



community pharmacy NEWS

Briefing Documents for GPs published



CONTENTS

Health Bill

CIP Update

Manufacturer
Quota Schemes

The end of the 'Necessary or Expedient' Test?

The Control of Entry test which has been a feature of applications for inclusion in the pharmaceutical list since 1987 was the main subject of the Department of Health consultation which followed publication of the White Paper, *Pharmacy in England: Building on strengths – delivering the future*. The consultation proposed replacing the control of entry test with a test based on the Primary Care Trust's Pharmaceutical Needs Assessment (PNA). This change would also remove the need for the current exemptions, such as the exemption for 100 hour pharmacies, and would allow the PCT to better plan access to pharmaceutical services.

The consultation ended on 20 November, and in its response PSNC supported in principle the proposal to introduce a PNA based test, but emphasised that PNAs would need to be much more robust than at present, and that development of the PNA should include the LPC and local contractors.

After considering the consultation responses the government has decided to introduce a PNA based test, but this will require amendment to the National Health Service Act 2006. The amendments are set out in the Health Bill 2009 which was introduced in the House of Lords on 15 January. This will be considered by the House of Lords and later by the House of Commons and is unlikely to come into force before next year. Regulations will set out the details of the new arrangements and PSNC will work to ensure they reflect contractor needs.

Part 1 of the Bill is also of relevance to pharmacy since it sets out a framework for the NHS Constitution, which requires NHS providers to publish 'Quality Accounts', and enables direct payments for health care to be made to patients.

Quality Accounts

'*High Quality Care for All*' said that from April 2010 all healthcare providers working for or on behalf of the NHS would be placed under a legal requirement to publish an annual Quality Account.

The duty is to publish prescribed information about quality of services for the period 1st April to 31st March each year. The Secretary of State will set out what must be in the Quality Accounts – and if Parliament agrees, every pharmacy

providing services for the NHS will in time be required to publish their own Quality Account so that the public can make more informed choices as to where they obtain pharmaceutical services.

Control of Entry

The pharmacy White Paper was developed to align closely with the NHS Next Stage Review and the development of a new primary and community care strategy, *Our Vision for primary and community care*, which was published on 3rd July 2008. We welcomed the proposals in the White Paper which will bring pharmacy into the mainstream NHS and use the skills of pharmacists and the accessibility of pharmacy services to help reduce health inequalities.

Pharmaceutical Needs Assessments

All PCTs will need to undertake assessments of needs for pharmaceutical services in their areas and to publish a statement of their first assessment of those needs and any subsequent revision. Regulations will set out the procedures that must be followed when undertaking the PNA and the minimum information that must be contained within it. The PNA must also take account of likely future needs and there will be a statutory time limit for undertaking the first PNA under these provisions.

Regulations may also include details of who must be consulted by the PCT. PSNC welcomes this provision, since it may be used to give statutory effect to the PSNC's request that LPCs and pharmacy contractors should be consulted during the development of the PNA.

The PNA must be published and so existing contractors will be able to identify any gaps in the services being provided, and can in appropriate circumstances amend the services they provide to ensure that all the public across the whole PCT area, are able to access the full range of services required.

Under the proposed provisions, a PCT **must grant an application** where it is satisfied, having first taken account of what is set out in the statement of its assessment of pharmaceutical needs, and any matters which are prescribed in regulations, that the need for the services or some of the services in the

application is established and will be met through grant of the application.

This is a major departure from the current test and PSNC is concerned about the potential implications. It will be vital to ensure that any PNA used for these purposes is robust and accurately sets out the services that are currently available. Once the PNA is finalised pharmacy contractors and their LPCs will want to identify and address any unmet needs.

The second stage of the test allows a PCT to grant an application where it is satisfied, having first taken account of what is set out in the statement of its assessment of pharmaceutical needs, and any matters which are prescribed in regulations, that it would secure improvements or better access to pharmaceutical services in its area.

The intention of the two parts of the test is to provide greater powers for PCTs to consider improvements in access (for example through extended hours), in the choice and diversity of providers or of services in its area, in innovation in the delivery of services or of services which meet the needs of specific groups of people in the PCT's area or local health conditions or diseases.

For both the mandatory and discretionary elements, it will be essential that the PNAs are well informed, objective and robust, and PSNC will seek to ensure that provisions in the Bill and in regulations provide the assurance contractors will need.

Breach of terms of service: notices and penalties

Under another substantial proposed change for which legislation is needed, PCTs will be given new powers to issue notices to pharmacy contractors and to withhold payments where improvements specified are not made.

