



community pharmacy

NEWS

Pandemic flu – latest news



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Pandemic Flu Update

National Pandemic Flu Service launched

The new self-care service gives people with pandemic swine flu symptoms fast access to information and antivirals via a dedicated website and phonenumber (0800 1 513 100) or a textphone service on 0800 1 513 200 for people with hearing or speech impairments. People can check their symptoms and get a unique reference number (URN) to obtain access to antivirals if necessary. The service advises them where their nearest antiviral collection point is and instructs them to then ask a flu friend – a friend or relative who doesn't have swine flu – to go and pick up their antivirals. The majority of people with symptoms are expected to use this route to access antivirals.

The typical symptoms are:

- sudden fever (a high body temperature of 38C/100.4F or above), and
- sudden cough.

Other symptoms may include:

- headache,
- tiredness,
- chills,
- aching muscles,
- limb or joint pain,
- diarrhoea or stomach upset,
- sore throat,
- runny nose,
- sneezing, and
- loss of appetite

People should contact their doctor direct rather than using the National Pandemic Flu Service if:

- they have a serious underlying illness,
- they are pregnant,
- they have a sick child under one year old,
- their condition suddenly gets much worse, or
- if their condition is still getting worse after 7 days (5 for a child)

In many areas community pharmacies are acting as antiviral distribution points and this has meant a change in procedure as ID must be produced for the flu friend as well. The URN and patient ID information is then checked to ensure it matches the information provided when the assessment of symptoms was completed. Initial problems included getting access for pharmacies onto the Flu Line site for URN authorisation, lack of acceptable patient ID, and

The National Pandemic Flu Service was launched on 25th July by the Health Secretary, Andy Burnham.

accuracy of antiviral sites given to patients. The majority of these problems have or are in the process of being resolved. The most reported problem is incorrect URNs being given for authorisation, although many of these are problems with transcription and can be resolved quickly.

Greater coherence in national arrangements

PSNC has issued a press release calling for coherent national arrangements to which pharmacists can adhere when treating patients with pandemic 'flu. The situation needs addressing so that pharmacists can plan ahead for the coming winter months and be able to concentrate on assisting their patients – both those with the virus and those with other

conditions. National strategies need to be established which define the role of community pharmacy in a 'flu pandemic. The involvement of community pharmacies as antiviral distribution points and as sites for pandemic flu vaccination services are two issues that have been raised with DH.

Two issues that were also raised included increased workload whilst acting as an antiviral distribution point which will – without support – inevitably impact on other services such as treating patients with minor ailments or long term conditions and the right to withdraw without penalty if demands become too high and adversely impact on the ability to provide other pharmacy services.

The full press release is available at www.psn.org.uk

Increase in Prescription length

Contractors and LPCs have reported that some surgeries had increased their prescription length from 28 or 56 days to 84 days because of swine flu. This has been reported to DH as any change from normal prescribing will impact on the supply chain. DH have been in discussion with Royal College of GPs (RCGP) and the following statement has now been posted on the RCGP website as part of their Update 35 (24 July) at http://www.rcgp.org.uk/clinical_and_research/pandemic_planning/latest_h1n1_flu_update.aspx

LENGTH OF PRESCRIPTIONS

There appears to be some evidence from community pharmacies that GPs may be starting to prescribe medicines for longer periods than they would normally do. The Principal Pharmaceutical Officer at the Department of Health has provided the following advice:

“The medicines supply chain operates a service which is tailored to the normal use of products in the UK. Prescribers should maintain normal prescribing patterns in order to maintain supplies of medicines for all patients. Prescribing larger than normal quantities may lead to shortages of medicines.”

Rates of infection

Overall across the UK the indications are that the number of cases are no longer rising rapidly, and may have reached a plateau. However the rates remain high and above baseline thresholds. The majority of cases continue to be mild. Hospitalisation rates have remained stable over the last two weeks with the highest rate consistently in the under 5-year group. There has been a decrease in the estimated number of cases in 5-14 year olds, although children and young adults are still those predominantly affected. Estimated cases have continued to increase in other age-groups. There is no sign that the virus is changing – it is not becoming more severe or developing resistance to anti-virals. The small number of deaths has mainly been in older children and adults with underlying risk factors.



