



community pharmacy NEWS

Capacity Improvement Programme Special Feature



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Improving Access to Psychological Therapies (IAPT) – an opportunity for Pharmacy to play a part

Contributed by Dr John Hague

In Primary Care one of the great frustrations is the 'neglected majority' of patients suffering with anxiety and depression, who have had as much help as is available in primary care – yet do not meet the strict criteria for referral to secondary care. Up until now the available interventions were the GP's or nurses time, various antidepressants – chiefly SSRIs, and a very limited access to counselling, in some general practices, with others having no access. In addition there was patchy use of written and computerised self help materials and 'signposting' to other helpful agencies.

Over one million people draw incapacity benefit and cite mental health problems as the reason that they are off work. 4 years ago the London School of Economics economist Lord Richard Layard pointed out this anomaly to the government and constructed an economic argument based around the facts that there are more mentally ill people on incapacity benefits than the total number of unemployed people on benefit, and one in six of all people suffer from depression or chronic anxiety, which affects one in three of all families. ⁽¹⁾

Psychological therapies have been shown to be an effective intervention for people with common mental health problems – depression and anxiety disorders, including Panic Disorder, Obsessive Compulsive Disorder, phobias and Post Traumatic Stress Disorder – and are recommended in various NICE guidelines – yet are not accessible at present. Lord Layard was able to show that a course of therapy costs on average £750 and pays for itself in money saved on incapacity benefits and lost tax receipts.

His paper has now been translated into action, with over £170 million annually being added by the Treasury to the NHS budget. Patients will have the choice of psychological therapy in addition to 'care as usual', and this therapy will be rapidly accessible. The programme is called 'Improving access to Psychological Therapies' (IAPT), and is gradually being rolled out over half of England over the next 3 years, following the success of 2 pilots in 2006, and 11 'Pathfinder' sites in 2007.

IAPT will ensure that 'stepped care', as recommended in the NICE guidelines is implemented in your area. 'Psychological therapy' means those interventions

recommended by NICE, which includes, but is not limited to, Cognitive Behaviour Therapy (CBT). These therapies will be delivered by either a 'low intensity worker', or a 'high intensity worker', with most people starting with low intensity therapy.

Low Intensity Therapy will be provided using the stepped care principle of initially offering the least burdensome treatment – 'low intensity' Cognitive Behaviour Therapy, supervised by experienced therapists; this may be face to face, or over the telephone (working over the phone is an established, safe, method for many patients). Patients, who are considered to be suitable will also use written materials, 'homework' in between sessions, and may also use computerised CBT. Treatment usually does not need to exceed five sessions. Refreshingly therapy will usually start within 10 days of referral.

Regular review of patients using assessment tools such as PHQ-9 or GAD-7 (these are questionnaires to assess depression and anxiety with 9, and 7 questions respectively) will allow the service to monitor patient progress. This regular objective review is a cornerstone of the programme, and represents a significant change in culture, along with computerised records that mandate supervision on every patient, prompt workers to complete assessment tools, and automatically compile reports. Those not improving will be 'stepped up' to High Intensity Therapy.

High Intensity Therapy will be delivered by experienced workers trained in CBT techniques, spending between 12 and 20 face to face sessions with people, with 'homework' in between sessions. Therapy will usually start within 28 days of referral.

Patients may be referred by GPs or other health workers, but a key finding of national pilots has been the value of self referral, with self referred patients often being ill for longer and with more severe disorders.

Patients may still continue on medication while receiving therapy.

CBT

CBT is an evidence based talking treatment that helps patients understand the way their thoughts, feelings and behaviours influence their mood. It follows a specified 'recipe', incorporating home work in between sessions.

There is evidence that the effects of treatment are more enduring than after termination of medication, and that relapse from depression is less likely. ⁽²⁾

CBT has also been shown to be an effective intervention for patients suffering with 'Medically Unexplained Symptoms' ⁽³⁾ (Up to 50% of those seen in hospital outpatients have symptoms that cannot be explained), and as part of management of long term conditions such as angina. ⁽⁴⁾

For adults with diabetes, systematic depression treatment significantly increases time free of depression and appears to have significant economic benefits. CBT services such as those offered by IAPT have the potential to be harnessed by Practice Based Commissioning to lead to more physically, psychologically and cost effective care. ⁽⁵⁾⁽⁶⁾

Commissioning

'IAPT' will be commissioned as a team, that incorporates the required supervision and training, although provision may be 'closer to home' in rooms in primary care, or via a 'call centre'. The location of the service, and the service provider, is for local determination, depending on local circumstances: it must however have the elements of the IAPT programme, including a stepped care approach to service delivery, and regular outcome measurement on every patient.

The commissioning of this service is a huge undertaking with regional training programmes at universities delivering 3,600 newly trained therapists with an appropriate skill mix and supervision arrangements by 2010/11.

This exciting service will allow 900,000 more people to access treatment, with half of them moving to recovery and 25,000 fewer on sick pay and benefits, by 2010/11.

In Your Pharmacy

IAPT offers an exciting opportunity for pharmacists and their team's to play a part in helping patients with these common problems. Roles such as signposting patients to the local IAPT service (please see the companion article by Dr Caroline Dollery about the beautifully elegant scheme in Mid Essex), helping with medication adherence, and helping to direct people who may be depressed or anxious to GPs or IAPT services. One mechanism for

initiating this is the Medicines Use Review (MUR) – which could be for people using medicines for long term conditions as well as those taking psychoactive medication.

