

Pharmacy & Medicines Optimisation Newsletter

March 2019

This Pharmacy and Medicines Optimisation programme newsletter is produced as part of the support offer to NHS Provider organisations on the implementation of the range of recommendations from the reviews of NHS productivity in Acute, Specialist Acute, Mental Health, Community and Ambulance trusts developed under Lord Patrick Carter. It contains information from the Pharmacy and Medicines Optimisation team within NHS Improvement. Items are grouped into "For Action" and "For Information" sections.

kahootz

COMING SOON - New '**Aseptic Services Phase II**' information page

EU EXIT UPDATES AVAILABLE [here](#)

GIRFT Medicines Optimisation Updates available [here](#)



Dates for your Diary

1st May 2019 – Chief Pharmaceutical Officers conference

For Action

Drug Safety Alerts: Time to complete Carbimazole and Valproate Short Survey extended

NHS Improvement (NHSI) are asking Trusts to complete a short survey on the safe use of Carbimazole and Valproate in secondary care. With the issue of the MHRA alerts and an upcoming debate in the House of Lords (11:00am, 28th February 2019- Improving the safety of medicines and medical devices, Lord O'Shaunessey), NHSI would like to understand what Trusts are doing to ensure the implementation of the safety alerts.

Suggested action: If the survey hasn't been completed, kindly complete [this survey](#) before midnight on 12th April 2019.

The British Society for Antimicrobial Chemotherapy (BSAC) & National OPAT Outcomes Registry System NORS survey

The BSAC is conducting an enquiry into the use of the category "Other" when recording Adverse Reactions in NORS.

We are interested in understanding the use of the "Other" category for both drug and line related adverse reactions. This is so we can review the adverse reactions categories and consider updates to NORS if required. Please could you let us know all adverse reactions you are recording for:

1. Drug – Other
2. Line – Other

Suggest action: Please respond via email to: OPAT@bsac.org.uk no later than Friday, 12 April 2019.

For Information

EPMA 2019/20 Funding

Further to the series of interviews for EPMA 2019/20 funding that took place in February this year, we are currently waiting for confirmation from colleagues at NHS England and DHSC on the final funding allocation for 2019/20. We received a number of high scoring applications, therefore we have requested a higher amount of funding that was initially agreed by DHSC. We hope to be able to inform trusts in April.

Pharmacy in Emergency Departments – Tweet Chat

Anuja Bathia, from the HoPMOp Team, organised and ran an excellent Tweet Chat on Thursday 21st March. There were lots of very useful contacts and discussions that we think will give some additional opportunities

around best practice and approaches to ED. In total there were 30 participants and 360 Tweets. We encourage you to read through the transcript [here](#). For further discussion on this topic, please feel free to engage via the [Kahootz GIRFT discussion forum](#).

Pharmacy Aseptic Services Review - PHASE II

NHSI has commissioned Deloitte to build on the work from the first phase of the Pharmacy Aseptic Services Review. In Phase Two, NHSI is developing a cost model (using a small number of archetypes, details of these can be found on Kahootz) and template business case to help compare supply model options for a facility or STP/ICS. It will also start to explore implementation plans to move from the current state to potential future supply models. It will incorporate examples and evaluations of the latest technologies and innovations from international exemplars, e.g. Scotland, France, USA, Canada. The review aims to secure a cost-effective and resilient service for the NHS. A summary of the [report on Phase One of the review](#) has been published. For further information please contact: khola.khan1@nhs.net.

New version of the FP10 prescription form

DHSC and the NHSBSA are in the process of updating the suite of FP10 prescription forms which we use for primary care prescribing in England. Internal hospital forms which are used for outpatient prescriptions being dispensed in the hospital pharmacy may already reflect these points. However, hospitals may find it useful to have information about the changes being made, to ensure that local forms do cater for patients to correctly claim exemption from prescription charges where appropriate.

Changes have been made to the layout of the prescription form(s), which, it is intended, will better enable patients to claim the exemptions from the prescription charge to which they are entitled and so help reduce prescription charge revenue losses caused by patient error and fraud in England. We also needed to reflect changes to legislation e.g. the General Data Protection Regulation. Changes are being made to the Electronic Prescription Service (EPS) as soon as possible. An example of the new FP10 is attached. This may change slightly once scanner testing has been completed by the NHS Business Services Authority (NHSBSA).

The main changes, considering both the limits of paper size and legal requirements, are as follows:

- A new exemption box U for patients who are in receipt of Universal Credit and meet the criteria for free help with health costs.
- Removal of box X "was prescribed free-of-charge contraceptives" from the paper FP10/FP10DT (token).
- Exemption box G 'has a War Pension exemption certificate' has been re-worded to 'Prescription Exemption Certificate issued by the Ministry of Defence'. This is to better represent the exemption certificates issued by Veterans UK and those entitled to an award under the Armed Forces Compensation Scheme (AFCS).
- Combination of the age exemption boxes A "is under 16 years of age" and C "is 60 years of age or over". These exemptions will be a single exemption category, A "is 60 years of age or over or is under 16 years of age (unless your date of birth is printed on the form)".
- Introduction of a new prescriber endorsement to enable prescribers to endorse prescriptions for Sexually Transmitted Infections to indicate to dispensers that the patient should not be charged – the code is still to be confirmed but placeholders for this have been included in the revised NHSBSA document "Requirements and Guidance for Endorsement in the Electronic Prescription Service (EPS)". It is likely that the new STI prescriber endorsement will be added into the GP contract regulations, possibly in October. (This is not a change of policy on charging for sexual health treatment but rather a reflection of the fact that it is increasingly being delivered via FP10 as opposed to direct supply in Sexual Health Clinics.)

