Update Community Pharmacy

NHS Greater Glasgow and Clyde

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- **Mistakes do Happen**
- **Blood Borne Virus Testing**
- **Bereavement**
- **Drug Related Deaths**
- **Health Matters**
- **Gluten Free Food Matters**
- **Paracetamol following childhood meningitis B vaccination**
- **MenB Immunisation Programme**
- **Specials Process Update**
- **Discontinuation of Lumigan**
- **Pain Concern**
- **Crushing, Opening or Splitting Oral Dosage Forms**
- **Updates on Retinods**
- **Shared Care Conference**
- **Prescribing in Paediatrics**
- **Hep C Treatment**
- **TheiCal-D3**

Mistakes do happen.

The Royal Pharmaceutical Society (RPS) has developed a Near Miss Error Log and Near Miss Error Improvement Tool, along with supporting guidance, to help pharmacists and pharmacy teams to work through and learn from near miss errors (NMEs). Regular review of NMEs and action taken can prevent similar mistakes from happening in the future. The Society has produced this guidance to support clinical governance in pharmacy, and to promote an open culture of recording of NMEs so that all pharmacy staff can reflect and learn from the process.

Full details can be downloaded from the RPS website through the following link

http://www.rpharms.com/support-pdfs/near-miss-error-log-and-table.pdf

Blood Borne Virus Testing in Community Pharmacies Pilot

A pilot scheme to assess the feasibility of providing a blood borne virus testing facility in Injecting Equipment Providing (IEP) Pharmacies is currently underway involving the following locations. Pharmacy staff obtain a small sample of blood from the patient which is sent to the Board's labs to test for Hepatitis C and/or HIV infection. Of particular interest has been activity within the two pharmacies in Glasgow city centre. The provision provides an opportunity for those patients who may not routinely access other NHS services apart from a community pharmacy. Results are communicated back to patients by the pharmacist who can refer directly to secondary care and third sector specialist networks. The service appears to have been well received by both patients and clinicians recognising the ability to identify previously undiagnosed infection and offer effective treatment options at an earlier stage.

Sites

Abbey Chemists 144 Trongate Glasgow G1 5EN	**Rowlands Pharmacy** 210 Springburn Way Glasgow G21 1TU
Boots Pharmacy Queen St Station, Dundas St Glasgow G1 2AF	**Glenburn Pharmacy** 2-4 Skye Crescent Paisley PA2 8EL
Dickson Chemists 1024 Tollcross Road Glasgow G32 8UW	**E R McAnerney** 182 Dunlop Street Greenock PA16 9DP
Hughes Chemist 16-18 Admiral Street Glasgow G41 1HU	**Still Chemist** 6 Cumberland Walk Greenock PA16 0UD
L G Pharmacy 476 St Vincent St Glasgow G3 8XU	

Community Pharmacy Development, Queens Park House, Victoria Infirmary, Langside Road, G42 9TT Tel: 0141 201 5311. Email:GG-UHB.cpdevteam@nhs.net

Bereavement through substance misuse

Three years ago the University of Bath's Centre for Death and Society and the University of Stirling received funding from the Economic and Social Research Council (ESRC) to collaborate on a study focusing on understanding and responding to the needs of families bereaved from an alcohol or drug-related death. Often these families are left to cope with a loss that tends to be unacknowledged, misunderstood and stigmatised by society.

The recently published guidelines, **Bereaved through Substance Use,** are based on the first GB wide research project focusing on the experiences of adults who have been bereaved after a drug or alcohol-related death and are for those whose work brings them into contact with adults in this way.

Interviews and focus groups involving affected family members identified both the challenges bereaved individuals face in their contact with various services, and the pressures and constraints under which workers and professionals often work. The information gathered resulted in the development of practice guidelines aimed at all workers from drug practitioners, GP's to funeral directors to name but a few.

The research found that these deaths are particularly difficult to cope with and that those left behind have mixed experiences of the services they have to deal with. While some reported positive experiences, others experienced poor, unkind, often stigmatising responses, which added to their distress and left them feeling alone, confused, hurt and angry at an already very difficult time. Evidence of poor practice included practitioners not understanding the issues faced by families which these Guidelines aim to address. Poor care can exacerbate and prolong families' distress whilst sensitive and appropriate care is more likely to have a positive and long lasting effect.