Continuing Professional Development

Please consider putting common mental health problems into your personal development plan. This could include which patients would best benefit from treatment, and the relationship between therapy and medication. You could also look at other ways that you could help patients with common mental health problems in

your day to day practice; finally you could look at how talking therapy could benefit the physical and mental health of those with long term conditions.

Conclusion

I fervently believe that the IAPT programme is one of the most exciting developments in my career; for the first time we will have a realistic prospect of offering effective treatments other than medication to patients with anxiety and depression. I would dearly like to see pharmacists playing a part in increasing the effectiveness of the programme, in some of the

ways suggested above. I am sure that you could also think of some other suggestions; please tell me if you do. If you would like to know more please look at: www.iapt.nhs.uk

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For references apply to PSNC.

IAPT in Action in Mid Essex Pharmacies

Contributed by Dr Caroline Dollery

Dr Caroline Dollery is a GP and clinical lead for IAPT in mid Essex

Within Mid Essex, where I am part of the IAPT Project Team, we have identified that around 40,000 people have mild to moderate anxiety and depression, with or without associated physical illness. Secondary care services can only deal with 'severe and enduring' mental illness, and they manage around 4,000 patients.

Research has demonstrated that people with chronic diseases such as COPD, angina or diabetes frequently get depression and anxiety, leading to poorer health outcomes and over-investigation, driving anxiety levels higher. For example, 25% of attendances at a rapid access chest pain clinic are actually panic attacks. Current waits for CBT therapy are up to 2 years. Because of the current dearth of services for people with these illnesses, GPs are often left with only one option, to prescribe.

One of our major goals in Mid Essex is to ensure patients can access this service from any area, e.g. health, council services, internet, voluntary sector. As chair of Medicines Management at Mid Essex PCT, I have worked with pharmacists a lot over the years in addressing problems around SSRI prescribing. It is clear that pharmacists are in a prime position to identify and enable patients with chronic disease to self



refer to their local IAPT service, or indeed, to refer patients themselves.

Increasingly pharmacists are carrying out medication reviews and health checks within their pharmacies, and identification of depression and anxiety through easy to administer brief interventions and scoring systems such as PQ9 have been tested and proven within general practice already. Training of pharmacists in the use of these methods will therefore be an important part of the project.

In addition, we have an excellent User Reference Group, who have developed a leaflet (pictured) which we are planning to place in every pharmacy bag containing a prescription for an SSRI. This is with two purposes:

- 1 to inform patients that there will be a new service coming which may help them recover
- 2 ask if they would be interested in getting

GOOD NEWS!

If you are currently taking pills, for depression and/or an anxiety disorder, but would prefer an alternative form of treatment such as a talking therapy - help is just around the corner. You may have heard that the Government is investing large amounts of money to develop new local psychological therapy services to be accessed in community settings such as GP surgeries and clinics.

In mid Essex, over the next three years, 40 therapists will be trained to offer psychological therapies to the local population. One of the aims of the new service is to ensure that no one has to wait more than 28 days to start treatment.

NHS Mid Essex is currently working with your GP practice to develop these new services which will be available from April 2009.



involved in the development of the service

Users of mental health services are an important group to involve in service development, to ensure access can be designed through various outlets to support differing groups such as working people, rural isolated, those on benefits, poor literacy or differing ethnic backgrounds.

Initial pathfinder sites found that those people who self referred (often via telephone) were twice as sick, and for twice as long, as those who went through the normal GP referral pathways. It is vital we involve pharmacists in understanding the service and in helping to deliver this service if we are to make sure people in all walks of life can access the care they need.

The PCT and Essex LPC are considering how community pharmacists may play a wider role in supporting IAPT, potentially through the use of a modified MUR service.

Capacity Improvement Programme

The NHSBSA Prescription Pricing Division (NHSBSA PPD) has introduced new technology, increasing the level of automation in the pricing process. The new system, commonly referred to as the Capacity Improvement Programme (CIP) forms part of NHS plans to efficiently manage payments to contractors as the number of NHS prescriptions issued grows ever higher. The new system also delivers the functionality to pay contractors for prescriptions dispensed within the Electronic Prescription Service.

The CIP system uses high-speed scanning equipment and intelligent character recognition software to support the capture of printed information from prescription forms. This supplements the input of information manually by PPD operatives and once information is captured it is processed by an automated 'rules engine' to determine the payment due to contractors. The new technology ensures the capacity of the NHSBSA to price contractors' prescriptions quickly and accurately.

A summary of the key steps in the pricing process is outlined below:

Batch Preparation

Bundles received by the PPD must first be prepared for the scanning process. The FP34C submission document outlines the sorting requirements. The NHSBSA PPD will be issuing clearer instructions shortly on the reverse of the FP34C to clarify sorting instructions.

