Community Pharmacy IT Group

Meeting: 8th November 2023

From 10am-11.40

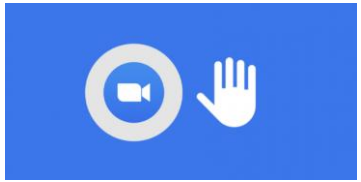
Agenda

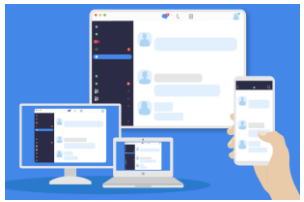
Community Pharmacy IT Group

	Session	Time
1.	Welcome from Chair	10.00-10.05
2.	Local project: Use of digital screens for public health campaigns	10.05-10.25
3.	Electronic Prescription Service (EPS) team update	10.25-10.55
4.	Independent prescribing and IT	10.55-11.10
5.	NHS Dictionary of Medicines and Devices (DM+D) inhaler content potential changes	11.10-11.35
6.	Any other business and close from Chair	11.35-11.40

Take part: continue using usual methods

- **Seek attention of Chair** e.g. use ‘raise hand’ feature





- **Use chat** (use it throughout meeting)

Local project: Use of digital screens for public health campaigns

Session timing: 10.05-10.25

Should all pharmacies have screens?

The Digitisation of Community Pharmacy Public Health Promotion

North East and North Cumbria AHSN

Academic Health Science Network
North East and North Cumbria

www.ahsn-nenc.org.uk
@AHSN_NENC

Agenda

A look at our presentation agenda

Introduction

How and why did this idea come about?

Creating a project

How did we turn the idea into a project?

Starting places

Working with the AHSN to create the project

Evaluation

Ensuring we learn from the pilot

Financials

Business case development

Promotion and Next Steps

Our recommendations and suggested next steps

Q&A

Academic Health Science Network
North East and North Cumbria

Introduction

Andre Yeung
Pharmacist
Medicines and Pharmacy Clinical Lead - North East and North Cumbria ICB
Digital Primary Care Team Clinical Lead – NHS England North East and Yorkshire

Where did the idea come from?

- Conversations at a national level about a known area of improvement
- 6 x Public Health Campaigns (1 month)
- Leaflets and Posters based leading to conversations with pharmacy team
- **Potential value circa £50 million per year**
- However, value impacted by:
  - Poor coordination of materials
  - Variable quality of content
  - Expensive distribution to 11k sites
  - Minimal data from campaigns
  - Leaflets go out of date
  - Wastage of materials
  - Not bright or eye catching

Academic Health Science Network
North East and North Cumbria

Creating a project

How did we turn the idea into a project?

Drive Digital Innovation in Pharmacy

- Partnership with the NENC AHSN to run a pilot programme
- To replace traditional leaflets and posters with professional pharmacy screens
- To install screens in 20 Pharmacies
- To use both internal and external (shop window) facing displays
- To select and create high quality content for health promotion purposes only
- To pay pharmacies £450 to use the space and to support the screen install
- To measure outcomes for 6 months and commission an evaluation
- To ask pharmacists to print up to date leaflets from a library of 1000s

What were the desired outcomes?

"The project aimed to revolutionise pharmacy public health campaigns by changing the format from static paper based to running as vibrant, short videos on digital displays…" *Andre Yeung, 2022*

- Reduction of paper – to eliminate the need to post paper leaflets, posters and letters to community pharmacy teams
- Workload – to reduce the requirement for pharmacy teams to actively promote campaigns to members of the public
- Visibility – to increase visibility of the campaigns to people waiting for prescriptions or walking past the pharmacy
- Quality – to increase the quality of content through professionally produced and highly engaging videos
- Volume – to increase the number of campaigns that can be ran at anyone time and the flexibility
- Financials – to reduce the costs of successfully delivering campaigns

Academic Health Science Network
North East and North Cumbria

Starting places

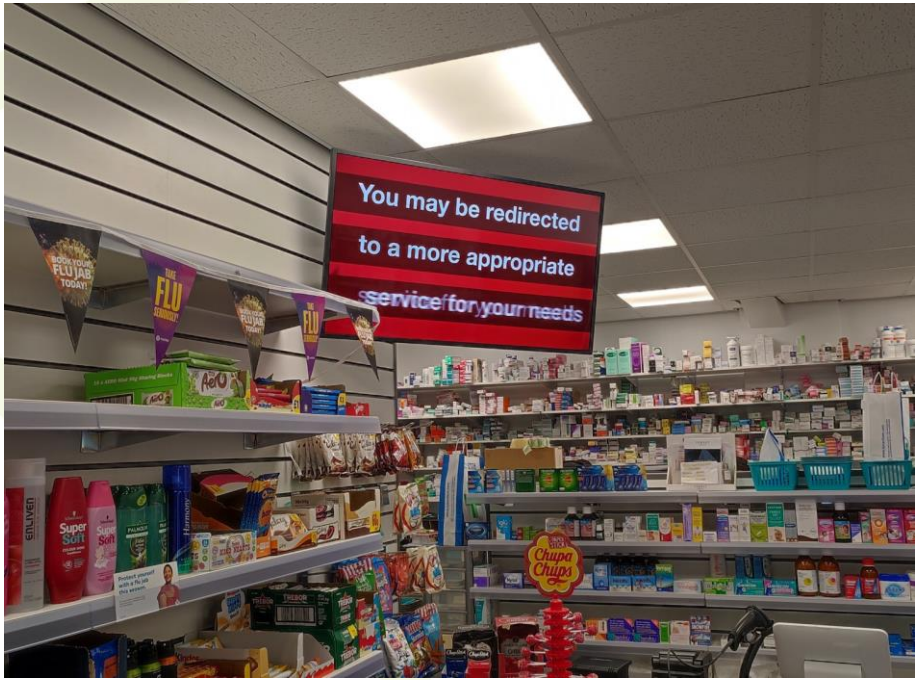
Working with the AHSN to deliver the project plan

