



community pharmacy

NEWS

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PSNC submits response to DH consultation on PPRS

PSNC has submitted its final response to the Department of Health Consultation on a Statutory Scheme to Control the Prices of Branded NHS Medicines. The scheme would apply to companies who do not sign up to a new voluntary PPRS scheme or in the event of failure to reach an agreement with the pharmaceutical industry on a new PPRS Scheme.

PSNC is extremely disappointed that the consultation paper does not address the issue of off-patent brands being prescribed to undercut the prevailing Category M price. This practice is not in the interests of pharmacists, the NHS or tax payers in the long-term because it removes competition and distorts a vital funding stream for pharmacy contractors.

In any new arrangements we want to see the removal of the incentive for prescribing by brand or manufacturer's name unless it is deemed absolutely necessary on clinical grounds.

Options to achieve this include as proposed by the OFT, setting the reimbursement price for any branded generic or off-patent brand with readily available generic equivalent at a price higher than the Drug Tariff Category M reimbursement price with safeguards to ensure the product is

available to pharmacies at or below the reimbursement price; or alternatively generic substitution.

If the government decides to proceed with the proposed price cuts, PSNC has emphasised that it is essential that the price change mechanism continues to operate as normal. If this doesn't happen, pharmacists will be obliged to minimise stock holdings in the period immediately before the price cut takes effect.

Over the past year, there has been a substantial increase in the problems that contractors are experiencing in obtaining certain branded medicines. A particular problem has been manufacturer's quotas, introduced to better manage the supply of medicines and ensure patient access, but instead they seem to be leading to delays in patient care where stock hasn't been allocated correctly by the manufacturer or managed appropriately by the wholesaler.

At the heart of the current problems are changes in the European import and export market. PSNC is very concerned that the current problems will be exacerbated by the impact of the proposed PPRS branded medicine price reductions in January 2009.

In order to protect the timely and efficient supply of medicines to NHS patients, PSNC is advocating that there should be information requirements placed on branded medicines manufacturers to allow the Department of Health to ensure the appropriate and continued supply of branded medicines to pharmacies so that the needs of patients are met. There is a need for the Department of Health, manufacturers, distributors and community pharmacy representatives to jointly consider, as a matter of urgency, what measures can be put in place to address supply issues including problems caused by manufacturer's quotas.

The proposed changes to PPRS are especially important in the context of the White Paper, which contains proposals to extend pharmacy services further; for example, by increasing the availability of NHS minor ailments services and providing vascular health checks. Community pharmacy contractors have a central role to play in primary care, but they need arrangements that deliver stable and appropriate levels of funding. Changes to PPRS must not compromise that objective.

The PSNC response can be downloaded in full from the PSNC Online Publications Database.

Pharmacy White Paper Listening Events

Following the publication of the Pharmacy White Paper (Pharmacy in England: Building on Strengths – delivering the future) the consultation document, Building on strengths – delivering the future – proposals for legislative change fulfils the commitment to consult on a number of key proposals for structural change.

During October, the Department of Health is hosting a series of six national events to support the consultation and listen to the views of stakeholders. The events will all be interactive with themed workshop sessions.

All stakeholders are invited but the Department of Health particularly welcomes representatives from public and patient organisations, community pharmacists and appliance contractors. The agenda for two of the six events has been tailored to two of these groups, one for patient and public representatives only and one for pharmacists only.

The Pharmacists event will be held on Sunday 12 October 2008 at the Radisson Edwardian Marlborough in London. PSNC strongly encourages community pharmacists to attend the event and make their voices heard.

Places are allocated on a first come first served basis. There are 80 places available and places are free of charge to NHS staff and people working within the health, social care, public, voluntary and private sector.

All events must be booked via NHS PCC on:
www.primarycarecontracting.nhs.uk/events/all/949

Pharmacist only – 12 October – London
(Radisson Edwardian Marlborough)

North East – 17 October – Newcastle (Thistle)

North West – 28 October – Manchester (Hilton)

Midlands/SW – 29 October – Birmingham
(Aston Business School)

London/SE/E. Anglia – 30 October – London
(Holiday Inn Regent's Park)

2008 Seasonal Flu Immunisation Campaign

The flu immunisation communications campaign to encourage uptake of the flu vaccine during 2008 began Wednesday 1st October.

To support the influenza immunisation programme the Department of Health (DH) will launch a national publicity campaign in early October. The campaign will use a broad range of communications including TV, radio, online and pharmacy bag advertising which will run during October and November, with PR activity continuing until the end of 2008.