Prescriptions should be sorted into four bundles:

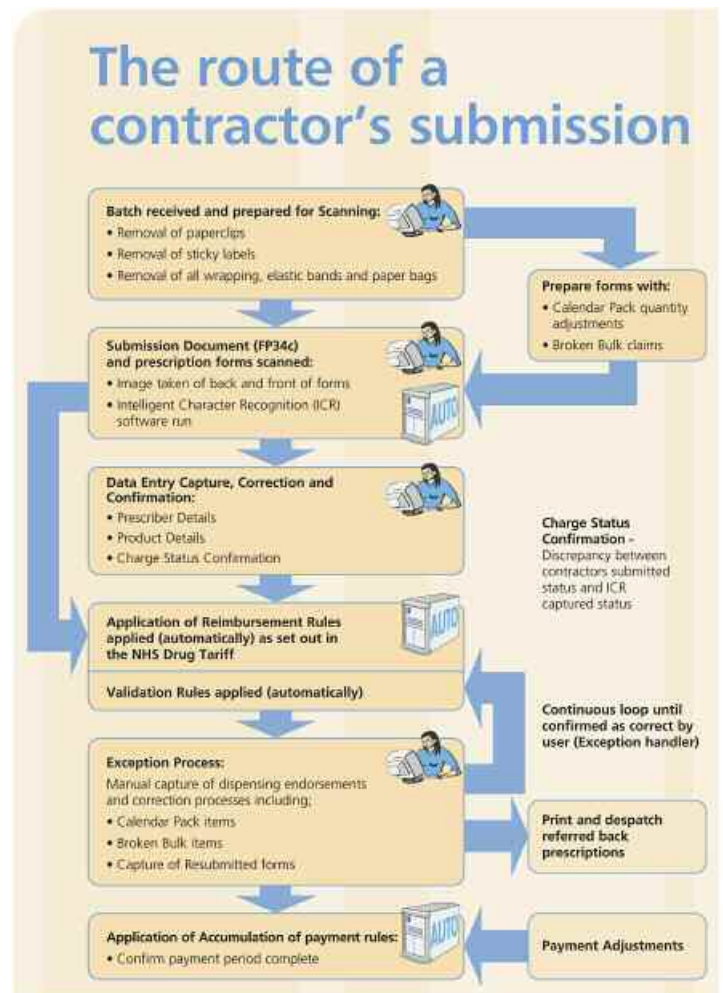
- exempt prescriptions
- chargeable prescriptions
- exempt prescriptions with broken bulk claims and calendar pack items where the quantity dispensed differs from the pack size (or sub-pack size)
- chargeable prescriptions with broken bulk claims and calendar pack items where the quantity dispensed differs from the pack size (or sub-pack size)

The general exempt and chargeable prescriptions should be arranged alphabetically in order of prescriber. There is no need to separate each prescriber with elastic bands, bags or paper bands. There is no need to sort the separated broken bulk and calendar pack prescriptions in prescriber order. See the PSNC Sorting Tips for more information, available at www.psn.org.uk/cip

Once a bundle is received, PPD staff must make sure all clips, staples and sticky labels have been removed as they can jam or damage the scanning equipment. The PPD use a special pen to mark all prescriptions with broken bulk or split calendar pack claims where these have been separated by the contractor. When the form has been marked by PPD staff, the scanner identifies that there has been an item but knows to refer it to a human exception handler to key in manually.

Prescription Information Data Capture

The scanning system is only used to support the capture of data from the prescription, for example the prescriber ID, prescription form type and details of the prescribed items. If the scanning process cannot determine this information with confidence, for example if the prescription is handwritten, then the prescription will be referred to a Type 1 Exception Handler who will enter the prescription details manually.



Source: June 2008 issue of IMPACT, NHSBSA PPD'


Switching

At this stage if the system flags that a prescription may have been submitted in the incorrect charge group, it will be referred to a Type 1 Exception Handler for verification of whether the form was in fact submitted incorrectly or not. If it was submitted incorrectly then it will be switched. No forms are switched automatically by the system; they are only switched once verified by a trained member of PPD staff. Further guidance on switching is available by visiting www.psn.org.uk/cip.

Exception Process

Prescriptions which cannot be priced automatically using the system will be sent for manual checking by a Type 2 Exception Handler. They will manually capture dispensing endorsements where these are required for the PPD to price the prescription. For example, if a product has been granted the NCSO concession, all prescriptions received for that product will be filtered by the system to a Type 2 Exception Handler so that the endorsement information can be manually input into the system.

Type 2 Exception Handlers also input information linked to the broken bulk claims, calendar packs where the exact quantity has been



dispensed and this is different from the nearest pack or sub-pack, FP10MDA Instalment Dispensing prescriptions, prescriptions for products with multiple pack sizes where the pack size is required to price the prescriptions and prescriptions where a particular fee is being claimed for example for 'measuring and fitting' hosiery and more.

At this stage, items which still cannot be priced due to a lack of information must be referred back to the contractor for clarification. Payment will only be delayed for the item for which the clarification is required, and not for any other items which appear on the same prescription form.

Payment Calculation

Once the data on the prescription forms has been confirmed, they will be processed automatically via an inbuilt 'rules engine'. This system will automatically apply the Drug Tariff rules for the month for which the prescriptions were submitted.

The total payment due for items dispensed will be calculated from the automatically captured data and the manually captured data. Any final adjustments are made and the contractor's final payment is calculated.

Customer Support

The NHSBSA PPD have established a centralised customer support office at their Newcastle processing site who are responsible for answering a range of queries, such as payment issues, whether a product is allowed on prescription and more. They can also escalate queries onto specialised departments within the PPD if it is required. The helpdesk can be contacted on 0845 610 1171.

