Health Bill introduced to implement NHS reforms

“The changes are so big you can see them from space”
NHS Chief Executive
Sir David Nicholson

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- PSNC and LPCs prepare for the future
- IG deadline
- PharmaBase factsheet
NHS changes: PSNC prepares for the future

We have seen many NHS reforms over the years but none as far reaching as the changes being introduced by the current Coalition Government. As the NHS Chief Executive Sir David Nicholson puts it “The changes are so big you can see them from space”.

The re-engineering of the NHS architecture is set out in the Health and Social Care Bill currently going through Parliament. PSNC will be scrutinising the Bill and amendments, to act if necessary to protect and promote the interests of pharmacy contractors. On page 6 of this edition of PSNC Community Pharmacy News we provide a briefing on the Bill and the key issues for pharmacy; there will be further briefings in future editions as the Bill makes its way through the House of Commons, and the House of Lords.

PSNC Plan

PSNC is clear about its vision for pharmacy in the new NHS environment and has published its vision for 2015 and work plan for 2011 – this is featured on page 7 of this edition of PSNC Community Pharmacy News.

It is essential that community pharmacy positions itself now to ensure that it can grasp the opportunities and advantages that come with the reforms and a key enabler to support future service provision is PharmaBase. There is a pull out PharmaBase briefing for contractors in this month’s Community Pharmacy News. Please take time to read this to find out more about the tremendous benefits it provides to all contractors, both as a simple and efficient platform for the administration of locally commissioned services; and as a means for pharmacy to collect data to demonstrate the value, range and patient benefits of the services provided.

Supporting LPCs

LPCs will play a big part in ensuring pharmacy makes its case for future service development under the new structures, particularly in public health. To support this, over the last few weeks PSNC has been providing training for LPCs across the country on identifying the stakeholders, building relationships, key messages, working with the media, briefings on the Health Bill, PNAs, Government health policy, market entry reforms, future funding and how LPCs need to consider their future operations to be ready for the future. This training and support will continue to make sure that LPCs are equipped to serve and represent contractors powerfully and effectively. Sue Sharpe, CEO, PSNC

IG deadline imminent: 31st March 2011

With the exception of business continuity planning (requirement 8-319), community pharmacies in England are expected to attain Level 2 compliance with each of the pharmacy NHS information governance requirements by 31 March 2011. By this date, pharmacies also need to make an annual return on the Information Governance Online Toolkit. Different arrangements apply in Wales.

Detailed guidance and support materials can be found online at www.psnc.org.uk/IG. The Toolkit can be found online at www.igt.connectingforhealth.nhs.uk.

Support is available from the PSNC Information Team (01296 432823) or the DH Informatics Helpdesk (0113 394 6540).

PSNC is still in discussion with the Department of Health on both the scope and timescale for the business continuity planning requirement (8-319). It is important that there is a realistic timescale for completing business continuity planning. More information is expected to be published in next month’s issue of Community Pharmacy News.

For any pharmacist involved in Community Pharmacy, understanding aspects of the Pharmacy Contract will be relevant CPD.

Why not make a record in your GPhC CPD Plan & Record file or on-line at www.uptodate.org.uk
Why is PharmaBase needed?
Community pharmacists increasingly recognise the need to demonstrate the value of the services they provide in order to prevent decommissioning and to support the development of new services. The previous Government clearly stated the importance of collating an evidence base for pharmacy services in the Pharmacy in England White Paper published in 2008. The current coalition Government’s White Paper Equity and Excellence: Liberating the NHS is even clearer that all healthcare providers must be able to demonstrate their value to the new NHS; failure to do so will result in services being decommissioned.

Against this policy background, PsNC decided in early 2009 to examine the available software to support delivery of pharmacy services and the collation of data at a national level that could be used to develop an evidence base for different services. An extensive review of existing software in the UK and internationally was undertaken and it was concluded that none of the available options met the current and expected future needs of pharmacy contractors and therefore a new system would need to be developed. A more detailed explanation of why PsNC decided to develop PharmaBase can be found in PharmaBase Factsheet 2.

PharmaBase has been developed to fill this identified gap in the market and to allow community pharmacy to take control of building its own evidence base. The current political and economic climate and forthcoming radical changes in NHS structures and commissioning processes make it an ideal time for pharmacy to deliver its own solution to easing the commissioning and management of local Enhanced and new national services.

What will PharmaBase do?
PharmaBase will support pharmacy contractors and their staff to deliver services more efficiently via a web based platform. The first release of PharmaBase is now rolling out. It will support pharmacy contractors to:

- Make records of EHC supplied via locally commissioned Enhanced services and claim payment for the service;
- Make records of supervised consumption of medicines in line with locally commissioned Enhanced services and claim payment for the service;
- Check payments received from commissioners for EHC and supervised consumption services; and
- Demonstrate compliance with the pharmacy contractor’s terms of service and reduce the bureaucracy of contract monitoring by PCTs, by the provision of an electronic version of PSNC’s Contract Workbook which will integrate with NHS Primary Care Commissioning’s Community Pharmacy Assurance Framework (CPAF), which is used by many PCTs to undertake the contract monitoring of pharmacy services.