The White Paper proposed introducing quality requirements into the terms of service. This means that pharmacy contractors could have all or part of their remuneration withheld if they do not respond to remedial notices, requiring corrective action to be taken or requiring the contractor to refrain from continuing with actions which have led to the breach, within a specified period of time.

PSNC supports the aspiration to reward quality, which was set out in the White Paper, and consequently accepts that where pharmacy contractors fail to provide services up to the quality set out in the Regulations, that remedial action may be necessary. There will be a right of appeal in respect of the issue of remedial notices and withholding of payments, and PSNC will be working to ensure that these provisions provide sufficient safeguards to protect pharmacy contractors who are providing a good service, and also to ensure that the provisions relating to rewarding quality are also introduced.

PCTs' power to provide Local Pharmaceutical Services

At present, the competitive environment for pharmacy contractors means that wherever

there is a need for a pharmacy an existing contractor or new applicant will step in to ensure that there are no areas without a service to the public. PCTs already have powers to provide medical services and dental services, where no provider is able or willing to provide services, and this principle is being extended to allow the PCT to step in to provide services where through an emergency (such as a Pandemic) or where there are no pharmacies willing to provide a service.

PSNC will be concerned to ensure that this power can be used only in exceptional circumstance, but we do not envisage that there would ever be such a need, because pharmacy contractors have demonstrated that where properly commissioned, they will step up to the mark and provide any services required. We will be considering this aspect very carefully.

Next Steps

Representatives of PSNC have attended a briefing given by the Department of Health and will be considering the implications of the relevant provisions in the Bill and what, if any, amendments to propose to support contractors' interests. Any concerns identified will be raised with the Department of Health and if necessary, Parliamentarians will be lobbied to seek amendment during the passage of the Bill. Much of the Bill is non contentious and reflects matters which PSNC supported in the consultation – the regulations which will be issued later are where the detail will be set out, and detailed scrutiny of the proposals will be needed.

The Bill can be accessed on

<http://services.parliament.uk/bills/2008-09/health.html>

Briefing documents for GPs on repeat dispensing and MURs published

PSNC has jointly published, with NHS Employers and the General Practitioner Committee of the BMA, two briefing documents for GPs on repeat dispensing and MURs. The documents have been prepared as part of the work of the Professional Relations working group that was formed as a result of an action point in the pharmacy White Paper.

Guidance for the implementation of repeat dispensing covers:

- what the repeat dispensing service is;
- the benefits for both patients and GPs;
- a number of tips for GPs on successful implementation of the service; and
- examples of the most suitable patients to gain benefits from the service, for example, those with stable, long-term conditions.

Achieving best value from the community pharmacy Medicines Use Review service covers:

- what MURs are and what they are not (including how the MUR service differs from a clinical medication review by the GP);
- what the MUR consultation covers;
- the benefits for both patients and GPs;
- top tips for successful and beneficial MURs; and
- an outline of some of the circumstances that may prompt the need for an MUR.

Copies of the guidance are available on the PSNC website.

The guidance documents will be distributed to Local Medical Committees by the GPC.

Pharmacists can use the documents as a reason to initiate local discussions on repeat dispensing and MURs where these have not previously occurred.

Any contractors who are just starting to provide the MUR service may wish to attach a copy of the MUR guidance to the first few MUR forms they send to GPs.

Commenting on the launch of the documents, Sue Sharpe, CEO, PSNC said:

"These documents provide a concise briefing for GPs and we hope they will facilitate discussions between the two professions across the country. PSNC urges community pharmacists to engage in discussions with their local GPs in order to improve patient care."

Drug Tariff News

CIP Update

In 2007, NHS Prescription Services introduced a new part-automated pricing system, known as the Capacity Improvement Programme (CIP). Detailed guidance on the various issues that have arisen with the implementation of the new system can be found online on the PSNC Website (www.psn.org.uk/CIP).

There are a range of different work streams at NHS Prescription Services to improve ongoing prescription pricing accuracy but a key priority is also to retrospectively identify those accounts that may have been affected by significant errors linked to implementation problems.

The Industrial Statistics Research Unit (ISRU) at the University of Newcastle were contracted by NHS Prescription Services to support them in creating a tool that can be used to analyse contractor accounts. The tool assesses accounts against a range of variables, for example changes in average item value, differences in the number of items declared as submitted versus priced by the system and differences in the number of chargeable items declared versus priced by the system.

All contractor accounts, priced via CIP, will be assessed using the tool. Where the tool has identified an account as having an unexpected variation, NHS Prescription Services have committed to reviewing the account. In some cases this may be looking in detail at a specific problem identified by the tool e.g. prescription switching. In other cases, there may be a need to fully re-price an account.

