

**UPDATE ON THE DEVELOPMENT OF AN  
IN-HOUSE PHARMACY SERVICE**

**PURPOSE OF REPORT**

The purpose of this report is to provide Executive Team members with an update on progress with the development of an in-house pharmacy service.

**EXECUTIVE SUMMARY**

Work has been undertaken over the last two months to confirm the model of pharmacy services which will be adopted from 1<sup>st</sup> April 2009. This involves a centralised dispensing service based at Rochford Hospital with limited near-patient dispensing available for urgent items within the Mental Health Unit at Basildon. The majority of the pharmacy team will be non-dispensary based and engaged in clinical activities within wards and community bases.

The tender process for a pharmacy IT system is underway with the outcome expected at the end of October. This will allow five months for installation and commissioning of the system prior to the 'go-live' date of 1<sup>st</sup> April 2010.

Discussions continue to take place with the two acute trusts regarding the transfer of staff who currently provide services via SLA to the Trust. These are more developed with SUHT, but are ongoing with BTUH. A programme of recruitment to the additional posts in the structure is underway with the aim of having the majority of new staff in post no later than March 2010 to allow orientation and training prior to 'go-live'.

Accommodation for the pharmacy team is being sought within the MHU. Proposals have been discussed with estates regarding alteration of a staff shower room adjacent to the Rochford dispensary to provide additional storage and work space. The latter will require non-recurrent revenue funding in 2009/10.

Consideration is being given to the need for premises registration with the Royal Pharmaceutical Society of Great Britain and for a Wholesale Dealer's License. Imminent changes to regulation and legislation will influence the outcome.

Discussions are taken place regarding access to NHS PASA contract prices and pharmaceutical procurement in general. Opening stock will need to be purchased for the pharmacy, prior to 'go-live', and discussions are underway with the acute trusts about the transfer of excess stock at the end of their SLAs.

Work has started on the preparation of standard operating procedures which are a professional requirement for all pharmacy activities relating to the dispensing process.

**ASSURANCES**

**Standards for Better Health, Local Delivery Plans (LDPs) and Trust Service Plan**

As the demand for healthcare and the complexity of therapeutic interventions increases, the demand for pharmacists' specialist skills in patient-centred pharmaceutical healthcare will grow markedly. This report summarises progress on changes that will provide the Trust with greater control over the use of its pharmaceutical resource and should ensure better data to support the Trust's declaration to the Care Quality Commission.

**Involvement of Service Users /PPI Forum**

Involvement of service users has not taken place in the preparation of this report.

**Communication and consultation with stakeholders**

No stakeholders have been involved in the preparation of this report.

**Service Impact/Health Improvement Gains**

The report is based on recognition that clinical skills and expertise are an integral part of delivering better services to patients.

**Financial Implications**

The review highlights the financial implications and funding sources for development of the service. It also highlights a recurrent annual shortfall of up to £100,000

**Governance Implications**

The development of an in-house pharmacy service will allow maximum control and flexibility over service delivery.

**ACTION REQUIRED:**

(a) Information

(b) Decision ✓

The Executive Team is asked to note the progress being made with implementation of an in-house pharmacy service and consider the issue of the current cost shortfall.

**Report Prepared by:** Hilary Scott  
Chief Pharmacist

**On Behalf of:** Oliver Shanley  
Director of Integrated Governance and Executive Nurse

**Date:** 12<sup>th</sup> August 2009

**Agenda Item No: XX**  
**Executive Team Meeting**  
**Date: 18 August 2009**

**SOUTH ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**

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AN IN-HOUSE PHARMACY SERVICE**

**INTRODUCTION**

As indicated in previous reports to the Executive Team, the level of staffing provided through the SLAs for pharmacy services with Southend Hospital University NHS Foundation Trust (SUHT) and Basildon & Thurrock University Hospital NHS Foundation Trust (BTUH) are well below the benchmarks set out in the Healthcare Commission report *Talking about Medicines* and the Sainsbury Centre report *Delivering the government's mental health policies – services, staffing and costs*.

The Care Quality Commission recently emphasised the need for adequate resources to be available for pharmaceutical services in a mental health setting, in its investigation into problems at West London Mental Health NHS Trust; highlighting that pharmacist attendance at ward round and multi-disciplinary team meetings, and pharmacy input into community mental health teams, were poor. The same accusation could currently be levelled at SEPT, as minimal planned input is provided to CMHTs and despite recent improvements, staffing levels limit the degree to which ward rounds and MDT meetings can be supported.