Selecting a Screens Provider

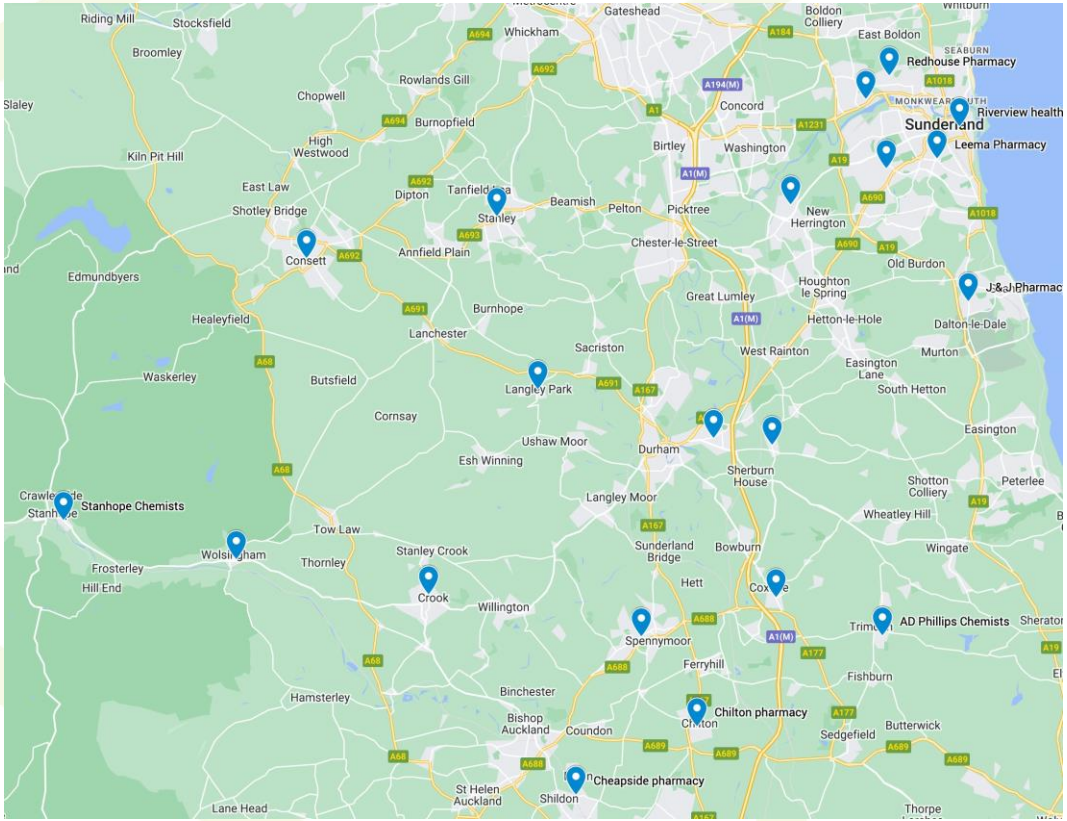
- Contacted **UK based screens providers**
- Worked with them to produce a screens **provider specification**
- Used that specification to request **expressions of interest** and responses
- Received **6 written responses** outlining proposals to satisfy the specification
- Scored all responses and invited **4 to present verbally** and answer questions
- Scored all bidders and a clear winner was found – 9Ways Digital Media

Selecting Pharmacies

- Worked with LPCs in the North East of England
- Wrote out to all pharmacies in Durham and Sunderland
- Received over 40 expressions of interest
- Selected 20 pharmacies to give variation in terms of location, type, size and footfall
- 3 Well (national chain) pharmacies were selected to be a part of the pilot



Pharmacy Locations



Academic Health Science Network
North East and North Cumbria

www.ahsn-nenc.org.uk
@AHSN_NENC

Selecting screens

- Mainly 43” screens plus some 34” screens (21” or 10” available)
- 3 pharmacies had additional 55” screens as well as the internal screens
- Mix of wall, ceiling and floor mounted

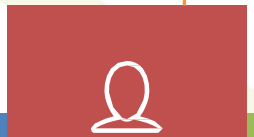
Selecting content

- Formed a content review group
- Developed a playlist of high quality public health videos (existing)
- In total, the number of campaigns running in each pharmacy went from 1 to 42!
- **Health promotion topics included:** sugar reduction, suicide, coughs and colds, heart disease prevention, dementia, oral health, how to treat a stye, urinary tract infections, MMR vaccinations, diabetic reviews, medicines disposal, hay fever, A&E services, eye health etc.
- **Pharmacy services included:** new medicines service, flu vaccination, UTIs, Think Pharmacy First, oral contraception, stop smoking, hypertension, inhaler recycling etc.