Who owns PharmaBase?
PharmaBase is operated by Health Information Exchange Ltd (HIE), which is a limited company whose shares are held in trust for PSNC. The creation of HIE and the development of PharmaBase has been undertaken by PSNC for NHS pharmacy contractors, and net revenues will be used for their benefit.

Rolling out PharmaBase to pharmacy contractors
All pharmacy contractors will be offered access to Version 1 of PharmaBase by the end of March 2011. This will immediately allow you to use the new electronic version of PSNC’s Contract Workbook. Independent pharmacies and small groups will be contacted by letter, to provide logon details for each pharmacy. Pharmacies in large groups will be provided with logon details by their head office. LPCs will be able to work with their local commissioners (PCT, Drug and Alcohol Action Team (DAAT), etc.) to explain...
the benefits of using PharmaBase to manage the provision of EHC and supervised consumption services. Where a commissioner agrees to use PharmaBase, contractors will be given access to the EHC and / or supervised consumption modules (as appropriate) and they will be informed by the commissioner or LPC when they should start to use these modules.

PharmaBase has been designed to be easy to use in the community pharmacy environment. Minimal set up is required before you start to use the system; this is explained in the PharmaBase User Guide. Should you experience technical issues with PharmaBase, a helpdesk facility is available to provide assistance.

**Information Governance**

As patient identifiable data will be stored on PharmaBase it is imperative that information governance requirements are fully met. PharmaBase has been designed to be compliant with the Data Protection Act. The pharmacy contractor is the data owner; HIE and its IT service providers will be the pharmacy contractor’s data processors. No patient identifiable information will be accessed or used by anyone other than the appropriate data owner or authorised and monitored system support staff undertaking system maintenance. The PharmaBase user agreement will detail the relationship between HIE and the pharmacy contractor.

Each pharmacy contractor will be able to setup and delete user logons for their own pharmacy in order to give appropriate access to their staff.

HIE’s security processes and controls are consistent with the NHS Information Governance framework for 3rd party providers to the NHS.

**PharmaBase – future developments**

PharmaBase version 2 will be developed during 2011 to provide even more functionality, which will include:

- A module to support delivery of the national New Medicines Service (subject to Ministerial agreement to roll out the service);
- Modules to support more Enhanced services, commissioned by PCTs, DAATs, local authorities or GP consortia;
- Enhanced national and commissioner level analysis and reporting of service effectiveness; and
- Capability to interface with PMR systems and exchange service information with GPs (where PMR and GP system suppliers are willing to develop interfaces).

**PharmaBase – financial details**

The initial development of PharmaBase was funded from PSNC’s reserves; future development costs will be funded via a hypothecated levy (a sum collected for a specific purpose, in this case PharmaBase) charged to LPCs. This levy will be the equivalent of £75 per average contractor. As with the main PSNC levy, the actual charge will be related to the LPC’s share of the national total of prescription items.

The levy funding has been determined following a robust assessment of the development and infrastructure costs that will be incurred in delivering PharmaBase version 2. Revenue generated from fees paid by commissioners for use of PharmaBase will be reinvested in the development of the platform and will reduce the future financial cost of the platform to pharmacy contractors.

Further information and answers to frequently asked questions are available in Factsheet 2 which can be downloaded at www.psnc.org.uk/pharmabase.
LPCs prepare for the future

Since the beginning of the year LPCs have been planning for the future in the new NHS environment with intensive training seminars from PsNC.

In January, PsNC ran two support events for LPCs on relationship building and using the media. These events were designed to aid LPCs in targeting the stakeholders in the new commissioning environment; identifying what impact changes to the NHS policy landscape will have on LPCs; developing overarching key messages tailored to particular audiences; and bringing these components together in a strategic communications plan that all LPCs will need to prepare for their local area and local needs. The day also provided media skills training, which focused particularly on writing press releases to promote local pharmacy services and raise awareness of pharmacy’s role in the community.

The training was led by two experienced communication consultants from Luther Pendragon, an agency that for many years has worked with PsNC and LPCs. Leaders in community pharmacy public relations, Luther has run a number of successful national pharmacy campaigns and has managed PsNC’s media activity for a number of years. Luther also administer the All Party Pharmacy Group and have a thorough understanding of community pharmacy, the media, government and the needs of LPCs.

In February the training turned to the detail of the Health Bill, PNA regulations, the pharmacy contract, future funding, and discussions on the structures of LPCs once PCTs are abolished.

The events, The Future for LPCs, in London, Coventry and Leeds were chaired by PsNC CEO Sue Sharpe (pictured above) with presentations from members of the PsNC team.

Check out your LPC website or contact your LPC Secretary for more information about the work the LPC is doing on your behalf to make sure opportunities are being created for you to flourish in the new commissioning environment.

