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Errors with Levetiracetam 100mg/ml oral solution

There have been reports of up to 10-fold accidental overdose with Keppra® (levetiracetam) oral solution, particularly in children, due to confusion with oral syringes supplied with the product. There is only one entry on clinical prescribing systems **however** there are three different dispensing packs containing different size oral syringes available:

- 150ml bottle with 1ml syringe for infants from 1 month to less than 6 months.
- 150ml bottle with 3ml syringe for children 6 months to less than 4 years and below 50 kg bodyweight.
- 300ml bottle with 10ml syringe suitable for children 4 years and older below 50kg bodyweight, and children, adolescents and adults over 50kg bodyweight.

Levetiracetam 100mg/ml oral solution, 300ml bottle is on the Scottish Drug Tariff and is significantly less expensive than the branded product. The 150ml bottles are not on tariff.

Prescribers and pharmacists should be aware that the 300ml bottle contains an inappropriate size of oral syringe for children less than 4 years (10ml syringe).

To avoid confusion and dosing errors the following actions are suggested:

- Prescribers should preferably prescribe the dose in mg, with ml equivalence stated.
- Pharmacists are advised to always check that the prescribed dose of levetiracetam oral solution is appropriate for age and weight in children.
- Pharmacists should be aware to dispense an oral syringe appropriate to deliver the required dose, and remove the inappropriate syringe from the pack.
- The patient and/or caregiver should be given advice on the correct dose and how to measure it using the syringe provided.
- Patients or caregivers should be instructed to use only the appropriate syringe dispensed with the medicine and discard the syringe once the bottle is empty.

Please continue to report suspected adverse drug reactions (ADRs) to the MHRA through the Yellow Card Scheme.

Nicotinell® - preferred NRT brand from 1 March 2017

Following completion of a national tendering exercise, NHS GGC has agreed that from 1 March 2017, the preferred brand of nicotine replacement therapy (NRT) for Smokefree services will be **Nicotinell®**. From this date, new NRT clients should be offered products from the Nicotinell® range –

Nicotinell® patch – 24hr patch – 21mg, 14mg and 7mg

Nicotinell® Gum – 2mg/4mg

Nicotinell® Lozenge – 1mg/2mg

The Nicotinell® quit programme is for a 12 week period. Products can be used as single therapy or if dual NRT is required (client smokes 20 or more cigarettes per day), a patch and a second product can be given for the 12 week quit attempt. **Niquitin®** minis can be used if a mini lozenge is required. Clients already started on Niquitin® can complete their quit attempt on Niquitin®. Due to the relatively high cost of inhalators and nasal sprays, these products should only be used once agreed with the Smokefree pharmacy team. Please ensure these changes are brought to the attention of staff involved in providing Smokefree services in your pharmacy and contact the Smokefree pharmacy team at pharmacyhit@ggc.scot.nhs.uk or on 0141 201 4945 should you have any queries.

Scottish Reduction in Antimicrobial Prescribing (ScRAP) Programme V2

The ScRAP programme has been developed as a result of collaborative working between Health Improvement Scotland, the Scottish Antimicrobial Prescribing Group and NHS Education for Scotland aiming to improve the management of infections in primary care and a reduction in unnecessary antibiotic use in practice. The content is designed to be of particular interest and relevance in ensuring that the principles of advising patients on antibiotic prescribing are being applied.

ScRAP includes six 'bite-size' 30 to 60 minute facilitated learning sessions:

- *NEW for 2017* Improving management of UTI (3 part)
 1. Uncomplicated
 2. Complicated (Older people; catheter-associated; men)
 3. Recurrent
- Antimicrobial resistance and healthcare associated infection
- Antibiotic use – public understanding and Expectations
- Targeting prescribing for respiratory tract infection

Although primarily aimed at GP practices, ScRAP will also be of interest to others involved in the assessment and management of infection in primary care, including pharmacists, district nurses and care home staff. To find out more and access the ScRAP resources, please visit

[www.nes.scot.nhs.uk/educationand-training/by-theme-initiative/healthcare-associated-infections/training-resources/scottishreduction-in-antimicrobialprescribing-\(scrap\).aspx](http://www.nes.scot.nhs.uk/educationand-training/by-theme-initiative/healthcare-associated-infections/training-resources/scottishreduction-in-antimicrobialprescribing-(scrap).aspx)

Move to Prescribing Ipinnia® XL

Recent supply issues with immediate release ropinirole, coupled with an increase in the Scottish Drug Tariff price, have caused considerable difficulties in maintaining continuity of supply in primary care. Following consultation with specialists in Parkinson's Disease it has been agreed that there is no barrier to switching patients on IR and higher cost XL preparations to an equivalent dose of the most cost effective brand of ropinirole XL tablets. Ipinnia® XL is the most cost effective brand available in the widest range of strengths.

A ScriptSwitch message prompting prescribing of Ipinnia® XL will be deployed on GP clinical systems in April 2017. In addition, prescribing support staff will be supporting active switching to this product in GP practices. Community Pharmacists should be aware of a likely reduction in prescribing of ropinirole immediate release tablets and less cost effective brands of ropinirole XL and to monitor demand and adjust stock levels of products accordingly.