Academic Health Science Network
North East and North Cumbria

Evaluation

Ensuring we learn from the pilot



What did we learn? (Independent evaluation, June 2023, H.Nazar FRPharmS PhD, Newcastle University

Where this evidence is absent in healthcare, other fields such as in retail demonstrate that the power of digital advertising is unequivocal, with millions of pounds being invested in digital advertising to drive consumer behaviours and decisions.[6] **SCREENS WORK**

An estimated 85% of people visit a pharmacy at least once a year, with people on regular medication visiting more frequently to collect their medication, making them a suitable venue to broadcast digital public health messages due to footfall.[9] **PATIENT CONTACTS**

Some pharmacy staff struggled to get hold of physical resources, cited issues physical resources on their workload and the waste of paper that the leaflets and posters created. **WORKLOAD AND WASTE**

All participants shared excitement and positivity towards the installation of the screens. Pharmacy staff described the screens as eye-catching, attractive and good for triggering conversations with patients and members of the public. **POSITIVITY**

HealthWatch volunteers reported the screens were very noticeable at entry or when approaching the pharmacy from outside - eye-catching, easy to see and read messages. **HIGHLY VISIBLE**

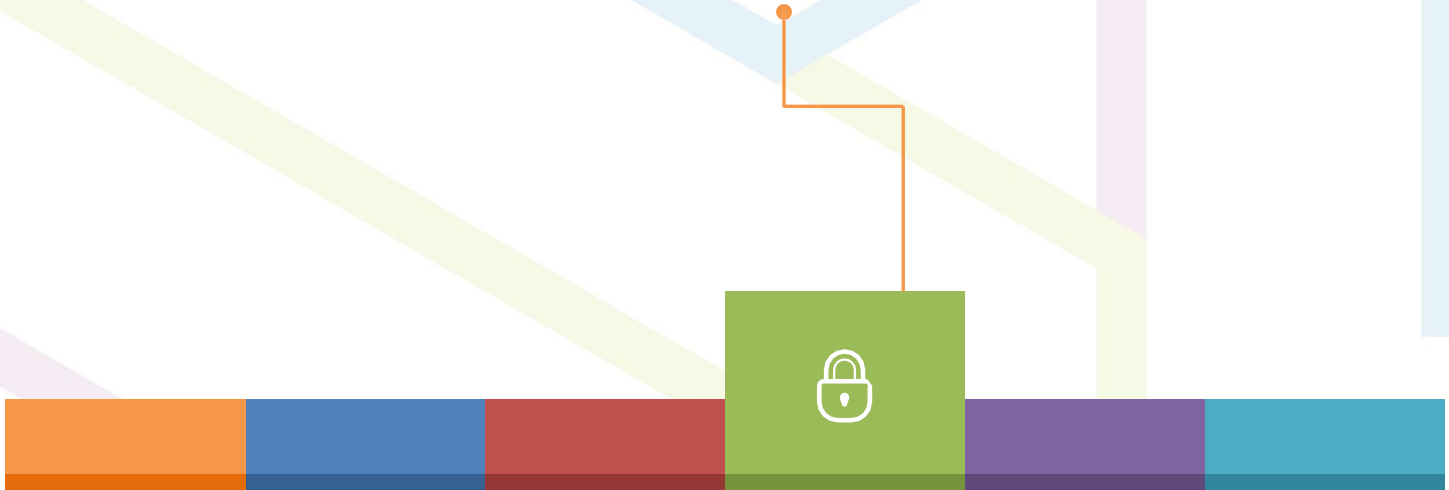
'We've definitely had more enquiries about our UTI testing service since we got the screens, which we're almost sure is related.' **INCREASED SERVICE UPTAKE**

"The evaluation findings are resoundingly positive…the adoption of digital screens in community pharmacy for public health messaging looks to be the next step of maturity for health promotion…"

Academic Health Science Network
North East and North Cumbria

Financials

Business case development



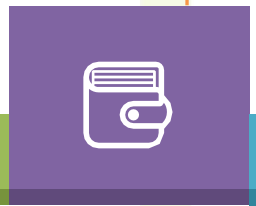
What are the financials?

- Circa £2000 per pharmacy for 2 years then £500 per year for ongoing content management and support
- Screens last 6+ years or more, therefore total cost per pharmacy for 6 years = £4,400
- 10,000 pharmacies for 6 years would cost £44 million or £7.3 million per year
- Reach - 150 people per day (at 300 days) per pharmacy = 450 million people per year
- By comparison, a single advertising campaign from MC Saatchi “Help Us Help You” cost the NHS £28.6 million and these campaigns have a **potential value circa £50 million per year**

Academic Health Science Network
North East and North Cumbria

Promotion and Next Steps

Our recommendations and suggested next steps



Benefits of digitising health promotion

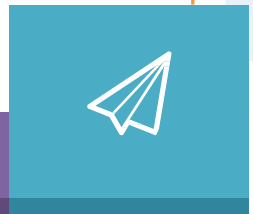
- Run multiple simultaneous public health campaigns
- Centrally coordinate campaigns with General Practice etc.
- More impactful message due to bright, information rich and high-quality videos
- Flexibility to quickly stand-up campaigns nationally or locally
- Reduce logistics costs
- Reduce workload for front line pharmacy teams
- Harness creativity of BHF, Cancer Research UK etc. to produce custom content

Next steps?