Supply shortages – PSNC collects evidence, seeks solutions and evaluates financial impact

With no let up in the supply shortages and quota restrictions caused by the changes in the European import and export market, PSNC continues to build evidence of the problems being experienced by pharmacies and patients. We are continuing to encourage contractors to use the online reporting form on our website (www.psn.org.uk/quota_feedback.php) to feedback information to us directly. Each month, we send a summary of this feedback to the manufacturers and wholesalers concerned and to the Department of Health to support their monitoring of the situation. This information really does help, for example, it has allowed us to identify weaknesses with certain manufacturer's contingency supply routes so that we can pass this on to the manufacturer along with suggestions for improvement.

PSNC is also continuing to explore all possible solutions to the current problems. We are working jointly with manufacturers and wholesalers to seek to resolve the difficulties being experienced. PSNC and BAPW have written to all affected manufacturers proposing that a

buffer of "ring-fenced" emergency stock is kept by pharmaceutical wholesalers, to be distributed at the request of manufacturers as part of their contingency supply arrangements.

Under the proposal, once quotas have been exceeded, the manufacturer would authorise the wholesaler to deliver contingency stock on a "next day delivery" basis using established logistical processes. At present each manufacturer has different arrangements in place with different delivery companies being used to deliver contingency stock – in varying amounts of time.

Financial Impact

To support current funding negotiations, PSNC is working to evaluate the financial impact of these problems on pharmacy contractors. These include the impact of having to order products directly from each manufacturer, the impact of increased workload in pharmacists having to go to extra lengths to ensure patient's medicines supplies are maintained, and the impact on pharmacy purchase profit.

Use of the NHS number as the national identifier for all patients

The NPSA issued a Safer Practice Notice (SPN) in June 2009 which stated that by 18 September 2009, all NHS organisations in England and Wales that provide primary, secondary and all other types of care such as community pharmacy, should take the following action:

1. Use the NHS Number as the national patient identifier; OR the NHS Number as the national patient identifier in conjunction with a local hospital numbering system (NB where local hospital numbers are used they must be used alongside and not instead of the NHS Number).
2. Use the NHS Number (and its barcoded equivalent) in/on all correspondence, notes, patient wristbands and patient care systems to support accuracy in identifying patients and linking records.
3. Put processes in place to ensure that patients can know their own NHS Number and are encouraged to make a note of it (for example through patient literature that explains the NHS Number, its uses and advantages, and how patients can use it to increase safety).

Primary care organisations should inform patients about their NHS

Number in writing whenever they register as a new patient. This may be when a patient has changed practices or has never registered before and will therefore have had an NHS Number recently allocated to them.

UPDATE

PSNC has responded to say community pharmacists are unable to comply with these requirements, though many of them would wish to do so. Other healthcare providers including dentists, optometrists, ambulance services and community nurses have also responded with the same message.

We have been informed that the NPSA acknowledges that healthcare organisations that cannot at present trace and/or store NHS Numbers are therefore unable currently to comply with all the SPN recommendations; but advise that these organisations should prepare for the time when they can trace NHS Numbers. The NPSA will specify what this should include. The SPN will therefore not apply to community pharmacies next month. An official statement is currently being prepared by NPSA and will be posted on PSNC's website at www.psn.org.uk when received.



Initial implementation of EPS Release 2 begins in Leeds

Initial implementation of EPS Release 2 has begun at a site in Leeds. The pharmacy involved, Liptrots Pharmacy, currently uses the Cegedim Pharmacy Manager system and the GP surgery is using CSC/TPP SystemOne.

In recent weeks, technical connectivity has been tested using synthetic prescriptions. Approval has now been granted by Connecting for Health's Clinical Safety Group to move to offering the service to patients. A pharmacy system can be rolled out in up to 5 sites before authority to deploy nationally has been granted by CFH. Work is already underway to establish a second Cegedim Pharmacy Manager initial implementer site.

