

LPC NEWS

Atorvastatin

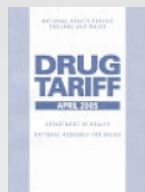
Atorvastatin has come off patent but contractors beware.

You will no doubt be aware that atorvastatin has come off patent and the price has plummeted, however are you aware of the consequences of this and the other high value patents which are expiring in the near future. It is very important that contractors understand that the department of health will be carefully managing the reimbursement prices of these generics as they become available with an aim to remove excess margin so that it is not clawed back in Cat M later on down the line. In May, the Cat C price will remain in place (largely to allow contractors to use up any branded stock). There will be a special Cat M price for June, with normal Cat M prices in July however any excess margins will then be taken account of in future category M calculations.



As this volume shifts to generic alternatives, contractors are likely to experience a fall in average item value and thus turnover. Higher margins are likely in the short term, exaggerated by reduced discount scale deductions due to the lower turnover. This may well prompt adjustments in Category M prices in later periods for which contractors should be prepared for. David Gill (PSNC Rep for West Yorkshire & Humber region) has tried to explain this in a recent interview to help warn contractors of the dangers ahead which could occur through category M. He explains this complex area very well and we would urge all contractors to watch the explanation. You can access it through the following link www.gandstlpc.net and click on the atorvastatin movie in the LPC TV section on the right hand side.

Drug Tariff Simplification



The Department of Health (DH) released on Friday 4th May preliminary information concerning stage 2 of the Drug Tariff Simplification process, due to be implemented in July 2012. Stage 2 includes a package of measures, these are namely changes to the reimbursement rules for methadone prescribed on FP10MDA & FP10 prescriptions, as well as the introduction of a payment system to reflect the increased cost of dispensing in split packs and changes to the out of pocket expenses system.

The new arrangements come into effect from the 1st July and the LPC has some serious concerns about some of these changes and how they may affect contractors. We would urge contractors to ensure they understand the changes and how it will affect them.

Included with this new letter is a fact sheet produced by the PSNC which helps contractors understand the changes in terms of Methadone as this may have the biggest impact. A copy will also be uploaded to our websites at www.gandstlpc.net and www.sunderlandlpc.net. A full description of the drug tariff simplification changes can be found on the PSNC website http://www.psn.org.uk/pages/drug_tariff_simplification_changes.html.

Pharmabase Enhancements



Following feedback from users of PharmaBase, enhancements to the NMS module have been made to allow users the option of utilising a 'short' version of the demographic data, rather than the mandatory full dataset. The 'short' version can be used when part of the mandatory data, e.g. full address, are already stored in the patient's PMR. A brief guide to these changes is included in the third issue of PharmaBase Update which can be downloaded from the PSNC website. http://www.psn.org.uk/data/files/PharmaBase/PharmaBase_Update/PharmaBase_Update_Issue_3_May_2012.pdf

The current range of PharmaBase modules includes EHC, Supervised consumption, Needle and Syringe Programme, NRT voucher service, Stop Smoking service and Community Pharmacy Assurance Framework (CPAF) (Contract Workbook module). The PSNC has been working with NHS Primary Care Commissioning (PCC) to update the CPAF so it reflects the changes to the CPCF implemented in October 2011 and with which contractors need to be fully compliant by July 2012. Most of the updated CPAF documents have now been published on the NHS PCC website.

The updated documents will be used to re-vamp the CPAF module in PharmaBase and the PSNC aim to have this updated module available by July, as that is the most appropriate point for PCTs to start this year's contract monitoring cycle, following the 1st July deadline for compliance with the clinical governance changes.

Locally NHS SoTW are currently testing the EHC and Supervised Methadone modules in several pharmacies in Sunderland as they intend to use them instead of the current paper systems. More information will come from NHS SoTW when they are ready to switch.

Pharmacy Services - Engagement

It is really important that pharmacy contractors engage with services such as the NMS. Through our survey on NMS, we understood that many contractors were not happy with the payment structure and this seems to have come through in the national statistics where South Tyneside has appeared in the bottom 10 areas to engage with NMS (based on the numbers done). You will be aware that the payment system has changed and we really urge contractors to engage with this service. We would like to remind contractors that it will be difficult to negotiate new ones in the future if we can't demonstrate that we are fully engaged with the ones we have. The following chart will help you understand the new payment scheme with the main point being you will now be paid an income for each NMS but the more you do, the better that payment will be. Full details of our NMS Survey can be found on our websites.