PSNC is currently studying the tool with the support of an expert statistician to assess that the tool is sufficiently sensitive and effective in identifying problems that may have occurred.

Although progress is being made by NHS Prescription Services, there is a significant workload in checking individual accounts and it is expected to be some time before all necessary checks are undertaken on individual accounts. A current key negotiation point for PSNC with the Department of Health is an interest component where there has been a significant delay in NHS Prescription Services making any adjustments due.

PSNC is acutely aware of the frustration of contractors about the ongoing problems with

CIP accuracy. We believe our main priority at present must be to ensure the errors are identified and rectified, and that we secure compensation for contractors, by working with NHS Prescription Services and the Department of Health.

A full update will be provided in next month's issue of CPN. The latest news and guidance on this issue can be found on the PSNC Website (www.psn.org.uk/CIP).

Novo Nordisk Announces Changes to Distribution Arrangements

Novo Nordisk has confirmed that it has appointed Phoenix and Unichem to distribute its medicines directly to its UK customers. The new supply arrangements will be effective from 2nd March 2009.

Novo Nordisk are advising that if pharmacies do not currently have a 1st or 2nd line account with either Phoenix or UniChem then the wholesalers should be contacted directly to discuss account opening procedures:

Phoenix: 01928 750648

UniChem: 0800 389 3455

The Novo Nordisk Customer Care Centre is contactable by email at customercare@novonordisk.com or by telephone on 0845 600 5055

Cancer Patients to be Exempt from Prescription Charges from 1st April 2009

From 1st April 2009, exemption from prescription charges on medical grounds will be extended to patients who are undergoing treatment for cancer, the effects of cancer or the effects of cancer treatment.

Who is exempt? The regulations will be changed to state:

"No charges shall be payable by a person with a valid exemption certificate issued by the Secretary of State on the ground that the person is undergoing treatment for –

- (i) cancer;
- (ii) the effects of cancer; or
- (iii) the effects of cancer treatment".

In guidance notes, the Department of Health have defined 'cancer' as diagnosed cancer (any cancer), not suspected cancer and states that 'the effects of treatment for cancer' may be in respect of current treatment or previous treatment and could arise some time after the treatment, for example late effects of radiation.

Although detailed guidance has been issued by the Department of Health on the meaning of the words used in the regulations, they have said that interpretation is a matter for a doctor's clinical judgment in deciding whether or not to confirm the patient's statement and sign the application form.

Once a patient has a medical exemption certificate, this exempts them from charges for all NHS prescription items, not just those for the exempting condition.

If a cancer patient pays a prescription charge on or after 1st April pending the receipt of an exemption certificate, they should be issued with an FP57 refund form so that they can claim a refund when their exemption certificate arrives.

How do patients apply? Patients will be able to apply for medical exemption certificates using application form FP92A (January 2009 revision) which they can get from their GP surgery or oncology centre. Exemption certificates will be backdated one month from the date the application is received but cannot start before 1 April in respect of the cancer exemption.

Certificates run for 5 years and can be used until the end date shown. A reminder will be issued automatically to the patient and the certificate may then be renewed if the qualifying conditions still apply. Certificates do not have to be returned if the patient's condition changes, however they should be returned on the death of the patient to ensure no further reminders are sent.

Can patients obtain refunds for pre-payment certificates? If necessary, patients can apply for proportional refunds of prescription pre-payment certificates that have previously been purchased. To claim a refund, patients should send the original certificate to the NHS Business Services Authority, PPC Issue Office, PO Box 854, Newcastle-upon-Tyne, NE99 2DE, stating the reason for the refund claim.

Additional guidance on the process for claiming a refund can be found in the HC11 (Help with Health Costs) leaflet.

Proof of Exemption? Pharmacy staff are required to check at the point of dispensing whether patients have evidence of their entitlement to free prescriptions. Appropriate evidence of exemption for cancer patients exempt under the medical exemption would be their medical exemption certificate. Where patients do not have evidence or where there is doubt over whether the evidence provided is appropriate, the 'Evidence not seen' box on the back of the prescription should be marked with an X by pharmacy staff. If a valid certificate of exemption has been shown and noted on the PMR along with the certificate's expiry date, it is not necessary to ask the patient to show proof again within the validity of the certificate.

Electrode Gels disallowed

NHS Prescription Services have indicated that certain conductive/electrode gels should not be dispensed if prescribed on NHS prescriptions. The products have been registered as medical devices, do not appear in Part IX of the Drug Tariff, and therefore cannot be prescribed on NHS prescriptions.