This year the campaign will encourage uptake of the flu vaccine by younger people in 'at risk' groups with an aim to greatly increase the number who are immunised, as well as continuing to promote the vaccine to those aged 65 or over.

The target groups are:

- Those in 'at risk' groups, between the ages of 16 and 64

- Parents of children in 'at risk' groups
- Those 65 years old or over (74% are currently getting the jab)

'At risk' groups who are entitled to free annual vaccination include adults or children who have:

- Serious heart or chest complaint including asthma
- A stroke or transient ischaemic attack (TIA)
- Serious kidney disease
- Diabetes
- Serious liver disease

GPs may also advise vaccinations for people with:

- Lowered immunity following disease or treatment (including steroid medication and cancer treatment)
- Multiple sclerosis
- Degenerative conditions of the central nervous system

Research has confirmed that older people are well aware that they should have the vaccine, but younger people in the 'at risk' groups are

much less aware. There is also a need to encourage uptake of the vaccine amongst 'at risk' children via their parents, and support at a local level is being encouraged through the campaign and by setting up alliances with key third party groups including community pharmacy to further spread the message.

The Flu Immunisation Campaign 2008 Local Information Pack has been recently launched by DH which contains advice, materials, templates and features for use locally to get the message out quickly and easily. The target audience for this pack includes GPs, communications leads, flu co-ordinators, Health Protection Units (HPU), and community and hospital pharmacists.

Further information about this campaign can be found on www.psn.org.uk

PCTs may commission seasonal flu vaccination as an Enhanced service through community pharmacies and good practice examples can be found on PSNC's Community Pharmacy Services Database at

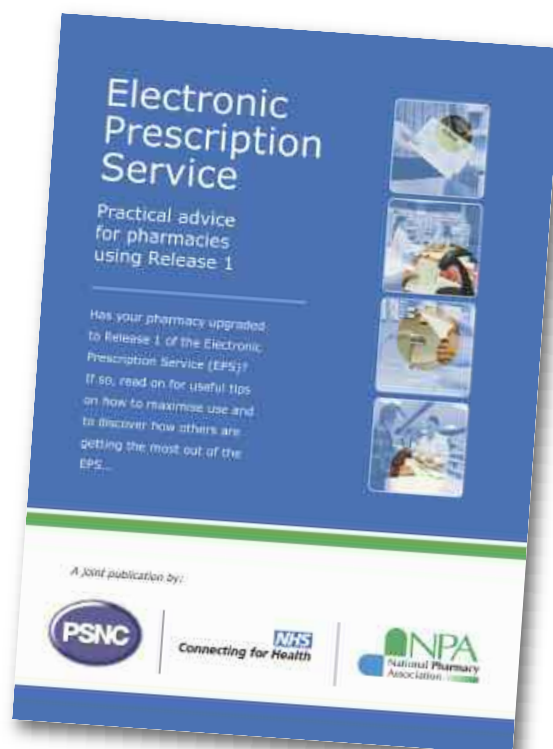
www.psn.org.uk/database

EPS: Practical Advice for use of Release 1

Enclosed in this issue of Community Pharmacy News, pharmacies in England should have received a guidance leaflet which has been jointly produced by NHS Connecting for Health, PSNC and the NPA.

The document provides a series of practical tips taken from pharmacies across the country who use EPS regularly to process bar-coded prescriptions.

PSNC and the NPA are continuing to encourage pharmacies who have not yet upgraded to EPS Release 1 to make plans to get connected. And for those pharmacies who have already deployed Release 1, it is essential that the system is being used where practical to ensure that problems can be identified and resolved before EPS becomes business critical in Release 2.



Service Database

The most popular services searched for during the month of **September** were:

