Welcome to this week's edition.

We wish you all a very Happy Easter.

## 1. CoCs/Specials and addressing post

COCs are still being sent to incorrect addresses, mainly to Regus House in Exeter. Please note that all COCs should be sent to the Saltash address: Devon, Cornwall & IOS Area Pharmacy Team, Peninsula House, Kingsmill Road, Tamar View Industrial Estate, Saltash, PL12 6LE. Colleagues at Exeter have been asked to return to sender any COCs they receive in the future.

Whilst some post is reaching us in Saltash please can we ask you to kindly add The Area <a href="Pharmacy">Pharmacy</a> team when addressing your envelope? Just to say NHS England is confusing as we have different area teams here. Also it is particularly worrying as confidential mail maybe opened by the wrong team if we are unsure who should be opening it.

We have received an NSAID audit on 4<sup>th</sup> April but don't know which pharmacy it is from as no name has been entered on the paperwork. Was it you? Please let Kath know if it was.

### 2.URM over Easter (Cornwall pharmacies)

The Prescribing team in Kernow CCG have advised that patients requesting emergency supplies inhours over Easter should be managed based on the degree of clinical need – they can either be directed to a local GP practice, their own practice or SERCO, if need dictates. Pharmacies can, however, still provide an emergency supply, but this would be a non-NHS supply and the patient would need to pay. Please note that the scheme will however be available on Good Friday, Saturday, Easter Sunday and Easter Monday as these are all 'out of hours'. If you have any further queries or questions please speak to Paul Hughes on 01726 627981 or e-mail paul.hughes11@nhs.net

# 3. Contact details - amendments

On 9<sup>th</sup> April Sally circulated a Contact details sheet. Unfortunately there are a couple of amendments. Please could you update your copy accordingly?

## **Smartcards for South Devon & Torbay CCG**

Gary Kennington's phone number has changed to 01803 652583 and please add another contact – Sue Norcott, RA Agent 01803 210477 or e-mail <a href="mailto:sue.norcott@nhs.net">sue.norcott@nhs.net</a>

# Patient exempt from Prescription charges

For queries and advice contact Mrs Christine Lobb, Probity Co-ordinator, NHS Shared Business Services 01726 627856 or e-mail clobb@nhs.net

### 4. PharmOutcomes - entries need

#### CPAF - please make sure this is up to date

For pharmacies that are not receiving an assessment visit we will be telephoning those that are showing red against CPAF on PharmOutcomes. We will be asking why achievement has not been met. Please note that pharmacies are able to go on to PharmOutcomes and alter their status in the areas where they are now compliant.

**Patient Held Information audit** – Please enter audit results on PharmOutcomes by the <u>end of April</u>. We will be contacting Pharmacies that are not meeting this contractual requirement.

#### 5. EPS2 Drug doses – some learning points

Adrian Tebby. LPC lead, has asked us to share this with you.

The way in which doses are communicated and dealt with on EPS2 prescriptions can cause a little confusion, but if you take some time to work out how your PMR system deals with doses you can understand the system better. Often only half of the dose that appears on the EPS token is transferred across into the dose field on your PMR system. The explanation for this is that the prescriber can enter information into two fields; the first is the dose field, and this information is

passed into the PMR system for labelling as you would expect. The second field is an 'additional information' field, but has actually been used by many prescribers as an additional dosage field. This field is not transferred across to the PMR dose field, as it is intended to communicate extra information to the prescription dispenser, not for dosage information. If you are seeing a large number of prescriptions with this problem then it would seem sensible to talk to the prescriber(s) as they may be unaware of the difference between the dosage and additional information fields on their prescribing system.

The second frequent question at the moment is that the PMR system brings up a dose that is incorrect (different from the prescription) when processing an EPS2 prescription. This appears to be due to a facility on certain PMR systems that is meant to help you process repeat items, and not a failure of the electronic prescription itself. To explain: You will all be familiar with the prescription for a patient (often for repeat items) where the prescriber has entered the dose code as an abbreviation, eg 1od or 1tds. During the processing of the prescription in the pharmacy you have to override this abbreviated dose and enter it via your PMR system so that the dose appears in English on the dispensing label. Some PMR systems have a facility where the program will identify that on the previous occasion the same item was dispensed there was a manual override of the dose, and allow you to pick that dose again on the current prescription. Other systems do not have this facility. Work out if your system does this and be aware that some systems make it very clear that you are adopting a dose that is different from the prescription, but other systems don't make it so obvious. Without sufficient diligence in the labelling and checking processes you can see that there is the possibility of an error being undetected, and even repeated on the next occasion that item is dispensed.

#### 6. Unusual quantities

NEW Devon CCG Medicines Optimisation team would like to share this with you.

There have been two known occurrences where a prescription for 32400 doses of GTN spray has been issued by a practice in NEW Devon. Due to the endorsement at the pharmacy, these prescriptions have been reimbursed by the NHSBSA at a cost in excess of £500 each time to the CCG. This issue has been dealt with on GP clinical systems but please be vigilant when dispensing and endorsing prescriptions. If you notice any unusual or large quantities on prescription please either query this with the prescriber or ensure it is endorsed appropriately reflecting the quantity that was actually supplied.

# 7. Prime Minster's Challenge fund

The NHS in Devon, Cornwall and the Isles of Scilly has been given £3.575 million to improve access to GP care for all 1.72 million patients, as part of the £50m Prime Minister's Challenge Fund. The total award is one of the largest in the country, with most bids based around small numbers of GP practices.

Cash will also be ploughed into joined-up GP, out-of-hours and community care, with shared access to patient records. That would give out-of-hours doctors the ability to see and add to someone's GP notes, for example, and even to book them into their own surgery the next day for follow-up. Where geography makes it hard to get to the surgery, telemedicine will be developed. And when people do need to see a GP or practice nurse, they will increasingly be able to book online or even to set up consultations via services such as Skype.

In Newton Abbot, GPs will also be testing a system in which they case-manage the care of the most-vulnerable patients, seven days a week, to try and ensure that they do not end up in hospital unnecessarily. These developments will be backed by pharmacists, who will play an increasing role as a first port of call for patients, managing their medicines and supporting the vulnerable.

The Challenge Fund created great interest amongst practices in adopting new ways of working, attracting more than 250 expressions of interest.

If you would like further information or have any questions please call Julia Cory on 01138248967/

#### 8. EHC training event for Cornwall Pharmacies

The next EHC training event has been organised for Tuesday May 13th, 7.00-9.30pm at Carn Brea Leisure Centre in Station Road, Redruth TR15 3QS. All those who are interested please contact:

PHContracts@cornwall.gov.uk or Jo.Hardwick@Cornwall.nhs.uk

A light buffet will be provided for those who attend from 7.00 pm.

## 9. Returns to Kath

A reminder for pharmacies participating in the winter ailments, minor ailments and emergency services please remember to sign and return their PGDs/sign up sheets to Kath.

If you haven't already submitted the following documents please can you arrange this as soon as possible and please remember to enter your pharmacy name – not just a branch number or road name – on your returns.

Patient questionnaire MUR and NMS returns for January-March 2014 quarter. Annual review of Complaints

Please submit the above to Kath <a href="mailto:kathrynhughes2@nhs.net">kathrynhughes2@nhs.net</a> or fax or post

# 10. Vaccine update

Please see link for latest copy

https://www.gov.uk/government/publications/vaccine-update-issue-214-april-2014

If you have any articles you would like us to include in the weekly E-Communication then please let us know.

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