Bursary applications now open

The NPA’s Health Education Foundation (HEF) was established in 1989 to advance public education in the prevention and proper treatment of disease and ill health.

Applications for the inaugural HEF Bursary £10,000 are now open to members and non members. The Bursary Scheme is intended to support community pharmacists who have an interest in furthering their knowledge to develop skills to undertake research in community pharmacy practice.

To view the application forms and application process information please visit www.npa.co.uk/health_education_foundation.

Applications close on 31st March 2011.

NHS Prescription Services ‘Hints and Tips’:

NHS Prescription Services publish ‘Hints and Tips’ for dispensing contractors on their website.

Issue 2 is now available via the following link:

http://tinyurl.com/4qp33rg

This issue provides details of how to subscribe so that you receive future editions by email.
Health and Social Care Bill

Pharmacy contractors will have seen that the Health and Social Care Bill was introduced into Parliament on 19 January this year and had its second reading on 31st January. The time between the introduction and the second reading was the shortest allowed by parliamentary proceedings, and considering this with the proposed timetable for the passage of the Bill through the Commons and the Lords, confirms the government’s intention to implement the massive reforms to the National Health Service as quickly as possible.

The proposal which is most significant for pharmacy contractors is the abolition of Strategic Health Authorities and Primary Care Trusts (PCTs are expected to be abolished in April 2013). Instead of being included on the pharmaceutical list of a PCT, pharmacies will be on a pharmaceutical list maintained by the NHS Commissioning Board. This Board will be responsible for contracting pharmacy, optometry, dentistry and medical practices on a national basis.

The Pharmaceutical Needs Assessments which have recently been published by PCTs and which are expected to be used in future for deciding whether to grant pharmacy applications, will be prepared by Health and Well Being Boards formed within the larger Local Authorities. This will bring about a much closer link to the Joint Strategic Needs Assessments which are currently prepared jointly by PCTs and Local Authorities.

Although the national arrangements for a standard pharmaceutical ‘contract’ remains, together with nationally agreed remuneration for those services, the abolition of PCTs means that local Enhanced services will be commissioned by other bodies.

The bodies which may commission services from pharmacies are the Local Authorities, that will take over responsibility for Public Health, and the GP Consortia who will be responsible for commissioning a range of services (in both primary and secondary care).

The Health and Social Care Bill sets out the proposed framework for the NHS Commissioning Board, the Health and Well-being Boards, the GP Consortia and for Public Health.

Local Pharmaceutical Committees are authorised through their recognition by Primary Care Trusts so when PCTs have been abolished, the National Commissioning Board will recognise LPCs (in addition to the medical, dental and optometry representative bodies). The area covered by an LPC will no longer be linked to PCT boundaries, but may correspond with Local Authority boundaries, or boundaries based on GP Consortia areas.

PsNC has begun working with LPCs to keep them up to date and to help prepare them for the reorganised NHS. The Health and Social Care Bill is now going to be considered in a series of meetings of a Public Bill Committee, during which the clauses will be examined and debated in great detail. Following consideration by the Public Bill Committee, there will be a report stage, and a third reading, before it moves to the House of Lords, where a similar sequence is followed, before it returns to the Commons. Subject to the support of both Houses of Parliament, the Bill (as amended during its passage through Parliament) is expected to receive Royal Assent by the end of the year.

PsNC has met with its advisers and will be lobbying parliamentarians on a number of issues, to ensure that the reorganisation of the NHS takes into account the services which can be provided by pharmacy, and so that the revised structures of the NHS facilitate the provision of a wide range of high quality and accessible services to the public via community pharmacies.

Focus of NHS Summary Care Record Project Shifts to Unscheduled Care

The Summary Care Record (SCR) is an electronic summary of key health information. A patient’s SCR will contain essential health information about any medicines, allergies and adverse reactions derived from their GP record. Where a patient and their doctor wish to add additional information to the patient’s Summary Care Record, this may be added with the explicit consent of the patient.

The previous Government committed to undertaking work with a Summary Care Record early adopter PCT to consider the benefits, governance and practical arrangements of community pharmacists having access to the Summary Care Record. Bradford was chosen as the first site to pilot pharmacy access and planning was well underway.

In late 2010, following the publication of two reviews of the SCR, the focus of the SCR project shifted towards emergency and urgent care and the pharmacy pilot was suspended. The current priority for the SCR project is enabling staff working in urgent and emergency care settings to have access to support clinical care.

Going forward, it is unlikely that the Summary Care Record will be the only channel for accessing patient information with a number of GP system suppliers launching new systems that are designed to support the secure sharing of information, both with other clinical systems and with other health and social care professionals.

With patient consent, providing community pharmacists with appropriate role-based read and write access to electronic patient records has the potential to greatly improve patient safety, support the development of new services for patients, improve interdisciplinary working and increase the quality and continuity of care provided to patients.

In response to the recent Government consultation, “An Information Revolution,” PsNC has outlined some of the building blocks that need to be put in place now to safeguard patient choice and ensure that in future, community pharmacists can have appropriate and equitable access to records, where patients have consented.