Weight Management

Chlamydia

Vascular Risk Assessment

Seasonal Influenza

Emergency Hormonal Contraception

Point of Care Testing

The latest service to be added to the online service database is the Greater Manchester Point of Care Testing Pilot. The pilot project was initiated by the Department of Health who invited Greater Manchester PCTs to deliver it and report on its findings. The Greater Manchester High Street Testing pilot started in August 2006 for up to 1200 people in nine pharmacies across four Greater Manchester PCTs and offered patients with diabetes and/or cardiovascular disease the choice of attending a pharmacy for a clinical consultation and diagnostic blood tests. The aim of the pilot included assessing whether community pharmacies can provide a suitable setting to deliver care for long-term conditions and also to provide an opportunity under the new pharmacy contract for pharmacists to manage patients. Patients on practice registers who met local inclusion/exclusion criteria were offered the choice of receiving two episodes of care over one year during which a clinical consultation, point of care tests, venepuncture and medicines advice/prescription management services were also carried out. The clinical consultation included lifestyle discussion, diet, exercise regimens, medicines adherence, height, weight, blood pressure measurements and calculation of BMI. Point of Care blood tests included HbA1C, cholesterol, HDL-cholesterol, triglycerides and INR (for anticoagulant management). Information about the outcomes of care episodes was relayed to GP practices. The patient was given a copy of their results and management plan, which was also

forwarded to the GP. A traffic light alert system with treatment cut-offs was used to grade a patient's status as green (next appointment scheduled at 6 months), amber (3 months) or red (patients are referred back to the GP). Further details on the Point of Care Testing pilot service including the evaluation report can be found on the online service database on the PSNC website at www.psn.org.uk/database.

Another example of Point of Care testing can be found in the Diabetes service commissioned by City & Hackney Teaching PCT. The aim of this service includes helping patients with diabetes to improve the control of modifiable risk factors, e.g. smoking, blood glucose, blood pressure, cholesterol and body weight by improved understanding of these risk factors, and providing support to modify risk factors (e.g. smoking cessation, weight management). The service also aims to identify patients with previously undiagnosed diabetes through targeted screening of the local population. Further details on this service can be found on the online service database.

Want to find information on a particular service?

On the service database page on the PSNC website, click on the search button to find details of local services across the country.

Want to share details of a service?

If you have developed or implemented a service in your area and would like to share the details including any documentation with PSNC and LPCs then you can upload the information to the online service database by clicking 'submit information on a Local Service'. If you need any help with uploading the information please contact information pharmacist Kam Amrith on 01296 438462.

'Match.com' for NHS and suppliers launched

An online advertising service that will help 'hook up' NHS providers with healthcare suppliers has been launched.

The new website (www.supply2health.nhs.uk), NHS Supply2Health will make it easier for PCT commissioners to advertise health and social care services they require and for suppliers to identify business opportunities within the NHS.

From Wednesday 1 October 2008, all NHS commissioners will be required to post information about tendering opportunities and contract awards on the site, making it easier for suppliers to track down single opportunities and understand exactly what PCTs want. For

commissioners, Supply2Health will help meet their legal requirements to advertise and potentially increase the number of suppliers responding to their adverts by reaching a wider audience.

It will also offer services, including emailing subscribers where new opportunities are posted that match the health and social care services they provide.

Health Minister Ben Bradshaw said:

"With no one place for PCTs to advertise, contract or tendering ads can appear in all number of places, and can be easily missed. The new online service NHS Supply2Health will ensure well matched suppliers and contractors can hook up."

PSNC Annual Report 2007/08

The PSNC Annual Report and accounts for 2007-08 is now available on the PSNC website.





International Convention Centre Birmingham Monday 17th November 2008

The Community Pharmacy Conference, now in its eleventh year, is the event for Local Pharmaceutical Committees, Primary Care Organisations and pharmacy contractors. The Community Pharmacy Conference 2008 'Healthy People, Healthy Future' has an impressive programme with a public health theme.

How to Register

The full programme and registration form are available to download from the PSNC website: www.psn.org.uk/events. If you have problems we can email you the details – contact events@psnc.org.uk

Who should attend

LPC Members, Community Pharmacists and Pharmacy Contractors, PCT Chairs & CEOs, Directors of Primary Care and Public Health, Directors of Commissioning, Prescribing/Pharmaceutical Advisors, Medicines Management/Implementation Leads, SHA Primary Care & Commissioning Leads, SHA Pharmaceutical Advisors, PEC Members.

Programme

10:30	Chairman's Introduction Dr Christopher Hodges, Chairman, PSNC
10:40	Minister Rt Hon Dawn Primarolo MP
10:55	Overview Sue Sharpe, CEO, PSNC
11:10	Q&A session
11:20	The public health challenge Dr Ruth Hussey, Regional Director of Public Health/SHA Medical Director, NHS North West. The challenge of leading public health improvement at a regional level – what role does community pharmacy play now and what potential for the future.
11:40	The National Vascular Risk Assessment Programme Dr Bill Kirkup, Associate NHS Medical Director, DH Details of the programme, rollout and how pharmacies can contribute to achieving targets.
12:00	Breakout sessions Delivering Health Checks in community pharmacy – engaging with the public Philip Banks, Pharmacy Services Manager, Tesco. Tesco's experience of patient responses and interest in their own health. How it is promoted, what is provided and who has used it; learning points and patient responses.