"It's a no brainer... For me, its not a matter of 'if', it's a matter of 'when' screens replace leaflets and posters in pharmacies.". Andre Yeung, 2022

Academic Health Science Network
North East and North Cumbria

Q&A



Academic Health Science Network
North East and North Cumbria

www.ahsn-nenc.org.uk
@AHSN_NENC

Electronic Prescription Service (EPS) team update

Session timing: 10.25-10.55

CPITG: Digital Medicines update

NHS App and EPS in Secondary Care

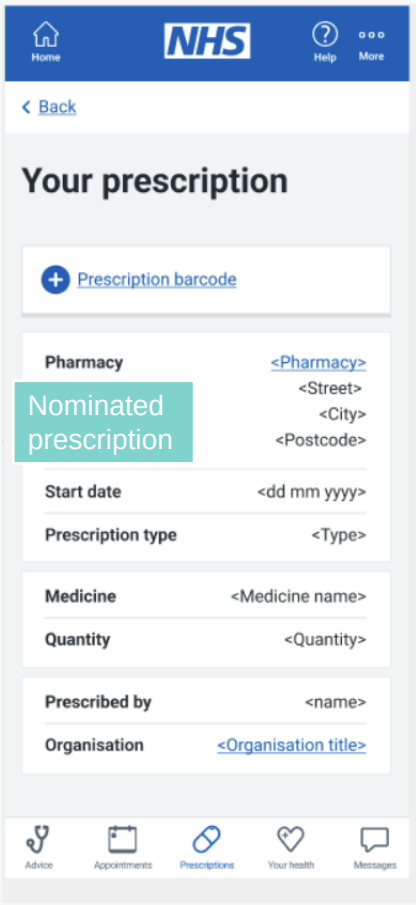
Presented by:
Digital Medicines Team, Transformation Directorate

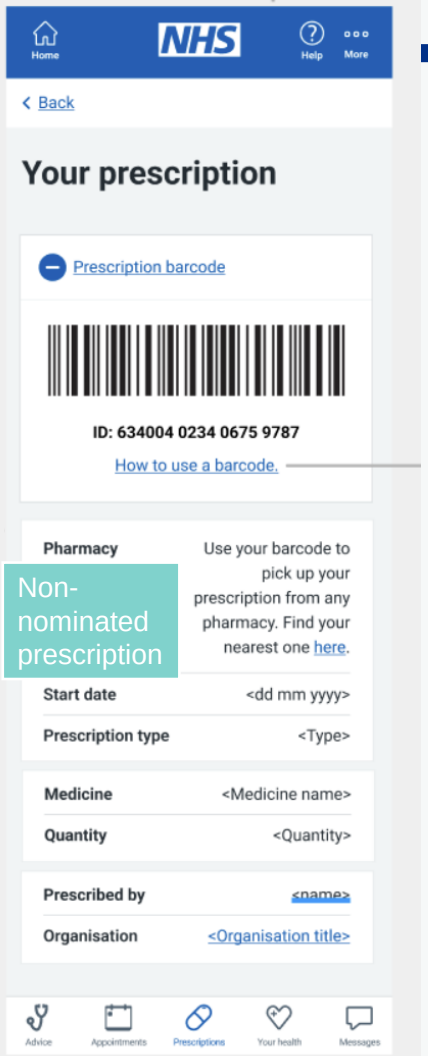
EPS prescription information within NHS App

EPS prescription info in NHS App

EPS prescription info in NHS App provides patients a view of their ‘active’ EPS prescriptions via the NHS App, consisting of:

- Prescription barcode
- Prescription ID
- Items on the prescription (Drug name, strength, form and quantity)
- Prescriber details
- Nominated pharmacy details (where applicable)



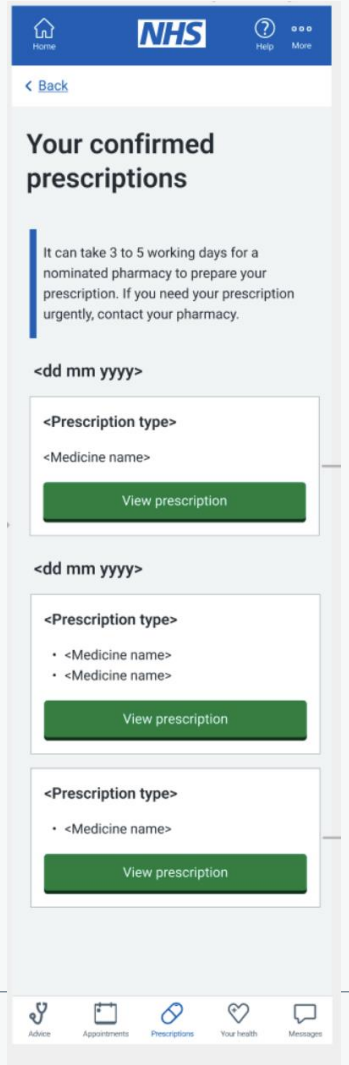


Scope

- Prescriptions created via EPS
- Acute and repeat prescriptions only
- Nominated, one-off nominated and non-nominated prescriptions

Out of scope:

- Electronic repeat dispensing (eRD) and post-dated prescriptions will not be visible to view on the NHS App due to current technical constraints



EPS prescription info in NHS App: Benefits

Providing patients visibility of active EPS prescriptions via the NHS App will:

Patient

- Provide reassurance and reduce need to query prescription status
- Provide more information on the overall prescriptions process
- Provide the opportunity to resolve prescription queries earlier
- Avoid travel to collect non-nominated paper tokens

Prescriber

- Reduce calls from patients to query prescription status
- Reduce cost of paper and ink from printing token for non-nominated prescription
- Reduce cost of sending text messages with prescription ID during out of hours prescribing