A copy of the PsNC response to the consultation can be found on the PsNC website: www.psnc.org.uk/liberatingthenhs.
PSNC has established its vision and work programme for the year ahead, and has set out how these plans fit into a 4 year programme of activity leading up to 2015. The plans, which have been in formulation for a number of months, were ratified by committee members at PSNC’s January Committee meeting.

As the national representative body for NHS pharmacy in England, PSNC has developed the plans with a mind to enabling community pharmacies to offer an increased range of high quality and fully funded services; services that meet the needs of their local communities, provide good health outcomes for patients, and deliver excellent value for the NHS. At the heart of the plans is a focus on supporting and empowering LPCs to act as a strong voice for pharmacy at a local level; matching the ongoing power shift from central to local decision making across the Health Service.

Commenting on the establishment of PSNC’s work programme and vision for 2011 and beyond, Chief Executive Sue Sharpe said:

“*The changing shape and focus of today’s health service will present tremendous challenges and opportunities for community pharmacy. As the recognised voice of community pharmacy on NHS matters, PSNC is taking this opportunity to clearly establish its work programme, priorities and long-term strategic aims. Never has it been more important to fight for the realisation of pharmacy’s full potential, to make pharmacy’s voice heard, and to drive forward our role at the heart of the NHS.***

**PSNC’s principal objectives in 2011**

- To establish the foundations for future growth of community pharmacy services in line with government policy and the introduction of new services changes agreed with NHS Employers.
- To secure full and fair funding for community pharmacy services, based on the evidence of the Cost of Service inquiry; to negotiate acceptable revisions to funding distribution; to ensure fully funded services can be accessed equitably by all contractors; and to continue to secure improvements to pricing accuracy through effective audit and negotiation.
- To ensure that developments in technology support the community pharmacy service and that changes to the regulatory framework meet contractors’ needs.
- To continue work to build a national evidence base for the quality and cost-effectiveness of NHS community pharmacy services.
- To provide information, advice and support to contractors and LPCs, and build alliances within and outside pharmacy to promote pharmacy’s interests.

The 2011 plans are part of PSNC’s four year strategy for the development of the NHS community pharmacy service. This strategy is built around a clear vision for the community pharmacy service in 2015:

- The community pharmacy service in 2015 will offer support to our communities, helping people to optimise use of medicines to support their health and care for acute and long-term conditions, and providing information, advice and assistance for healthy living.
- All pharmacies will provide a high quality and reliable range of services to their patients, encouraged by funding arrangements that reward patient outcomes.
- Pharmacies will be fully integrated into provision of primary care and public health services, and will have a substantial and acknowledged role in the delivery of accessible care at the heart of their community.
- Pharmacies will be able to gain accreditation to deliver a wide range of NHS services to support their customers and patients, and be able to offer them services on equal terms to other primary care providers.
- Patients will use pharmacists and members of the pharmacy team with confidence that they have skills of a high standard, and through effective communication integrate seamlessly with other NHS care providers.
- All patients will have free and unfettered access to services provided by the pharmacy of their choice.
Drug Tariff News

at a glance

This month includes:

News on:
- Supply Chain Best Practice Guidance
- Novo Nordisk Distribution Change

FAQs on:
- Out of Pocket Expenses
- NCSO
- Cross Border Prescriptions

Branded Medicine Supply Problems Best Practice Guidance Launched

Branded medicine supply problems are continuing to place an immense burden on community pharmacies and remain a key concern for PSNC.

In early February, best practice guidance for ensuring the efficient supply and distribution of medicines to patients was jointly published by the representative bodies of all parties in the supply chain along with the Government and regulators.

The key points in the guidance are:
- An expectation that, under normal circumstances, pharmacies should receive medicines within 24 hours;
- Requesting faxed prescriptions prior to supply is not acceptable routine practice and where verification is necessary, dispensers should not disclose patient or prescriber identifiable details;
- The importance of regular communication between manufacturers and wholesalers so that all parties have a good understanding of the supply and demand for particular products;
- The need for all in the supply chain to have contingency arrangements in place to source supply where there are supply difficulties;
- Prescribers should, where appropriate, consider a change in medication for patients and advise patients to request prescriptions in good time where there are supply difficulties.

The development of the guidance is one of a number of actions being taken to ensure patients receive their medicines. Other actions include:
- The proactive, targeted inspection of WDL holders by the MHRA with enforcement action where existing duties to supply medicines have been breached;
- Maintaining a list of products in short supply, so that no-one has the excuse that they were not aware of supply difficulties. The list of products that pharmacies have reported problems obtaining can be found on the page 9i;
- The Department of Health has also committed to exploring with manufacturers and wholesalers how a more explicit duty may be introduced to ensure that sufficient stocks are available to meet the needs of patients.