There are a number of controls on wider roll-out. A legal NHS electronic prescription can only be issued where a GP is using an EPS Release 2 compliant system and where a PCT has directed the GP to start issuing electronic NHS prescriptions. The PCT can only give this authority if they have themselves been authorised through Secretary of State Directions. 18 PCTs currently have this authority (Drug Tariff Part XVIIIID). PCTs have been advised through guidance to engage locally with LPCs on these decisions.

Initial implementation of the service is essential to ensure the impact of the service on the dispensing process can be fully evaluated, however, the PSNC position is that national deployment of EPS Release 2 should only commence once the NHS and the pharmacy profession are confident that the service will not have an adverse impact on the safe and efficient supply of medicines to patients. It is too early to confirm that this is the case.

PSNC carefully considered its position on EPS Release 2 at its July meeting. The Committee is only able to support national deployment of the service if:

- There is a clear commitment from the Department of Health that Release 2 will be fully funded with costs assessed by a jointly agreed methodology including direct and wider operational issues such as administering smartcards.
- The model will be revised if it reduces efficiency, increases costs or cannot be fully funded by the Department of Health.
- There are robust and enforceable PCT service level requirements linked to the day to day operation of the service such as the issue of smartcards.
- Satisfactory contingency arrangements in the event of any system failure are agreed with PSNC and put in place.
- PCTs are directed not to authorise individual GPs to start issuing legal e-prescriptions until all pharmacies in the locality have had a reasonable opportunity to become enabled.
- PSNC is fully involved in determining the future developments to the service (i.e. Release 3 onwards).

PSNC is in discussion with the Department of Health and Connecting for Health on these points. Background information on the Electronic Prescription Service is available on the PSNC website www.psn.org.uk/eps.

EPS Myth Buster

Myth: Repeat Prescriptions will take 48 hours to process through the Spine.

Fact: All messages sent via the EPS service are classified as 'immediate' or 'routine'. These classifications are used to prioritise certain prescription flows and don't relate to the clinical importance of the prescription. On issuing the prescription, the prescriber has the flexibility to classify the prescription.

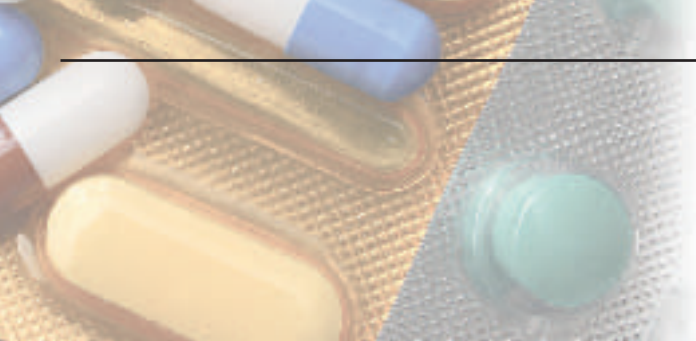
Prescription messages will normally be classed as immediate so will be available for download from the Spine shortly after the prescriber has sent the prescription.

Where patients have nominated a pharmacy, the pharmacy system will be able to periodically 'pull down' the message to the local pharmacy system. To minimise network traffic, this will normally be done once daily, over night or first thing in the morning as part of the system start-up process. However, pharmacy staff will also be able to initiate a system check for any nominated



prescriptions waiting to be pulled down, on an ad hoc basis where necessary. For example, a pharmacy may wish to check for any nominated prescriptions before placing an order with a supplier to ensure that any necessary stock is obtained in time for the patient visiting the pharmacy.

Where patients are currently served by repeat prescription collection services, pharmacies will need to consider with local prescribers whether any changes will be required to the timescales provided to patients for the availability of forms following a patient repeat request. For example, taking into consideration the timescale for the prescriber to review the request and send the electronic prescription.



Health Bill Update

The Health Bill has almost completed its passage through the House of Commons. The third reading and report stage has been timetabled for 12 October 2009 and is expected to receive Royal Assent in November 2009.