Dispenser

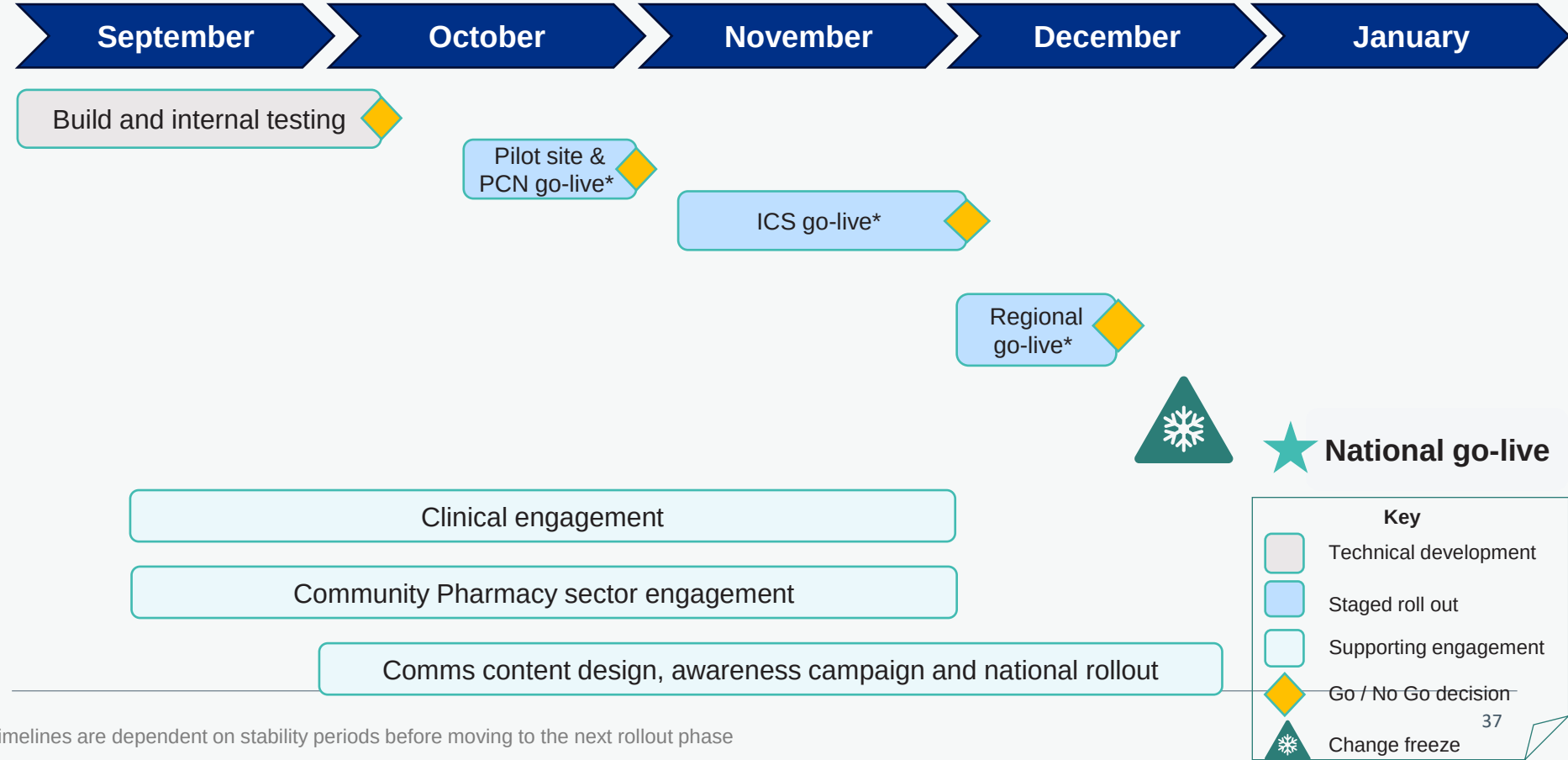
- Reduce calls from patients to query prescription status
- Save time from resolving prescription queries if patients handle these before collection
- Save time by scanning digital barcodes vs performing manual search for prescriptions

Pilot

- Four GP practices in a PCN in Leeds for two weeks started late October

Space to update on utilisation stats & feedback

Rollout plan



*Timelines are dependent on stability periods before moving to the next rollout phase

EPS in Secondary Care

EPS in Secondary Care

- **EPS now available for Secondary Care Organisations.**
- **One Standalone system currently available for use with FP10 and FP10HP.**
- **NHS England supporting organisations to go live.**

EPS in Secondary Care

- **Organisations Currently Live:**
  - **Midlands Partnership Foundation Trust**
  - **Southern Health NHS Foundation Trust**
  - **Homerton University Hospital NHS Foundation Trust**
  - **East London NHS Foundation Trust**
  - **Barking, Havering and Redbridge University Hospital Foundation Trust**
  - **North East London NHS Foundation Trust**

- **Planned Go Lives at a further 7 Trusts**

EPS in Secondary Care

The Benefits:

August 2023 snapshot

187 Prescriber Codes Accessing EPS
7695 items Prescribed via EPS

Vast majority of live Services at 80%+ utilisation within first month of use.

