

In this issue:

- Public Health and the New Community Pharmacy Contract
- Stoma Appliances – Educational Evenings for Pharmacy Staff
- Payment Verification – a Reminder - Key Issues Identified
- Patient Group Directions: Minor Ailment Service & National PGD Revision
- ABPI Pharmacy Award 2006 – Lothian Winner – Evidence Based Pharmaceutical Care for Stroke Patients

Public Health and the New Community Pharmacy Contract

While everyone's energies have been going into the implementation of the Minor Ailment Service (eMAS) component of the new Community Pharmacy Contract, the specification for the second strand has been released. The Public Health Service acknowledges many of the activities that go on in pharmacies already. Pharmacists are public health practitioners and have an input to make in many public health related areas. These vary depending on local needs and arrangements, but can include advice and support on lifestyle changes (smoking cessation, healthy eating), sexual health (emergency hormonal contraception, chlamydia testing), cancer prevention and screening (oral health, safety in the sun), travel health, immunisation and many more areas. This encourages expansion and a more formal approach to the community pharmacist's contribution to health protection, health improvement and medicine safety.

The service involves a two tiered fixed allowance payment. It requires more proactive involvement of pharmacists and their staff in supporting self care, in making pharmacies more of a health promoting environment, offering opportunistic interventions to

promote healthy lifestyles and contributing to national and local campaigns. There are core elements to this service plus an optional element relating to health promoting windows/frontages. This option involves use of the window/frontage space of the pharmacy by the NHS to promote health and health improvement messages via four national campaigns run annually. This option involves an additional payment.

Provision of access to emergency hormonal contraception and smoking cessation support services will be classed as additional services and a national benchmark specification and tariff are being developed for use locally.

Support for this strand is provided through a package from NHS Education for Scotland (NES Pharmacy www.nes.scot.nhs.uk/pharmacy/) that covers some aspects of pharmaceutical public health. Each chapter provides information on a different area with a population based overview combined with some practical background clinical knowledge. These chapters are available online and a hard copy of the whole pack will be sent to every community pharmacy.

Service Outline

Health Promoting Philosophy

- Health protection, health improvement and medicine safety should be an integral part of a pharmacist's approach to pharmaceutical care services
- Advice on healthy living and encouragement of self care
- Adverse drug reaction reporting

Health Promoting Activities

- Participation in 4 nationally agreed health promotion campaigns (each for 6 weeks), e.g. winter campaign, oral health, smoking cessation, safety in the sun, men's health
- Opportunistic interventions should be made as an integral part of day to day activity

Health Promoting Environment

- Use of leaflets and posters is encouraged and any displays should be well maintained and up to date
- Every pharmacy will provide an identifiable area to support health improvement activities

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

Stoma Appliances Educational Evenings for Pharmacy Staff

From the first of April 2006 there has been a new contract for the supply of stoma appliances within the community. Within NHS Lothian this has resulted in few changes with all previous appliance contractors tendering for the new contract. However, with the new contract came a new national standard for the service and an opportunity for NHS Lothian stoma nurses to meet the community pharmacy staff providing care under the new contract and deliver an educational session to them.



On 15th June, around 50 pharmacists and support staff attended an evening in the Lister Institute to update themselves on different aspects of stoma care. There were some short talks introducing the delegates to the stoma nurses and the services they provide in addition to refresher sessions on stomas and their complications. The evening continued with workshops covering product choice, product cutting, skin care and psychological aspects of having a stoma.

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

The enthusiasm of tutors and delegates was such that even on a pleasant June night it took some persuasion to close the session.

Further product information was provided by several representatives of appliance manufacturers. They kindly made themselves available for the whole evening to meet the delegates.



A similar evening was run in West Lothian in May, with two more planned for Edinburgh in September. The level of interest in these sessions builds confidence that the new contract for the supply of stoma appliances in the community has raised the profile of this service and the existing high standard of care can be built upon and improved.

Payment Verification – a Reminder Key Issues Identified

- Ensure that the sections on the *reverse of prescriptions* are *completed* before submission – the patient may be exempt and if so non-completion would mean a potential loss of fees
- The dispensing of *unsigned prescriptions* is illegal; where a patient presents with an unsigned prescription it should not be dispensed and the GP practice should be informed immediately
- Dispensing a *controlled drug* where there is *insufficient patient information* (e.g. incomplete address details) on a prescription is illegal (Misuse of Drug Regulations, 2001)
- Ensure that all relevant *endorsements*, including pack size, are clearly added, to avoid potential loss of fees
- *Incorrect Endorsement Formats*, e.g. slash, extra zeros, can and have been incorrectly interpreted as figures, resulting in incorrect payments to contractors
- *GP64As* should only be completed when claiming *oxygen delivery mileage*; ensure that the reverse of the GP64A is completed before submission as non-completion may lead to a loss of fees

Thanks to Claire Murphy, Contractor Support Officer, Lothian Primary Care Organisation.