Developing an NHS Vascular risk assessment – the Birmingham Heart MOT

Clare Kerr, Head of Clinical Services, Lloydspharmacy.
Describes the service, training requirements, skill mix, commissioning process, users, outcomes and findings.

Why healthcare can't ignore Sustainable Development

Maria Arnold, Sustainable Development Commission.
Why sustainable development matters and how it will influence the future direction of healthcare policy and commissioning.

Changing consumer attitudes – making the case for pharmacy supported self-care

Gopa Mitra, Director of Health Policy & Public Affairs, Proprietary Association of Great Britain.
How to change consumer attitudes at a local level in order to maximise the value of pharmacy supported self-care.

13:00 Lunch

14:00 Repeat of Breakout sessions

15:00 Improving public health through PCT and Local Authority collaboration

Dr Paul Edmondson-Jones, Director of Public Health and Well-being, Portsmouth City Teaching PCT/Portsmouth City Council.

How Portsmouth tPCT and the City Council work together to impact on public health, including explaining how the Joint Strategic Needs Assessment process and local planning frameworks work.

15:25 Pharmaceutical Needs Assessments – driving pharmacy engagement in public health

Gianpiero Celino, Director, Webstar Health.
The importance of PNAs, the need to update current iterations and the new standard requirements emerging from the White Paper commitment; how to use PNAs to inform the commissioning of public health focussed services.

15:45 Q&A session

16:00 Close

Please note the conference programme is subject to change.

Drug Tariff News

CIP Video Guide



The NHSBSA PPD has worked with PSNC to publish a video guide to the PPD's new processing technology.

The video takes contractors through the pricing process, from the receipt of prescription batches at the PPD, to batch preparation, scanning, and the data capture mechanism. The video also explains the exception process, whereby PPD staff manually capture information from dispensing endorsements.

The guide can be viewed online on the PSNC website at www.psn.org.uk/CIP or on the NHSBSA PPD site at www.ppa.org.uk.

Bolton and Durham PPD Sites Close

The PPD is consolidating its existing nine processing sites into three regional sites based in the North East (Newcastle), North West (Middlebrook/Horwich) and Yorkshire (Wakefield). All three regional sites are now up and running. The Sheffield, Preston and Manchester sites closed earlier in the year and the Durham and Bolton sites closed on the 19th September.

The Liverpool site will close on the 17th October and it is expected that the West Bromwich site will close later in the year. When a site closes, the PPD write to the contractor in advance informing them of where their prescription bundles should be sent in future.

Category M Price Changes for October 2008

The 15th Category M price changes have been announced. These prices will apply to prescriptions dispensed in October to December 2008. The following products have been added to Category M this quarter;

Perindopril erbumine 2mg tablets

Perindopril erbumine 4mg tablets

Perindopril erbumine 8mg tablets

There are no deletions to Category M this quarter.

For more information and to download a copy of the list in full, please visit the PSNC website at www.psn.org.uk/funding

Claiming Top Up Payments

Where the total monthly Establishment and/or Practice payments in relation to prescriptions passed for pricing are less than the amount which would have been paid had the payments been calculated on a six monthly basis, contractors can claim for a 'top up' payment.

Part VIA of the Drug Tariff outlines the arrangements for pharmacy contractors to request a 'top up' of their Establishment and/or Practice Payments. It is not possible to apply for a 'top-up' of the Transitional Payment.

An Establishment Payments top up for 2007/08 is only likely to be required where monthly dispensing volumes fluctuate between the payment bands and where contractors have dispensed less than 2,650 prescription items during one or more months during the year.

A Practice Payments top up is only likely to be required where monthly dispensing volumes fluctuate between the payment bands and contractors have dispensed less than 2,120 prescription items during one or more months during the year.

To claim a 'top up' payment, pharmacy contractors are required to submit copies of their Schedule of Payments for the relevant period (e.g. April to September and/or October to March) to their PCT along with a covering letter. More detailed guidance on calculating payment due along with template claim letters can be found on the PSNC website (www.psn.org.uk/topup).

All claims relating to the 2007/8 financial year have to have been submitted to PCTs by 30th November 2008.