The guidelines can be accessed at the following link: http://www.bath.ac.uk/cdas/documents/bereaved-through-substance-use.pdf

And feature these 5 key messages:

- **Show kindness and compassion** – treat them with empathy and respect. Regardless of role/position and duties remember you are dealing with another human being at a particularly vulnerable time
- **Consider your language** – language can marginalise, stigmatise and pass judgment.
- **Respond to the bereaved person as an individual not a category** - people's experiences and needs are diverse, e.g. do not make assumptions about who is directly affected by the death /who may need support; or about the deceased person's life.
- **It's everyone's responsibility** – do not use the excuse that it's someone else's job. Do what you can to help the bereaved person find out what they need to know/do next - challenges current fragmentation of services and links to final message.
- **Work together** – to create a joined-up response.

Number of drug-related deaths rise 72 per cent in a decade

Drug-related deaths in Scotland – at 613 deaths in 2014 (86 more than in 2013) - have reached their highest number on record, according to latest official figures from the National Records of Scotland.

The figure, which has risen for the first time in three years, represents the largest number ever recorded, up 72 per cent on a decade ago. Although changes in the classification of drugs, e.g. tramadol becoming a controlled drug in June last year, contributed to the rise, heroin and/ or morphine potentially contributed to the cause of 309 deaths, while methadone was implicated in 214 deaths, fewer than in any of the previous years.

The number of deaths involving novel psychoactive substances (NPS) was up one to 114, with 62 of these cases in which NPS was implicated, up two on 2013. NPS were believed to have been the sole cause of death in seven of the 62 cases

Just over a third of all drug-related deaths last year involved individuals aged between 35 and 44, while the number of 15 to 24 year olds who died rose from 32 in 2013 to 46 last year.

A full copy of the report can be accessed through the following link – http://www.nrscotland.gov.uk/files//statistics/drug-related-deaths/drd14/drugs-related-deaths-2014.pdf

Health Matters – Conversations about change

Community pharmacists and their teams will often have the opportunity to talk to patients and customers about lifestyle choices and how these can impact on health and wellbeing. NHS GGC has developed specific training to support person centred methods of talking about and supporting health behaviour change. The training is delivered through a four hour interactive session with the following objectives –

- Identify factors which influence decisions to change and consider health equalities
- Introduce communication skills including open questioning, reflecting, giving feedback and summarising
- Describe the range of services that can provide support toi individuals to enable lifestyle change
- Identify opportunities within your own pharmacy to incorporate conversations about change

Course are provided between 09.15 and 13.15 on the first Wednesday of each month from the following locations

04/11/15	Campanile (City Centre)
02/12/15	Vale of Leven Health & Care Centre
06/01/16	Adelphi Centre, Gorbals
03/02/16	Eastbank Health Promotion Ctr, Shettleston
02/03/16	Campanile (City Centre)

The course is free to attend although travel and locum costs need to be met by the applicant. Full details are contained in the leaflet accessible through the following link – http://www.staffnet.ggc.scot.nhs.uk/Acute/Division%20Wide%20Services/HPHS/Documents/Health%20Matters%20L1%20Flyer%20V%201%200.pdf

Gluten Free Food Service

NHS Circular: PCA (P) (2015) 24: Additional Pharmaceutical Services – Outcome of Review of the Gluten Free Food Serice.

NHS Circular: PCA (P) (2015) 24 announced that the Gluten Free Food Service (GFFS) is to continue being provided by community pharmacies that have opted to deliver the service. The GFFS will be a permanent service within the NHS Scotland community pharmacy contract arrangements from 1 October 2015. Evaluation of the service has demonstrated a high level of satisfaction with the GFFS. A range of issues and suggested improvements highlighted in the report will be taken forward by the Scottish Government in conjunction with Health Boards over the coming period. A further evaluation of the annual pharmacy coeliac health check will be carried out within the next 12 months. The full review report has been published at http://www.gov.scot/Publications/2015/09/4234 and the Scottish Government response to the recommendations contained in the report can be accessed at http://www.gov.scot/Publications/2015/09/5884.

NHS Greater Glasgow & Clyde Gluten Free Formulary - October 2015

This formulary has recently been updated. In line with other Health Boards' formularies, sweet biscuits have been removed. Community pharmacists should therefore, not supply sweet biscuits as part of GFFS and should advise patients to purchase these if still required

The patient order form has been replaced with an adapted version of the new formulary which should be given to patients to complete for their monthly order. The new form is simpler to complete as patients are only required to indicate the quantity needed for their selected products up to their monthly unit allocation.

