



LPC NEWS

Pharmabase becomes PharmOutcomes

Used Locally - Do you know about the cut off times?

Health Information Exchange Ltd, which runs the PharmaBase platform, has decided to re-brand the website in order to avoid confusion with other similarly branded websites. The re-branding exercise has now commenced and will continue over the next few weeks, as resources on the PSNC website are updated. The new name for PharmaBase is PharmOutcomes.



The new URL for the platform will go live shortly. Once this occurs, users will be automatically re-directed to the new web address (www.pharmoutcomes.org.uk) if they type in the former web address.

Locally Pharmabase / PharmOutcomes is used for services such as EHC and Methadone. We recently highlighted an issue that the PCT has discovered which caused a few minor problems with payments. They would like pharmacists to know that their submitted information/forms needs to be entered before the **4th of the month** otherwise the pharmacy will not receive payment until the following month.

Pharmabase / PharmOutcomes runs the information early on the morning of the 5th of the month so that is why information needs to be uploaded by the 4th.

Also when some pharmacies are contacting the help desk they are still being told that they need to print off the claim form and send or email to the commissioner. This is not the case as we are using option 2 and the commissioner can access the claim forms and audits via the internet. For further information please contact [Moira Richardson](#) (Commissioner - Public Health) (Tel: 0191 4971526 Mob: 07827309472)

Methadone -PSNC agrees methadone payment proposal



In response to the strong feedback received from contractors, PSNC has reviewed the methadone payment arrangements that were implemented in July. The review consisted of analysing contractor data and involved much time and resource in undertaking extensive modelling to fully consider all data received. The new automated audit system that PSNC has developed has allowed a much larger prescription study to be carried out compared with the original study in 2010. The data was used to model the costs to contractors of dispensing different methadone prescriptions i.e. of varying length of treatments and number of patient interactions or "pick-ups."

The results of the review have now been discussed in detail by the PSNC committee and the committee has agreed to propose a new payment system. The calculation of the £4.05 item fee (which was introduced in July following the original study carried out by a PSNC sub-group) was set at a level that allowed contractors to supply daily dose containers in some scenarios, based on average levels of requests for daily dose containers seen in the original study.

The recent analysis shows that the incidence of 14-day FP10MDA prescriptions with once weekly pick-ups has increased significantly since the original study. There had also been a slight increase in the incidence of prescribing of daily dose containers (although there is significant regional variation in this prescribing practice).

In light of this information, PSNC has decided to propose a two-tier fee level for all methadone prescriptions. This will maintain the payment of fees per interaction with the patient, with a £4.05 fee for all FP10 forms and FP10MDA forms covering 7 days' supply or less of oral liquid methadone, and two £4.05 fees (i.e. £8.10) for any FP10MDA form covering 8 days or more.

This new system takes the modelled costs into account and ensures that contractors are more than meeting their costs of supplying methadone in all modelled prescription scenarios.

PSNC recognises that contractors dispensing to a large number of methadone patients do a very important job, sometimes to the detriment of other parts of their businesses. PSNC has written to the Department of Health with its proposals and hopes to discuss them in the very near future so that the changes can be implemented as soon as possible.

PSNC will also be liaising with the Royal Pharmaceutical Society as the professional body to explore the case for requiring all methadone supplies to be made in daily dose bottles. Sue Sharpe, PSNC Chief Executive, said:

"For several years the Department of Health has had a programme to simplify the Drug Tariff, including the complex rules applying to methadone prescriptions and other measures agreed last year which had been under discussion for some time. PSNC seeks to treat all contractors fairly to the best of its ability, and the volume of feedback we received about the new fees alerted us that this could be a serious problem, particularly in those localities where methadone is routinely prescribed for once or twice weekly pick-ups with daily dose bottles dispensed. Contractors face many concerns and worries at the moment and I am very sorry for those who help this needy group of patients, that these changes added to their concerns.

Our PRISM pricing audit system allowed us to undertake more detailed and extensive analysis this time than we could do in the past. PSNC has now completed its review of methadone fees and the committee has acted on this information. We are now discussing our proposal with the Department of Health. We will be looking at the implications for contractors, taking into account the transitional protection agreed for those contractors most heavily affected by the changes in July. According to the review, under PSNC's new proposed system, contractors' costs in dispensing methadone will be met in all modelled scenarios."

Practice Leaflet Update

Currently the pharmacy practice leaflet must comply with the 'approved particulars' published by the Secretary of State on 1 July 2012. This still refers to the NHS Direct 0845 number even though in some areas this service is no longer provided and the caller is referred to 111.

PCTs in some areas have requested a change to the practice leaflet when the NHS 111 service goes live. However when changes are made to the clinical governance framework, and particularly any parts that may require information to be updated on a practice leaflet, there is always a transitional period built in. It is also for the Secretary of State, not the PCT, to determine the content of the practice leaflets, and PSNC will be discussing the need to change with NHS Employers and the Department of Health before the approved particulars are updated.