The North East Cancer Network in conjunction with the British Oncology Pharmacy Association (BOPA) has developed an elearning module for community pharmacy staff to help support the oesophago-gastric cancer awareness campaign.

Community pharmacy staff have a vital role to play in the early detection of cancer, this module gives background to oesophago-gastric cancers and will help pharmacy staff recognise the key signs and symptoms in their patients.

The E-module can be accessed by visiting www.bopalearning.com and logging on to the 'Raising public awareness of cancer in community pharmacies (for pharmacies) modules. The module contains a short 3 minute video showing how community pharmacists can spot patients with signs and symptoms of oesophago-gastric cancers and help encourage them to see their GP.

NECN has produced a stand alone version of the video which will be available shortly. For further information on the e-learning module contact steve.williamson@necn.nhs.uk.

0.5% of dispensed items are eligible for the NMS

Summary of payments for a store dispensing 2000 items per week

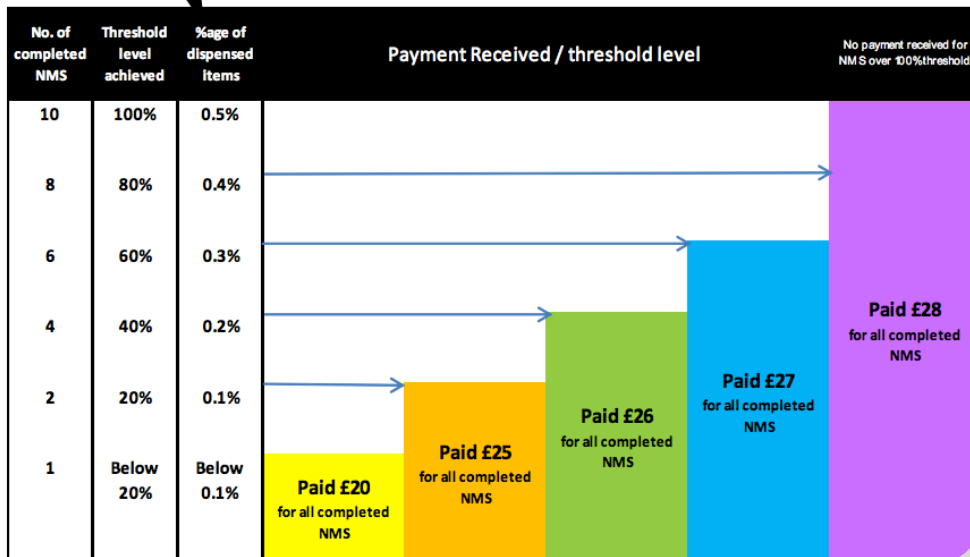


Chart re-produced with permission from Boots

Mary Chambers

It is with great sadness that we heard the news of the death of Mary Chambers. Mary was a local contractor but had also served for many years on Sunderland LPC. Both Gateshead & South Tyneside LPC and Sunderland LPC would like to express their sadness and pass on our best wishes to her family. Gillian Cucchi, Vice Chair of Sunderland LPC who knew Mary very well has written the following.

I have known Mary for many years, in fact I did my pharmaceutical training with her at Sunderland School of Pharmacy, too many years ago to mention.

Getting to know Mary was always an adventure, she had the most irreverent sense of humour and was always up for fun. For all her love of fun and having a good time she possessed a keen intellect. I recall her doing a locum for me not long after I bought my business and commenting that 'if you can own a business then so can I'. Well, she went on to own 8 pharmacies and made it all look very easy. Mary had many qualities but perhaps those she showed most were her generosity and sense of fairness.

She will be missed by many, we wish Phil her husband our best wishes and thoughts at this difficult time.

Gillian Cucchi
Vice Chair, Sunderland LPC

111

CALL 111

When it's less urgent than 999

A new 111 phone number is being launched in our area in the coming months. This will be used for calls that will be less urgent than 999 but where medical help is needed. It was recently trialled in Durham & Darlington will be rolling out in our area in September

We are keen for pharmacy to be involved in the path ways that the 111 operators will use to direct patients and have been engaging with the implementation team. It is looking like they will need to keep a directory of services offered by individual pharmacies so they know where they can direct patients. It is likely that this information will be taken from data on the NHS Choices website. We would therefore urge contractors to ensure they get access to the NHS Choices site and ensure it is kept up to date otherwise the 111 team will not know to send patients your way.