EPS in Secondary Care

User Feedback:

“Using EPS has been very beneficial to my clinical practice. It has allowed me to make changes to medication quickly and efficiently, minimising delays in sending FP10s and promoting prescription security by avoiding the need to post such prescriptions”

"It is not too dramatic to state that EPS has revolutionised my practice. I can now write and deliver prescriptions in five minutes compared to the time and effort it took to handwrite a prescription from scratch, arrange for it to be collected by the service user or a member of the team or hand deliver it to a pharmacy. A huge time saving with in built safeguards to enable safe prescribing"

EPS in Secondary Care

How can you help?

- **Do you receive a lot of paper FP10 or FP10HP from Secondary Care?**

Thank You

@nhsengland

company/nhsengland

england.nhs.uk

Independent prescribing and IT

Session timing: 10.55-11.10

IT considerations for NHSE IP pathfinders

Community Pharmacy IT Group

Feature	Approach	Update
Generate an electronic prescription as part of NHS EPS	• NHS national policy to move away from paper and start pilot with digital solution • NHS not set up to process paper prescriptions in future • NHS delegating choice of IT solution to ICS level • Smartcards require updating for IPs	• Standalone system to be used • Considerations in future for development by PMR suppliers?
CP to be able to nominate a pharmacy to dispense the eRx from an IP consultation	• NHS policy that patient choice re access to medicines still in place for CP IP service provision	• Edge case collect Rx from different pharmacy but remains a requirement for patient choice/stock availability
Capture clinical record	• Prescriber will need to capture a clinical record for IP consultation and outcomes	• Processes to be agreed at ICS with contractors through clinical governance arrangements
Access patient clinical record to inform prescribing outcomes	• NHS delegating choice of IT solution to ICS level	• Roll out of GP Connect through PRCP would be preferred option to access the patient clinical record
Update GP record of IP consultation outcome	• NHS delegating choice of IT solution to ICS level	• Process to be defined at ICS level – further detail to be defined through feedback and service design from ICS EOIs
Access to pathology where required	• ICS level approach	• Mechanism tbc but local approaches need to be explored

Session timing: 10.55-11.10

Future IT considerations for IP

Community Pharmacy IT Group

Systems need to be fit for purpose for IPs to use for future service provision

- Operational efficiency
- Working conditions
- Workforce retention within sector

Systems and processes must build on foundations laid through PCRP where appropriate

- Commercial frameworks for suppliers and contractor choice (with funding)
- Booking and referral standard
- GP Connect and standardises processes for access to records
- Payment APIs

Solutions for access to pathology need further exploration and learning through pathfinders

Session timing: 10.55-11.10

High level impact of IP and IT

Community Pharmacy IT Group

	Problem statements (problems to be solved)	**Benefits**
Patients	• Patients have clunky experience if the pharmacy IT is not ready, and higher clinical risks may be present • Unconnected clinical pathways leads to patient confusion	• Patients have a better and safer experience if the pharmacy IT is adequate • Integrated clinical communication – patients only have to tell their story once
NHS, government and taxpayer	• If pharmacy independent prescribing IT is less ready, then patients may be forced to routes which are higher cost to the taxpayer	• Pharmacy-independent prescribing for relevant scenarios provides value to the taxpayer • Increased access to care from CP to reduce demand on NHS
Pharmacy	• Operational workload inefficiencies leads to poor levels of reimbursement • Unsatisfied patients • Poor experience for practicing IP as demand increases in future	• Workload is improved, and the reimbursement process works as expected • Increased satisfaction of patients and use of CP • Pharmacy IP workforce retention and growth through good working conditions and job satisfaction

Session timing: 10.55-11.10

NHS Dictionary of Medicines and Devices (DM+D) inhaler content potential changes

Session timing: 11.10-11.35

Proposed changes to ‘inhalers’ in the NHS dictionary of medicines and devices (dm+d)

October 2023

Presented by:
Paul Wright & Kerry Frenz

Background

- The NHS dictionary of medicines and devices (dm+d) is the recognised interoperability standard (SCCI0052) for uniquely identifying medicines and medical devices used in patient care in the NHS

- The dm+d Content Committee is responsible for content within the dm+d, including maintaining the editorial policy and evaluating and approving any major changes

- The Content Committee support the proposed changes to inhaler content in dm+d but are seeking views from key stakeholders to gauge opinion and help inform a communication plan for clinicians

Purpose of this presentation:

- Explain the proposed changes and outline what will happen in the dm+d terminology
- Understand stakeholder's views of the changes and any impacts to their work
- Obtain feedback to inform a communications campaign for clinical colleagues

Areas of dm+d content under review

1. Use of the ‘CFC free’ flag at VMP level and the term ‘CFC free’ as part of the name

2. Use of the term ‘inhaler’ to describe a ‘Pressurised metered dose inhaler’

3. Review of Beclometasone inhalers and extrafine particle formulations

Use of the term ‘CFC free’ as part of the name

Issue

The original purpose for including ‘CFC free’ in the name and using the ‘CFC free indicator’ in dm+d was to provide easy identification for prescribers and dispensers to distinguish between those MDIs that contained CFC and those that didn’t.

There are no currently available pressurised inhalations containing CFC in NHS dm+d nor have there been for a number of years.

User feedback is the term ‘CFC free’ can confuse prescribers into thinking that there are no greenhouse gasses in the product.

Use of the term ‘CFC free’ as part of the name

Proposed change

Remove the text ‘CFC free’ from the VMP name and AMP description (*where appropriate)* and remove the populated data within the ‘CFC free indicator’ at VMP level whilst retaining the data field.