Whilst the publication of the best practice guidance is a positive step forward, there is still much to be done to ensure that pharmacies are able to give confidence to patients who have experienced delays in sourcing the medicines they need. We will continue to do all that we can to improve the situation. A key area that we are looking to explore with the Department is how enforcement action could be taken to ensure appropriate practice going forward.

Information on problems occurring is critical to PSNC’s work to monitor the situation. PSNC is passing a monthly summary of all feedback received from contractors to the Department of Health. There is an online feedback form on the PSNC website that can be used to report problems (simply click on the ‘feedback to PSNC link’ on the front page of the website).

A copy of the best practice guidance, background information and support material related to supply problems can be found on the PSNC website (www.psnc.org.uk/brandedshortages).

Novo Nordisk Move to Single-Channel Distribution

Novo Nordisk Ltd have announced that they have appointed Alliance Healthcare (Distribution) Ltd to act as their sole wholesale distributor. The new arrangements will come into effect from 3rd March 2011.

The new arrangements will cover all Novo Nordisk products in the UK apart from NovoSeven (epoetin alfa (activated)) (Recombinant Factor VIII) which is a hospital only product.

Novo Nordisk have stated that Alliance Healthcare will be contacting their customers to confirm their discounts and the removal of their fuel surcharge for any orders for Novo Nordisk products only.

PSNC does not support single channel distribution arrangements. The decision by Novo Nordisk to use a single distributor will further reduce competition in the wholesale market. PSNC has written to Novo Nordisk to make its position clear and point out the risks of reduced availability of medicines needed by pharmacies and patients when adverse events occur, such as the recent adverse weather which led to disruption of supplies.

We have also sought assurances from Novo Nordisk that all pharmacies will have equitable access to Novo Nordisk products under the new arrangements. Novo Nordisk have responded to state that they will ensure pharmacies are treated equally, fairly and without bias. Novo Nordisk have asked that if pharmacies feel that service levels have deteriorated following the introduction of these new arrangements, pharmacies should write to Novo Nordisk in detail who will investigate. We are encouraging pharmacies to also report problems to PSNC to support our work to monitor the impact of Novo Nordisk’s arrangements.
### Ongoing Branded Medicine Supply Problems

#### List of Medicines Impacted by Branded Medicine Supply Problems

- **Pharmacies** have reported problems obtaining the following medicines through wholesalers. This list is not exhaustive. If a product cannot be obtained through the normal channels, emergency stock can be obtained direct from the manufacturer:
  - **A**ctionel 35mg tablets (Procter & Gamble Pharmaceuticals UK Ltd)
  - **A**provel 300mg tablets (sanofi-aventis)
  - **A**rava 20mg tablets (sanofi-aventis)
  - **A**rimidex 1mg tablets (AstraZeneca UK Ltd)
  - **A**santin Retard capsules (Boehringer Ingelheim Ltd)
  - **A**zilect 1mg tablets (Lundbeck Ltd)
  - **A**zopt 10mg/ml eye drops (Alcon Laboratories (UK) Ltd)
  - **B**oniva 150mg tablets (Roche Products Ltd)
  - **C**ellCept 250mg capsules (Roche Products Ltd)
  - **C**ellCept 500mg tablets (Roche Products Ltd)
  - **C**ialis 20mg tablets (Eli Lilly and Company Ltd)
  - **C**ipralex 10mg tablets (Lundbeck Ltd)
  - **C**ipralex 20mg tablets (Lundbeck Ltd)
  - **C**oAprovel 150mg/12.5mg tablets (sanofi-aventis)
  - **C**oAprovel 300mg/12.5mg tablets (sanofi-aventis)
  - **C**oAprovel 300mg/25mg tablets (sanofi-aventis)
  - **C**ymbalta 30mg gastro-resistant capsules (Eli Lilly and Company Ltd)
  - **C**ymbalta 60mg gastro-resistant capsules (Eli Lilly and Company Ltd)
  - **D**esmoMelt 120microgram oral lyophilisates (Ferring Pharmaceuticals Ltd)
  - **D**esmoMelt 240microgram oral lyophilisates (Ferring Pharmaceuticals Ltd)
  - **D**uoTrav eye drops (Alcon Laboratories (UK) Ltd)
  - **E**mselex 7.5mg modified-release tablets (Novartis Pharmaceuticals UK Ltd)
  - **E**mselex 15mg modified-release tablets (Novartis Pharmaceuticals UK Ltd)
  - **E**stradot 50micrograms/24hours patches (Novartis Pharmaceuticals UK Ltd)
  - **E**stradot 75micrograms/24hours patches (Novartis Pharmaceuticals UK Ltd)
  - **E**vista 60mg tablets (Daichii Sankyo UK Ltd)
  - **E**xforge 10mg/160mg tablets (Novartis Pharmaceuticals UK Ltd)
  - **E**xforge 5mg/160mg tablets (Novartis Pharmaceuticals UK Ltd)
  - **E**xforge 5mg/80mg tablets (Novartis Pharmaceuticals UK Ltd)
  - **E**zetrol 10mg tablets (MSD-SP Ltd)
  - **F**emara 2.5mg tablets (Novartis Pharmaceuticals UK Ltd)
  - **F**osrenol 1000mg chewable tablets (Shire Pharmaceuticals Ltd)
  - **F**osrenol 500mg chewable tablets (Shire Pharmaceuticals Ltd)
  - **F**osrenol 750mg chewable tablets (Shire Pharmaceuticals Ltd)
  - **I**ney 10mg/20mg tablets (MSD-SP Ltd)
  - **I**ney 10mg/40mg tablets (MSD-SP Ltd)
  - **I**ney 10mg/80mg tablets (MSD-SP Ltd)
  - **J**anuvia 100mg tablets (Merck Sharp & Dohme Ltd)
  - **M**icardis 40mg tablets (Boehringer Ingelheim Ltd)
  - **M**icardis 80mg tablets (Boehringer Ingelheim Ltd)
  - **M**icardisPlus 40mg/12.5mg tablets (Boehringer Ingelheim Ltd)
  - **M**icardisPlus 80mg/12.5mg tablets (Boehringer Ingelheim Ltd)
  - **O**lmetec Plus 20mg/12.5mg tablets (Daichii Sankyo UK Ltd)
  - **P**ersantin Retard 200mg capsules (Boehringer Ingelheim Ltd)
  - **P**entasa 500mg modified-release tablets (Ferring Pharmaceuticals Ltd)
  - **R**enagel 800mg tablets (Genzyme Therapeutics Ltd)
  - **R**ilutek 50mg tablets (sanofi-aventis)
  - **S**piriva 18microgram inhalation powder capsules (Combopack and Refill Pack) (Boehringer Ingelheim Ltd)
  - **S**piriva Respimat 2.5micrograms/dose solution for inhalation cartridge with device (Boehringer Ingelheim Ltd)
  - **S**ymbicort Turbohaler (AstraZeneca UK Ltd)
  - **T**ravatan 40micrograms/ml eye drops (Alcon Laboratories (UK) Ltd)
  - **Y**entreva 20mg gastro-resistant capsules (Eli Lilly and Company Ltd)
  - **Z**yprexa 2.5mg, 5mg, 10mg, 15mg, 20mg tablets (Eli Lilly and Company Ltd)