Support is also available from the PSNC Information Team on 01296 432823 or from the PSNC website at www.psn.org.uk/cip.

Update on CIP Implementation Issues

All prescriptions dispensed by pharmacy contractors are now being processed by the CIP system. The NHSBSA PPD have written individually to each contractor in advance of them being transferred to the new pricing system.

In March 2008, PSNC provided detailed guidance for contractors on the CIP system. Although overall pricing accuracy has not been affected by the introduction of CIP, some processing issues have been identified which cause an error in payment for some prescription items. Work is well advanced in correcting the errors, both PSNC and the NHSBSA PPD are continuing to scrutinise the system closely. An update on key implementation issues can be found below:

Monitoring Accuracy

PSNC are independently auditing the CIP system. Where errors were discovered during the checking process, the individual accounts are corrected by the NHSBSA PPD and the contractor concerned notified. As processing issues are identified, PSNC raise these with the NHSBSA

PPD. These are fed into the NHSBSA PPD's internal accuracy working group to ensure that the root cause of problems is investigated and solutions found.

The first statistically significant sample audited by the PSNC was taken from prescriptions dispensed at the Newcastle site in May 2007 – the first month of live implementation. This showed overall accuracy within the PPD's target level of 0.2% net cash variance; however there was significant variation in some contractor accounts, both under and over-payments.

In October 2007, the PPD significantly increased the number of accounts that were processed via CIP and implemented the second release of the CIP System. The second statistically significant sample audited by NPRC was drawn from prescriptions dispensed in October 2007 and provided a direct comparison of the pricing of prescriptions via legacy systems and the CIP system.

The results showed that the overall accuracy level for contractors priced using the legacy processes was within the PPD's target levels. For CIP, the majority of CIP processing sites were within PPD target levels but one processing site was outside the NHSBSA's targets due to high value errors in some accounts. Again, there was variance in accuracy at individual account level.

The PPD implemented a range of solutions earlier this year seeking to resolve processing issues that had been identified. The effectiveness of these solutions is currently being evaluated by NPRC, through an audit of prescriptions dispensed in June 2008. More information will be available in due course.

Identifying Contractors who may have been affected by Significant Errors to date:

The Industrial Statistics Research Unit (ISRU) at the University of Newcastle were contracted by the NHSBSA PPD earlier in the year to support the PPD in creating a tool that can be used to analyse contractor accounts to identify those accounts that may have been affected by significant errors linked to implementation problems. 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 and the PPD count and differences in the number of chargeable items declared versus priced by the PPD.

The tool has already been used to review all accounts that have been transferred to the CIP pricing system to date. Where the tool has identified an account as having a potential anomaly the NHSBSA PPD have committed to reviewing the account. In some cases this may be looking in detail at a specific problem identified by the tool. In other cases, there may be a need to fully re-price an account.

PSNC is currently studying the tool and will be working with the PPD to ensure that, subject to the tool being proved effective, account review is completed as soon as possible. In some cases, PSNC expects that the tool will identify that some contractors will have been owed large sums for prolonged periods before all of this work is completed. We will be

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discussing with the Department of Health arrangements to ensure that in these circumstances an interest component is added to the outstanding sums.

As well as using the tool retrospectively to review payments during the implementation of CIP, the NHSBSA are also working to implement the tool as an additional proactive check once an account has been priced. The proactive use of the tool will be implemented from October 2008 prescriptions.

Improving Accuracy

The NHSBSA has agreed to commit significant additional resource of over £1 million to identify and implement sustainable improvements to accuracy and measures to monitor and improve accuracy will account for over 5% of the NHSBSA prescription processing budget over the next year. A wide range of accuracy improvement initiatives are being implemented including:

- Improving the information resources available to pricing operators including reference material and help desk support and making changes to on-screen navigation to reduce the risk of errors
- Increasing targeted checking to improve the level of feedback to staff on accuracy and to support the performance management of individual staff members
- Increasing the frequency of accuracy briefings to staff and targeted re-training where checks indicate variable accuracy levels
- The PPD staff bonus is being reviewed to put a greater emphasis on accuracy
- Particular parts in the process are being reviewed with best practice procedures adopted to minimise errors, for example changes have already been made to the batch preparation stage in the process with an internal evaluation by the PPD showing that changes made have led to improvements.
- Introducing additional validation checks to deal with error 'hot spots' for example at the point of scanning, checks against the Submission document (FP34C) to help ensure the operator places the forms in the correct group (exempt or chargeable).
- The NHSBSA has engaged the supplier of the Intelligent Character Recognition (ICR) software in a continuous programme of improvement to the software.

PSNC is working closely with the NHSBSA PPD on an ongoing basis to identify problem areas and to find solutions.

Switching

As a result of the introduction of the CIP system, there has been a substantial increase in the 'switching' of prescriptions.

'Switching' of prescriptions occurs if the NHSBSA PPD does not agree with the charge group (paid or exempt) in which a prescription is submitted. For forms submitted as exempt: if a declaration of exemption is required, but is not provided, the PPD deducts a prescription charge from a contractor's payment for each item on that form. For forms submitted as chargeable: if the NHSBSA PPD detects a completed declaration of exemption or the patient is age exempt with the date of

birth or age computer generated on the prescription, charges are not deducted for the items on that form.