Subject to Parliamentary approval of the proposals in the Bill, PCTs will be required to produce and publish a Pharmaceutical Needs Assessment, and this will in future be the basis for determining entry onto a pharmaceutical list.

The Minister has established an advisory group to consider and advise on regulations, and PSNC has three Members on the Group. The timetable is challenging – the regulations which require a PCT to produce and publish a PNA may come into force as early as April 2010 and the modification of the control of entry test so that the PNA is used as the basis of decisions could be introduced one year later.

Boxing Day 2009

In 2009, the official Boxing Day Bank Holiday has been declared to be Monday 28 December, as 26 December 2009 falls on a Saturday and it is not customary to declare Bank Holidays at weekends. Pharmacies that are normally open on Saturdays will need to notify the PCT (with at least 90 days notice) if they intend to close on 26 December (if the hours are all supplementary), or apply (at least 90 days in advance) for permission to change core contractual hours (if the Saturday hours include core contractual hours).

PSNC would also like to highlight that the application/notification deadline to change core contractual/supplementary hours respectively, for Saturday 26 December 2009 is Sunday 27 September 2009, but as this is not a working day, notification should be submitted to the PCT no later than Friday 25 September 2009 – and if there is a need to amend core contractual hours, additional time should be allowed in case of a need to appeal against refusal by the PCT.

Pharmacy contractors should note that unless the PCT (or on appeal the NHSBSA) has granted an application to amend core contractual hours, the pharmacy would be required to open on 26 December 2009 if the pharmacy has core contractual hours on a Saturday.

Please refer to the PSNC website www.psn.org.uk/hours for further information (including copies of all the forms a pharmacy contractor may wish to use in order to make an application/notification to their PCT on this issue). Please also discuss with your LPC to decide if further action is needed on an individual, collective or regional basis.

Enhanced Services

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

- Antiviral distribution
- Minor Ailments
- NHS Health Checks (Vascular Risk Assessment)
- Seasonal Flu vaccination services
- Anticoagulation clinics

Enhanced services are negotiated locally and commissioned mainly by PCTs. PSNC has collated details of over 250 Enhanced Services on the Community Pharmacy Services database which is available on the PSNC website at:

www.psn.org.uk/database

Innovative services which can be found on the PSNC services database include:

Health Trainers

In East Lancashire, the PCT has commissioned a pilot to train pharmacy staff as Health Trainers to deliver 250 hours of advice with 12 clients seen per quarter (5 hours each) and an expected 75% achievement rate.

The Health Trainer role is designed to support the local community by:

- Supporting individuals to make lifestyle behavioural changes through one-to-one sessions to achieve a positive impact on their health
- Supporting individuals into more effective contact with mainstream health improvement services by signposting to local services
- Feeding back comments about accessing services

The Health Trainer will carry out a Health Behaviour Check with clients which assesses areas of lifestyle such as physical activity, food, alcohol and smoking. This helps the client to understand how their lifestyle impacts upon their long term health. A three stage process includes lifestyle assessment, decision making and goal planning and the production of a personal health plan.

The role is an important addition to services aimed at tackling health inequalities, targeting resources at individuals and areas of greatest need and bringing individuals into effective contact with local services.

Want to find information on a particular service?

On the services database page of 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 services database by clicking 'submit information on a Local Service'.

Drug Tarrif

NHS Prescription Services Helpdesk – Business as Usual

The NHSBSA has been asked to provide resources to support the Department of Health's National Pandemic Flu Service. The Prescription Processing Helpdesk is operating as normal.

NHS Prescription Services have issued reassurance that their support of the National Pandemic Flu Service will have no impact on the processing of prescriptions.

DH to consult on Generic Substitution

The Department of Health has indicated that they will formally consult on proposals for the implementation of generic substitution in the autumn.

In a statement, the Department has said that they recognise, "the importance of patient safety; indeed it will be paramount in taking these proposals forward. Currently, there is nothing to prevent the prescribing of a particular brand of a drug (or brand of generic), if the prescriber considers it essential for the patient to receive a specific product.