Dispensing with Repeats – 2nd edition launched

The National Prescribing Centre (NPC) has recently launched a 2nd edition of 'Dispensing

with Repeats - a practical guide to repeat dispensing'.

The document draws extensively on examples of good practice that have emerged from the National Repeat Dispensing Pathfinder programme supported by the Department of Health and from the Community Pharmacy Framework Collaborative (CPFC). Many of the PCTs referred to have now evolved into successor organisations but the principles described are still valid and useful.

The guide can be downloaded from the PSNC website.

Special Container Change

The NHSBSA Prescription Pricing Division has confirmed that special container status has been granted to the sub-pack of 10 Zelapar 1.25 mg Oral Lyophilisate (Cephalon Ltd) tablets.

An online database of products with special container and calendar pack status can be found on the PSNC Website (www.psn.org.uk/specialcontainer).

Stoma & Urology: PSNC Responds to DH

PSNC has responded to the Department of Health's revised proposals on the arrangements under Part IX of the Drug Tariff for the provision of stoma and urology appliances - and related services - in primary care. This forms part of the Department of Health's ongoing review of the arrangements for appliances.

PSNC strongly support the Department of Health's aim to achieve 'equivalent payment for equivalent services' however the Department has again failed to take into consideration the different reimbursement arrangements for pharmacy and appliance contractors. To ensure equity of payment, appliances dispensed by pharmacy contractors should not be subject to discount deduction.

Although the Department's most recent proposals have addressed some of the concerns of pharmacy contractors, the proposed additional dispensing fee and stoma customisation fee remain wholly unrealistic and fail to offer any incentive for pharmacy contractors to provide these services. The

reimbursement and remuneration structure must fully cover the costs of providing the service and provide a fair return to contractors.

PSNC strongly supports the Department's revised proposals to allow a pharmacist or specialist nurse to undertake an Appliance Use Review (AUR) at either the pharmacy premises or the patient's home. Pharmacies already offer Medicines Use Reviews, a comparable service linked to medicines. Pharmacists, with knowledge of the relevant appliances, are well placed to discuss patient's understanding and use of these appliances. We are however concerned that where reviews are undertaken by any health professional employed by a vertically integrated appliance contractor, there is the potential for the patient to be influenced in such a way as to encourage demand for that manufacturer's product including add-on accessories. This practice increases NHS prescribing costs.

In response, PSNC has emphasised to the Department that particular care must be taken to ensure that changes to the arrangements do not concentrate supply of stoma products to vertically integrated manufacturers, removing patient choice and competition in the market. There is a substantial benefit to patients and to the NHS in preserving diverse supply routes. In order to do so the arrangements must address the opportunities for manipulation and ensure that there is competition in the market.

A copy of the full response can be downloaded from the PSNC online publications database (www.psn.org.uk/publications).

Is it Allowed?

Subject to the prescriber having the appropriate prescribing rights, any food, drug, toiletry or cosmetic may be prescribed on an NHS prescription unless the product is listed in Part XVIII A of the Drug Tariff (the 'blacklist') or the criteria set out in the Tariff for prescribing products listed in Part XVIII B of the Drug Tariff (the 'selected list') are not met. As an exception to this rule, 'blacklisted' products can be dispensed where a product is prescribed generically *and* the generic product is not blacklisted *and* the name of the product has a recognised 'official title'.

If a product has been registered as a medical device, it can only be prescribed on an NHS prescription if it is listed in Part IX of the Drug Tariff. Registered medical devices can be identified by a 'CE' mark on the product's packaging.

Product	Allowed on an FP10 Prescription	Product Type
Mediven plus stockings Comment: A wide range of Mediven Plus stockings are listed under Lymphoedema garments in Part IXA of the Drug Tariff (Appliances). Contractors can dispense any of the stockings listed in the Drug Tariff. Unlike standard elastic hosiery, these products attract one prescription charge regardless of the number of stockings that are prescribed.	✓	appliance
Balance Activ Vaginal gel Comment: Balance Activ Vaginal gel is classed as a device. The product is not listed in Part IX of the Drug Tariff (Appliances) and therefore cannot be prescribed on an NHS prescription.	✗	appliance
Sterimar Comment: Sterimar nasal spray is classed as a device. The product is not listed in Part IX of the Drug Tariff (Appliances) and therefore cannot be prescribed on an NHS prescription.	✗	appliance
Mesitran ointment Comment: This product is listed under 'honey based topical application' in Part IXA of the Drug Tariff (Appliances) and therefore can be prescribed on an NHS prescription	✓	appliance
Brevet tx stockings Comment: Brevet tx anti-embolism stockings are classed as a device. There are no anti-embolism stockings listed in Part IX of the Drug Tariff (Appliances), therefore this product cannot be prescribed on an NHS prescription.	✗	appliance

Obtaining an Athens Password

All community pharmacists are eligible to sign-up for NHS Athens accounts to access secure content held on the National Library for Health, for example full-text articles that are normally available under subscription only.