Similar issues have also been raised recently by the Mental Health Act Commission in its *Thirteenth Biennial Report*. This called for medicines management to be given priority across mental health services, with all inpatient admissions being used as an opportunity for pharmacist-led medicines review and to provide face-to-face information about medicines, allowing patients the opportunity to discuss concerns about medicines and side effects.

A systematic review of key medicines management activities and their applicability to acute mental health settings *Getting the Medicines Right* published as part of the Virtual Ward programme of the National Mental Health Development Unit also highlights the benefits of pharmacy presence on wards and the need to build the capacity of medicines management services.

Following a review of pharmacy service during 2008, and an unsuccessful attempt to secure an alternative provider for dispensing and supply of pharmaceutical products, it has now been agreed that a full in-house pharmacy service should be implemented from April 2010, and considerable planning is now underway to ensure that this can be achieved.

However at present there is still a recurrent funding gap between the cost of the proposed service and sources identified to fund it of approximately £100,000 p.a. Setting up the service will also require some capital and non-revenue recurrent costs during 2009/10. Further details are provided in the report.

**SERVICE MODEL**

The dispensary at Rochford Pharmacy will be used to provide a centralised dispensing service to in-patient wards (ward stock, and individual items for in-patient, leave and

discharge use) and to community units (clinic stock and individual items for out-patient use) throughout the Trust. FP10 prescriptions will continue to be used for the bulk of out-patient prescribing, dispensed by the community pharmacy of the patient's choice. Trust staff and patients will no longer have access to the pharmacies at Southend or Basildon hospitals.

The pharmacy team will consist of six dispensary-based staff, along with up to a further 18 staff (16 WTE) working outside the dispensary. The current structure for the pharmacy team is shown in Annex 1, although this may still undergo some further refinement. As well as staff based in the dispensary at Rochford, pharmacy staff will be based at the Mental Health Unit at Basildon and spend a significant proportion of their time working within other in-patient and community units. The intention is that at least one pharmacist, and probably also one pharmacy technician, will be available at the MHU during normal working hours.

Activities undertaken by the non dispensary-based staff will include, but not be limited to:

- drug history taking and medicines reconciliation
- reviewing patient's own drugs for use following admission
- screening in-patient prescriptions and ordering items from the Rochford pharmacy
- participation in ward rounds and multidisciplinary team meetings
- medicines education sessions on wards and in community units
- providing advice on evidence based use of medicines and medicine-related safety
- updating patients' medication records
- clinical pharmacy activities that optimises the use of medicines and promotes health, wellness, and disease prevention.
- auditing the safe and secure handling of medicines and controlled drug management
- ward stock control
- limited near-patient dispensing of some leave and discharge medication

The pharmacy staff based within the MHU will provide limited near-patient dispensing. This is intended to be able to accommodate decisions about leave or discharge made at short notice. However the expectation will be that, in the majority of cases, leave and discharge should be properly planned to allow for medication to be dispensed at Rochford and transferred to the MHU in a timely manner. Delivery from Rochford to Basildon will occur four times daily.

Implementation of an appropriate pharmacy IT system will enable pharmacists and pharmacy technicians to transcribe the patient's prescription electronically for direct transmission to the dispensary. This will allow a record of patients' medication to be maintained, patients' own medication to be recorded and taken out of the supply route if appropriate, and any medications that are not ward stock to be automatically ordered from the dispensary reducing the need for communication between wards and the dispensary. When pharmacy staff are not present on a particular ward nursing staff will continue to request medicines from the dispensary by fax as already occurs at Runwell and sites other than Rochford and Basildon.

Outside normal working hours a senior pharmacist will be available on-call. Whilst predominantly intended to provide clinical advice the on-call pharmacist will have access to the dispensary if needed. However, the aim is to minimise physical call-outs to supply medicines by having an emergency drug cupboard (EDC) located the three main in-patient sites. An EDC already exists at Runwell and will be established at Rochford and Basildon. The on-call pharmacist will have remote access, via VPN, to the pharmacy computer system so will be able to retrieve patient medication records and information about drug stocks held on adjacent wards.

The proposed model fits well with the recommendations of various reports and publications relating to medicine management in a modern mental health setting, and utilises both technology and new ways of working to support innovative practice.