The following products will not be passed for payment by NHS Prescription Services:

Tac Gel Conductive Gel

Camcare ECG Gel

Camcare Ultrasound Gel

Comtens Electrode Gel

Product Pack Status Changes

NHS Prescription Services have confirmed the following pack status changes:

Item	Pack Size	Pack Status
Bisoprolol Fumarate 3.75mg tablets	28	Standard Pack
Bisoprolol Fumarate 7.5mg tablets	28	Standard Pack

General information on special containers and calendar packs along with an online searchable database of products granted this status can be found in the online Drug Tariff Resource Centre.

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
Novopen 3 Classic <i>Comment:</i> Product was removed from Part IX A of the Drug Tariff from December 2008 therefore cannot be prescribed on an NHS prescription. Novopen 3 Classic and Fun were replaced in the Drug Tariff by Novopen 4 Blue and Silver from December 2008. Novopen 3 Demi remains prescribable.	X	Appliance
Flexitol Heel Balm 75g <i>Comment:</i> Flexitol Heel Balm pack sizes 75g and 200g are listed in Part IX A of the Drug Tariff and are therefore allowed on an NHS prescription. Other pack sizes are not allowed.	✓	Appliance
Phorpain 5% gel <i>Comment:</i> This product appears in Part XVIII A of the Drug Tariff (the blacklist) and therefore is not allowed on an NHS prescription.	X	Medicine
Neilmed SinuRinse <i>Comment:</i> Neilmed SinuRinse is not listed in Part IX A of the Tariff and therefore cannot be prescribed on an NHS prescription.	X	Appliance
Ascensia Microfill test strips <i>Comment:</i> Ascensia Microfill test strips have been renamed Contour test strips. From January 2009, a dual listing has been added to the Drug Tariff for Contour test strips (formerly Ascensia Microfill). From January 2010, this product will only be prescribable using the new name.	✓	Appliance
Biofreeze pain relief gel <i>Comment:</i> Product not listed in Part IX A of the Tariff and therefore cannot be prescribed on an NHS prescription.	X	Appliance

Drug Tariff News

Ongoing Problems due to Manufacturer Quota Schemes

At present, the supply arrangements for some products are having an adverse impact on workload in pharmacies and can lead to delays in patient care. PSNC is seeking to work constructively with manufacturers and wholesalers to find solutions to the current problems that could be introduced to help meet the needs of UK patients more efficiently.

Contractors who have experienced problems in obtaining medicines because of quota arrangements are encouraged to feed 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).

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

Weekly PSNC e-News Service Launched

PSNC has launched a new weekly email newsletter which provides a 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.

To sign up to receive this service, go to www.psn.org.uk/enews

Manufacturer	Affected Products include	Summary of Contingency Ordering Procedure
Astra Zeneca	Nexium	If any pharmacy has problems obtaining stock of any AZ medicine from AAH or Unichem – they should contact the Supply Chain Team on 0800 032 0501.
Lilly UK	Cialis Cymbalta Zyprexa	If your wholesaler can't supply the product, contact Lilly's emergency ' <i>Direct 2 Pharmacy</i> ' customer service desk which is open Monday – Friday, 8.30am - 5pm (0870 8500401)
MSD	Cosopt Trusopt	If your wholesaler can't supply the product, contact MSD's customer service department (01992 452094)
Novartis	Neoral	Products only available via Unichem 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 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	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 your wholesaler can't supply the product, fax UCB's , the 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 day) 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.

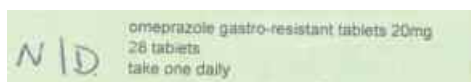
1. When will the PPRS price changes come into effect?

The Pharmaceutical Price Regulation Scheme (PPRS) is an agreement between the government and the pharmaceutical industry to control the prices of branded products and to provide stability and predictability in pharmaceutical pricing for the next 5 years. As part of the agreement, the list price of many branded medicines will change on the 1st February 2009.

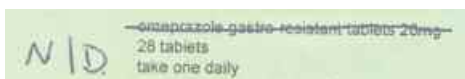
Under the agreed reimbursement price change mechanism, for branded products and Part VIII products where the reimbursement price is based on a branded product, a price change up to and including the 8th of a month is applied for reimbursement purposes to prescriptions dispensed in the following month. Therefore if the list price of a branded medicine changes on the 1st February 2009 as part of the new PPRS agreement, NHS Prescription Services will only start applying that new price when calculating reimbursement for March's prescriptions.

2. The patient has chosen not to receive an item on the prescription, how should the prescription be endorsed?

The endorsement guidance for 'Not Dispensed' items changed in early 2007. Where an item has not been dispensed, the 'ND' endorsement should be made in the prescription's endorsement column and a score should be made through the product name in the prescribing area of the form. If the prescribed item is not scored out, there is a risk of incorrect reimbursement. See below for example of an incorrectly endorsed and correctly endorsed non-dispensed item.