An online form to register can be found on the National Library for Health website (<http://www.library.nhs.uk/athens>). Once a

personal account has been set up, access is available 24/7 from any internet enabled PC.

Registration is confirmed immediately if registration is undertaken through N3. It is also possible to register through a standard internet connection, but the application may take up to 15 days to be processed whilst eligibility is verified.

To prevent any delays in the registration process, it is important to ensure that the name used in the application, matches your name as it appears in the RPSGB register. If problems are experienced for example if the request is declined, pharmacists should contact their regional NHS helpdesk.

Manufacturer Imposed Quotas

Over the past year, there has been a substantial increase in the number of problems that contractors are experiencing in obtaining certain branded medicines. At the heart of the problem are changes in the European import and export market. A weak pound and strong Euro have reduced the benefits from using parallel imported products; increasing the demand for UK medicines both from UK pharmacies and internationally. There is growing concern that the proposed PPRS branded medicine price reductions in January 2009 will compound the current problems and be the tipping point that takes the UK from being a net parallel importer to net parallel exporter.

This is a complex issue – there is no easy solution. It is not possible to prevent the export of UK medicines as this would be contrary to European trade laws. Increasing manufacturing output could be one solution but there are generally long lag times for changing manufacturing production plans to increase output and an argument used by some manufacturers is that this won't resolve the problem, but will simply lead to an increase in the volume of stock exported.

Some manufacturers have introduced quotas to better manage the supply of UK medicines to ensure patient access, however where stock hasn't been allocated correctly by the manufacturer or managed appropriately by the wholesaler, problems arise. The allocation of quotas must be sophisticated enough to cope with reasonable fluctuations in demand such as changes in prescribing practice, changes in the number of pharmacy customers that wholesalers have and changes in access to the product from other sources including the availability of parallel imports.

Quotas also need to be effectively managed by wholesalers. The reports PSNC has received indicate that different wholesalers manage the stock they have been allocated in different ways and with markedly different levels of success.

An alternative option is for manufacturers to monitor and restrict purchases at an individual pharmacy level rather than through wholesaler quotas, for example as Pfizer have done through their new distribution scheme. However, problems are also being experienced as a result of this arrangement.

Typically, when a quota has been exceeded,

pharmacies need to obtain the product directly from the manufacturer or through alternative contingency arrangements. This can lead to delays in patient care, increases workload in pharmacies and has an adverse financial impact on both patients and the NHS.

The table below summarises the arrangements for the manufacturers and products that PSNC is currently most frequently receiving calls about.

In response to the Department of Health consultation on a Statutory Scheme to Control the Prices of Branded NHS Medicines, which would apply to manufacturers who do not sign-up to the new PPRS agreement, PSNC has argued that to protect the timely and efficient supply of medicines to NHS patients, the Department of Health should impose information requirements on branded medicines

manufacturers to support the ongoing monitoring of supply problems and should institute a review in conjunction with manufacturers, distributors and community pharmacy to consider what measures can be put in place to address supply issues.

Contractors who have experienced problems in obtaining medicines because of quota arrangements are encouraged to report this into the PSNC Information Team to support PSNC's ongoing monitoring of the situation. PSNC will work to ensure this information is fed into the Department of Health as evidence of the problems that are arising. An online feedback form for this purpose can be found online at www.psn.org.uk/quotas and for support on this issue, please contact the PSNC Information Team (01296 432823).