## PHARMACY IT SYSTEM

In order to provide an in-house dispensing and supply function the pharmacy service will need to purchase a dispensary management IT system to support dispensing (including labelling and patient medication records), stock control, order and delivery processing, invoice and credit handling, ward stock and medicines management reporting. Such a system would include interfaces with the PAS and finance systems and should have the capability of supporting e-prescribing and medicines administration (ePMA) and electronic discharge summaries should the Trust choose to implement these at a later stage.

An advert was placed in the OJEU on 13<sup>th</sup> July 2009 inviting expressions of interest from suitable companies for the supply of, and ongoing support for, a pharmacy computer system. The closing date for submission of tenders is 2<sup>nd</sup> October with site visits to mental health trusts where shortlisted bidder's systems are already in use and evaluation scheduled to take place between 12<sup>th</sup> and 19<sup>th</sup> October. The aim is to bring a recommendation on the preferred provider to the Executive Team for approval on 27<sup>th</sup> October, with award of contract taking place early in November. This will allow five months for installation and commissioning of the system, although ideally this should be achieved a number of weeks prior to 'go live' on 1<sup>st</sup> April 2010.

To date ten expressions of interest have been received, including the two market leaders, and three completed pre-qualification questionnaires.

Implementation of an in-house pharmacy IT system provides a number of expected benefits related to service or efficiency improvement including:

<b>Dispensary</b>	Patient data imported automatically from PAS system improving accuracy of patient identification
	Electronic history of medication will enable checking that correct drugs have been prescribed and enable repeat dispensing
	Direct input of medicines orders by ward-based pharmacy staff will reduce need for transcription and improve efficiency and accuracy
	Decision support will reduce adverse events, help identify prescription errors and improve patient safety
	Flagging drug use outside Trust formulary will ensure best practice is followed and provides improved control over what drugs are used
	Supports pharmacy modernisation such as one stop dispensing, near-patient dispensing etc
<b>Procurement</b>	Electronic ordering and invoicing
	More proactive contract management
<b>Stock control</b>	More effective stock control and stock management in pharmacy and wards
	Improvement management of expiry dates, batch numbers and returns
<b>Financial</b>	Improved analysis of expenditure and, over time, better management of drug budgets
	Greater efficiency due to electronic interface with finance systems enabling better reconciliation between pharmacy and finance data

<b>Governance</b>	Built in decision support helps improve medicines related safety
	Potential for automatic transfer of information to GPs on discharge could improve patient journey and compliance with commissioner requirements
	Potential for future implementation of e-prescribing and medicines administration helps improve medicines related safety and prescribing quality
<b>Business</b>	Improved automated reporting
	Increased productivity and efficiency by streamlining processes
	Supports national objectives set in Audit Commission and Healthcare Commission reports regarding medicines management

Because the intention was originally to outsource the dispensing and supply function, no provision has been made in the 2009/10 capital programme for this procurement. However it is impossible to provide an in-house service without an appropriate IT system. Anticipated capital charges and ongoing revenue costs have been built into the financial projections for 2010/11 onwards for the pharmacy service in Annex 2.

Pre-tender indicative prices from the two market leaders suggest that the cost of the system will be in the region of £100,000 capital with an on-going annual revenue charge of around £25,000. These costs exclude hardware, which is expected to be in the region of £20,000. Neither cost is included in Annex 2.

## STAFFING

As indicated in Annex 1, the pharmacy team will consist of six dispensary-based staff, along with up to a further 18 staff (16 WTE) working outside the dispensary. Within the financial projections for the service, provision has been made for all posts in the structure at the maximum spine point within the relevant Agenda for Change band. Although this is likely to be a correct assumption for some of the posts filled as a result of TUPE transfer, it is more likely that at least some of the Pharmacist Specialist and Pharmacy Technician Specialist posts will be filled by staff seeking promotion into these posts upon completion of rotational training posts at Pharmacist and Pharmacy Technician level.

