

COMMERCIAL BULLETIN

Monthly Service

September 2012

Patient harm prompts fresh calls to tackle stock shortages

The government is facing fresh pressure to tackle stock shortages after a Pharmacy Voice survey uncovered reports of patient harm, distress and inconvenience due to medicines delays.

The survey, commissioned by Pharmacy Voice and undertaken by MEL Research, found that a quarter of the pharmacies randomly selected to participate had experienced six or more delays a week. The research found 457 reports of shortages across 106 UK pharmacies, which each spent two weeks recording supply chain issues, split over a two-month period.

Where delays did occur, a fifth of cases resulted in patients suffering distress, 12 per cent had a clinical impact and patients reported inconvenience in 44 per cent of incidents. The findings supported results from C+D's Stocks Survey 2011, which found that almost half of pharmacists had known a patient whose health had suffered in the 12 months leading up to the survey because of medicines shortages.

And the fresh reports prompted calls for action on the all-party pharmacy group (APPG) recommendations to tackle stock shortages, published in May, which the government is now "carefully considering".

Mike Holden, NPA chief executive and Pharmacy Voice spokesperson, said the level of patient distress reported was "intolerable". And Gareth Jones, a spokesperson for Pharmacy Voice, branded the findings unacceptable at a time when the NHS was focusing on patient experience.

"Patient experience is regarded as an important outcome in the NHS now, so we should regard stress and inconvenience as significant factors," Mr Jones said. "I don't think anyone can say the supply chain is acceptable as it is, and we've got to keep working to reduce the problems."

Pharmacy Voice renewed its calls for the government to take action on the shortages – both by enforcing its guidelines to deliver medicines within 24 hours of ordering and acting on recommendations made by the APPG. The recommendations included exempting medicines from EU free trade laws to cut back on exporting.

The APPG urged the government to take action, stressing that the problem "could not wait". "It has now been almost six months since we published our report into the matter, and yet patients are continuing to suffer harm and distress as a result of not being able to obtain vital medicines," said APPG chair Kevin Barron.

PSNC added weight to the concerns, saying it was continuing to receive reports of pharmacists struggling to obtain medicines, which had become "part of everyday life" for many.

"Pharmacies are spending far too much time sourcing medicines for patients... and many remain frustrated by the length of time it takes to source medicines through emergency supply routes," said PSNC head of support services Komal Patel.

Responding to the findings, the Department of Health (DH) said it was "carefully considering" the APPG recommendations, but stressed that the "vast majority" of patients received their medicines on time. It added that some delays were "inevitable" and urged pharmacists to follow its best practice guidance.

"If medicines aren't immediately available for patients, pharmacists should have contingency arrangements in place to obtain supplies from alternative sources where possible," a DH spokesperson said. "The government also maintains a buffer stock of certain essential medicines that can be released in emergency situations."

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Special points of interest:

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Pharma & Healthcare

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Bureaucracy stifling CCGs

Various rules and regulations introduced as part of the redesign of the NHS are undermining CCGs' abilities to commission new services, clinicians have warned.

NHS Clinical Commissioners, who represents CCGs across England, insist bureaucracy is hindering GPs in their attempts to redesign new health services as part of the reforms.

Dr Charles Alessi said there was an "overwhelming number of rules and regulations being produced at speed, which will have significant impact on commis-

sioners."

The organisation has now urged the Government to provide CCGs with the "time, space and support necessary" to make decisions about how to deliver the best outcomes for patients.

"Just at the time when CCGs are having to focus on their own authorisation, there are important commitments being made that potentially affect their ability to plan care in line with the local priorities they have identified," said Dr Alessi.

Mike Farrar, NHS Confederation Chief Executive and member of the

NHS Clinical Commissioners steering group, said commissioners should "not feel pushed to make speedy decisions".

The body is now working with CCGs on how to resolve these issues and will publish its findings later in the year.

Pharmafield 14/09/12

GPs can access patient records via tablet devices

The first ever service allowing GPs to access and update their patient records using an iPad or other tablet device has been launched.

leading GP software supplier EMIS has just launched the first GP and integrated care system to enable mobile working on all the main tablet devices, from iPads to Android.

The EMIS Mobile app allows health professionals to work online and offline, managing patients even when there is no internet connectivity. Functions include accessing their diary and appointment schedule to viewing patient records and adding consultations.