Eye Vitamins

Eye vitamins such as ocuvite & preserivation were recently considered by GMMC (amongst many other items) as less suitable for prescribing on the NHS. The consultants at Newcastle RVI had already had these products reviewed and not put on formulary so they routinely suggest them to patients as an item to purchase OTC. We have been requested that Pharmacists do not advise patients that they are available on prescription but to explain that their is insufficient evidence to prescribe these on the NHS.

Jointly Published by Gateshead & South Tyneside LPC and Sunderland LPC

If you would like to receive this newsletter by email or you would like to comment or contribute Information please contact our Editor :- Sami Hanna sami.hanna@gandstlpc.net, To get in touch with Sunderland LPC - contact the Secretary Kathryn Featherstone - secretary@sunderlandlpc.net

To get in touch with Gateshead & South Tyneside LPC contact the Secretary Louise Lydon - louise.lydon@gandstlpc.net

Methadone changes – LPC Comms

The Department of Health (DH) released on Friday 4th May, preliminary information concerning stage 2 of the Drug Tariff Simplification process, due to be implemented in July 2012. Stage 2 includes a package of measures; namely changes to the reimbursement rules for liquid methadone prescribed on FP10MDA & FP10 prescriptions, as well as the introduction of a payment system to reflect the increased cost of dispensing in split packs.

The new arrangements for methadone payments due to come into effect on 1st July 2012 have been developed using analysis completed from national NHSBSA prescription data and was based on steady state prescribing (i.e. not taking into account any future policy changes to the prescribing practice of addict dispensing).

A working group of the PSNC performed this analysis and comprised of: one independent representative, one representative from a regional multiple chain, and one representative from a large national multiple; all with significant interest in methadone dispensing.

Some endorsement claims made for methadone prescriptions are not eligible for extra payment currently as either the instructions to supply "daily dose containers" have not been written correctly or contractors have incorrectly endorsed their prescriptions. It is possible that pharmacists have been submitting prescriptions expecting to be paid additionally for daily dose containers, but have not, in fact, been receiving payment. The Department of Health (DH) wants to simplify payments for oral methadone and ensure that they accurately reflect the workload involved. The revised payment system will ensure correct payment for **all** methadone prescriptions (including a new payment for methadone prescribed on an FP10 form) and PSNC's analysis has indicated that these new arrangements will be cost neutral **overall** to pharmacy. To ensure that overall funding is not adversely affected, we will be monitoring total items and spend from Methadone prescriptions on FP10MDA forms for Q1 and Q2 of 2012-2013. If it appears that the overall comparison of Q1 to Q2 results indicate a significant reduction in fee spend, we will submit this information to DH for consideration.

For further queries contact the PSNC information on 0844 381 4181 or email info@psnc.org.uk.

Summary of the new arrangements (effective 1st July 2012)

- Payment will be based on each occasion the pharmacist provides methadone to the patient i.e. for each instalment collected rather than on the number of "daily doses" supplied.
 - For each interaction with the patient or "pick-up" for oral methadone when prescribed on an FP10MDA form, contractors will receive: a professional fee, CD fee, the container allowance and any relevant volume-related fees.

- Contractors will also receive an additional fee of £4.05 for **every** prescription (FP10MDA and FP10) for methadone oral liquid.