### Transfer of Undertakings (TUPE)

Pharmacy staff employed by the acute Trusts, who provide services to SEPT within the SLA, will be subject to a TUPE transfer arrangement to the Trust. Although discussions are still underway with both trusts, it is intended that this will involve the following staff positions:

- Lead Clinical Pharmacist (BTUH – Band 8c)
- Pharmacy Manager (SUHT – Band 8b – spine point 43)
- Forensic Pharmacist (BTUH – Band 8a)
- Pharmacist x 2 (BTUH – Band 7)
- Pharmacy Technician (BTUH - Band 6)
- Pharmacy Technician x 3 (SUHT – Band 5 – spine point 17 x 2; 24 x 1)
- Pharmacy Assistant (SUHT – Band 2 – spine point 8)

At present SUHT has provided details of the salary costs of staff that would transfer; however full details from BTUH are still awaited.

One of these posts (Band 7 pharmacist), previously provided by BTUH within the SLA, is currently vacant and recruitment is being undertaken directly by SEPT.

### Remaining posts

Appointment has already been made to one additional post (Band 7 pharmacist), the cost of which is covered by the resource available within the CAMHS and forensic business cases. Unfortunately work permit and 'leave to remain' issues are delaying the individual taking up post.

All but one required job description have now been written and submitted for Agenda for Change job evaluation, with a proportion already matched. A rolling programme of recruitment will be underway between now and December 2009 to ensure adequate staff are available to provide the service from 1<sup>st</sup> April 2010. The aim is to have the majority of new staff in post no later than March 2010 to allow orientation and training on the use of the new pharmacy IT system prior to 'go live'.

A number of junior pharmacy staff, who have rotated through mental health services as part of the acute trust training programme, have expressed an interest in working for the Trust in the future. It is hoped that they will be attracted to apply for posts as they become available.

Given the national difficulties in recruiting Band 6 and 7 pharmacists it may be necessary to use recruitment agencies or advertise overseas if insufficient suitable candidates can be attracted locally. Legislative changes which will be introduced in October 2009 are making an increasing number of community pharmacy based *locums* seek substantive posts; this may work to our advantage in recruiting pharmacists, although such individuals may not have suitable postgraduate knowledge of psychiatric pharmacology and therapeutics.

### ACCOMMODATION

Both bidders during the previous tender process based their submission on being able to provide a dispensing and supply service to the entire Trust from the dispensary at Rochford Hospital. However both would have had the back-up of additional premises elsewhere.

Discussions with the Deputy Director of Planning and Business Development suggested that it might be possible to convert one of the adjacent staff shower rooms at Rochford to provide additional storage space for pharmaceuticals and an area for preparing ward stock boxes. A survey was undertaken of the use of these staff shower rooms over a 7 day period. This revealed that one of the two rooms was used once and the other not at all during that time. A preliminary estimate from the Estates Department suggests the conversion work required would cost £22,000.

Discussions have taken place with a number of individuals regarding space for pharmacy staff within the Basildon MHU. Presence on this site is fundamental to the model of pharmacy services proposed. Suggested locations include:

- the top floor
- conversion of the ECT suite waiting area
- clinical room and ward office (or another room) on the former Belhus Ward

The provision of office accommodation will follow WorkSmart principles, as staff will spend a significant proportion of their time in clinical areas. Therefore, space is required for 5/6 desk spaces to accommodate the team. In order to provide near-patient dispensing, space will also be required to storage a limited range of drugs, within either suitable cupboards or a medicines trolley which can be appropriately secured.

To date no suitable location has been identified and resolution is now becoming pressing.

## REGISTRATION

The legal framework covering the supply of medicines is embodied in the Medicines Act 1968 and reflects the NHS structure in place at the time. It can therefore be a challenge to organisations working within the modern NHS to identify the appropriate requirements for registration and licensing.

Normally, pharmacy premises are required to be registered with the Royal Pharmaceutical Society of Great Britain (RPSGB) only if they are considered to be conducting a 'retail pharmacy business' which includes the retail sale of medicinal products that are not general sale list (GSL) items. In most cases that would not apply to a hospital dispensary unless it offered the facility for staff, patients or the public to purchase pharmacy (P) medicines.

However, many hospitals now supply medicines to other organisations, a practice which could be argued to be outside the 'normal business' of the organisation. A retail pharmacy business may sell by wholesale providing that such sales only represent an 'inconsiderable' part of the business (usually considered as a 'rule of thumb' to be no more than 5% of total turnover). Where wholesale dealing exceeds this level a Wholesale Dealer's Licence (WDL) is required from the Medicines and Healthcare products Regulatory Authority (MHRA).