The PSNC has been in contact with NHS 111 to find out the proposed timescales for transition, as although the majority of CCGs will have transferred over by the end of March 2013, a deadline extension up to the end of September 2013 has been granted to some CCGs. We have learned that the details of the transition of the 0845 service are still being worked on, and hence NHS 111 cannot yet confirm exact timings or processes. At the moment the 0845 service is only confirmed until the end of June 2013, though options are being explored for the service to continue in those areas where NHS 111 roll-out is extended beyond then.

There are also plans for the 0845 service to be switched off earlier in areas where the NHS 111 service is already established, and this will start to happen soon. The current proposal, although the details are still to be agreed, is that once the 0845 service is decommissioned across England, people calling the 0845 number from within England will hear a message telling them to hang up and redial 111 if they have an urgent health care need, or to log onto www.nhs.uk for health information.

Another element on the practice leaflet is the need to include contact details of the PCT. As the commissioning of pharmacy will be by the NHS Commissioning Board from the end of March 2013 when PCTs cease to exist, this reference will need to change. At this stage it is possible that the appropriate contact details would be that of the NHS Commissioning Board's Local Area Team – but there has been no decision about that yet. We would therefore advise contractors to allow stocks of practice leaflets to run down, and not to order any more until there has been an update and agreement to the necessary changes to the 'approved particulars' and transition period. If any contractor reaches a point where an order for new leaflets is urgent, please contact PSNC at info@psnc.org.uk to establish the expected timescales for agreement of the approved wording.

NMS

Between October 2011 and June 2012 83% of pharmacies in England provided the NMS at least once, with a total of 369,803 completed NMS. The early analysis of the NMS data in PharmOutcomes looks promising; The PSNC hope to publish the evaluation of the national data soon. With this background information they are confident that there are countless case studies that could be used to promote the service at a local and national level, but so far only five pharmacists have shared their positive case studies with PSNC.

Case studies are important for the PSNC to use at a national level when talking to policy makers and patient organisations, as they provide a human story to contextualise the emerging data on improved adherence levels. For the same reason, they are important to us in the LPC to use at a local level with local clinicians, particularly CCG leaders and local GPs.

Please can you share your NMS (and MUR) successes with us (via our website), so we can use them locally and share them with PSNC. You may also wish to use any local case studies in discussions with GP practices – this kind of soft evidence can often have a very positive impact on the attitudes of GPs and practice nurses. It is really important that in community pharmacy we produce outcomes evidence about the services we offer. NMS will be the starting point for most of our research governance so it would be really great to hear from pharmacists who have a keen interest in data collection of this kind in order to support the national contract agenda and pharmacy strategy.

MUR / NMS Documents

An updated version of the MUR guidance document is now available from PSNC. The document includes an updated service specification which reflects the changes that have been made to the service over the last few months. The document can be downloaded from www.psn.org.uk/mur. Some PCTs have reported confusion about the definition of the different pieces of MUR data that have to be reported on a quarterly basis to PCTs (on request). A MUR data definitions document is also available from PSNC which helps answer any queries on this data.

A similar document on the NMS data requirements has been added to the NMS section of the PSNC website (www.psn.org.uk/nms).

Kathryn Featherstone



It is with much regret that Sunderland LPC accepted the resignation of Ms Kathryn Featherstone from her post as LPC secretary in August. Kathryn has been with the LPC for five years and will be greatly missed.

Previously the Head of Medicines Management at South Tyneside PCT, Kathryn brought expert knowledge of the NHS structures and ways of working to the LPC.

She has been instrumental in the successful commissioning of the healthy living pharmacy initiative, NHS health checks and flu vaccination service in community pharmacy.

She has also successfully renegotiated services such as supervised methadone, stop smoking and emergency contraception for community pharmacy.

In addition to work around enhanced services, Kathryn represented the LPC at meetings with the North East Primary Care Support Agency, which monitors the contractual framework for community pharmacy and has contributed to the contract monitoring process and development of the PCT led multidisciplinary audit which will take place this year.

Kathryn has ensured the smooth running of the LPC, providing support to the chairman Mr Umesh Patel, ensuring papers for meetings are distributed and that the LPC works within its constitution and for the benefit of its contractors.

Umesh said 'I have had very great support from Kathryn. Her experience and advice on NHS matters will be a huge miss to the LPC. I am very grateful to her for her support to all of us.'

Kathryn has decided it's time to leave for personal reasons and the whole committee would like to thank her for her hard work and dedication and wish her well with her future endeavors. She will be missed.

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 Ann Gunning AnnGunning@northtynelpc.org.uk

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