Louise Galloway can be contacted on ☎ 0131 537 5917 or by email at either louise.galloway@nhs.net or louise.galloway@lpct.scot.nhs.uk

Reference:

New Community Pharmacy Contract: Implementation. NHS Circular PCA(P)2006(2). Scottish Executive & Scottish Pharmaceutical General Council. 7 March 2006. [http://www.show.scot.nhs.uk/sehd/pca/PCA2006\(P\)02.pdf](http://www.show.scot.nhs.uk/sehd/pca/PCA2006(P)02.pdf)

Thanks to Louise Galloway, ePharmacy Facilitator, NHS Lothian Primary Care Organisation.

Positive Feedback on the National Patient Group Direction for the Urgent Provision of Repeat Medicine by Community Pharmacists

The National Patient Group Direction (PGD) for the urgent provision of repeat medicines by pharmacists was launched in December 2005 and is valid until November 2006. The PGD allows pharmacists to supply patients with one cycle of their repeat medication when it is impractical to obtain a prescription. This is principally during the General Medical Services (GMS) out-of-hours periods. Additional background to the national PGD can be found in the article 'Winter Pressures and Beyond - National PGD, Urgent Provision of Current Repeat Medicines to Patients by Pharmacists', included in the February 2006 issue of Pharmacy News.

The PGD was developed to ensure continuity of patient care particularly during the out-of-hours period and over public holidays when pharmacies and NHS 24 receive many requests from patients for supplies of their repeat medicines. Anecdotal feedback from pharmacists in the Lothian area in early 2006 was positive. However it was decided that it would be useful to obtain further information from pharmacists and other health care professionals, including GP and nurse colleagues.

A questionnaire was developed and circulated to all Lothian community pharmacies in early February 2006. Replies were requested by the end of February. Ninety-eight of the 178 pharmacies responded to the questionnaire (55%).

Figure 1

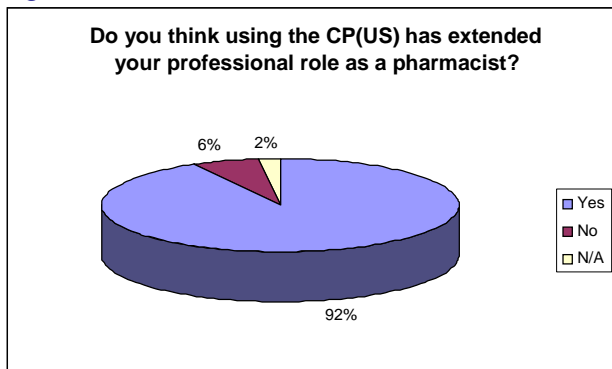


Figure 2

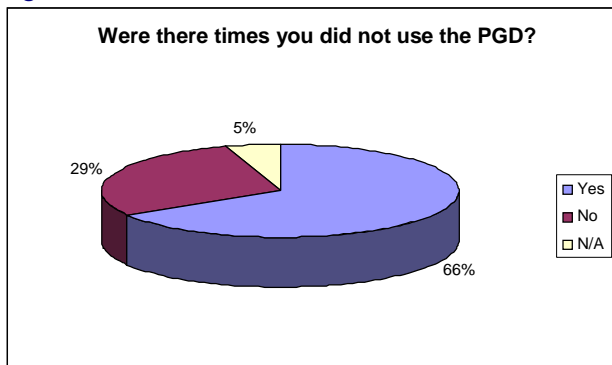


Figure 3

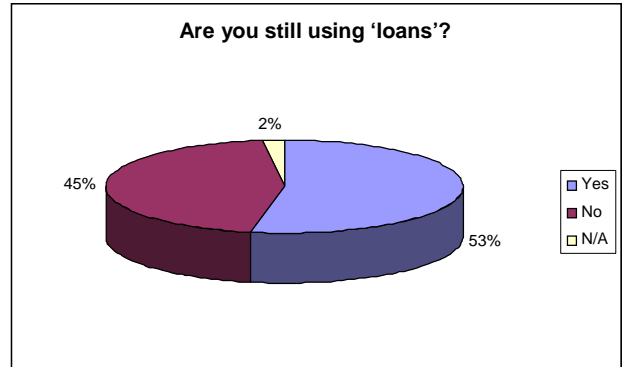
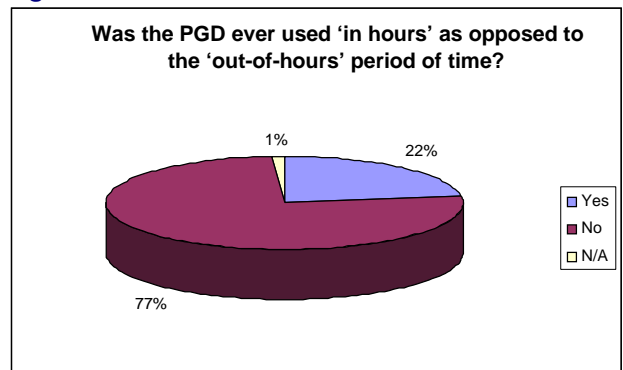


Figure 4



Ninety-two per cent of pharmacies responded that using the national PGD CP(US) had extended their professional role (see [Figure 1](#)). The main reasons given for not using the PGD were that the surgery was still open, the request was not urgent, the patient already had a prescription at the surgery awaiting collection or the patient was not a regular customer and an emergency supply was more appropriate ([Figure 2](#)). Fifty-three per cent of pharmacists were still using 'loans' ([Figure 3](#)). The main reasons reported were that the patient had a prescription ready at the surgery but did not have time to collect it, the surgery was open or the item was not allowed on the PGD. Use of the PGD 'in hours' was reported by 22% of pharmacies ([Figure 4](#)).

