



Community Pharmacist

November 2006

FOREWORD

Dear Reader

Welcome to the November issue of *Community Pharmacist*, the newsletter of the Royal Pharmaceutical Society's Community Pharmacists Group. The CPG committee is as busy as ever. To give you an insight, at its last meeting it covered matters as diverse as remote supervision, the new contract, lung cancer — more later — the Code of Ethics, practice development, Pharmacy 2020, practice-based commissioning, the flu pandemic and emergency planning. That list is by no means exhaustive.

Colleagues will recall the Society's "local leaders" press release a few months ago. The President was quoted as saying how effective the pilot programme has been and that Lambeth is now exploring ways to roll out that experience, particularly as we look to the future in Pharmacy 2020. The Society is now looking for local pharmacists to lead change. The door is open. Where are you? Please make contact with the CPG secretary (see pS2).

November saw the advent of the national lung cancer awareness month. The month is an opportunity for us, community pharmacists, to communicate the cancer health awareness messages, most notably that early detection is vital.

Finally, the CPG welcomed a request, via the Practice Committee, to look at the issue of forged prescriptions. I doubt that there are any of us who have worked in community practice who have not been presented with a forged prescription form at some time or another. Most you can spot easily, but some are not so easy, particularly now that the CD regulations on handwriting have gone. The Committee was pleased to offer its considerable and cumulative advice. Watch this space!

Jeremy Clitherow, MBE
CPG chairman

Practice-based commissioning

Community pharmacists in England should be aware of the term "practice-based commissioning" (PBC) and what it means. Those hoping that their primary care trust will commission enhanced services under the new contract will need to ensure not only that they understand what PBC is, but that they are actively involved in it, says **Paul Gimson**

Practice based commissioning (PBC) devolves responsibility for commissioning services from primary care trusts to local practices. Practices, or practice clusters, will be given an indicative commissioning budget from which they will have the responsibility to commission services to meet the needs of their patients.

PBC is designed to be a tool for delivering system reforms, patient choice and investment, and supports the theory that commissioning should take place as close to the patient as possible. It is seen by many as a route to a wider configuration of providers and a greater variety of styles of care provision by unlocking innovation at provider level. It involves GPs and other primary care professionals in financial decisions, which is seen as key in ensuring that NHS resources and taxpayers' money is used wisely and efficiently.

What can you do at a local level?

- Find out how many PBC locality groups there are within your area and who the main contact is
- Talk to the PCT commissioners and see if you can provide pharmacy advice to PCT-based commissioning groups
- Ensure there is pharmacy representation on the professional executive committee as these groups will have responsibility for approving expenditure plans and have significant input into commissioning decisions
- Talk to your GP colleagues to find out what their plans are around PBC
- Learn how to write bids and tenders in the format that is required locally — is there a template available?
- Ensure clinical governance is an integral part of all the services you offer, to help demonstrate and improve the quality and safety of your services
- Get involved in the design of care pathways locally and ensure that pharmacy has a voice
- Most importantly, make sure you, and pharmacy, are involved



Talk to GP colleagues

Remember, the PBC groups may be making the decisions about which services they need and may also be choosing the providers but PCTs will still be sorting out the commissioning process and contracts.

Where can I find out more?

The Royal Pharmaceutical Society is currently producing a guide to PBC, which will be available shortly. Other sources of useful information include:

- **Department of Health** See its website at www.dh.gov.uk.
- **National Pharmacy Association** The NPA has produced a "Practice-based commissioning resource" (March 2006) which explains PBC and demonstrates what this means for community pharmacy. It includes a number of key messages for pharmacists about how they can get involved at a local level and how they can put the case for pharmacy involvement forward.
- **Primary Care Contracting** This organisation has provided a wealth of information around PBC and has developed a bulletin around pharmacy and PBC. See its website at www.pcc.nhs.uk/99.php.
- **Pharmaceutical Services Negotiating Committee** The PSNC has a webpage dedicated to commissioning and PBC. See its website at www.psn.org.uk.



Lung cancer awareness month: what your pharmacy can do

Pharmacists should embrace lung cancer awareness month, says **Jeremy Clitherow**

Community pharmacists are ideally placed to give opportunistic advice to the public and to raise awareness about lung cancer. The statistics on lung cancer make grim reading.

In the UK alone, in the next 12 months, about 40,000 people will die from lung cancer. It is the most common form of cancer and one of the most common causes of premature death. What many people are not aware of is that if it is detected early enough it can often be cured.

There is overwhelming evidence that tobacco smoking is the primary cause of lung cancer. However non-smokers are not immune.