Hints & Tips

CPUS forms –all CPUS forms for the GFFS **must** have the patient's CHI and GP practice code included on the form.

Other Health Boards – some of our pharmacies, particularly those on the Health Board boundaries or in the city centre locations, may be asked to sign up patients who are registered with a GP in another Health Board. Regardless of where the patient or their GP resides, the NHS GGC formulary should be used for product selection purposes.

Annual Health Check Feedback Letter – once you have completed the annual health check for adult patients with Coeliac Disease, pharmacists are reminded to communicate the results to the patients' GP.

Weighing Scales – for weighing scales, you are recommended to purchase a Class 3 scale.

GP10 Prescriptions – patients who opt in to the service may be given a GP10 for a final supply of products and will commence using the pharmacy service from the following month. However, any GP10s presented for GFFS registered patients after the first month should not be dispensed and the practice contacted. GP practices have been advised to remove GF products from the patient's repeat list once the registration form is sent to the community pharmacy.

Further information including the new formulary and patient order forms can be accessed at http://www.staffnet.ggc.scot.nhs.uk/Acute/Division%20Wide%20Services/Pharmacy%20and%20Prescribing%20Support%20Unit/Community%20Pharmacy/Pages/NewGlutenFreeFoodService.aspx

Ongoing advice and support is also available by contacting the prescribing support dietitians/ pharmacist on 0141 201 5214 or 0141 201 5427

Provision of paracetamol in advance of or following childhood meningitis B vaccination under the Public Health Service (PHS) from community pharmacy

NHS Circular PCA (P) (2015) 25 *Community Pharmacy: Public Health Service provision for prophylactic antipyretic (paracetamol) following the Meningococcal Group B vaccine; and other childhood vaccinations* gave details on the supply of paracetamol as a prophylactic antipyretic in advance or following childhood meningitis B vaccination under the PHS available through community pharmacy.

A PGD specifying the use of paracetamol as a prophylactic antipyretic only in these circumstances is currently in circulation and once signed by a community pharmacist authorises the signatory to make a supply outwith the product's SPC. Community pharmacists can provide infant paracetamol 120mg/5ml for any infant under one year of age in advance of or after receiving Bexsero® vaccine and that three 2.5ml doses can be given prophylactically contrary to the advice given previously. This revised arrangement does not apply to any other situation where an infant may have a fever since use of paracetamol may mask a more serious underlying condition

Overview re. supply of oral syringes and bottle adaptors for new MenB immunisation programme

NHSGGC has received an initial allocation of oral syringes and bottle adaptors from the National Distribution Centre (NDC) with Community Transport tasked to deliver one box of oral syringes (each box contains 100 syringes) and one bottle adaptor to each main GP practice across Greater Glasgow and Clyde by 1 September. Branch practices have not received a direct delivery and main practices are asked to share at this initial stage although one bottle adaptor will be delivered to each branch practice.

NHS Circular (P)(2015)17 – Specials Process Update

Scottish Government recently updated the authorisation process for "Specials" and unlicensed imported medicines for Scotland in an attempt to minimise the differences between Boards allowing for a more consistent approach to the procedure and decision-making process. For GGC contractors, the changes are listed below:

- Do not submit copies of Certificates of Analysis or Certificates of Conformity to the Health Board but retain within the community pharmacy.
- Authorisations are now valid for a period of 12 months.
- Re-authorisation must be re-sought if the price increases by >20% (or if anything changes on the prescription).
- Appeals for any monetary recovery should be made to the Health Board within 28 days of receipt of the letter of intent.
- Authorisation is not required if the product is available from a NHS manufacturing unit within Scotland, England or Wales. Details of these NHS PMU are found at the back of the BNF and include Huddersfield Royal, Newcastle Royal and Torbay NHS Trust. This does not include Oxford Pharmacy Stores.

All other aspects, including authorisations for specific drugs, at specific strengths for specific patients, remain the same.

An updated individualised report of all patients/ drugs where authorisation has been granted in the past 2 years will shortly be circulated to pharmacy contractors. In line with the changes highlighted above, these authorisations will remain valid until September 2016.

Any questions regarding these changes in process should be directed to the Central Prescribing Team on 0141 201 5216 for the attention of Elaine Paton.