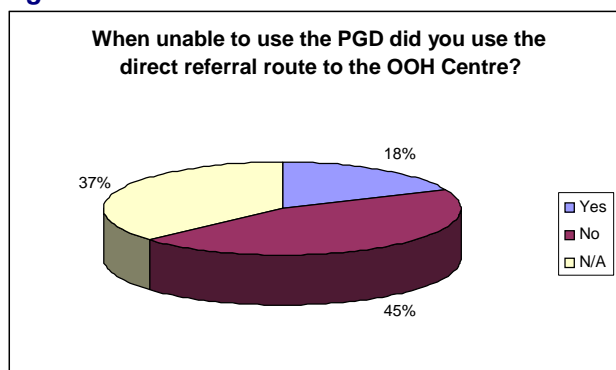
Pharmacists' comments:

- GP surgeries and their staff were not aware of the PGD and were unsure of the procedure to be followed when a CP(US) form is sent to their practice. Some GPs had provided a prescription after receiving the CP(US) form from the pharmacy
- The PGD is a good system, less time-consuming and helps to reduce 'loans'

Comments from other healthcare professionals:

- More publicity/awareness is required for GP practices and staff
- Many were unaware of what should be done with a CP (US) form
- Some GPs felt that the scheme was useful and helped to cut down the number of emergency appointments

Figure 5



The feedback was shared with NHS 24. NHS 24 has a policy of referring all access to medicines related calls to community pharmacy. These calls currently account for 6% of all calls to NHS 24, rising to 10% over public holiday periods.

The information obtained has identified the need to highlight to pharmacists:

- To use the direct referral route to their local OOH centre where patients present to the pharmacy requesting prescriptions for medicines not covered by the PGD (Figure 5). On this note, please be advised not to refer patients requiring substitution therapy, e.g. methadone, diazepam, dihydrocodeine to OOH or NHS 24. NHS 24 will only advise on how to cope with signs and symptoms which typically do not start until 48 hours has passed. It is the patient's responsibility to ensure they have adequate supplies. NHS 24, OOH GPs or Accident & Emergency departments will not authorise or prescribe substitution therapy.
- As eMAS is launched (see article on page 4), the direct referral route to OOH can be used if the pharmacist considers that a patient has not presented with a minor ailment. NHS 24 can be contacted for advice where there is uncertainty.

The information obtained has identified the need to highlight to GPs and practice staff:

- The existence of the national PGD
- To develop a procedure to manage the CP(US) form

Overall the feedback from pharmacists and GPs has been positive. In conclusion, the development of the national PGD has:

- Realised benefits for NHS 24 and the OOH GP service
- Improved the patient journey
- Extended the professional role of community pharmacists

Thanks to Andrea Smith, Primary Care & Community Pharmacy Support Pharmacist, West Lothian. Andrea would like to acknowledge the support of Claire Murphy, Contracts Support Officer and Geraldine Smith, Senior Regional Pharmacy Advisor, NHS 24, and would also, on behalf of NHS 24, like to thank pharmacy colleagues for their involvement.

National PGD – Ensuring Confidential Transfer of Information

The national PGD for the urgent provision of current repeat medicines to patients has raised the topic of confidentiality of patient information. When the pharmacist faxes a copy of the CP(US) form to the patient's GP practice it must be covered by an attached confidentiality statement. The confidentiality of faxed transmissions is outlined in the MEL (1997)45¹ which states:

"It is good practice to always precede the fax transmission by a telephone call to the recipient to confirm the fax number, to ensure that someone will be on hand at the machine to receive the fax and to seek confirmation from the intended recipient that the fax has been received."

and

"If, in extreme circumstances where [the MEL guidance] cannot be followed completely, non-totally anonymised patient information requires to be faxed, the fax should be preceded by a Confidentiality Notice..."

In addition, there still appears to be some confusion, in some GP practices, regarding the whole emergency supply system and the use of the CP(US) forms. This can lead to practice staff not knowing what to do when they receive a faxed copy of the CP(US) form(s) and duplicate prescriptions being issued. To avoid this confusion, improve communication and maintain confidentiality, some pharmacists have developed their own fax cover sheet incorporating both the essential confidentiality statement and a short explanation of the CP(US) form.

**Anytown Pharmacy
Main Street
Edinburgh**

Telephone: 0131 XXX XXXX

Please find attached a copy of a Community Pharmacy 'Urgent Supply' form detailing medication dispensed for one of your patients. Please ensure that this information is recorded on your practice system to reflect this supply and that any repeat prescriptions currently awaiting collection for this item(s) are destroyed.