I well remember meeting the late Roy Castle back in the early 1990s at a pharmacy in Covent Garden, London. Roy had been a lifetime non-smoker but his show business life spent working in the clubs meant that he had been exposed to passive smoke for considerable periods. When we met he had lung cancer and he knew it. He was a lovely man off the stage as well as on it; his great hope was that by publicising the dangers of tobacco smoke he could save others from what was soon going to kill him.

The Roy Castle Foundation continues his work after his death, and, moving forward to today, Dame Judy Dench fronts its latest campaign.

Public health messages

This month is lung cancer awareness month, a campaign with the purpose of raising awareness of the signs and symptoms that may be indicative of lung cancer. Community pharmacists are ideally placed to identify these symptoms as well as impart some of the public health messages that form part of the campaign. Signs and symptoms which can be considered potential indicators of lung cancer include:

- A cough that does not go away after two to three weeks
- Worsening of a long-standing cough
- Persistent chest infections
- Coughing blood
- Unexplained persistent breathlessness
- Unexplained persistent tiredness or lack of energy
- Unexplained persistent weight loss
- Persistent chest or shoulder pain

There are three key public health messages of the campaign:

1. Your lungs are crucial to your health and it is important that you look after them

- The lungs take in oxygen which is essential for the body to function.
- If your lungs were opened up and spread out fully they would cover an area the size of a tennis court.
- Your lungs protect your body against infection from the germs you breathe in.

2. You can make a difference to your lung health:

- By keeping physically active, you help keep your lungs healthy.
- It is never too late to quit smoking. No matter at what age you stop, you can make a real difference to your health.
- If you don't smoke, don't start.

3. There are many places you can get help:

- Check symptoms with a doctor, nurse, pharmacist or NHS Direct and mention your specific concerns.
- If you are concerned, request a chest X-ray from your doctor which can identify problems with your lungs.
- If you want further advice, then you can contact a charity support line.

Make use of the Society's electronic library on the web

The Royal Pharmaceutical Society's library is increasingly making use of the internet both to advertise its services and to point members towards relevant pharmacy literature.

One area of expansion is the "electronic library" — see www.rpsgb.org/information/resources/library/theelectroniclibrary.html.

Currently this page lists over 60 free journal titles relevant to pharmacy. It also describes further online resources, including bibliographic databases and full texts, available to visitors to the library or through mediated searches offered by the library staff (see pS4).

The library plans to develop this specific area of its provision. Already in the pipeline is a guide to key free online sources of information in pharmacy, which will help pharmacists select the most appropriate resource for their information need. But looking to the future of electronic resources, we are soon also going to be asking members how they currently use electronic information and how they see their future information needs developing. — *Sarah Butler, librarian.*

New committee secretary

Paul Gimson, of the staff of the Royal Pharmaceutical Society, has been appointed secretary of the Community Pharmacists Group. He can be contacted by telephone on 020 7572 2324 or by e-mail at paul.gimson@rpsgb.org.

The CPG committee

CPG members

This year's committee members, are Jeremy Clitherow (chairman), John Hind (vice-chairman), Michael Levitan, Vanessa Taylor, Phillip Yelling, Andrew McCoig, and Gerald Zeitman. Co-opted Council members are David Carter and Davan Eustace. Nominated observers include Christine Hatch (Co-operative Chemists), Tricia Kennerley (Alliance Pharmacy), Mike King (Pharmaceutical Services Negotiating Committee) and Michelle Styles (National Pharmacy Association). Any community pharmacist is welcome to attend a meeting as an observer or to contribute to the agenda. Contact committee secretary Paul Gimson (see above).

Where to get further information

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| ■ British Lung Foundation
www.lunguk.org
08458 50 50 20 | ■ LH Cancer Specialist Library
www.library.nhs.uk/cancer | ■ National Institute for Health and Clinical Excellence
www.nice.org.uk |
| ■ Cancerbackup
www.cancerbackup.org.uk
0808 800 1234 | ■ Macmillan Cancer Support
www.macmillan.org.uk
0808 808 2020 | ■ NHS Direct On-line
www.nhsdirect.nhs.uk |
| ■ Cancer Research UK
www.cancerhelp.org.uk
0800 226237 | ■ Men's Health Forum
www.menshealthforum.org.uk | ■ Roy Castle Lung Cancer Foundation
www.roycastle.org
0800 358 7200 |
| | ■ The Pharmaceutical Journal
28 October, pp521-4 | |

Current research on the pharmacy contract

Beth Allen, research programme co-ordinator at the Society, outlines some research being undertaken on the new contract in England and Wales

Some of you will have recently received a questionnaire about the pharmacy contract from a team of researchers working on the national evaluation of the contract.