Discontinuation of Lumigan® 0.3mg/ml (0.03%)

Lumigan® 0.3mg/ml (bimatoprost 0.03%) eye drops for the treatment of glaucoma have now been discontinued in the UK although the lower strength preparation containing Bimatoprost 0.1mg/ml (0.01%) remains available.

Patients will be switched from 0.03% strength to the 0.01% strength by their GP. They should still continue to use the **same number of drops** at the same time of day as before as the lower strength has been shown in clinical studies to have the same efficacy as the discontinued product.

Patients receiving Bimatoprost 0.03% unit dose eye drops (preservative free) are unaffected as this formulation has not being discontinued. These drops should only be used for those patients who have a proven sensitivity to benzalkonium chloride in accordance with SMC guidance.

Community pharmacists are asked to be aware of this change and counsel patients accordingly, ensuring that the correct strength and dosing instructions are prescribed and dispensed.

Pain Concern

NHS GGC & Pain Concern have recently developed new educational sessions for patients with chronic pain and leaflets advertising these sessions have recently been disseminated to GPs via the Prescribing Support Team.

Each session has been developed, tested and refined by the NHS GGC Pain Management Programme (PMP) and the NHS GGC Chronic Pain MCN to deliver early evidence-based information on self-management. Designed as single one-off sessions lasting two hours, the programme will cover a number of aspects including understanding pain; activity management; the management of sleep problems; stress management; flare-up management; and comparing and contrasting medical vs self-management. The sessions are delivered by trainers who have chronic pain, and who have come through the PMP as participants. They are trained and supported by NHS GGC and Pain Concern.

Feedback from sessions has been very positive with 93%of patients saying they would recommend the session to others with chronic pain. Presentations on understanding pain and managing activity were rated as good, very good or excellent by 95% of participants. Patient quotes included;

"A very useful session."

"It is very worthwhile for understanding pain. Feel I can come to terms with my pain. Would enjoy coming to another session."

"It gave an insight into pain and many ideas for coping strategies. Speakers were excellent, friendly and using plain language."

The sessions are run monthly and patients can book a place or register their interest by texting or phoning the contact details given on the leaflets. Healthcare practitioners and carers are also welcome. Classes are already running in Possilpark HC, (3rd Monday of each month 16.00 until 18.00), Clydebank HC (last Thursday of each month, 17.00 until 19.00) and The Vale Centre for Health and Social Care (first Monday of each month, 13.30 until 15.30). In the near future, sessions will also be from the following locations -

Easterhouse Health Centre - from Tuesday 13th October with classes running from 10am until 12 midday, on every second Tuesday of each month.

Shields Centre from Wednesday 28th October - 5.30 until 7.30pm and on the last Wednesday evening of each and every subsequent month.

Renfrew classes will follow shortly. Further classes will be rolled out subject to patient need, demand, venue availability and capacity. Patients are strongly

Pharmaceutical Issues when Crushing, Opening or Splitting Oral Dosage Forms

It is important to recognise the potential consequences of manipulating a medicinal product. As with the preparation of Specials, the crushing or splitting of dosage forms will be an unlicensed use of the medicine (unless this form of manipulation is covered by the product's Marketing Authorisation[1]).

Changing the way in which a dosage form is presented can alter its absorption characteristics, result in medicines instability, produce local irritant effects, cause failure to reach the site of action, may produce occupational health and safety issues, and could result in a preparation with an unacceptable taste. These considerations may apply equally to:

- unlicensed specials ;
- splitting or halving tablets;
- crushing of tablets ;
- opening of capsules;
- administration through enteral feeding tubes e.g. PEG tube

It is recognised that the use of medicines that are unlicensed, off-label, or specials may be necessary in order to provide the optimum treatment for some patients. Use of off-label products is recommended in preference to the use of specials. When patients are unable to take medicines in licensed solid oral dosage forms, this should prompt a medication review. Consideration of alternative licensed, off-label/off-license and unlicensed options should be done on an individual basis, and include review of ongoing requirement for the medication, the practicalities of administration, and consideration of changing to a different medicine in the same therapeutic class. For more information on unlicensed and off label use of medicines please visit NHS Greater Glasgow and Clyde Guidance

When considering splitting or crushing tablets, there are certain types of dosage form that should never be split or crushed and for more information visit RPS Guidance

In addition to the above considerations those preparing multi-compartment Compliance Aids (MCAs) should bear in mind that the removal of a medicine from the manufacturer's original packaging and its repackaging e.g. into an MCA will be an unlicensed use of the product which will impact upon the stability of the medicine and increase the level of responsibility for decisions made, risks and liabilities. For more information visit RPS MCA Guidance.