Investigations by the NHSBSA PPD have revealed that the majority of the prescriptions 'switched' did not have completed declarations of exemption on the prescription forms, where required. This has been independently verified by PSNC. The NHSBSA PPD legacy pricing system was less successful at identifying these forms and therefore contractors were not alerted to these problems prior to implementation of the CIP system. In addition, instances of the NHSBSA PPD 'switching' forms in error due to systems failure were identified.

PPD, the Department of Health and PSNC have agreed compensation arrangements for errors due to NHSBSA PPD system failure and as a concession for contractors who may not have been aware of flaws in their own business processes for checking declarations of exemption on prescription forms, for the period to the **end of May 2008**.

To monitor ongoing accuracy of switching, PSNC undertook an audit of the accuracy of prescription switching from the exempt to charge paid groups for June 2008 prescriptions. A total of 96 contractor accounts were sampled, covering the 3 processing sites using the CIP system. The sample included at least one account from every LPC area. Only the prescriptions that had been switched from 'exempt' to 'charge paid' status were reviewed. A record was made of whether the switch was correct or incorrect, reasons for the switch, for example the prescription had not been signed and the financial impact of the switch.

Correct Switching

The main reason for prescriptions being switched correctly were that there was an indication that a charge had been paid in the 'charge' box on the back of the form and exemption declarations were unsigned.

<i>Reason for Correct Switch</i>	<i>Percentage of Forms</i>
Charges Paid	47.6%
Not ticked or signed:	37.1%
Ticked but not signed	13.6%
Age Handwritten on front but not signed	1.7%

Individualised feedback will be sent to all contractors who had bundles checked as part of the audit.

The Department of Health have confirmed that there will be no further concessions made for contractor's failure to ensure exemption declaration are completed, where required, therefore it is essential that all contractors review their processes for ensuring that patient declarations are completed correctly. Guidance on how to avoid prescription switching can be found on the PSNC website (www.psn.org.uk/switching).

Although the survey included approximately 50% independents and 50% multiple pharmacies, approximately 75% of the correct switches related to multiple pharmacies.

Incorrect Switching

PSNC found that although the switching was correct in the majority of bundles reviewed, in some accounts, prescriptions were identified that

had been switched incorrectly and has fed this information to the PPD so that adjustments can be made to the individual contractor accounts concerned.

It is always a human decision to 'switch' a prescription's status therefore all errors identified in this study, which considered solely, switching from 'exempt' to 'charge' status were human errors.

The PPD have introduced a number of measures to minimise the risk of switching errors including:

- Identifying best practice within the batch preparation process to ensure prescription forms are scanned in the appropriate groups.
- Refresher training has been carried out with those operators involved in confirming the group in which the form should be submitted.
- In addition, system changes have been introduced to make the process as clear as possible for operators.

PSNC will be undertaking further audits on switching to monitor whether the measures taken by the PPD to improve accuracy have been successful. The results from this ongoing work will be published in due course.

The PPD's new tool to analyse contractor accounts for potential errors is able to review accounts for anomalies linked to prescription switching.

PSNC is continuing to call for copies of prescriptions switched to be returned to contractors for information/education purposes.

Item Count Errors

A problem identified by NPRC is errors in the number of items identified by the PPD. In some cases, there has been duplication of items considered for payment, in other cases, some items have been missed. Investigation has shown that there are two main causes:

- **Human error:** Where the rules are complicated, for example, the pricing of FP10MDA forms and multiple flavour products, there have been cases of the number of items incorrectly being input into the PPD pricing system. The PPD are tackling these problems through staff training and performance management.
- **System Error:** Some items are being duplicated or missed by the intelligent character recognition software. The root of the problem is linked to the way prescriptions are being generated. The ICR developer has been commissioned to deliver revised and improved versions of the software to improve consistency in data capture. The PPD are working on guidelines for GPs/GP System Suppliers on prescription generation to try and standardise prescription generation where possible, for example, the use of indicators as separators between prescription items and to signal the end of a prescription.

The PPD have introduced checks at the batch preparation stage in the pricing process to identify any possible discrepancies in the contractor's declaration and the PPD's count. The PPD's tool to assess payments is also being used.

PSNC has reviewed a number of contractor's bundles for discrepancies. Although in some cases, there had been a payment error; in others the contractor had made an error in their count of the number of items. Guidance is available on the PSNC website on how to count items for

declaration on the submission document (www.psn.org.uk/CIP).

Inappropriate Return of Prescriptions

In some cases, copies of prescriptions processed via the CIP system are being returned to contractors for clarification which would have previously been processed without being returned via the NHSBSA PPD legacy systems.

The NHSBSA PPD is addressing this problem through staff training and a review of GP system supplier's legacy drug dictionaries. Positive progress is continuing to be made by the PPD to reduce the number of inappropriate returns.

The table below shows the percentage of prescription items returned to contractors in recent months:

Dispensing Month	Average number of Referred Back Items	
	Legacy System*	New Pricing System
January 2008	0.81%	0.55%
February 2008	0.89%	0.49%
March 2008	0.88%	0.47%
April 2008	0.82%	0.43%
May 2008	0.85%	0.40%
June 2008	0.88%	0.39%
July 2008	0.83%	0.37%

* Under the legacy processes, the prescription form itself was sent back to contractors for clarification with payment delayed for all items on the form. PSNC agreed a change to the processes for CIP, to allow a copy of the form to be returned and for payment only to be delayed for the particular item on the form where clarification was being sought.