Patient Group Directions for the Minor Ailment Service

The first phase of the New Pharmaceutical Care Services Contract began on the 1st July with the Minor Ailment Service (eMAS) as one of the first elements. To support this, two Patient Group Directions (PGDs) have been developed and circulated, for the supply of fluconazole capsules 150mg and for chloramphenicol eye drops 0.5%. A further PGD for the supply of hydrocortisone cream 1% is also being developed.

Four copies of each PGD have been sent to every community pharmacy. In order to be able to use the PGDs each pharmacist is required to have a signed individual copy. Locum pharmacists need to sign one PGD in each Health Board area and have been

asked to keep their copy with them for use in each individual pharmacy.

Once the PGDs have been signed, the relevant part 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 Board has an accurate record of all those operating the PGDs.

Did you know...there were 62,427 registrations and 7,673 consultations for eMAS in Lothian up to the end of August?

Revision to the National Patient Group Direction – Sign & Return

The 'national Patient Group Direction' (PGD) for the urgent provision of repeat medicines by pharmacists in Scotland came into effect in December 2005. This PGD enables pharmacists to supply patients with one cycle of their current repeat medication when it is impractical to obtain a prescription, providing the criteria set out in the PGD are met.^{1,2}

The decision to make use of the PGD is entirely a professional decision. The Royal Pharmaceutical Society of Great Britain Code of Ethics requires that pharmacists act in the best interests of patients. Where a patient is experiencing difficulty in obtaining their repeat medicine and the situation meets the criteria for the use of the PGD, then the pharmacist should consider using the PGD if it is in the best interest of the patient.

Following a recent review, some amendments to the national Patient Group Direction (PGD) were made.

Five copies of the updated version of the PGD have been distributed to every community pharmacy in Lothian, with instructions on how to ensure that the updated version is the one in use. A signed copy of the PGD is required for each pharmacist. Locums only need to sign one PGD for each Health Board area and should keep their copy with them for use in each individual pharmacy.

Signed PGDs 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.

A new NHS Lothian fax cover sheet template was also included which conforms to 'NHS MEL (1997)45³'.

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. 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 Claire Murphy, Contractor Support Officer, Lothian Primary Care Organisation.

ABPI Pharmacy Award 2006 – Lothian Winner Evidence Based Pharmaceutical Care for Stroke Patients

The Association of the British Pharmaceutical Industry (ABPI) Pharmacy Award is recognition by the pharmaceutical industry of the role of the 'pharmacy team' in ensuring that patients have access to medicines and that they gain maximum benefits from their prescribed medicines.

A pharmacy team from the Royal Infirmary of Edinburgh (RIE) supported by the Head of Pharmacy Education, Research & Development (ERD) received one of the four ABPI 2006 awards for the development of a tool to ensure consistent quality of pharmaceutical care during stroke patients' hospital journey. The evidence based pharmaceutical care plan facilitates improvement in the quality of prescribing and efficient identification and resolution of medication administration problems.



As partial fulfilment of her MSc in Clinical Pharmacy, *Esperanza Palenzuela, Clinical Pharmacist*, developed, tested and incorporated evidence based criteria into an existing pharmaceutical care plan designed by her clinical supervisor, *Anne Kinnear, Lead Directorate Pharmacist for Medicine of the Elderly/Stroke*. The project was academically supervised by *Moira Kinnear, Head of ERD and Lecturer at the University of Strathclyde*.

The project was supported by the Lothian Managed Clinical Network (MCN) for Stroke and employed methodology developed for medication assessment tools by the Pharmaceutical Care Health Service Unit at the University of Strathclyde.

Application of the criteria in 125 stroke patients identified where improvements could be made to ensure national standards are met for the treatment of stroke patients. The care plan can be used by pharmacists and technicians in acute admissions, stroke and rehabilitation wards to ensure timely prescribing of, for example, aspirin, and also to aid early identification of the need for and supply of special formulations of medicines.

The pharmaceutical care plan has been agreed through the multidisciplinary network and its use is currently being evaluated in routine practice to assure the quality of prescribing and pharmaceutical care for stroke patients. Following evaluation it will be shared nationally and further developed to support continuity of care on discharge from hospital.

The RIE team were invited to present their work at the ABPI fringe meeting held on Tuesday 5th September at the British Pharmaceutical Conference in Manchester.

Thanks to Anne Kinnear, Principal Clinical Pharmacist, Acute Hospitals Division, NHS Lothian & 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: anne.gilchrist@lpct.scot.nhs.uk
Deadline for submitting articles for next issue: end October 2006.