Why should I complete this questionnaire? Up to now there have been no data to show what grassroots pharmacists' experiences of the contract have been. This will be the only national survey and for its results to be valid a good response rate is needed.

What is it asking about? The questionnaire is long because it has to cover both factual data (the services you and your pharmacy are providing), your attitudes towards your work in community pharmacy and your experiences of the contract. We want you to tell us about the services you provide, about you and your pharmacy team, about your job satisfaction, stress and attitudes, and about your views on the good and bad things about the new contract.

The results will be anonymous. Each pharmacist receives a reply paid postcard with the



questionnaire. We ask them to post the postcard back to us separately. This has a code which we will use to cross responding pharmacists off our list so that we do not hassle them with reminders.

What will happen to the results? The detailed analysis will be finished in late 2006 and our report will go to the Pharmacy Practice Research Trust, which commissioned the study in January. After that we plan to publish our findings in pharmacy and health care journals and magazines as soon as possible, to present the findings to key stakeholders, including those involved in future planning for the contract as well as pharmacy bodies and patient organisations, and to disseminate the findings within and outside the pharmacy profession.

Will it change anything? We will make sure that the results of the survey will be seen by the people who are discussing the future development of the contract as well as the pharmacy bodies.

If you want to contact us about the questionnaire please e-mail Jackie Inch at j.inch@abdn.ac.uk and if you want to contact us about the evaluation as a whole please contact Alison Blenkinsopp by e-mail at a.blenkinsopp@keele.ac.uk.

Why business service continuity planning matters

How would your pharmacy cope in an emergency? Recent guidance issued by the Society (in conjunction with the Pharmaceutical Services Negotiating Committee) outlines steps a pharmacy must take to ensure business continues. Paul Gimson reports.

Continuity planning is the procedures planned to prevent and prepare for emergencies, your response during the experience and the action required to recover your business from the situation that will affect your ability to operate and function effectively.

Why is it important? An emergency can result in a wide range of serious repercussions that could mean a temporary loss of your ability to operate as a business, incurring considerable and immediate costs, and long-term damage. There may also be potential infringement of regulations or legal liabilities. Good service continuity and recovery planning can reduce these risks significantly.

Before, during and after

A service continuity plan can consist of a series of several independent, but related, smaller plans. One of the most important aspects of a service continuity plan is the delegation of roles and responsibilities. Everyone needs to be sure what he or she is doing in the event of emergency. As part of the planning process, every emergency can be broken down into three distinct phases: before, during and after.

The "before" phase corresponds to everyday routine operations and can be further subdivided into two types of plan: preventive and preparedness. Preventive plans identify the actions required to prevent most emergencies and include recommendations such as the improvement of maintenance and the upgrading of security. Preparedness plans are designed to ensure that any emergency identified can be managed. Recommended actions could include the identification of important items and the training of staff to enable them to respond appropriately in a variety of emergency situations.

Recommendations identified in both the preventive and preparedness plan do not necessarily have to have extra money allocated to them, eg, regular staff security briefings, out of hours security drills etc.

In the "during" phase a response to the emergency must be made. The effectiveness of the response to the emergency is governed by the thoroughness of the preparedness plan.

In the "after" phase recovery plans are implemented. Due to the unique nature of every emergency, recovery plans can never be formulated in detail. For example, for emergencies involving water damage the water

can originate from a variety of sources including from that used to extinguish a fire, from a burst water pipe, from a leaking roof, a blocked drain, or from weather damage. Consequently, all key personnel should be familiar with salvage methods for wet materials. A service continuity plan should describe how the pharmacy intends rapidly to reinstate its critical operations, infrastructure, stores and equipment from a range of situations to minimise the impact of any emergency. It should specify necessary resources, key contact lists and clear procedures that will be required to be followed by any member of staff in these circumstances.

Detailed checklists

The guidance document includes detailed checklists that aim to help you avoid an emergency situation occurring in the first place, to assist you in minimising the impact of such an event and recover should such an emergency arise. The guidance also includes a service continuity plan template that can be used as the basis for the development of a service continuity plan.

The guidance is available to download from the Society's website at www.rpsgb.org.



Services from the Society's information centre: providing you with the support that you need

The Society's information centre team is keen to see the centre's excellent resources used to their full potential. In this article, the team outlines the services on offer through the centre and specifically how these support the work of community pharmacists, wherever they are in the UK

The role of the information centre is to provide you with information, for whatever purpose and in whatever form you may need it. Although sited at the Society's headquarters in London, the services offered extend to the UK and abroad. For some of you, the centre will be your primary source of information, should you have limited access to other libraries and sources of information due to time constraints or through working in the community sector. For independent community pharmacists in particular we can be a crucial source of the information that ensures a fully informed approach to patient support, builds the foundation of continuing professional and personal development, or simply provides a greater knowledge of pharmacy, ranging from its history through to its current science and practice.