Latest NewsIT Developments

Universal Claim Work - continues to introduce a Universal Claim Form (UCF) to replace the myriad of versions already in use with one standardised document that can be used for all claims. Currently being trialled in one Health Board area, it is anticipated the finalised version will be fully functional from June 2017 to allow this process to be managed electronically thereafter. A cautionary note however, that if you are considering upgrading or replacing your PMR supplier, please check with your PMR supplier in the first instance (all have details) or Catherine Scoular that your new system has functionality to link with this new software

Virus Software – you may be aware that the current arrangements in the provision of virus software to community pharmacies will come to an end on 31 March 2017. From 1 April 2017, contractors will be responsible for sourcing their own software of a comparable standard to ensure continuity of contracted services. A number of PMR providers already provide free software as part of their contractual agreement whilst others may charge for this facility. Whilst it remains the contractor's responsibility to have this type of safeguard in place, you are strongly recommended to check whether any product being considered is compatible with your PMR system and provides an acceptable level of protection

NHS CIRCULAR: PCA (P)(2016) 15 - SUPPORTING CONTINUOUS IMPROVEMENT & CLOSER PARTNERSHIP WORKING

A gentle reminder of key dates within the above Circular relating to the availability of additional funding for Quality Improvement (QI) activities and closer collaborative working with GP practices. The Circular gave details of specific activities where payment would be made with several elements requiring evidence of completion by the end of March to qualify.

Activity A: Understanding Improvement – knowledge: relates to the 6 Quality Improvement modules which must be completed **by 31 March 2017**. An alternative option you may wish to consider is to use the following link instead of the one listed in the Circular which doesn't appear to allow self-selection of modules –

<http://www.scottishpatientsafetyprogramme.scot.nhs.uk/programmes/primary-care/pharmacy-in-primary-care/understanding-improvement-building-safety-culture>

You are also encouraged to maintain a record of activity relating to QI work which you may be asked for as evidence of participation. Best practice would suggest this should be maintained as a matter of routine and completed on a regular basis. You will also be aware that the declaration indicates that the principles and training requirements apply equally to all employed pharmacists as well as the contractor and therefore training requirements for regular locums or second pharmacists should also have been considered.

Activity B: Building a Safety Culture – space, time & context: relates to completion of the two practitioner level modules specified in the Circular in preparation for undertaking the Safety Climate survey. Attendance at any of the QI events will contribute towards the evidence for Activity B. This should also include evidence of efforts made to comply with other criteria – creating space and time for reflective practice and peer discussion in relation to continuous improvement

Activity C: Undertaking the Safety Climate Survey – Pharmacy: this remains a priority theme for 2016-17 to be completed **by 31 March 2017**. New contractors or those with limited experience in improvement methodology have until 30 September to submit their declaration. However, irrespective of status, all contractors must submit a completed copy of Annex C by 31 March 2017 confirming level of completion.

Pharmacies participating in the Scottish Patient Safety Pharmacy Collaborative (SPSP PC) pilot work, do **not** need to complete activity A and B

but must participate in the Safety Climate Survey by 31st March 2017 and should submit the data on warfarin and medicines reconciliation as evidence of Activity C and D). Area managers responsible for these pharmacies should be aware of the modifications applicable to these 9 pharmacies and are exempt from Activity A and B.

Closer Partnership Working: Development of a medicine reconciliation care bundle aiming to replace the MMY service is now planned to be completed in the coming months. As this delay has been incurred by the Board, no contractor will be penalised and no money will be recovered from this part of the bundle as a consequence. Further details will be issued shortly

Further Opportunity....

NES are hosting a follow up event on the topic of Quality Improvement on Wednesday 23rd March 2017, their offices at **2 Central Quay, Hyde Park Street**, starting at 19.00. This is a further training session to introduce the concept of QI but differs slightly in its content and complements the Board run event held on the 8th March. Recommended that you book early through the NES portal at <https://portal.scot.nhs.uk/> in keeping with established practice

How to get your expired controlled drug stock destroyed!

This article provides details of the required process and best practice to be followed in dealing with the safe and lawful disposal of Controlled Drug (CD) stock that passed its expiry date. A copy of the destruction form (available at www.knowledge.scot.nhs.uk/accountableofficers.aspx) must be completed by pharmacy staff prior to a destruction visit. Entries should be made as the CD stock goes out of date with affected lines kept well segregated from patient returns and in-date stock that will also be stored in the cabinet. Use of the form only applies to Schedule 2 CDs as destruction of items listed as Schedule 3 CDs and can be authorised by pharmacists.

The Controlled Drug Governance Team (CDGT)

should be contacted once **one** copy of the destruction form has been completed or space within your cabinet is at a premium with the form faxed to 0141 201 9388. This registers your request for a visit on the team database which may take up to 6-8 weeks to fulfil although this can be sooner at certain times.

You must ensure you have sufficient quantities of the appropriately sized destruction kits in stock with the capacity to handle the volume of waste listed on the form CD as soon as the form has been sent to the CDGT. Please **keep the kits** specifically designated for this destruction visit quarantined until the CD Inspector arrives.

A member of staff must always be available to complete the destruction process as the CD Inspector must act independently and adhere to the prescribed guidelines as an authorised witness. This means that **reconciliation** of CD registers and **destruction** of CDs can only be done by a member of **pharmacy staff**.

In the unlikely event of destruction being unable to proceed when the CD inspector is in attendance, the request will be re-added to the CD destruction database when a waiting time of 6-8 weeks will again apply.

The CDG Team can be contacted on 0141 232 1774 or by email at cdgovernance@ggc.scot.nhs.uk should you have any further queries regarding destruction or CD handling in general.

Spreading the word.....

In response to comments from those already using or providing the service, a window decal is now available to increase overall awareness of this facility within the general public. Copies are being distributed to community pharmacies currently involved in the Naloxone programme who are asked to display the signage in a prominent position like a front window in order to reach the target audience. Please contact Amanda Laird, Advanced Pharmacist at Glasgow Addictions Service (GAS) on 07557012879 or amanda.laird@ggc.scot.nhs.uk for further details.