Thank you.

Use of similar fax cover sheets by all pharmacists would reduce the confusion surrounding the emergency supply system, and more importantly, the requirement for a confidentiality statement will be met.

Reference:

1. Guidance on the use of facsimile transmissions for the transfer of personal health information within the NHS in Scotland. The Scottish Office Department of Health. 5 August 1997. http://www.show.scot.nhs.uk/sehd/mels/97_45.html

Thanks to Dawn Owen, Primary Care Pharmacist, North East Edinburgh Locality Health Partnership.

Introducing the Lothian Minor Ailments Formulary

The aim of the Minor Ailments Formulary is to promote safe and effective treatment of minor ailments in community pharmacy. *The Lothian Joint Formulary (LJF) provides advice to prescribers on appropriate treatment options for doctors, nurses, pharmacists and other health professionals allied to medicine. The Minor Ailments Formulary, as part of the LJF, provides advice and recommendations for community pharmacists providing care through the Minor Ailments Service (MAS). The Lothian Minor Ailments Formulary is based on similar formularies developed in the direct supply pilots in both Ayrshire and Arran and Dundee.*

The Minor Ailments Formulary is more than a selective list of medicines because it also contains prescribing notes that highlight key messages about the drugs and/or conditions being treated. We have tried to achieve a balance between helpful information and the need to keep the content as concise as possible. It will continue to evolve and be a dynamic document.

Criteria for including treatments within the Minor Ailments section of the Lothian Joint Formulary are:

- they are already in the National Formulary and will be reimbursed through the scheme
- they are appropriate for the management of minor ailments
- there is evidence that they are effective
- where possible, they match recommendations in other sections of the Lothian Joint Formulary

Although the Minor Ailments Formulary has been produced initially in paper form, the most up to date version will be accessible and maintained in an electronic form. This computerised version will be accessible via the NHS Lothian website at www.ljf.scot.nhs.uk. An abbreviated list has also been produced and this will be updated on a regular basis. Pharmacists are encouraged to prescribe in line with the Lothian Joint Formulary recommendations as these support evidence based, cost effective prescribing decisions. This includes, wherever possible, prescribing on a generic basis. However any item that meets the requirements of the national formulary will be reimbursed.

The Minor Ailment Service is subject to the same prescribing support and monitoring as General Practitioner Services. In addition, prescribing teams will highlight to community pharmacy contractors any prescribed items that are disallowed under the national

formulary and offer prescribing advice support to prevent any reoccurrence.

NATIONAL FORMULARY for MAS

The formulary available to the pharmacist is based on the BNF and includes:

- all Pharmacy (P) and General Sales List (GSL) medicines that are not blacklisted
- dressings and appliances from Part 2 of the Drug Tariff
- Bug busting kits, Sodium Bicarbonate Ear drops and Sodium Chloride Nasal Drops from Part 3 of the Drug Tariff, and
- a number of Prescription Only Medicines (POMs) agreed suitable and which are underpinned by a series of national core Patient Group Directions (PGDs)

There will be only one PGD in the first instance - Chloramphenicol Eye Drops - due to the cost difference between the OTC and POM product.

REIMBURSEMENT

The actual price paid is either Drug Tariff (Part 7 generics) or UK trade price (proprietary). Therefore where a generic has been dispensed and endorsed, if it is listed in Part 7 of the Drug Tariff, it will be paid at that Part 7 price. Smaller pack sizes that match counter packs are being included into Part 7, e.g. paracetamol 32s and ibuprofen 200mg and 400mg in 24s and 48s.

Where a product is listed as a generic in Part 7, but there is also an OTC counter pack available, the pharmacist should select the generic formulation for printing and select for endorsement the correct corresponding counter product and pack size. If the pharmacist selects the generic product for printing but does not include any endorsing information it is likely that the reimbursement processing system (scanner) will default to the Part 7 entry which is the POM pack. The item will be automatically marked disallowed (as the POM will not be flagged for a CP2 – unless there is a corresponding PGD) and the item will be rejected for payment purposes. However, all rejected items are manually checked and it will be identified that an equivalent P/GSL pack is available (as long as it was not a blacklisted item) and a manual adjustment would allow it to pass for payment as the counter pack. It is also important not to dispense from a POM pack unless there is a PGD in place for that product.

References:

- New Community Pharmacy Contract - Minor Ailments Service - Implementation. NHS Circular: PCP(P)(2006)9. Scottish Executive. 24 May 2006. [http://www.show.scot.nhs.uk/sehd/pca/PCA2006\(P\)09.pdf](http://www.show.scot.nhs.uk/sehd/pca/PCA2006(P)09.pdf)
- NHS Scotland Community Pharmacy website. FAQs Formulary & Prescribing. <http://www.communitypharmacy.scot.nhs.uk/faq.html#Formulary>

Thanks to Sean MacBride-Stewart, Formulary Pharmacist/Primary Care Pharmacist.

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

anne.gilchrist@lpct.scot.nhs.uk

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