This position will need to be maintained under new proposals made as part of the work on generic substitution."

A priority for PSNC is to ensure that any right to substitute is manageable for community pharmacy.

Generic Clopidogrel 75mg tablets available

Generic versions of clopidogrel 75mg tablets have recently been introduced to the pharmacy market. The existing branded product Plavix is based on a hydrogen sulphate salt, whereas the generics are based on either the besilate or hydrochloride salts.

Legally and ethically, where a particular salt has been requested on the prescription, a product based on that salt should be dispensed.

If an open prescription is received for clopidogrel 75mg tablets, any salt could be dispensed with reimbursement based on the fixed NHS reimbursement price. There are variances in the licensing arrangements between the generic products and the brand, Plavix. This should be taken into consideration when dispensing the product.

Repeat dispensing research demonstrates benefits for GP practices and patients

Research undertaken by Dr John Holden and Graham Brown (Garswood Surgery, St. Helens) examining the introduction of repeat dispensing in their general practice has recently been published in the International Journal of Pharmacy Practice (Holden, J & Brown, G. IJPP 2009; 17: 249-251).

Nearly half the population in the UK receive repeat prescriptions and 75% of all prescribed items are estimated to be repeats, however use of the repeat dispensing service has remained very low.

Holden and Brown looked at the key performance indicators of time saved, patient satisfaction levels and the rates of adoption and continuation with the scheme. Their sample focused on serial repeat-prescribing workload (GPs and receptionists) surveys which were performed each day for a week, five times in the year and a patient satisfaction survey undertaken mid-way through the year. Community pharmacist opinion was informally sought and prescribing costs were checked at the start and end of the year.

The general practice cared for 2886 patients during the time of the survey in 2007, with staff comprising two full-time GPs, two in training and six administrative staff. In June 2007, the patient satisfaction survey was conducted with 56 patients participating. The benefits of repeat dispensing cited by them included the fact they liked being able to collect medication from the pharmacy without the usual two-day wait and the consequent travelling time saved. Over 600 patients of the 2886 total were receiving repeat dispensing after 12 months. By December 2007, 45% of all prescribed items in this practice were repeat-dispensed, compared with less than 1% nationally. Within a year, 21% of patients were on the scheme and the proportion continues to grow.

The authors suggest repeat dispensing can offer substantial time savings – potentially over 2 weeks of GP-time a year and 150 reception hours for the practice sampled. There was also a noticeable reduction in lost and missing prescriptions.

Product Pack Status Changes

NHS Prescription Services have confirmed that the following products have changed pack status:

Item	New Pack Size	New Pack Status
Gliclazide 30mg Tablets M/R	28 (2x14)	Calendar Pack
Gliclazide 30mg Tablets M/R	56 (4x14)	Calendar Pack

NHS Regulations

As CPN was going to press, amendments to the NHS (Pharmaceutical Services) Regulations 2005 were expected to be laid before Parliament. These are expected to include changes needed because of emergency situations such as the pandemic, but may also include changes to the opening hours provisions, fitness to practise declarations and increased restrictions on inducements. The amendments may come into force as early as September, and if so, full details will be included in the September edition of CPN. But, because publication of CPN may be very close to the date the amendments may come into force, pharmacy contractors are advised to check the PSNC website periodically, as any urgent amendments will be published there.