Ucb's Manufacturer	Affected Products include	Summary of Contingency Ordering Procedure
Lilly UK	Cialis Cymbalta Zyprexa	If wholesaler can't supply the product, contact Lilly's emergency 'Direct 2 Pharmacy' customer service desk which is open Monday – Friday, 8.30am - 5pm (0870 8500401)
MSD	Cosopt Trusopt	If wholesaler can't supply the product, contact MSD's customer service department 01992 452094
Novartis	Neoral	Products only available via Unichem Ltd and AAH. Novartis is also able to deliver directly to pharmacies with a direct account if there are any supply difficulties with the wholesalers. To order directly call Novartis Customer Care on 08457 419 442. Deliveries will normally be made within 48 hours of order, depending on location.
Roche	Cellcept Xenical	If wholesaler can't supply the product, contact Roche Customer Care 0800 731 5711. Delivery will normally be made next working day for orders received up until 16.00, dependent upon location.
Sanofi-Aventis	Acomplia, Aprovel Co-Aprovel, Lantus Plavix	These products are available via three national wholesalers: AAH, Phoenix and UniChem. However, if problems are experienced in obtaining these products then the pharmacy should contact their wholesaler in the first instance who will facilitate the direct delivery process with Sanofi-aventis.
UCB	Keppra	If wholesaler can't supply the product, then fax Ucb's national distributor UDG , on 01773 810 644 with the following details: on 01773 810 644 with the following details: <ul style="list-style-type: none"> The name and address of the pharmacy Their wholesaler name, address (town) and account number Their order requirements i.e. what formulation and strength of Keppra, how many packs The urgency of the situation (deliveries are usually made within 3 working days but can in exceptional circumstances be made in 2 or 1 working days) UDG Customer Service who can be contacted on 01773 510123.

Frequently Asked Questions

The PSNC Information Team receives over 100 phone calls each day from community pharmacies across England and Wales. Queries range from whether an item is allowed on an NHS prescription to how much contractors will be paid for supplying certain items.

1. I have been contacted by a wholesale dealer's licence holder who is trying to obtain stocks of medicines by way of wholesale. I don't have a wholesaler dealer's licence; can I supply the requested products?

No. The RPSGB issued guidance on this in a Law and Ethics Bulletin on the 23rd August 2008. Registered pharmacies may not wholesale medicines to holders of a wholesale dealer's licence.

The holder of a wholesale dealer's licence may only obtain supplies of medicines from either:

- a manufacturer's licence holder or a wholesale dealer's licence holder; or
- a person authorised by another EEA State to manufacture or distribute medicines by way of wholesale dealing. (Ref: Regulation 9 of the Medicines for Human Use (Manufacturing, Wholesale Dealing and Miscellaneous Amendments) Regulations 2005)

This prevents a wholesaler dealer buying medicines, by way of wholesale, from a registered pharmacy.

Section 1.2.5 ("Wholesale Dealing") of the Medicines, Ethics and Practice guide, 32nd edition, outlines the person(s) and organisation(s) a registered pharmacy may wholesale medicines to under the Medicines Act 1968. Point "d" allows a registered pharmacy to wholesale to "holders of a wholesale dealer's licence". This does not take into account the above regulations and therefore a pharmacy should not wholesale medicines to a holder of a wholesale dealer's licence.

2. I am unable to obtain the prescribed strength of a tablet. If I supply a lower strength and endorse the prescription accordingly, will I be reimbursed correctly?

The Code of Ethics states that 'Except in an

emergency, pharmacists must not substitute any other product for a specifically named product without the approval of the patient or carer and the prescriber' and under the NHS Terms of Service, a chemist is required to supply the drugs ordered with reasonable promptness. Although prescriptions should therefore normally be dispensed as prescribed, the Code of Ethics also states 'Make the care of patients your first concern', so if patient care is compromised through the non availability of a particular product, there may be a need to source alternatives and / or discuss the matter with the prescriber.

If a product cannot be obtained with reasonable promptness and the patient is in urgent need of the medicine, one option that is sometimes available is to provide 'double the quantity' of a lower strength product to meet the prescribed dose. The patient must be counselled about such a change, because the labelling and appearance of the product will be different.

Reimbursement is always based on the prescribed strength and quantity so if contractors do 'double up' to support patient care, they are advised to return the prescription to the prescriber for amendment to ensure correct payment. In some circumstances, for example if there is likely to be a long term supply problem, referring the prescription back to the prescriber so that an alternative product can be prescribed may be appropriate.

3. My wholesaler has been unable to supply me with a medicine because they have exceeded the quota set by the manufacturer. If I order the product through an alternative route, I will be charged a handling fee. Can I claim this back as an out of pocket expense?

Yes. Out of Pocket Expenses can be claimed in exceptional circumstances on all medicines except products in Category A or M of Part VIII of the Drug Tariff. Out of Pocket Expenses can also be claimed on appliances in Part IXB and IXC of the Drug Tariff but cannot be claimed on items in Part IXA or IXR.