The software is compatible with all the main tablet platforms, including iOS, Android and Windows 8.

The EMIS Mobile app will be available from mid-October to sites in the EMIS Web early adopter programme, and will then be available to all EMIS Web users by the end of 2012. The firm says the benefits will extend not just to GPs but also to growing number of other healthcare professionals who use the system, including community and secondary care teams.

Dr Shaun O'Hanlon, Clinical and Development Director, EMIS: said: "Our working world is changing rapidly as the technology revolution gathers momentum. As the UK's leading supplier of GP software, EMIS is a pioneer in using technology to transform the delivery of clinical care in the NHS.

"Our users demanded safe and secure access to essential patient information wherever they work, across multiple platforms, and we have responded. The EMIS Mobile app will help clinicians to provide safer, more streamlined care on the move, while releasing them from paperwork to spend more time with patients."

While the news is a welcome development for GPs who want to use tablet devices to use patient records, it comes at a time of uncertainty for funding IT in the health service.

The reform of the NHS in England means there is confusion about how projects and investment will be co-ordinated. The NHS Commissioning Board has now made clear that it will oversee primary care IT, but that responsibility for funding of general practice IT will be transferred to CCGs.

This means CCGs will handle hardware, network services, support services and training for practices – a situation which is likely to see further fragmentation in how new technology is adopted across England's health service.

<http://www.inpharm.com:8080/news/174390/gps-can-access-patient-records-tablet-devices>

12/09/12

Buying group buying-power

In 2005 Wavedata launched an online service (<http://www.wavedata.net>) to help companies see the prices chemists and dispensing doctors are paying for medical products in the UK.

However we have recently become aware that this service, designed to help companies decide on the retail price of their products, is being used as a 'shopping cart' by some buying groups.

This means that buying groups are using the service to see who they would like to include in a tender. However if for any reason a wholesaler is absent and their prices are not shown, then they may not be requested to provide a tender.

Wavedata of course need to make every effort to include all UK wholesalers, however if a wholesaler is absent or poorly represented they may suffer poor sales to some buying groups.



The Ethical Medicines Industry Group (EMIG)

EMIG is the trade association in the UK that represents the interests of small to medium-sized pharmaceutical companies.

EMIG member companies range from start-ups, whose prime focus is R&D, to highly developed businesses delivering essential products to patients, while continuing to invest heavily in the fight against disease.

This rich blend of companies enables EMIG to uniquely understand and address the myriad challenges facing pharmaceutical innovation and commercialisation in the UK.

EMIG is a democratic organisation, with one vote for each full member company, irrespective of size.

EMIG policy is ratified by the membership at our AGM and reported on/refined at our

Quarterly Meetings throughout the year.

EMIG enables pharmaceutical SMEs to have an influence on the policies that determine success or failure in the UK.

<http://www.emig.org.uk>

Specials cost-cutting could jeopardise quality

Pressure to cut specials costs by sourcing them cheaply could lead to a drop in quality, the Association of Pharmaceutical Specials Manufacturers (APSM) has warned.

The APSM said many pharmacists felt under pressure to cut the cost of specials after a survey conducted by the association suggested 40 per cent had been told by PCTs to reduce spend.

The survey of 200 pharmacists revealed that half believed, to save money, specials should be manufactured under section 10 of the medicines act, which allows the medicine to be assembled in a registered pharmacy.

And half believed that there was no difference in quality between a special prepared under section 10 and a medicine manufactured in accordance with an MS licence.

A quarter of respondents said they had changed the way they sourced specials since the new tariff was introduced in November.

"The section 10 exemption is intended for emergencies and is not subject to the rigorous quality measures required of any special manufactured under an MS license," a spokesperson said.

Responding to the comments, the NPA confirmed that it had seen PCTs pile pressure on pharmacists to reduce medicines spend. Although it had not received many reports in recent months, the support group said it had noticed the issue arising last year, when the new specials tariff was introduced.

"Last year, we received numerous enquiries from pharmacists who were being told by PCTs to source specials from specific companies and directing doctors to specify specials manufacturers on the prescription," said NPA head of pharmacy Leyla Hannbeck.

But contractor Mike Hewitson of Beaminster Pharmacy, Dorset, said he was "dead-set against" specials being produced under section 10. "Manufacturing a product in a pharmacy will never be at a comparable standard to doing it with the right equipment and the right environmental monitoring," he said.