Incorrectly endorsed non-dispensed item



Correctly endorsed non-dispensed item

3. I have received an NHS prescription where the details printed on the bottom do not correspond to the prescriber's signature – does this affect the legality of the prescription?

PSNC has recently been made aware of situations where prescriptions have been signed by the prescriber but then also have a name printed below the signature which is not that of the prescriber issuing the prescription.

In order for a prescription to be valid it needs to be signed by a prescriber but there is no legal requirement for the name of the prescriber to be printed on the prescription.

The RPSGB has confirmed that whilst having a name printed below the signature on the prescription which is not that of the prescriber is potentially confusing for the pharmacist dispensing the prescription, providing that these prescriptions are signed with the prescriber's name then they are legally valid prescriptions.

NHS Prescription Services has also confirmed that these prescriptions will be passed for payment.

4. I have had a prescription for Dianette Tablets returned by NHS Prescription Services for clarification. The prescription was unendorsed – is this the problem?

There are a number of cases where products with the same marketing authorisation number and brand name are marketed by a number of different suppliers, for example Dianette Tablets are manufactured by Bayer Schering Pharma and supplied to Generics UK under third party livery. A prescriber may issue a branded prescription for Dianette Tablets and a pharmacist will have the flexibility to dispense either supplier's product. As the reimbursement price of a branded drug is based on the manufacturer's list price, reimbursement prices for these brands may differ depending on the manufacturer supplied.

Under the legacy processing procedures, if a prescription was not endorsed to indicate supplier, NHS Prescription Services would default to the reimbursement price for the originator supplier's product. The CIP system no longer defaults to a particular supplier's product so the name of the supplier must be endorsed to ensure that copies of prescriptions aren't returned for clarification. Products known to be affected include:

- Dianette (marketed by Bayer Schering Pharma and Generics UK)
- Dicloflex Retard 100 Tablets (marketed by Dexcel-Pharma, Almus, Kent and Teva)
- Dicloflex 25mg gastro-resistant tablets (marketed by Dexcel-Pharma, Almus and Teva)
- Dicloflex 50mg gastro-resistant tablets (marketed by Dexcel-Pharma and Almus)
- Dicloflex SR 75 tablets (marketed by Dexcel-Pharma, Almus, Kent and Teva)
- Monosorb XL 60mg (marketed by Dexcel-Pharma, Kent and Teva)
- Nifedipress 10mg MR tablets (marketed by Dexcel-Pharma and Teva)
- Nifedipress 20mg MR tablets (marketed by Dexcel-Pharma and Teva)
- Verapress MR 240mg Tablets (marketed by Dexcel-Pharma, Alpharma (Actavis) and Teva)

Where different suppliers have the same list price, NHS Prescription Services will not return the form.

For Dianette, if after being returned to the contractor, the script is re-submitted without the required endorsement of supplier, reimbursement will be made based on Part II clause 7C of the Drug Tariff, where the Secretary of State for Health will determine the price paid. This will be the lowest list price for that particular brand.

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**).



Do you know...

...The list of 'Drugs for which discount is not deducted' (Part II of the Drug Tariff) is a dynamic list with additions and deletions each month.

Products can be added to the list if requested by PSNC and where one or more of the following criteria apply:

- Schedule 2 or 3 Controlled Drug
- HazChem (product covered by the Chemical (Hazard Information and Packaging for Supply) Regulations 2002 and appropriate for Pharmaceutical Services)
- Cytotoxic or cytostatic item – a list of cytotoxic products can be found in Section 8.1 of the BNF.
- Cold-chain storage item (the product must be stored at 2 - 8°C prior to dispensing)

Or, products where all three of the following apply:

- (i) the manufacturer, AAH and Unichem do not offer pharmacy contractors a discount
- (ii) fewer than 500,000 items per year are dispensed of the product
- (iii) average net ingredient cost per item is more than £50

Contractors only have to endorse (to indicate that no discount has been received) prescriptions for unlicensed medicines (including specials and imported drugs) obtained without discount. Prescriptions for these products should be endorsed 'DNG'. **The 'ZD' endorsement is not accepted by NHS Prescription Services and should not be used.**

To make a request for a product to be considered for the list or for support on this issue, please contact the PSNC Information Team (01296 432823/dng@psnc.org.uk).



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.psnc.org.uk

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the Pharmaceutical Services Negotiating Committee
59 Buckingham Street, Aylesbury, Bucks HP20 2PJ,
Tel 01296 432823, Fax 01296 438427

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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