

## drug guidance to fill the gap

The Scottish Dental Clinical Effectiveness Programme (SDCEP) has published the fourth in its series of guidance documents for dentists and dental teams working in Scotland.

Like previous guidance, 'Drug Prescribing for Dentistry' aims to provide accessible and user-friendly advice based on the best available evidence. It is particularly timely, since the Dental Practitioner's Formulary - which was previously the source of information about which dental preparations NHS dentists could use - has been withdrawn. Advice for dentists on prescribing drugs in their work has now been incorporated into the British National Formulary (BNF) and the BNF for Children (BNFC).

The guidance applies to prescribing in primary care only, though its scope is wide and will be of interest to other dental practitioners too. It begins by recommending appropriate actions and prescriptions for medical emergencies such as asthma and hypoglycaemia. It provides a course of action for dealing with anxiety, the more common bacterial infections, fungal infections, and viral infections. There are sections devoted to managing odontogenic and facial

pain, and advice on treating ulcers and inflammations. Finally, it includes procedures for the alleviation of problems like dry mouth and dental caries. Drug dosages and regimens are included, but the guidance is intended for use in combination with the recommendations in the BNF and BNFC.

The SDCEP was set up by the National Dental Advisory Committee (NDAC) in partnership with NHS Education for Scotland in 2004. Its guidance aims to fill a gap in the information available to practitioners, with a strong emphasis on using clinical literature and evidence from a variety of sources presented in an accessible way. It is formulated, so far as possible, to meet the standards set out by the Appraisal of Guidelines Research and Evaluation (AGREE) Collaboration ([www.agreecollaboration.org](http://www.agreecollaboration.org) for details).

The guidance, which will be reviewed in two years, combines rules with advice and background information. It has been stressed that it is general, and that dentists must still prescribe within their competence and according to guidance from their local formulary committees. The final public document is the result of consultation with dentists, the public, and the Resuscitation Council and was followed by a process of peer review before publication in April 2008.

The full guidance can be downloaded from: [www.scottishdental.org/cep/guidance/prescribing.htm](http://www.scottishdental.org/cep/guidance/prescribing.htm).

Information about the SDCEP is at: [www.scottishdental.org/cep/aboutus.htm](http://www.scottishdental.org/cep/aboutus.htm)

# NHS: finger on the pulse for the future?

As part of the NHS Next Stage Review, the Government has published a draft NHS Constitution to support its renewed emphasis on quality in public healthcare, and in the words of the Darzi review 'secure the NHS for the future'. The document outlines seven guiding principles and values of the NHS in England, sets out patient rights and responsibilities, and promises staff involvement in decision-making, good working conditions, and support. Finally the Constitution lists the NHS values.

A consultation has now been opened to discuss the draft document, led by the NHS Chief Executive and the Parliament Under Secretary of State for Care Services, supported by a Constitutional Advisory Forum (CAF) canvassing opinion from a range of stakeholders from professional and patient bodies. The CAF will present its findings to the Secretary of State for Health this autumn.

Part one of the draft Constitution - a statement of the principles that guide the NHS - emphasises accountability,

healthcare needs, inclusivity and professionalism. The second part sets out patient rights in detail, including the right to healthcare, a guarantee of high-quality treatment, and assurances designed to safeguard the dignity of patients. The draft is also notable for listing patient duties, and included a recognition that the public ought to take some personal responsibility for their own health. NHS staff also have their own section, which describes their responsibilities and what they can expect as employees in terms of working conditions.

Overall, the Constitution has received approval from most healthcare professionals, whether managers or front line staff. The Royal College of Nursing (RCN) has praised its emphasis on the right to dignified care, and welcomes the fact that it will apply to all NHS service providers.

Steve Field, President of the Royal College of General Practitioners,



expressed his confidence that it will improve standards for all patients. Some commentators have given a more guarded response however, pointing out that the general principles are often vague and hard to imagine in practice.

The deadline for comments on the draft is 17 October. The text is available as a PDF download (150Kb) at: [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_085814?ldcService=GET\\_FILE&dID=167891&Rendition=Web](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085814?ldcService=GET_FILE&dID=167891&Rendition=Web).

For more information: <http://nds.coi.gov.uk/Content/Detail.asp?ReleaseID=372366&NewsAreaID=2>.

## black hole in caring

The English Community Care Association (ECCA) has launched a campaign urging funders to match finance more closely to rising costs for independent care homes. With costs rising and grants failing to match inflation, ECCA says many of its members are beginning to face severe financial pressure. The campaign aims to raise awareness of how commissioning authorities are failing to keep up with rising costs and challenge what it sees as broken promises to match inflation.