The updated suite of FP10s will be put into circulation as soon as possible. There will be a period of transition where old stock is used up, prior to use of new stock; we'll continue to use up old stock until it runs out. NHSBSA will be able to handle both forms during the transition. Communications and guidance will be issued to primary care in England in due course.

When should I pay?

You must pay if none of the statements apply to you on the day you were asked to pay. These are the only accepted reasons for not paying.

I'm not sure if I should pay

Pay and ask for a **prescription refund form (FP57)**. You can't get one later. If you find you didn't need to pay, you can claim a refund up to 3 months later.

What if I don't pay when I should?

We check claims made for free prescriptions. If we can't confirm that you are entitled to exemption from prescription charges, you may be issued a Penalty Charge Notice and you may have to pay up to £100 as well as your prescription charge(s), and you could be prosecuted.

Can I get help to pay?

Help with costs may be available. You could also save money by buying a prescription prepayment certificate.

Check at www.nhsbsa.nhs.uk/check

Is my exemption certificate still valid?

Visit www.nhsbsa.nhs.uk/exemption to see what help is available or ask at your GP surgery or pharmacy.

I am unable to collect my prescription

If you are unable to collect your prescription someone can do so on your behalf. Your representative should complete the 'If you paid' box and sign the form, or you or your representative should complete the 'If you didn't pay' box, and your representative should sign the form. Your representative will need to put a cross in the 'on behalf of patient' box next to their signature.

Why did the pharmacy ask to see evidence?

We need to check your exemption is valid.

The NHS Business Services Authority is responsible for this service. We will use your information to check your exemption is valid, pay the dispenser and help plan and improve NHS services. Find out more at www.nhsbsa.nhs.uk/yourinformation

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If you paid Enter amount paid and sign below £ .

If you didn't pay Mark a line in one box and sign below

A is 60 years of age or over or is under 16 years of age (unless your date of birth is printed on the form)

B is 16, 17 or 18 and in full time education

D Maternity exemption certificate

E Medical exemption certificate

F Prescription prepayment certificate

G Prescription exemption certificate issued by Ministry of Defence

L HC2 (full help) certificate

H Income Support or Income-related Employment and Support Allowance

K Income-based Jobseeker's Allowance

M Tax Credit exemption certificate

S Pension Credit Guarantee Credit (including partners)

U Universal Credit and meets the criteria

Read the declaration and sign the form

The information I have given is correct and complete and I confirm proper entitlement to exemption.

I understand the NHS Business Services Authority may use and share my information within the NHS and with relevant Government bodies to check for fraud and mistakes. Find out more at: www.nhsbsa.nhs.uk/yourinformation

! I understand that if I falsely claim, I may be issued a Penalty Charge Notice, and I may have to pay up to £100 - as well as my prescription charge(s).

Signature Date On behalf of patient

SIGNATURE OF COLLECTOR OF SCHEDULE 2 & 3 CDs PHARMACY USE ONLY EVIDENCE NOT SEEN

Career pathway of Chief Pharmacists: Opportunity to get involved

Mark Clymer, Chief Pharmaceutical Officer's clinical fellow at Centre for Pharmacy Postgraduate Education (CPPE), is completing a research project exploring the career pathway of chief pharmacists. The study will be multi-phase designed, with a quantitative online survey to collate demographic information of all hospital chief pharmacists in England, followed by a qualitative telephone interview with 12 hospital chief pharmacists representing a cross-section of the chief pharmacist workforce in England. The interviews will then be thematically analysed to provide detailed information about job roles, career choices, preparation for the chief pharmacist role and the support networks available. The data collated from this research could then be used to guide further adaptation and development of educational resources for aspiring chief pharmacists. The online survey will be sent to all hospital chief pharmacists in England and Mark will then require volunteer participants for the interviews. If you want to find out more about this project or wish to volunteer to participate in the telephone interviews, please contact Mark via email (mark.clymer@cppe.ac.uk).

Consultation on proposed legislative changes to facilitate Long Term Plan underway

The NHS Long Term Plan included suggested legislative changes to help implement the plan easier and faster. We are now setting these out in further detail and invite views on our proposals.

These proposals are based on what we've heard from patients, clinicians, NHS leaders and partner organisations, as well as national professional and representative bodies <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/02/nhs-legislation-engagement-document.pdf>

New process to share confidential drug pricing information

NHS England has responsibility for Patient Access Schemes (PAS) in England. Currently, when a provider wants to use a drug that has a simple PAS or Commercial Access Agreements (CAA), they must contact the company directly to request the pricing information. NHS England has received feedback from providers that this is a laborious task which gives no assurance that they have the most up to date information and they have therefore asked for a centralised solution. Having considered the feedback, observed the experience of the online resource used in Wales and to ensure the data quality of our financial information, NHS England is seeking to implement a secure, consistent and accountable online platform to share confidential drug prices with providers in England. This platform will be known as the Commercial Access and Pricing (CAP) Portal.

What is the new system? How will it work?

NHS England will share confidential prices for all applicable drugs via an online 'Virtual Data Room'. The data room is hosted by Citrix and further information about this product is attached. The data room will replace the current system where providers need to contact pharmaceutical companies directly to check the confidential drug prices.

All the required information will be accessible only to NHS specific users via the data room. NHS England will be responsible for keeping the information up to date. The system is designed to :

- record who is accessing the information and what specifically they are viewing
- deter users from taking screenshots of the data or saving the file locally
- display the user's name as a watermark while they are viewing information
- maintain a log of who has viewed each file
- maintain a record of historical prices with dates of any changes to allow audit

Chief pharmacists and pharmacy procurement lead for each provider have been contacted to arrange access to the system. If you have not been contacted please email england.pas@nhs.net