Contractors are encouraged to report incidents of inappropriate returns to PSNC, either by contacting the Information Team directly (01296 432823/info@psnc.org.uk) or using the online reporting form on the PSNC website (<http://www.psn.org.uk/CIP>). PSNC is working to ensure that this information is fed into the NHSBSA PPD so that solutions, for example further training of PPD operatives can be adopted where possible.

Known issues include:

- Where the terminology used on prescriptions differs from the NHSBSA PPD pricing system, prescriptions are sometimes returned inappropriately. For example, there have been recent cases of 'Flucloxacillin Elixir 125mg/5ml' being returned for endorsement as PPD operatives hadn't recognised this as a synonym for the Part VIII product, 'Flucloxacillin 125mg/5ml Oral Solution'. This is being addressed through staff training.
- 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 is manufactured by Bayer Schering Pharma and is 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. In this situation, the products may have different reimbursement prices so the name of the supplier must be

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endorsed to ensure that copies of prescriptions aren't returned for clarification.

- Particular problems are being experienced with generic prescriptions for inhalers where the prescriber has included a trademarked name to describe the type of inhaler required, for example: "Accuhaler" is a registered trademark owned by GSK. If a generic prescription for an inhaler is received which includes one of these trade-marked terms to describe the style of inhaler then legally and ethically, the pharmacy should dispense the proprietary product which meets this description. For example if a prescription is received for, 'Fluticasone Propionate 50mcg Accuhaler', GSK's 'Flixotide 50mcg/dose Accuhaler' should be dispensed. The prescription should be endorsed with the product's brand name, for example 'Flixotide 50mcg/dose Accuhaler' to prevent it being returned for clarification.
- Under the legacy processes, if the pharmaceutical form was not stated, the PPD staff had a list of defaults to base payment on, rather than return the prescription for clarification. For example, in some cases, if the product was available as either capsules or tablets, reimbursement would be based on the price of tablets. These defaults are no longer in use where prescriptions are processed via the CIP. This improves transparency, however the pharmaceutical form must be stated on the prescription, either as part of the prescribing or endorsing information, otherwise a copy of the prescription will be returned for clarification on what has been dispensed. Where only one pharmaceutical form exists and the pharmaceutical form is not stated on the prescription, the PPD will base payment on this pharmaceutical form.
- PSNC has received a number of reports of prescriptions being returned where the quantity to be dispensed is clear from the dosage instructions, for example 'Take 1 tablet TDS for one week' but the prescription does not include a total quantity, either as part of the prescribing instructions or the dispensing endorsement information. PSNC has raised this issue with the NHSBSA PPD and they are working to address this problem through staff training. Although contractors are not required to endorse a total quantity where the prescriber's intentions are clear, in this scenario, it is helpful to the PPD processing staff for a total quantity to be included on the prescription.

More detailed information on prescriptions returned for clarification can be found on the CIP Section of PSNC Website (www.psn.org.uk/CIP).

Prescriptions ordered as a length of treatment rather than a Specific Quantity

In carrying out audit work on prescriptions priced by PPD using CIP, PSNC identified a substantial payment error in an individual contractor's account where prescriptions had been generated by the GP system specifying a length of treatment but the total quantity has not been included either by the prescriber or by contractor endorsement.

For example:

"Take 1 tablet TDS x 28 days"

If the prescription is written in this way, a total quantity of 84 tablets is

being requested, however there is a risk that this may be misinterpreted if the total quantity is not specified or clearly endorsed on the form.

When this case was fully investigated, the audit trail showed that there had been PPD operative error in keying the quantities into the pricing system. The PPD have worked to address this through both targeted performance management and an alert to processing staff. The PPD have worked with the contractor's PCT to identify and assess other contractor accounts in the locality that may have been affected.

If prescriptions are being received as a length of treatment, we would recommend discussing this with the prescriber and requesting that prescriptions are issued as a total quantity. If necessary support should be sought from the PCT. Best practice guidance on issuing prescriptions is being prepared by the NHSBSA PPD.

PPD Communication

The PPD have shared with PSNC the results of their customer satisfaction research which was undertaken by an independent research company. A key point identified was contractor concerns about PPD's handling of complaints. As a consequence the PPD are introducing a new complaints handling process.

Processing Site Changes

The PPD is consolidating the existing nine processing sites into three regional sites based in the North East (Newcastle), North West (Horwich/Middlebrook) and Yorkshire (Wakefield). All three regional sites are now up and running. The Bolton, Durham, Liverpool, Manchester, Preston, and Sheffield sites have now closed and the West Bromwich site is expected to close in 2009. When a site closes, the PPD write to the contractors in advance informing them of where their prescription bundles

Learning More:

CIP Guidance for Contractors: PSNC distributed detailed guidance on the CIP pricing system to all pharmacy contractors in March 2008. Additional hardcopies are available on request from the PSNC Information Team. Alternatively up to date information can be accessed on the PSNC website (www.psn.org.uk/CIP).