The controversy has been growing since autumn 2007. Many independent residential care homes rely on local authority and Primary Care Trust (PCT) funding to serve older people, the disabled, and those

with long-term illnesses. But the Government's Comprehensive Spending Review, which was published in October 2007 and sets out how much local authorities will receive in grants over the coming three years, only allowed for a 1% rise in funding in real terms. ECCA says the result is a 'black hole' in care for the elderly and suggests that many local authorities have frozen or awarded below inflation funding to care homes.

In a report published to support the campaign, ECCA says the funding gap has been exacerbated by other additional costs, including a 25p increase in the National Minimum Wage and an increase in statutory minimum holidays for employees.

The report names names, and claims that Northumberland Care Trust in particular has treated care providers badly by breaking contractual agreements.

Responding to ECCA correspondence, local authorities frequently cite the Gershon Review, which urges the reduction of costs at local Government level. However, ECCA point out that the Gershon Review emphasises that cost savings should not come at the expense of high-quality service.

ECCA's report, including details of correspondence with local authorities and other funders, can be downloaded at: [www.ecca.org.uk/Nothing\\_for\\_Services.doc](http://www.ecca.org.uk/Nothing_for_Services.doc).

## 'unhealthy' price cuts?

Pharmacy operators have expressed their concern about the impact on their businesses of cutting the price of branded drugs on their businesses.

The Government and the pharmaceutical industry have agreed a deal on some parts of the new Pharmaceutical Price Regulations Scheme (PPRS), pledging to encourage the uptake of new medicines and achieve better value for money for the taxpayer.

However, the Pharmaceutical Services Negotiating Committee (PSNC, [www.psn.org.uk](http://www.psn.org.uk)), the representative body for community pharmacies in England and Wales, believes the agreement does not address the issue of doctors prescribing specific brands instead of generic medicines (so-called Category M drugs), because they believe it will save the NHS money. Category M medicines are generic medicines for which the Government sets the reimbursement price to be paid to pharmacists.

The PPRS was established in 1956 to regulate pharmaceutical prices in the UK. It ensures that the NHS has access to good-quality branded medicines at reasonable prices, and promotes a competitive pharmaceutical industry. The Government hopes to make savings of 5% on the cost of drugs sold to the NHS. The savings will be made up of a base price cut of 2% on all branded medicines, combined with measures to reduce the price of out of patent drugs, where generic equivalents exist. In a review of the PPRS published in 2007, the Office of Fair Trading (OFT) recommended that the current PPRS should be replaced by a new price control scheme founded on 'value-based pricing'.

Sue Sharpe, Chief Executive of PSNC, said: *"In any new arrangements we want to see the removal of the incentive for prescribing by brand or manufacturer's name unless it is deemed absolutely necessary on clinical grounds. There should be effective safeguards to protect competition in the generics market."*



However, Chris Brinsmead, President of the Association of the British Pharmaceutical Industry (ABPI, [www.abpi.org.uk](http://www.abpi.org.uk)) said: *"The outline PPRS will not only offer benefits to the NHS and the industry, but most of all to patients, with a raft of measures designed to eliminate delays in providing the most modern medicines."*

For more information on the PPRS visit the Department of Health (DoH) website at: [www.dh.gov.uk/en/Healthcare/Medicinespharmacyandindustry/Pharmaceuticalpriceregulation/scheme/index.htm](http://www.dh.gov.uk/en/Healthcare/Medicinespharmacyandindustry/Pharmaceuticalpriceregulation/scheme/index.htm)

## more support prescribed

Pharmacists will be able to access support, advice and assessment services from the National Clinical Assessment Service (NCAS, [www.ncas.npsa.nhs.uk](http://www.ncas.npsa.nhs.uk)), from April 2009.

The NCAS, an operating division of the National Patient Safety Agency (NPSA), provides confidential advice and support to healthcare organisations where the performance of doctors and dentists raises concerns. From next year the NCAS will also provide extra support to pharmacists and their employers where local or national systems are inadequate for identifying and dealing with these concerns.

Services offered by pharmacists have expanded since the introduction of a new Contractual Framework for England and Wales in 2005. Their increased contribution to the safe

use of medicines by NHS patients has increased the need for enhanced systems to address any performance difficulties. (See [www.ppa.org.uk/ppa/contract\\_framework\\_for\\_community\\_pharmacy.htm](http://www.ppa.org.uk/ppa/contract_framework_for_community_pharmacy.htm) for information about the new Contractual Framework.)