The centre comprises three distinct sections: the library, the technical information service (run by the information pharmacists), and the museum.

The library

The library has around 60,000 books, including the latest titles from key UK and US scientific publishers. It takes about 250 journal titles and hold back-issues for around 1,000 more titles. But we are so much more than just a collection. For years we have recognised that few of our customers have the opportunity to visit us in person and so we have developed services to enable pharmacists throughout the UK to access our information.

We deliver books by post, paying for the outward postage and providing an initial 28-day loan period to ensure that you have plenty of time to read the book before you need to post it back to us. With the recent increase in the number of times that you can renew a book, in effect you can borrow a book for up to four months before you need to return it (as long as no one else requests it). We can also supply copies of documents from our collection and other libraries. Documents can be delivered by post, fax or e-mail, through either our standard or urgent service. We track down literature on your behalf, identifying either specific documents or, more broadly, information on general topics of interest. We can then translate the results of these literature searches into the provision of complete articles by combining our searches with our document delivery service. Then

there is our enquiry service, and we do our best to answer any query related, however tenuously, to pharmacy, whether it is received by telephone, letter or e-mail. And, of course, we should not forget all the information that we have started adding to our web pages.

Technical information service

The information pharmacists are specialists who have experience in searching pharmacy resources. They are here to help and advise you in pharmacy matters (excluding legal information, for which the Society has a separate advisory service). We can assist you in your research into all aspects of pharmacy as practised both in the UK and worldwide. The types of enquiries we receive include: drug uses, interactions and adverse effects; identification of foreign medicines; finding reference material (for example on setting up pharmacy services to residential homes and medicines use reviews). All clinical enquiries are answered by pharmacists.

Additionally, the Society's fellow in pharmaceuticals offers specialist information and guidance to pharmacists and pharmaceutical scientists to help solve problems in the areas of pharmaceuticals, pharmaceutical technology and the practical aspects of pharmacy practice. Typical enquiries here have included: use of chloroform in extemporaneously prepared oral liquids; suitable preservatives for oral liquid products; and the effects of inappropriate storage on the stability and shelf-life of specific medicines.

How to contact the centre

The information centre can provide you with services that ensure you have access to the information you want at a time you need and in a format that suits you. To find out more about our services, to ask us a question or simply to comment on anything we have said here, telephone 020 7572 2300, e-mail infocentre@rpsgb.org, or visit our web pages at www.rpsgb.org/informationresources. We are here to help.

Library Telephone 020 7572 2300 or e-mail library@rpsgb.org
Technical information Telephone 020 7572 2302 or e-mail techinfo@rpsgb.org
Museum Telephone 020 7572 2210 or e-mail museum@rpsgb.org

To complement the telephone and e-mail services, we make information available through both the Society and *The Pharmaceutical Journal* websites:

- www.rpsgb.org/informationresources/advisoryservices/technicalinformationservice
- www.pjonline.com/noticeboard/info/pip/index.html

One of our main resources for UK pharmacy information is our own pharmacy reference database, RPS e-PIC. This includes references taken from major UK and international pharmacy and medical journals (containing currently over 90,000 references). It includes coverage of pharmacy practice, drugs and therapeutics, pharmaceuticals and pharmaceutical sciences, pharmacy management, ethics and professionalism, the Society's work and pharmacy history.

Museum

Museum staff come into contact with over 1,000 people each year. Increasing numbers visit the displays at 1 Lambeth High Street, which are now open Monday to Friday, 9am to 5pm. But, if you are not in London, how else can the museum team help you? If you are hungry for fascinating facts, visit the museum's online exhibitions on its webpages (www.rpsgb.org/museum) to find out why Bird's custard has a link with pharmacy, or the significance of the coloured water in carboys. You can also browse for pharmacy-related gifts or find out more about display cases that you could borrow for an event or display.

The museum's web pages are also home to a host of information about the history of pharmacy through two series of information sheets. These started their lives as responses to enquiries received by the museum team. So, if you cannot find the answer to your question on the internet site, do not hesitate to get in touch. We are used to answering a massive range of historical enquiries, whether it is identifying mystery objects that were found lurking in the dispensary, investigating the history of a medicine that a customer has handed in, or providing images for a talk to a local group. Finally, if you would like to know more about the history of your premises, or your predecessors, get in touch. Through our "people and premises research service" we offer research into the career histories of previous members, or the history of individual pharmacies.