- This fee is paid automatically; therefore no endorsement is required to claim it.
 - The £4.05 form level fee is to help support the contractor with the costs of the additional workload involved in ensuring the patient is able to measure their medicine appropriately, including interaction with the patient or prescriber to understand whether dispensing in daily bottles is appropriate, preparing the daily dose bottles or providing an appropriate measuring device.
 - Where the instructions “daily dose containers” is not included on the prescription, the pharmacist remains able to exercise their discretion to dispense in daily dose bottles where it does not contradict a preference indicated by the prescriber. Pharmacists will have to consider for themselves as part of their professional obligations, whether the patient requires daily dose containers in order to be able to administer the correct daily amounts. Where there are concerns regarding the appropriateness of instalment frequency, the pharmacist should discuss these with the prescriber directly. The extra fee is applicable for prescriptions for methadone oral liquid **only** and will be available on FP10 and FP10MDA prescriptions. Instalment prescriptions for any other item, e.g. Buprenorphine, will not be eligible for this fee and payment of fees will be per interaction or “pick-up” only.
- A safeguarding payment will be made available for contractors who find that the new arrangements has led to a reduction to the number of professional fees with an impact on the Establishment Payment threshold.
 - Contractors will need to claim via an appropriate form available on the NHS Business Services Authority (NHSBSA) website. The declaration will need to include that there is no reason apart from the change in payment for dispensing of liquid methadone that has led to a decrease in fees (e.g. it would not be appropriate to claim if the reduction in professional fees is due to a new pharmacy having opened nearby or the pharmacy is dispensing fewer prescriptions for liquid methadone).
 - Where the claim is made, the contractor will be paid the Establishment Payment if appropriate based on the volume of prescription items for the same month of the previous year but at the current value.

Below is a table illustrating the changes at a prescription level. These scenarios were calculated based on the following: dispensing fee, controlled drug fee, container allowance and the current practice payment fee (totalling £2.94) being paid for every pick-up/daily supply where indicated

For ease, the new arrangements for split pack dispensing (applicable to any methadone supplied outside of the new listed pack sizes) have not been taken into account.

Product	Prescription form	No. of pickups from the pharmacy -per 14 day Rx	No of Pick-ups a week	Daily dose containers indicated?	Before	After
Methadone oral solution	FP10MDA	2	1	No Yes	£5.88 £41.16	£9.93
		4	2	No Yes	£11.76 £41.16	£15.81
		6	3	No Yes	£17.64 £41.16	£21.69
		10	5	No Yes	£29.40 £41.16	£33.45
		12	6	No Yes	£35.28 £41.16	£39.33
		14	7	N/A	£41.16	£45.21
	FP10	N/A	1 (3 day's supply to cover a weekend)	N/A	£2.94	£6.97

Frequently Asked Questions

Q. What has PSNC done to check that these new payments for methadone are fair to contractors?

A. We would like to reassure contractors that PSNC carried out detailed analysis during the agreement of these new arrangements. This included using the NHSBSA's prescription data from a wide range of methadone-dispensing contractors (from large methadone volume dispensing to small) across the country.

The mixture of businesses in the sample indicated that some contractors will receive less fees from these new arrangements and some will make gains. This change is not intended to be a cut to pharmacy but is designed to ensure fairer and equal distribution of fees relating to methadone dispensing across all contractors, irrespective of the prescribing practices and our calculations indicated that the total fee spend for methadone would actually increase overall.

Q. Why was it felt necessary to move from an item to a form level fee for methadone liquid?

A. The PSNC Information Team has noted that concern has been raised about the change in payments leading to a move away from dispensing in individual bottles and towards bulk supply instead.

The new form level fee is not designed to “reward” contractors who bulk supply but is to reflect the inequality of payment related to workload. Currently, payment for methadone is dependent on how a prescription has been written and not based on actual workload involved. The contractor who supplies in one bottle a week will still have the same level of patient interaction, CD register entries, and stock issues as one who dispenses in daily dose bottles, but the difference in payment is significant (currently £35.28 for a 14 day prescription). Pharmacists retain a professional obligation to ensure that a patient is able to administer the amount prescribed, so as to make safe and effective use of their medicines, and in some cases, a daily dose container will be appropriate.

The increase in fees is not just for contractors supplying in single bottles or on an FP10, but also for those contractors who may be under the impression they are being paid for supplying in single dose bottles but in fact may not be.

Q. Will PSNC be monitoring the impact of these changes to methadone payments?

A. PSNC are committed to assessing and analysing the potential impact for contractors and would like to collate examples of how these new changes will affect pharmacies.

We would be grateful if contractors are able to assist us with this process by sending us exact details of all of their methadone scripts over a two-week period to aid us with our ongoing monitoring. Please include: the precise wording on the prescription, the number of pick-ups, and the duration period of the prescription. An excel spreadsheet which you can use to assist with collating the data has can be found in the LPC members only area of the PSNC website.

PSNC will be monitoring the impact of all simplification measures and will review arrangements where required.