In the event of the Trust's pharmacy service providing pharmaceutical services to one or more external organisation it is likely that that either registration with the RPSGB or a WDL will be required. To complicate the situation further, subject to parliamentary process, the responsibility for the registration of pharmacy premises will pass for the RPSGB to the General Pharmaceutical Council (GPhC). It remains unclear whether registration will be restricted to retail pharmacy businesses, as now, or whether the new regulator will require registration of all premises including hospital pharmacies. In addition, The Medicines (Pharmacies) (Responsible Pharmacist) Regulations 2008 will be enacted on 1<sup>st</sup> October 2008 which make changes to the responsibilities for the pharmacist in 'personal control' of a registered pharmacy. Guidance on the implications for registered hospital pharmacies should be published shortly.

All of these developments are being watched carefully prior to taking a decision whether the Trust needs to apply for registration with the RPSGB and/or a WDL.

## OTHER ISSUES

### Pharmaceutical Stock

At present the Trust is charged by the two acute trusts on the basis of drugs prescribed and supplied for use within the Trust. Stock held within the two pharmacy departments remain the property of the acute trusts until issued to SEPT.

In operating an in-house pharmacy service the Trust will need to hold a stock of drugs within the dispensary at Rochford from which issues will be made to wards and patients. The volume of stock held for each drug will vary depending on the frequency of use with greater quantities of commonly used items needing to be held in stock in order to be able to fill orders. Each average week's stock holding is likely to cost in the region of £30,000. At present the average stock holding period at Rochford is 14 days. Therefore opening and closing stock holdings each year are likely to have a value of approximately £60,000, and an initial investment of this level will be required to set up the opening stock for 1<sup>st</sup> April 2009.

Both acute trusts have already requested that the majority of their remaining stock of psychiatric drugs be transferred to SEPT at the end of March so that they do not be left with



drugs which will not be used in the care of acute patients. This would seem a reasonable approach to stocking the dispensary, coupled with initial orders to wholesalers.

Discussions have already taken place with the Specialist Pharmacist for medicines procurement for London and the East of England about accessing NHS PASA contract prices. Work will continue with him in the period up to 1<sup>st</sup> April to ensure that drugs are procured at the best prices available.

Discussions will also take place with finance and procurement colleagues about the logistics of ordering drugs as most orders for the supply of drugs will be generated automatically from the pharmacy IT system and placed via EDI, with invoices received wherever possible by the same mechanism, and direct interface with the finance system.

### **Standard Operating Procedures**

The RPSGB requires pharmacists working in both the hospital and community sectors to put in place and operate written standard operating procedures (SOPs). This requirement applies to all of the activities which occur from the time that a prescription is received in the pharmacy or by a pharmacist until medicines or other prescribed items have been collected or transferred to the patient. As a minimum these need to cover all aspects of:

- Prescription handling
- Assessment of the prescription for validity, safety and clinical appropriateness
- Making interventions and problem solving
- Assembly and labelling of required medicine or product
- Accuracy checking procedure
- Transfer of the medicine or product to the patient

Wherever possible existing SOPs will be adopted and/or amended, but a number of areas have been identified where new SOPs will be required to reflect the way in which the new team will function. A schedule has been drawn up with the aim of having all SOPs in place, agreed by the pharmacy management team, and signed off by the pharmacist in charge by end of February 2010.

### **Equipment**

Discussions are underway with SUHT to clarify which items of equipment within the Rochford pharmacy are their property and will need to be returned to Southend at the end of March 2010, and which will remain in the pharmacy when their service is withdrawn. From this it will then be possible to identify what equipment needs to be purchased as part of the start up costs of the in-house pharmacy service. Provision of £20,000 has been made in the financial projections for equipment, licenses, registration etc.

## **FUNDING**

Total costs for the in-house pharmacy service are calculated to be £1.181m per annum, an increase of £547,000 over the current provision. However this calculation includes all posts based on the top salary scale point, and including higher cost area supplement; in reality, neither is likely to apply in all cases. It will not be possible to accurately cost the salary element of the service until staff are appointed or transfer from their existing employers.

Total funding sources of £1.077m have currently been identified, based on the following assumptions:

- re-investment of the resources released from ceasing the existing SLA with local acute trusts (c. £593,000);

- changes to the arrangements for CDAS prescriptions resulting in recurrent savings with re-investment of the resources released (c. £195,000);
- changes to arrangements for the supply of Risperdal Consta® resulting in recurrent savings with re-investment of the resources released (c.£70,000);
- introduction of a number of generic formulations over the next two years releasing recurrent savings with re-investment of the resources released (rising to c.£55,000)
- funding identified for pharmacy services in two trust business cases (£55,000) and
- contract to provide pharmacy services to Clare House (£80,000).