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Branded Supply Problems

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

Manufacturer	Affected Products Include	Summary of Contingency Ordering Procedure
Astra Zeneca	Any	If any pharmacy has problems obtaining stock of any AZ medicine from AAH or Alliance Healthcare – they should contact the Supply Chain Team on 0800 032 0501. More information: www.simplyaz.co.uk/simply-supply/supplyofmedicines/
Boehringer Ingelheim	Any	If any pharmacy has problems with obtaining stock of Boehringer Ingelheim medicines – they should contact Boehringer Ingelheim customer services on 01344 741101.
Janssen-Cilag	Topamax Risperdal Concerta Evra Cilest Invega	If any pharmacy has problems obtaining Janssen-Cilag products from their wholesaler they should complete the emergency supply form, and fax it to the emergency supply fax number: 01494 567401. A copy of the form can be downloaded from the PSNC Website (www.psn.org.uk/quote).
Lilly UK	Cialis Cymbalta Zyprexa	If your 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).
Lundbeck	Cipraxel	If your wholesaler can't supply the product, contact Lundbeck customer service department 01908 638935 who will be able to assist you with recommending alternative supply channels or arrange for emergency supplies to be shipped directly to you.
MSD	Januvia Singulair	If your wholesaler can't supply this product, then please contact MSD customer services on 01992 452094 or FAX MSD customer services on 01992 467270 with the following details: The name and address of the pharmacy, the wholesaler name, branch and account number. Order requirement – product, strength, pack size, number of packs. Delivery will normally be made within 48 hours.
Novartis	Myfortic Neoral	Products only available via Alliance Healthcare and AAH. Novartis is also able to deliver directly to pharmacies with a direct account if there are any difficulties with supply through AAH or Alliance Healthcare. To order directly call Novartis Customer Care on 08457 419 442. Deliveries will normally be made within 48 hours of order, depending on location.
Novo-Nordisk	Any	If sufficient supplies of product are not available from a pharmacy's wholesaler for any reason, Novo Nordisk can ship direct to a pharmacy if they have a patient prescription to fulfill. Urgent orders can be placed by phoning Novo Nordisk Customer Care on 0845 600 5055.
Roche	Bonviva Cellcept Xenical	If your 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	Aprovel Co-Aprovel Lantus Optiset Plavix Rilutek	These products are available via three national wholesalers; AAH, Phoenix and Alliance Healthcare. However if problems are experienced in obtaining these products then please contact Sanofi Aventis directly on 0800 854 430.
Schering-Plough	Cerazette	If wholesaler can't supply the product contact Schering-Plough's customer service team on 01707 363785
UCB	Keppra	If wholesaler can't supply the product, then fax UCB's national distributor UDG, 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 can be contacted on 01773 510123 or 01773 515170.
Wyeth	Zoton FasTab	If you are having trouble obtaining Zoton FastTab, please contact the Wyeth customer service team to arrange supply. The number is 0845 850 5544.



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 recently been issued with a smartcard to operate the EPS Service but this does not appear to be working. What should I do?

Problems with Smartcards should normally be referred to the PCT Registration Authority (RA) in the first instance.

There is a known issue around a recently introduced batch of Smartcards. Affected cards can be identified by the serial number on the back that includes the number 5. These new cards are only compatible with the latest version of the Identity Agent Software (known as Identity Agent Version 11). Older smartcards are not affected.

A number of system suppliers have indicated that they are waiting until the deployment of EPS Release 2 to roll out the new Identity Agent Software nationally but may be able to provide an upgrade on an individual basis. Contractors are therefore advised to contact their system supplier directly to request this upgrade.

Version 11 of the Identity Agent Software is also required to access the self-service portal which supports the self re-set of passcodes.

Detailed guidance on Smartcards can be found on the NHS IT Section of the PSNC website: www.psn.org.uk/smartcards. Guidance on local arrangements is available from the PCT RA.

2. I have received a prescription requesting "Levothyroxine Sodium 100mcg tablets (Actavis UK)". Do I have

to dispense the Actavis brand and what will I be reimbursed for?

Levothyroxine sodium 100mcg tablets are listed in Part VIII of the Drug Tariff. When a prescription requesting generic "levothyroxine 100 mg tablets" is received the pharmacist can dispense any brand and will be reimbursed according to the Drug Tariff price for the product.

However, where a prescription for a generic product specifies the name of a manufacturer or supplier, legally and ethically that manufacturer's product must be dispensed, and the pharmacist would be reimbursed based on the manufacturer's price list. Out of pocket expenses incurred in procuring the product may be claimed (NB: Minimum order surcharges cannot be claimed as an out of pocket expense).

PSNC has received a number of reports of GPs inadvertently issuing prescriptions in this way because of the way products are listed in the picking-list of their prescribing system. This practice is not in the interests of patients, the NHS or community pharmacies. For example, this could lead to increased prescribing costs and delays in patients obtaining their medicine.