Impact

Approximately **44** VMPs in dm+d will be amended to remove the text ‘CFC free’ where it exists in the name.

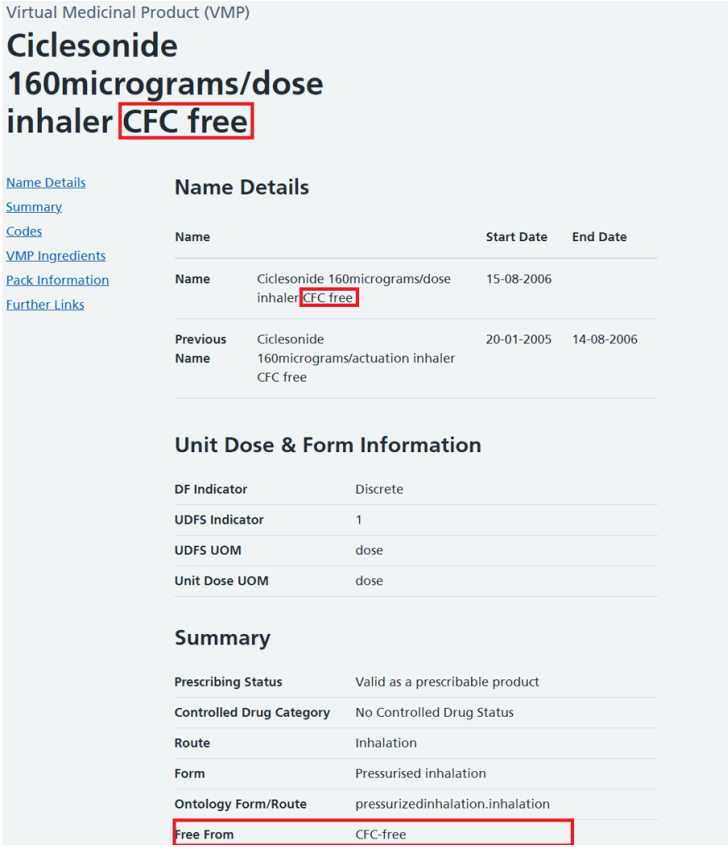


Figure 1: Image from the dm+d browser

Use of the term ‘CFC free’ as part of the name

Impact

Removal of the populated data within the ‘CFC free indicator’ at VMP level whilst retaining the data field

No change to dm+d model/structure of the files

		1 digit only
<PRES_F>	Y	Preservative Free Indicator (present and set to 1 if preservative free) 1 digit only
<CFC_F>	Y	CFC Free Indicator (present and set to 1 if CFC free) 1 digit only
<NON_AVAILCD>	Y	Non-availability indicator - code narrative can be located in lookup file under tag

Figure 2: Image from the Technical Specification of data files for dm+d

Using ‘inhaler’ to describe a ‘Pressurised metered dose inhaler’

Issue

The table below summarises the terms used in the dm+d VMP name depending on the formulation of the inhaler.

Type	Formulation	Term used in dm+d VMP name
Pressurised metered dose inhaler (pMDI)	Pressurised inhalation	Inhaler Breath-actuated inhaler
Soft mist inhaler	Inhalation solution	Inhalation solution cartridge Solution for inhalation cartridge
Inhalation powder	Inhalation powder	Dry powder inhaler Inhalation powder capsules Dry powder inhalation cartridge

Using ‘inhaler’ to describe a ‘Pressurised metered dose inhaler’

Issue

Using ‘inhaler’ to describe a pMDI is ambiguous.

When prescribing, the formulation of the product is only visible as part of the name, (in this case the formulation pressurised inhalation is transcribed as ‘inhaler’ in the name). It is not immediately obvious to a prescriber that this product is a pressurised metered dose inhaler.

The easy identification of metered dose inhalers from other inhalers could assist prescribers with helping the NHS reduce the carbon footprint of health and social care.

(Two indicators were in the Investment and Impact Fund 2022/23 guidance - ES-01: Metered Dose Inhaler (MDI) prescriptions as a percentage of all non-salbutamol inhaler prescriptions issued to patients over 12 years of age and ES-02: Mean carbon emissions per salbutamol inhaler prescribed (kg CO_2e). The IIF has been streamlined in 2023/24 to only 5 key indicators no longer including the above two but in section 8.3 ‘A PCN is required to (f) actively work with its CCG in order to optimise the quality of local prescribing of (iii) metered dose inhalers, where a lower carbon device may be appropriate’)

Using ‘inhaler’ to describe a ‘Pressurised metered dose inhaler’

Proposed change

To re-author all VMPs and appropriate AMPs for all inhaler concepts that have a form of ‘pressurised inhalation’ to contain ‘pressurised metered dose inhaler’ rather than “inhaler” and where an abbreviated name is required to use the abbreviation pMDI.

Examples:
Fluticasone 250micrograms/dose / Salmeterol 25micrograms/dose inhaler CFC free
Fluticasone 250micrograms/dose / Salmeterol 25micrograms/dose pressurised metered dose inhaler

Salamol 100micrograms/dose Easi-breathe inhaler
Salamol 100micrograms/dose Easi-breathe pressurised metered dose inhaler*

Impact

The names of these concepts will be updated. Please note this will impact upon any VMP names listed in the NHS England and Wales Drug Tariff

** Under discussion with UKCPA Respiratory Group – the naming of breath actuated inhalers*

Review of Beclometasone inhalers

Issue

User feedback is that there are Beclometasone VMPs that are considered ambiguous as they are linked to AMPs with different particle sizes; e.g. Clenil/Soprobec/Beclu (normal particle size) vs. Qvar/Kelhale (extrafine particles). The dosing for these inhalers are not equivalent.