Discussions are underway with the St Andrews Group of Hospitals about provision of a pharmacy service to Clare House once the staff who currently provide their service transfer from BTUH to SEPT. It is likely that this would attract approximately £80,000 income. **If these are successful a recurrent cost pressure of up to £100,000 remains from 2011/12 onwards.**

## CONCLUSION

Considerable progress has been made with the development of an in-house pharmacy service since this option was agreed in June.

## ACTION REQUIRED:

(a) Information

(b) Decision

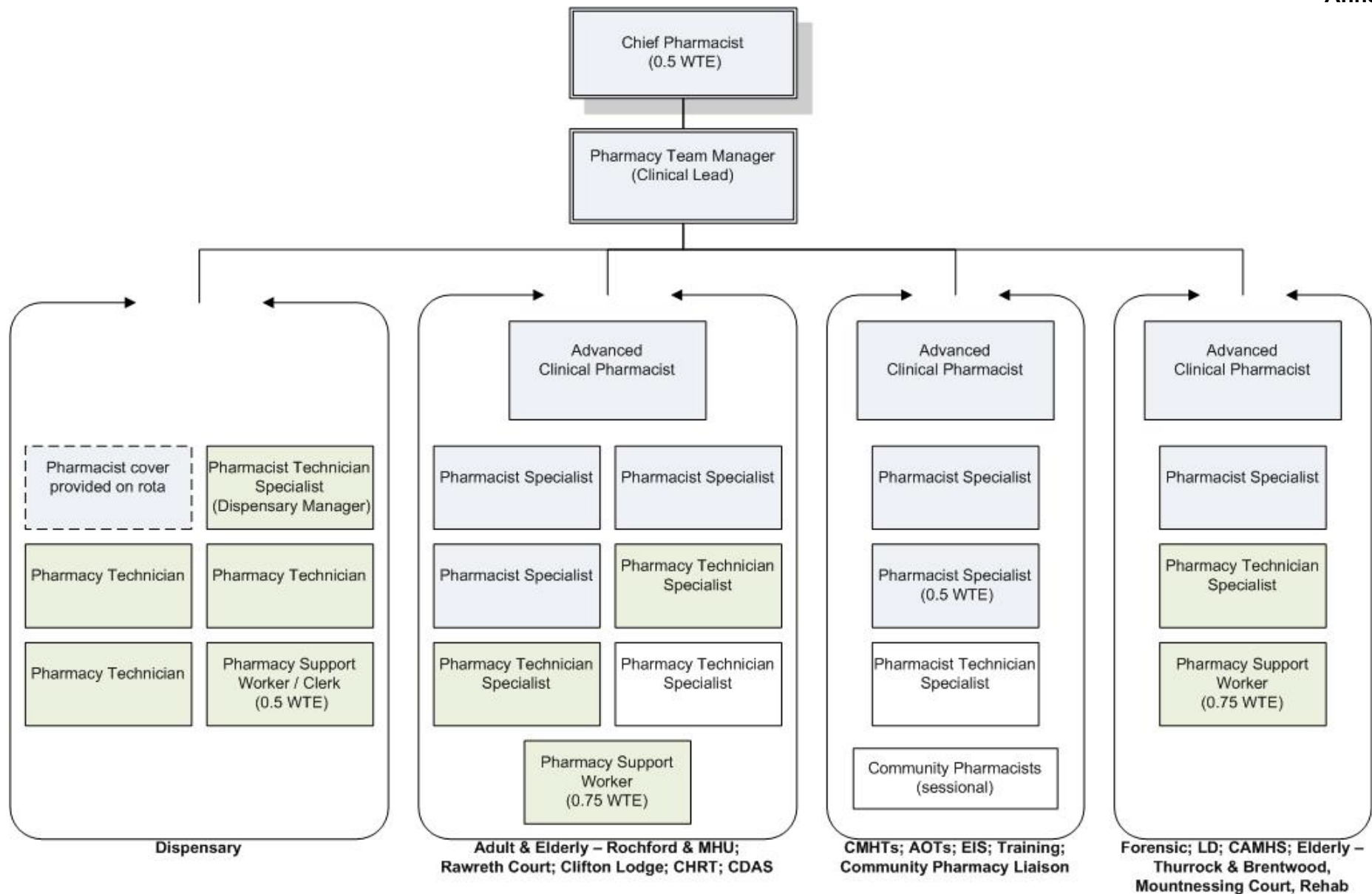


The Executive Team is asked to note the progress being made with implementation of an in-house pharmacy service and consider the issue of the current cost shortfall.