If contractors identify this as an issue in a locality, this is something that should be discussed directly with the prescriber and if necessary, with the PCT.

3. I have received an FP10 prescription from a Community Practitioner Nurse Prescriber for '50ml Sterimar Isotonic Nasal Spray'. I can't find this product in the Nurse Prescribers' Formulary. Will I be reimbursed for supplying it?

Yes, Sterimar Isotonic Nasal Spray is registered as a medical device and is listed in Part IXA of the Drug Tariff. Community Practitioner Nurse Prescribers can prescribe any appliance listed in Part IX of the Drug Tariff.

4. In EPS Release 2, will a prescriber be able to cancel a prescription that has already been dispensed by a pharmacist?

Release 2 of the Electronic Prescription Service will support the cancellation of electronic prescriptions.

It will not be possible for a prescription to be electronically cancelled in the following circumstances:

- "Prescription/item not cancelled as with dispenser"
- "Prescription/item not cancelled as with dispenser (active)"
- "Prescription/item was not cancelled – dispensed to patient"
- "Prescription/item cancellation requested by another prescriber"
- "Prescription/item expired"
- "Prescription/item not found"
- "Prescription/Item had already been cancelled"

Where a prescription cannot be electronically cancelled, a prescriber can follow manual processes, as now, and call the pharmacist to explain that there is a problem with the prescription. To facilitate this, the prescribing system will provide information to the prescriber on which dispensing site has retrieved the prescription. This is an advance on current processes where the GP may not know which pharmacy the patient has gone to.

More detailed guidance on EPS Release 2 can be found on the PSNC website: www.psn.org.uk/eps

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).

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') is 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	Comment
CareSens N testing strips	✓	Appliance	CareSens N are blood glucose testing strips which were added to Part IXR of the Drug Tariff in July and are therefore allowed on an NHS prescription. 'Clever Chek testing strips' were also added to the Tariff in July and can be prescribed on an NHS prescription.
Flaminal	✗	Appliance	The name of the wound management product, 'Flaminal' was changed to 'Flaminal Forte' over a year ago. During this time there was a dual listing in the Drug Tariff using both names. This listing has now been removed and prescriptions for 'Flaminal' would be disallowed. There are two Flaminal Products listed in Part IXA of the Tariff, Flaminal Forte (which was formerly Flaminal) and Flaminal Hydro.
Lid-care wipes	✓	Cosmetic	Lid-care wipes are a cosmetic product which do not appear in Part XVIII A of the Drug Tariff (the blacklist) and would therefore be allowed on an NHS prescription.
Neilmed NasaMist spray	✗	Appliance	Neilmed NasaMist spray is a CE marked sodium chloride nasal spray. This product is not listed in Part IX of the Drug Tariff, and therefore would not be allowed on an NHS prescription.
Sterets pre-injection swabs	✓	Medicine	Sterets pre-injection swabs are classed as a medicine. As they do not appear in Part XVIII A of the Drug Tariff (the blacklist) they would be allowed on an NHS prescription.
Sunsense Ultra SPF 50	✓	Cosmetic	Sunsense ultra is a sun protection cosmetic which is not listed in Part XVIII A of the Drug Tariff (the blacklist) and would therefore be allowed on an NHS prescription. The product appears in Part XV of the Drug Tariff (borderline substances) and so the prescription should be endorsed 'ACBS' by the prescriber. However if this endorsement is omitted, the prescription would still be passed for payment.



To receive a weekly summary of the latest news and guidance featured on the PSNC website including pharmacy contract news, Drug Tariff news, NCSO updates, events information and much more, sign up to receive PSNC's weekly e-Newsletter.

Visit www.psn.org.uk/enews to register.

Address Change?

Please let us know if your mailing address used for CPN is incorrect – either return the wrapper 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



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59 Buckingham Street,
Aylesbury, Bucks HP20 2PJ
Tel: 01296 432823 Fax: 01296 438427

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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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