PPD Open Days: The NHSBSA PPD will be holding more open day sessions in 2009 and will announce dates and locations shortly. To book a place please contact the PPD helpdesk on 0845 610 1171.

Video Guide to CIP: The NHSBSA PPD has worked with PSNC to publish a new 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

Practice Leaflets

The clinical governance requirements for pharmacies set out in paragraph 26(2)(a)(i) of the Chemists Terms of Service require the pharmacy to "... produce in an approved manner, a practice leaflet containing approved particulars in respect of his pharmacy".

PSNC published the agreed particulars in the Pharmacy Contract Workbook in March 2007 so that pharmacies could use these when ordering updated leaflets. The statutory framework to require the use of the particulars was not introduced immediately, so that pharmacists would have time to use up their existing leaflets, and ensure their updated leaflets comply.

The Department of Health published on 15 October 2008, a clinical governance system acceptable to the Secretary of State for the pharmacy practice leaflet. From 15 October, all pharmacies must produce a practice leaflet that complies with the specification.

Template leaflet

PSNC has produced a template leaflet to assist pharmacy contractors with updating their own leaflets. This guide can be downloaded as a

Microsoft Word template from the PSNC website.

The leaflet must be printed using a plain font in minimum size 12 pt (the minimum size recommended by the Royal National Institute for the Blind), with sufficient contrast between print and background colour. The leaflet must be branded with the NHS logo and the pharmacy

descriptor line "Providing NHS Services" in the bottom right hand corner on the first page. The NHS logo must, as a registered trademark, be used in accordance with the NHS identity guidelines for pharmacies, available here. A pharmacy/practice logo can be used as well, if the pharmacy has one.

The requirements

The practice leaflet must include the following:

1. Name, address and telephone number of the pharmacy;
2. If owned by a company based elsewhere, the contact details for their head office;
3. Opening hours;
4. List or description of NHS services available at the pharmacy (including Advanced, but not necessarily Enhanced services);
5. Access arrangements for disabled customers;
6. NHS direct details as follows: "When the pharmacy is closed, health advice and information, including details of other local health services, is available round the clock from NHS Direct. You can use: – NHS Direct online at www.nhsdirect.nhs.uk – NHS Direct Interactive on digital TV – The NHS Direct telephone service. Call 0845 4647";
7. Notice that the pharmacy is not obliged to serve violent or abusive customers;
8. Notice that the pharmacy complies with the Data Protection Act and the NHS code on confidentiality;
9. Detail of how to find out more about services offered, comment on those services, or make a complaint;
10. Contact details of the local PCT; and
11. The leaflet may, under a separate heading "Other services we provide", refer to healthcare-related non-NHS services provided by the pharmacy.

Enhanced Services

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

Weight Management

Vascular Risk Assessment

Point of Care Testing

EHC including Chlamydia Screening & Treatment

Alcohol Screening

Enhanced services are negotiated locally and commissioned mainly by PCTs. PSNC has collated details of over 150 Enhanced Services on the Community Pharmacy Services database which is available on the PSNC website at: www.psn.org.uk/database

Latest News...

Weight Management Service

The latest service to be added to the service database is a weight management service which has been commissioned by Central Lancashire PCT. The service is designed to increase access to weight management services and to reduce obesity levels in

patients over the age of 18 years and that have a BMI greater than 25 but less than 39.9 or whose waist circumference puts them at risk of developing a long term condition. The service also provides targeted advice and motivational support to overweight and obese patients on improved diet and nutrition, increase levels of physical activity and promotion of healthy weight by setting achievable goals on a regular basis. Further details 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.

Drug Tariff News

Shewee Added to Part IXB of the Drug Tariff



The Shewee Ltd incontinence device “Shewee” will be added to section IXB – Incontinence Appliances – of the Drug Tariff from November 1st 2008 and will therefore be allowed to be prescribed on an NHS prescription.

A full list of additions, deletions and changes to the Drug Tariff can be found in the preface section of the Tariff.

Prescriptions for ‘Sharpsbin’ no longer passed for payment

The name of the product ‘Sharpsbin’ was changed to ‘Sharpsguard’ over a year ago. From the 1st November, prescriptions for “Sharpsbin” will no longer be a passed for payment by the NHSBSA PPD. This item has had a dual listing in the Tariff for 12 months but from the 1st November, prescriptions will only be passed for payment if they are written using the new name ‘Sharpsguard’.

In a similar way, the name of the blood glucose test strips, Medisense Optium Plus was changed to Optium Plus over a year ago. The dual listing for this product was removed from the Drug Tariff on the 1st August 2008. Prescriptions for this product will now only be passed for payment if they are written using the name ‘Optium Plus’.

Ongoing Problems due to Manufacturer Quota Schemes

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:

Manufacturer	Affected Products include	Summary of Contingency Ordering Procedure
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)
MSD	Cosopt Trusopt	If your wholesaler can't supply the product, contact MSD's customer service department (01992 452094)
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 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	Kepra	If wholesaler can't supply the product, fax UDG, the national distributor 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 Kepra, 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 Services can be contacted on 01773 510123.

Has all software on your dispensary computer been approved by your system supplier?