New services provided by pharmacists include the provision of repeat dispensing, offering advice on healthy eating, stopping smoking and the importance of taking regular exercise, disposing of unwanted medicines, and providing medicine use reviews for patients with long-term conditions.

However, research carried out by the Pharmacy Practice Research Trust, has revealed that the new Framework has increased the amount of work undertaken by community pharmacists, leading to

higher rates of stress and the delegation of duties to support staff. The research findings can be accessed at [www.pprt.org.uk/Documents/TrustNews/The\\_effect\\_of\\_the\\_new\\_community\\_pharmacy\\_contract\\_on\\_the\\_community\\_pharmacy\\_workforce.pdf](http://www.pprt.org.uk/Documents/TrustNews/The_effect_of_the_new_community_pharmacy_contract_on_the_community_pharmacy_workforce.pdf).

The NCAS will recruit and train staff, conduct further detailed consultation with stakeholders and develop NCAS' methods and processes to ensure they meet the needs of pharmacists.

Professor Alastair Scotland, Director of the NCAS, said: *"It has long been recognised that the support NCAS provides would be useful for a wide range of health professional staff. Extending our services to pharmacists and the organisations that look to them for a service is another significant step towards greater public protection."*

# hospices and PCTs: a healthy partnership?

Ten years after the Department of Health (DoH) signed up to a partnership agreement with the voluntary sector, research is underway into how well Primary Care Trusts (PCTs) and hospices work together.

The findings, published in September 2008, will be used to help improve the way the Compact - the agreement with England's voluntary and community sectors - is implemented. The Compact recognises shared values and commitments and sets out how the sectors should work together.

Some 250,000 patients are cared for each year by English hospices, most of which are charities rooted in their communities. The study - carried out by the Commission for the Compact and Help the Hospices (the national charity for the hospice movement) - examines ten relationships between PCTs and hospices to explore the Compact's successes and identify remaining challenges.

Commission policy adviser Ruth Etkind said anecdotal evidence suggested some voluntary organisations felt PCTs ignored their views. "Hospices have mentioned they think there is a problem," she said, adding that the research would discover whether there was any hard evidence to substantiate these claims.

Jonathan Ellis, a director of Help the Hospices, said: "Some hospices and



*PCTs are further ahead than others in terms of developing and understanding how to make these partnerships work, and we will share the learning."*

The new research comes on the heels of the Government's 'End of Life Care Strategy for England'. Worth £286m over three years, the strategy aims to give patients more choice about where they die.

For more information, visit:  
[www.thecompact.org.uk](http://www.thecompact.org.uk) and  
[www.helpthehospices.org.uk](http://www.helpthehospices.org.uk).

**Wylie<sup>+</sup>Bisset**  
Healthcare

168 Bath Street  
Glasgow  
G2 4TP

0141 566 7000  
0141 566 7001  
[info@wyliebisset.com](mailto:info@wyliebisset.com)  
[www.wyliebisset.com](http://www.wyliebisset.com)

If you would like further information on any of the articles in this newsletter please contact Tom McGuire on 0141 566 7000 or email [tom.mcguire@wyliebisset.com](mailto:tom.mcguire@wyliebisset.com)

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## now opening more hours

More patients can see their GP in the evenings and at weekends, statistics released in August 2008 from the Department of Health (DoH) revealed.

The statistics showed that 38% of family GP practices offered extended opening hours in July 2008, compared with 12% in April, and the DoH wants half of all surgeries to offer extended opening by the end of 2008. Health Services Minister Ben Bradshaw said: "Patients tell us that access to GP services is a real issue - they want greater flexibility and choice over when they can see their family doctor. People want more personal and convenient healthcare, so primary care services need to adapt to respond to this need. I'm very pleased that so many GPs are already responding to this and we expect more and more GPs doing so over the coming months."

The increase follows the changes to the GP contract agreed in March 2008, which saw GPs accept a deal

to extend surgery opening hours by around three hours a week.

Before the DoH released its statistics, a survey of over 500 practice managers conducted by professional trade publication Management in Practice (MiP) revealed that more than 70% of practice managers don't believe there is a need for extending opening hours. Nine in ten of those surveyed thought the funding for the extension programme should go to other areas of patient care. Some 73% of practice managers thought that demand for extended opening hours was driven by patient want rather than need.

To read more about the DoH statistics see: <http://nds.coi.gov.uk/Content/Detail.asp?ReleaseID=370874&NewsAreaID=2>

The Management in Practice survey results are available at:  
[www.managementinpractice.com](http://www.managementinpractice.com)