Hilary Scott  
Chief Pharmacist

On behalf of  
Oliver Shanley  
Director of Integrated Governance

**Annex 1**



**Annex 2**

## Projected Service Costs and Funding Sources

		Current (WTE excl supply)		2009/10				2010/11				2011/12 onwards	
		WTE		WTE	Q1/Q2	WTE	Q3/Q4	WTE	Q1/Q2	WTE	Q3/Q4	WTE	Full Year
<b>Service Costs</b>													
<b>Clinical Services</b>													
Total Annual Pay Costs		6.0	48,900	6.1	25,040	7.1	66,492	8.5	240,971	8.5	240,971	8.5	481,941
Total Annual Non Pay Costs			2,150		3,123		4,511		17,697		17,697		35,550
<b>Dispensing and Supply</b>													
Total Annual Pay Costs					-	2.0	8,859	6.0	114,966	6.0	114,966	6.0	229,932
Total Annual Non Pay Costs					-		868		12,492		12,492		25,100
	SLA service costs		582,895		271,531		271,527		-		-		
	Capital charges								10,000		10,000		20,000
	Equipment, licenses, registration etc				-		20,000		15,000		15,000		30,000
<b>Sub-total</b>			<b>£633,950</b>		<b>£299,694</b>		<b>£362,530</b>		<b>£411,126</b>		<b>£411,126</b>		<b>£822,523</b>
<b>Developments - Priority 1</b>													
Total Annual Pay Costs						4.5	59,193	5.0	107,967	5.0	107,967	5.0	215,933
Total Annual Non Pay Costs							2,427		10,410		10,410		20,900
<b>Sub-total</b>							<b>£61,620</b>		<b>£118,377</b>		<b>£118,377</b>		<b>£236,833</b>
<b>Developments - Priority 2</b>													
Total Annual Pay Costs						0.0	5,000	-	9,000	2.0	52,156	2.0	110,112
Total Annual Non Pay Costs							4,800		3,000		7,164		11,400
<b>Sub-total</b>							<b>£9,800</b>		<b>£12,000</b>		<b>£59,320</b>		<b>£121,512</b>
<b>Total</b>							<b>£733,644</b>		<b>£1,130,326</b>				<b>£1,180,868</b>
<b>Funding Sources</b>													
<b>Existing Costs</b>													
Non-staff dependant	SLA service costs				296,402		296,402		296,402		296,402		592,804
Staff dependant	Clare House contract				-				40,000		40,000		80,000
Miscellaneous	CAMHS business case				17,500		17,500		17,500		17,500		35,000
Miscellaneous	Forensic business case				10,000		10,000		10,000		10,000		20,000
<b>Sub-total</b>					<b>£323,902</b>		<b>£323,902</b>		<b>£363,902</b>		<b>£363,902</b>		<b>£727,804</b>
<b>Savings Proposals</b>													
Non-staff dependant	Risperdal Consta - PolarSpeed				-		35,000		35,000		35,000		70,000
Non-staff dependant	Dispensing fee on CDAS prescriptions				65,033		97,550		97,550		97,550		195,100
Non-staff dependant	Generic venlafaxine, donepezil, olanzapine, quetiapine				5,920		5,920		5,920		13,264		54,167
<b>Sub-total</b>					<b>£70,953</b>		<b>£138,470</b>		<b>£138,470</b>		<b>£145,814</b>		<b>£319,267</b>
Staff dependant	increased evidence based prescribing etc								5,000		10,000		30,000
<b>Sub-total</b>							<b>£0</b>		<b>£5,000</b>		<b>£10,000</b>		<b>£30,000</b>
<b>Total</b>							<b>£857,227</b>		<b>£1,027,088</b>				<b>£1,077,071</b>
<b>Net Cost</b>							<b>-£124,000</b>		<b>£103,000</b>				<b>£104,000</b>

**Note:** service costs and funding sources do not include inflation in 2010/11 and thereafter