Installing software without the approval of your pharmacy system supplier may interfere with the operation of your PMR system for example use up system resources affecting your systems performance. It may also invalidate the maintenance contract for the system or breach the NHS acceptable use policy for computers that interface with the NHS Spine. Of particular concern is software obtained on the internet or from non reputable sources which could contain viruses and/or spyware and the use of file sharing/P2P/peer to peer software (eDonkey/Overnet, WinMX, BitTorrent, Limewire,

etc) and instant messaging software (MSN, AIM, Yahoo Messenger, etc) which create a long-term open channel between your local system and the open internet, making your system vulnerable to hackers. The storing of large amounts of non-related data on the system (music or video for example) which use up disk space can cause problems with the size and speed of backups.

Before loading software on to a dispensary computer, contact your system supplier for advice, most suppliers are able to provide a list of software that has already been approved for use.

Supplementary Product Information included in Dosage Instructions: Updated Guidance

In carrying out routine audit work on the CIP system, the PSNC National Prescription Research Centre have identified a risk of payment error where prescribers have included supplementary product information, for example a brand or manufacturers name or an indication that a sugar free or preservative free prescription is required as part of the dosage instructions rather than beside details of the prescribed product, for example:

*10ml Hypromellose 0.3% Eye Drops
Insert one drop into both eyes four times a day **preservative-free***

Where supplementary information is included in the dosage instructions rather than in the first line of the prescribing instructions, this may not be identified by the Intelligent Character

Recognition software or by PPD staff. Audit work at the National Prescription Research Centre and at the NHSBSA PPD has shown that in practice, this information is being collected on the majority of occasions however there have been a small number of errors identified where supplementary product information was not collected.

The NHSBSA PPD has updated their guidance on this issue. **Asterisks (*) on either side of the product name should not be used as a way of flagging these items to the attention of PPD staff.** An alternative method of flagging individual items for PPD staff attention is currently being investigated. In the meantime, if a prescriber has included product information in the dosage instructions, contractors are advised to contact the prescriber to request that all information linked to the product is included in the first line of the request for that item. A template letter that can be used to inform prescribers of this problem is available to download from the PSNC website

(www.psn.org.uk/CIP)

Initial implementation of EPS Release 2 is expected to begin shortly. Through Release 2, when electronic messages are received by the NHSBSA PPD for reimbursement, payment will be based on the product code of the prescribed product, therefore, supplementary product information included in the prescriber's dosage instructions will not be considered when calculating payment. Work done now to change prescribing practice where necessary will therefore be helpful in the long term to support the smooth implementation of the EPS.

PPRS Update

The Department of Health has written to manufacturers and reaffirmed that they are working with the ABPI to agree the detail of the new PPRS scheme and publish this information in sufficient time for the new scheme to take effect from the 1st January 2009. However, one element of the proposed scheme, the suggestion that the reimbursement price of out of patent branded medicines be linked to the reimbursement prices for generic medicines, has been delayed by at least three months.

The Department of Health have also confirmed that the reimbursement price change mechanism will operate as normal in January 2009 for the anticipated PPRS price reductions. The reimbursement price change mechanism is a long standing agreement between PSNC and the Department of Health to address the consequences for contractors of the reduction in stock value following a reduction in list prices.

Under the agreed price change mechanism, for proprietary preparations and Part VIII products where the price is based on a proprietary 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 medicine is reduced on the 1st January 2009 as part of the new PPRS agreement, the NHSBSA PPD will only start applying that lower price when calculating reimbursement for February's prescriptions.

More information is available on the PSNC website (www.psn.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') 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
Latex gloves Comment: Latex gloves are 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.	X	appliance
Tubegauze Comment: Tubegauze 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.	X	appliance
Blethegel, Blethasol & Blethaclean Comment: These products are not listed in 'the blacklist' therefore can be prescribed on an NHS Prescription.	✓	cosmetic
Optive Eye Drops Comment: Optive Eye Drops are 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.	X	appliance

Do you know...

... about the container allowance



In 2007, the NPSA published a patient safety alert on 'promoting safer measurement and administration of liquid medicines via oral and other enteral routes' which recommended that because more complex medication regimens are now being administered at home, primary care dispensers should be in a position to issue a range of oral syringes and as a minimum a 1ml, 5ml or 10ml syringe should be supplied depending on the dose prescribed.

Part IV of the Drug Tariff outlines the arrangements for supplying containers, measuring spoons and oral syringes to NHS patients.

Previously it has only been a contractual requirement for pharmacies to supply either a 5ml plastic measuring spoon or a 5ml oral syringe with every oral liquid medicine, except where the manufacturer's pack includes one. In November, the Drug Tariff will be amended to require pharmacies to also provide 1ml and 10ml syringes in certain scenarios. Plastic oral syringe measures must be clearly labelled 'oral' and/or 'enteral' in a large font size, comply

with appropriate British or European Standards and be wrapped together with a bottle adaptor and instructions. Choice of whether a spoon or syringe (and its size) is supplied will depend on the nature of the medication regime.

Pharmacy contractors are paid the container allowance, currently 3.24p per item for all items dispensed, regardless of whether or not the product was packaged in a container supplied by the pharmacy or dispensed with a spoon or oral syringe.

The level of the container allowance was originally set based on a study, the container cost inquiry, which reviewed the average costs to pharmacies of supplying containers to patients. The regulatory burden component of this year's annual funding uplift includes consideration of the additional costs of the 1ml or 10ml syringes. Costs in practice, following this change, will be monitored during the year.



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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