MHRA guidance advises healthcare professionals to prescribe CFC-free beclometasone metered-dose inhalers by brand name to reduce the risk of dosing error. Generic prescribing of these products is not forbidden.

PCA data 2022/23 shows that Beclometasone inhalers were prescribed by brand 97% of the time. However, 3% of these inhalers were prescribed generically, amounting to over four hundred thousand items in the 2022/23 data.

Review of Beclometasone Inhalers

Proposed change

Create new VMPs differentiating between extrafine and normal particle size

Impact

The next slide shows the current VMPs that would be affected and the proposed ‘extrafine/normal’ updating that would be required

The AMPs which are linked to a VMP that was to be invalidated would have a change to their SNOMED CT identifier

Impact upon Prescribers and Dispensers

Potential impact on Drug Tariff – name changes and new generic entries may be proposed

Any changes for this proposal (3) would be made **after** any agreed changes for changes in proposals 1 (removal of CFC free) and 2 (replacement of inhaler with pMDI)

VMP	AMPs	To do
Beclometasone 50micrograms/dose inhaler CFC free	Mix of extra-fine and normal	Invalidate existing and author two new VMPs*
Beclometasone 50micrograms/dose breath actuated inhaler CFC free	Only extra-fine AMPs attached	Amend VMP name* to include 'extra-fine'
Beclometasone 100micrograms/dose inhaler CFC free	Mix of extra-fine and normal	Invalidate existing and author two new VMPs*
Beclometasone 100mcg/dose breath actuated inhaler CFC free	Only extra-fine AMPs attached	Amend VMP name* to include 'extra-fine'
Beclometasone 200micrograms/dose inhaler CFC free	Only normal particle AMPs attached	Keep VMP as is*
Beclometasone 250micrograms/dose inhaler CFC free	Only normal particle AMPs attached	Keep VMP as is*
Beclometasone 200micrograms/dose dry powder inhaler	Only normal particle AMPs attached	Keep VMP as is*
Beclometasone 100micrograms/Formoterol 6micrograms/dose dry powder inhaler	Only extra-fine AMPs attached	Amend VMP name* to include 'extra-fine'
Beclometasone 200micrograms/Formoterol 6micrograms/dose dry powder inhaler	Only extra-fine AMPs attached	Amend VMP name* to include 'extra-fine'
Beclometasone 100micrograms/Formoterol 6micrograms/dose inhaler CFC free	Only extra-fine AMPs attached	Amend VMP name* to include 'extra-fine'
Beclometasone 200micrograms/Formoterol 6micrograms/dose inhaler CFC free	Only extra-fine AMPs attached	Amend VMP name* to include 'extra-fine'
Generic Trimbow 87micrograms/dose / 5micrograms/dose / 9micrograms/dose inhaler	Only extra-fine AMPs attached	Amend VMP name* to include 'extra-fine'
Generic Trimbow 172micrograms/dose / 5micrograms/dose / 9micrograms/dose inhaler	Only extra-fine AMPs attached	Amend VMP name* to include 'extra-fine'
Generic Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler	Only extra-fine AMPs attached	Amend VMP name* to include 'extra-fine'

** Please note VMP names would be updated in line with proposals re removal of CFC free and replacing inhaler with pressurised metered dose inhaler*

Questions

1. Are you supportive of these changes (Yes/No)?
2. If ‘No’, why not?
3. What impact will these changes have to your IT system(s)?
4. What impact will these changes have to end users of your system(s)?
5. How does your system handle discontinued products and invalid concepts?
6. Are there any challenges/barriers/dependencies for you which we need to know about?
7. Do you have a view as to when these changes should/should not occur?
8. Do you have any feedback about the communications routes to clinical colleagues?

Communications campaign for clinical colleagues

What we plan to communicate	
The changes being made in dm+d	When the changes will be made
How the changes will impact the dm+d terminology	A contact email for any queries
What clinicians may see as a result of the changes	

Routes where information could be communicated		
Weekly Release Notes for dm+d	Joint GP IT Committee / Devolved Nations IT Group	Primary Care Suppliers National User Groups - EMIS NUG - TPP SNUG
NHS England Terminology & Classifications Newsletter	Community Pharmacy England – Community Pharmacy IT Group	System Suppliers Customer Blogs / Articles / Knowledge share
dm+d Suppliers Workshop	UKCPA Respiratory Committee	Medicines Optimisation Software (e.g. OptimiseRx, Scriptswitch)
NHS England Interoperable Medicines Standards Working Group		Letters to ICBs / GP Practices
NHS Corporate Bulletins - Digital Leaders - GP practice managers - Pharmacy and medicines - Research and data community - Technology Suppliers	The Primary Care Pharmacy Association (PCPA)	PrescQIPP Article
		Pharmaceutical Press Article, Chemist and Druggist
	The Royal Pharmaceutical Society Digital Expert Advisory Group (DEAG)	Medical Articles eg Pulse Today
	Independent Healthcare Provider Network	Patient groups eg Asthma + Lung UK

Thank You

@nhsengland

company/nhsengland

england.nhs.uk

Close from Chair

Thank you!

Post meeting queries: it@cpe.org.uk

Session timing: 11.35-11.40