- **Please note:** If a wholesaler chose to trade medicines for export and as a consequence the needs of patients in the UK were not met, the holder of the wholesale dealer’s licence could be in breach of the Regulations, and could face regulatory action against his licence, and/or criminal prosecution. This also applies to products that have not been reported as having supply problems and are therefore not listed above. There is no obstacle to exporting medicines in a way that does not impact on availability of the product to UK patients.

- **Feedback to PSNC:** 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.psnc.org.uk/brandedshortages. For support on this issue, please contact the PSNC Information Team (01296 432823).

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### Product Pack Status Changes

NHS Prescription Services have confirmed the following items have changed pack status:

<table>
<thead>
<tr>
<th>Item Pack Size</th>
<th>Old Pack Status</th>
<th>New Pack Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metoprolol 100mg tablets</td>
<td>56 Calendar pack</td>
<td>Standard pack</td>
</tr>
<tr>
<td>Pizotifen 1.5mg tablets</td>
<td>28 Calendar pack</td>
<td>Standard pack</td>
</tr>
</tbody>
</table>

General information on special containers and calendar packs along with an online searchable database of products granted this status can be found in the online Drug Tariff Resource Centre (www.psnc.org.uk/specialcontainer).
## Manufacturer’s Contingency Arrangements

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

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Affected Products include</th>
<th>Summary of Contingency Ordering Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Astrazeneca</td>
<td>Any</td>
<td>If any pharmacy has problems with obtaining stock of any AZ medicine from AAH or Alliance – they should contact the Supply Chain Team on 0800 032 0501.</td>
</tr>
<tr>
<td>Boehringer Ingelheim</td>
<td>Micardis, Micardis Plus Persantin Retard</td>
<td>If any pharmacy has problems with obtaining stock of Boehringer Ingelheim medicines – they should contact Boehringer Ingelheim customer services on 01344 741101. Alternatively complete the emergency supply form (available on the PSNC website) and fax it to: 0845 601 2633.</td>
</tr>
<tr>
<td>Daiichi Sankyo</td>
<td>Evista, Olmetec Plus Sevikar</td>
<td>Pharmacies who have difficulty obtaining Daiichi Sankyo Ltd products can contact Daiichi Sankyo UK Ltd Emergency Supply Service on Tel: 01483 755133 /Fax: 0844 443 2423.</td>
</tr>
<tr>
<td>Ferring</td>
<td>Desmostemil 120, Desmostemil 240, Pentasa</td>
<td>Where stock of Pentasa, DDAVP Melts and Desmostemils cannot be obtained through wholesalers, contact Clarity DTP (0845 080 5190). Orders placed before 2pm will be delivered next day. The order form is available on the PSNC website.</td>
</tr>
<tr>
<td>Genzyme</td>
<td>Renagel, Renvela</td>
<td>If any pharmacy has problems obtaining Renagel or Renvela from their wholesaler they should complete the exceptional supply form (available on the PSNC website), and fax it to Genzyme customer service fax number: 01865 774254.</td>
</tr>
<tr>
<td>Janssen-Cilag</td>
<td>Cilest, Concerta, Eva, Invega, Risperdal Topamax</td>
<td>If any pharmacy has problems obtaining Janssen-Cilag products from their wholesaler they should complete the emergency supply form (copy available on the PSNC website), and fax it to the emergency supply fax number: 01494 567401.</td>
</tr>
<tr>
<td>Lilly UK</td>
<td>Cialis, Cymbalta, Zyprax</td>
<td>If wholesaler can’t supply the product, contact Lilly’s emergency ’Direct 2 Pharmacy’ customer service desk which is open Monday-Friday, 8.30am-5pm 0800 0121178.</td>
</tr>
<tr>
<td>Lundbeck</td>
<td>Azilect, Cipralex</td>
<td>If wholesaler can’t supply the product, contact Lundbeck customer service department on 01908 638935 who will be able to assist you in obtaining emergency supplies, or fax a request to 01908 638959 with the following details: — Name and Address of Pharmacy — Alliance Healthcare account number — Order requirement – Product and quantity.</td>