Expenses linked to obtaining that individual product can be claimed, for example

postage and packaging, telephone calls made in procuring the product and wholesaler handling charges. Pharmacy contractors cannot make an out of pocket expense claim for minimum order charges or telephone calls with the prescriber.

Prescriptions should be clearly marked with the out of pocket expense endorsement (XP), information on the amount being claimed and the reason for the claim (e.g. "postage & packing"). Pharmacy contractors are also required to declare the total number and value of out of pocket expense claims each month on the FP34C submission document.

Some wholesalers have recently introduced monthly fuel surcharges. They can not be claimed back as an out of pocket expense as they do not relate to a specific product. PSNC has had discussions with the Department of Health on this issue. We are working to ensure that fuel surcharges are considered as part of the annual funding discussions.

Look out for more frequently asked questions next month...

If you would like more information on whether a particular product is allowed on an NHS prescription, the PSNC Information Team will be happy to help (01296 432823 or e-mail info@psnc.org.uk).

Increase in Essential Small Pharmacy (LPS) payments

The target payment for essential small pharmacy local pharmaceutical services contractors (ESP LPS) increases from £59,016 to £70,397 from the 1st October. The maximum monthly payment increases from £4,279 to £5,104. The increases are set out in an amendment to the ESP LPS Directions. An ESP LPS is a local contract and the Directions determine the target income that should be provided to contractors by the PCT.



Do you know...

... How to Calculate the Number of Items Submitted to the NHSBSA PPD

Each month, contractors need to declare the number of prescription forms and items submitted to the PPD for reimbursement.

The number of items is equal to the number of professional fees that are payable by the PPD plus any Oxygen items (from Part X of the Drug Tariff).

Multiple Flavours: If the prescription does not state mixed, assorted or various flavours, only one professional fee will be paid per prescribed flavour regardless of whether multiple flavours have been dispensed and endorsed.

If the prescription orders mixed, assorted or various flavours and several flavours of the same preparation are supplied, the contractor will receive professional fees equivalent to the number of different flavours dispensed and endorsed on the prescription form. For example, if 4 flavours are dispensed and endorsed, four fees will be earned and this will be counted as 4 items.

Limited Stability Fee: Part IIIA Section D of the Drug Tariff sets out the arrangements for the Limited Stability Fee. The fee can be claimed where a preparation which requires the addition of a vehicle/diluent by the pharmacy contractor results in a liquid of stability of less than 14 days, and for pharmaceutical reasons necessitates supply in more than

one container.

If 100ml of a reconstituted antibiotic has been supplied on two different occasions because the product has limited stability of less than 14 days, the pharmacy would receive 1 professional fee (90p) and one Limited Stability Additional fee (£1.55). This would be considered by the PPD as one rather than two items.

More information on the limited Stability additional fee can be found online at www.psn.org.uk/limitedstability

Elastic Hosiery: Elastic hosiery items attract a single professional fee regardless of the number of articles supplied, for example two pairs of class I below knee stockings would attract 1 professional fee and this would be counted as 1 item.

There is often confusion with the number of prescription charges that have been levied, for example, a prescription for 2 pairs of elastic hosiery would attract 4 prescription charges.

Multiple item strengths supplied: If multiple strengths of an item are dispensed then contractors will receive a professional fee for each separate strength that is dispensed. For instance, the Champix starter pack contains Champix 0.5mg tablets and Champix 1mg tablets. The contractor will therefore receive 2 professional fees for dispensing the starter pack which is considered 2 items. If a separate pack of 1mg tablets are also prescribed on the same prescription, the contractor will still only receive 2 fees (2 items).



For any pharmacist involved in Community Pharmacy, understanding aspects of the Pharmacy Contract will be relevant CPD.

Why not make a record in your RPSGB CPD Plan & Record file or on-line at www.uptodate.org.uk

Address change?

Please let us know if your mailing address used for CPN is incorrect – either return the envelope with any amendments made to the address to:

**Database Changes, PSNC,
59 Buckingham Street,
Aylesbury, HP20 2PJ**

or e-mail changes to cpn@psnc.org.uk,
or fax changes to **01296 438427**

PSNC WEBSITE

For up-to-date information and news on community pharmacy issues, visit the PSNC website at www.psn.org.uk

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COMMUNITY PHARMACY NEWS IS EDITED BY

Mike King LLB BSc MRPharmS who can be contacted at the above address or by email at mike.king@psnc.org.uk © PSNC

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