Mr Hewitson added that pharmacists were "taking a risk" by preparing medicines themselves. "You're probably going to be doing this once in a blue moon," he argued. "Are pharmacists' skills really up to the standard that they might have been 10 years ago, when they were doing this once a week?"

Chemist & Druggist 28/08/12

PRICE WATCH UK

Fosinopril shortages inflate trade prices

Fosinopril 10mg tablets were given the 'no cheaper stock obtainable' (NCSO) concession by the Department of Health in August for the third month running. The concession acknowledged a shortage of the product and allowed pharmacists to dispense and be reimbursed for a more expensive alternative to the generic. As Figure 1 shows, average trade prices for the antihypertensive rose by another 45% last month to reach £12.12 (US\$19.31), more than five-times higher than they had been at the start of the year.

To see more go to <http://www.wavedata.co.uk/newinfo.asp> and view our article from this month's Generics Bulletin.

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Sector doubtful over pharmacist-only medicine category

Pharmacists have expressed doubts over calls to create a new pharmacist-only medicine category that would require the direct intervention of a pharmacist.

Responding to an MHRA consultation on the process for reclassifying medicines, the Guild of Healthcare Pharmacists (GHP) proposed a new 'Pharmacy+' category to increase public safety.

In its letter, which was endorsed by the RPS, the GHP expressed a "major concern" over the lack of opportunity for healthcare professionals to oversee sales of certain medicines.

The new category would sit above P medicines, and require pharmacists to make the sale.

But the response provoked a mixed reaction from community pharmacy, with experts voicing fears that it could result in a "bureaucratic nightmare" or the downgrading of the existing P category.

The GHP argued that under the current system, there appeared to be "an automatic progression" for medicines to go from POM to GSL, potentially posing a threat to public safety.

"Consequently there is, in our view, a need for a Pharmacy+ status for medicines that should only be sold to the public with the direct intervention of the pharmacist, as this would improve patient access to urgent medicines and maintain public safety," it said.

"It is our view that many products granted GSL status in recent years should have been subject to further self-medication guidance by healthcare professionals," the GHP added.

The comments were backed by the RPS response to the consultation, which stressed that professional advice should always be available where medicines are sold or supplied. "General retail stores will not be able to offer the expert advice available in pharmacies," it said.

But Graham Philips, owner of Manor Pharmacy Group (Wheathampstead) Ltd, Hertfordshire, questioned whether there was a need for an entirely new category. "Most pharmacists already have an informal [Pharmacy+] category," he said.

"Especially with switches, [they] will always say, 'these are the products I'm worried about and I want to be consulted on those', and that's done informally."

"What value would [another category] add? Are we at risk of downgrading the existing P category as a result?" Mr Phillips asked.

His comments were echoed by Jonathan Mason, clinical advisor in medicines for North-East London and the City, who welcomed a category "aimed particularly at the pharmacist" but worried that implementing it could be "a bureaucratic nightmare for regulators".

"You can just buy pretty potent medicines over the counter... so I would welcome it in that respect," he told C+D. However, he warned having four medicines categories would put the UK out of step with Europe. "That goes against the European regulations where you only have two categories of medicine – prescription and non-prescription."

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We're on the web
www.wavedata.co.uk

WaveData — Top ten products

According to WaveData, these were the most commonly investigated products in searches of the online pricing data at <http://www.wavedata.net>

Both uk and pi prices were viewed for each product, giving some indication of where the focus was in August 2012

Atorvastatin Tabs 10mg 28

Atorvastatin Tabs 20mg 28

Bendroflumethiazide Tabs 2.5mg 28

Betahistine Tabs 16mg 84

Atorvastatin Tabs 40mg 28

Perindopril Tabs 2mg 30

Candesartan Tabs 16mg 28

Fosinopril Tabs 10mg 28

Levothyroxine Tabs 100mcg 28

Esomeprazole Tabs 20mg 28

This bulletin now goes out to 2800 plus people, and it is growing each month.

If you would like to add or suggest any articles/comments, please let me know by the 10th October 2012, as I will be issuing the next one on the 17th October 2012.

If you have any colleagues who would like to receive this, please let them know about it.

You can view all copies of the Bulletin at

<http://www.wavedata.co.uk/newinfo.asp>

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