</tr>
<tr>
<td>MSD</td>
<td>Januvia, Singular</td>
<td>If wholesaler can’t supply this product, then please contact MSD customer services on 01992 452094 or Fax MSD customer services on 01992 467270 with the following details: — The name and address of the pharmacy — The wholesaler name, branch and account number. — Order requirement-product, strength, pack size, number of packs. Delivery will normally be made within 48 hours.</td>
</tr>
<tr>
<td>Novartis</td>
<td>Exforge, Femara</td>
<td>Products only available via Alliance and AAH. Novartis is also able to deliver directly to pharmacies with a direct account if there are any supply difficulties with the wholesalers. To order directly call Novartis Customer Care on 08457 419 442, or fax the Novartis emergency order form (downloadable from the PSNC website) to 0845 741 9443, or email it to <a href="mailto:novartis.customercare@novartis.com">novartis.customercare@novartis.com</a>. Deliveries will normally be made within 48 hours of ordering, depending on location.</td>
</tr>
<tr>
<td>Novo Nordisk</td>
<td>Any</td>
<td>If sufficient supplies of product are not available from a pharmacy’s wholesaler for any reason, Novo Nordisk can ship direct to a pharmacy if they have a patient prescription to fulfill. Urgent orders can be placed by phoning Novo Nordisk Customer Care on 0845 600 5055.</td>
</tr>
<tr>
<td>Roche</td>
<td>Bonviva, Celcept, Xemical</td>
<td>If 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.</td>
</tr>
<tr>
<td>Sanofi-aventis</td>
<td>Aprovel, Co-Aprovel, Rilutek, Lantus Optiset</td>
<td>These products are available via three national wholesalers; AAH, Phoenix and Alliance. However, if problems are experienced in obtaining these products then the pharmacy should contact Sanofi-aventis customer services directly on 0800 854 430 who will in turn facilitate an emergency direct to pharmacy order.</td>
</tr>
<tr>
<td>Shire</td>
<td>Fosrenol</td>
<td>If any pharmacy has problems obtaining Fosrenol – they should contact Movian to on 01234 248653. Moviano can arrange a next day direct delivery.</td>
</tr>
<tr>
<td>UCB</td>
<td>Keppra</td>
<td>If wholesaler can’t supply the product, then fax UCB’s national distributor UDG, on 01773 810 644 with the following details: — The name and address of the pharmacy — Their wholesaler name, address (town) and account number — Their order requirements i.e. what formulation and strength of Keppra, how many packs — The urgency of the situation (deliveries are usually made within 3 working days but can in exceptional circumstances be made in 2 or 1 working days) A template fax back form and a link to UDG’s electronic ordering system can be found on the PSNC website. UDG Customer Services can be contacted on 01773 510123 or 01773 515170.</td>
</tr>
</tbody>
</table>
Frequently asked questions

The PSNC Information Team can provide support on a broad range of topics including whether an item is allowed on an NHS prescription and how much reimbursement to expect for supplying an item. Frequently asked questions include:

1. **When can I claim out of pocket expenses?**
   Part II Clause 12 of the Drug Tariff sets out the out of pocket expense arrangements. Out of Pocket Expenses (OOP) can be claimed, where in exceptional circumstances, the contractor has incurred expenses in obtaining a drug, appliance or chemical reagent other than those listed in Category A or M of Part VII, Part IXA and Part IXR of the Drug Tariff and where the product is not required to be frequently supplied by the contractor.

   Actual costs incurred during the process of obtaining specific items to fulfil specific prescriptions can be claimed. This includes costs such as postage, handling and the cost of phone calls to manufacturers or suppliers to order products. It is important that any charges incurred can be linked back to an order for a specific product on a specific prescription.

   Recently, there has been an increase in suppliers levying charges where a minimum spend threshold has not been met. Where it is not possible to avoid incurring a minimum order surcharge, PSNC’s view is that this could be claimed as an out of pocket expense, but only in exceptional circumstances. Where a contractor can reasonably be expected to routinely order a range of low volume products from a wholesaler, in order to bring their value of purchases above the minimum threshold, our advice is that they should attempt to do this, as there is a substantial risk that routine orders would not satisfy the description of ‘exceptional circumstances’. We have been asked about the situation where a small order charge was imposed due to a mistake at the pharmacy, in ordering from the wrong wholesaler. It is highly unlikely that a PCT would accept that such a mistake should be treated as grounds for making a claim for out of pocket expenses incurred.

   It is important that contractors have clear, auditable procurement policies in place in order to demonstrate that minimum order surcharges or delivery charges are avoided where possible.

   More information can be found online at: www.psnc.org.uk/OOP

2. **What endorsement do I need to make the NCSO Concession?**
   To ensure that you will be reimbursed correctly for dispensing products which have been granted the NCSO concession, it is essential that the following information is endorsed on the prescription form:
   - ‘NCSO’ (No cheaper stock obtainable);
   - Full details of the product dispensed (e.g. manufacturer, brand name or price if it is an uncommon item and pack size);
   - Sign or initial the endorsement;
   - Date that the prescription is dispensed.

   If any of this information is missing, payment will be based on the Drug Tariff price rather than the endorsed product. The NCSO concession only lasts for the month it is granted.

   Details of products granted the concession can be found online at www.psnc.org.uk/ncso. Also as soon as products are granted the concession, updates are sent out via the PSNC e-news list (sign-up on the PSNC website to receive e-news straight to your inbox).

   Where it has not been possible to obtain a generic medicine at the Part VIII price, it is possible to make the NCSO endorsement in advance of the Department of Health agreeing the concession. NHS Prescription Services will reimburse based on the standard Part VIII price where the product was not been granted the NCSO Concession in the month concerned.

3. **Managing the ongoing branded medicine supply problems is creating additional workload for pharmacy staff. Is this considered in the pharmacy funding arrangements?**
   Yes. As part of the 2009-10 and 2010-11 community pharmacy contractual framework funding settlement, recognition was made of the increased time taken by pharmacists and their staff in obtaining medicines, given the shortages being experienced.

4. **I have received a prescription form in an English pharmacy but the form has been issued in Wales. Should the prescription charge be levied?**
   In England, all prescriptions, including Welsh WP10 prescriptions are subject to the standard English prescription charge unless the patient is entitled to exemption.

   In Wales, prescription charges were abolished for people living in Wales in 2007. However this only applies where the patient has presented at a Welsh pharmacy with either a WP10 form or an FP10 Form with a Welsh prescription charge entitlement card. Patients who present FP10 prescriptions in Wales without an entitlement card are subject to a £7.20 prescription charge per item unless the patient is entitled to exemption.

5. **Can a prescriber request that a product is dispensed in instalments using Form FP10?**
   No, the only NHS prescription form that can be used to request instalments in England is Form FP10 MDA.

Look out for more frequently asked questions next month…

If you would like more information on whether a particular product is allowed on an NHS prescription, the PSNC Information Team will be happy to help (01296 432823 or e-mail info@psnc.org.uk).
### 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 XVIIIa of the Drug Tariff (the ‘blacklist’) or the criteria set out in the Tariff for prescribing products listed in Part XVIIIb of the Drug Tariff (the ‘selected list’) is 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.

<table>
<thead>
<tr>
<th>Product</th>
<th>Allowed on an FP10 Prescription</th>
<th>Product Type</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydrex pink chlorhexidine gluconate 0.5% solution</td>
<td>Yes</td>
<td>Medicine</td>
<td>This product is not listed in the blacklist; therefore it can be prescribed on an NHS prescription.</td>
</tr>
<tr>
<td>Medisense G2 testing strips</td>
<td>No</td>
<td>Device</td>
<td>This product was deleted from Part IX of the Drug Tariff on 1st January 2011.</td>
</tr>
<tr>
<td>PKU Lophlex G10 liquid berry</td>
<td>Yes</td>
<td>Food</td>
<td>This product is not listed in the blacklist therefore can be prescribed on an NHS prescription.</td>
</tr>
<tr>
<td>Shiley Tracheostomy Tubes</td>
<td>No</td>
<td>Device</td>
<td>Shiley tracheostomy tubes are registered medical devices. They are not listed in Part IX of the Drug Tariff and therefore would not be allowed on an NHS prescription.</td>
</tr>
<tr>
<td>Sterimar 75% Hypertonic Nasal Spray</td>
<td>Yes</td>
<td>Device</td>
<td>Sterimar Hypertonic Nasal Spray is listed in Part IXA of the Drug Tariff; therefore it can be prescribed on an NHS prescription.</td>
</tr>
</tbody>
</table>