It would be considered good practice for the community pharmacist to discuss any identified issues with the prescriber. The information contained within this article is for awareness and consideration in relation to your own pharmacy practice.

1 RPS guidance on Pharmaceutical Issues when Crushing, Opening or Splitting Oral Dosage Forms
http://www.rpharms.com/support-pdfs/pharmaceuticalissuesdosageformsjune-2011.pdf

IMPORTANT - ADVICE UPDATE ON SUPPLY OF RETINOIDS FROM COMMUNITY PHARMACIES

You will recall previous guidance being issued regarding the supply of retinoid preparations from community pharmacies following the closure of the pharmacy at the Western Infirmary. This update is provided following receipt of guidance from the MHRA. However, it does recognise that it may not be convenient for all patients to obtain their medicines from a hospital pharmacy, particularly for those who may be prescribed these medicines in the community under shared care arrangements with consultant dermatologists. If community pharmacies receive requests for retinoids these can be supplied. Isotretinoin and Alitretinoin have additional educational brochures including a checklist for dispensing which Pharmacists must follow when dispensing these products and particularly the requirements associated with the pregnancy prevention program when the patient is female. Identical educational material is supplied by each of the marketing authorisation holders and additional copies can be supplied on request. It is not recommended that community pharmacies hold these medicines as a routine stock item unless they are meeting specific patient's requirements. Additional information can be downloaded through the following links

http://www.alliancepharma.co.uk/alliance/dlibrary/documents/PharmacistsGuidetoDispensingIsotretinoin.pdf

https://www.gov.uk/government/publications/isotretinoin-for-severe-acne-uses-and-effects/isotretinoin-for-severe-acne-uses-and-effects

https://www.gov.uk/drug-safety-update/oral-retinoids-pregnancy-prevention-reminder-of-measures-to-minimise-teratogenic-risk

GLASGOW ADDICTION SERVICES
TREATMENT, CARE AND SUPPORT WHERE IT'S NEEDED

Shared Care Conference – 17 November, Hampden Park

The next GAS Shared Care Conference will be held on 17 November at 19.00 (buffet from 18.00) in the Conference Centre at Hampden Park. With an overarching theme of Recovery and Risk, the conference will consider how service users on opiate replacement therapy (ORT) can be safely supported into recovery. Community pharmacies already play a significant role in supporting patients in recovery. The conference provides an opportunity to learn of developments in this area and to contribute a pharmacy perspective to the ensuing debate. It also provides an opportunity to network with other health and social care colleagues who work in this speciality. Completed registration forms should be returned to Audrey Robson who can provide more details on 0141 800 0660 and audrey.robson@ggc.scot.nhs.uk

Prescribing in Paediatrics - Vigilance required with medicines available in a range of strengths.

Key points

1. A number of serious incidents have resulted when different strengths of liquid preparations were prescribed/ dispensed.
2. For prescribing, important to state the dose of liquid medicines in terms of the dose required, i.e. as the number of micrograms, milligrams or grams rather than the volume.
3. If different strengths are supplied in community to that provided in hospital, ensure the parents/ carers are advised on the formulation change and the correct volumes to be given

Confusion can arise when different strengths of liquid preparations of the same drug are available, especially when they are unusual drugs that are less familiar to GPs and community pharmacists.

For examples: Did you know?

- Furosemide is available as a liquid preparation in four different strengths: 5mg/5ml, 20mg/5ml, 40mg/5ml and 50mg/5ml.
- Spironolactone is available in five different strengths: 5mg/5ml, 10mg/5ml, 25mg/5ml, 50mg/5ml and 100mg/5ml.

Several incidents have occurred with the liquid formulations of diuretics. For example, a patient was discharged from the children's hospital on furosemide 6mg three times a day and spironolactone 6mg three times a day. The strength of furosemide dispensed from the hospital was 20mg/5ml and spironolactone was 50mg/5ml. In community the patient received furosemide 5mg/5ml and spironolactone 5mg/5ml strengths but instructions for administration was not changed by the community pharmacy to reflect the change in strength. This meant doses of 1.5mg furosemide three times daily and 0.6mg spironolactone three times daily were given. The patient was clinically well despite the significant under dosing. However a similar incident occurred which lead to admission to intensive care. The main contributory factor to these errors was medicines being prescribed in volume rather than actual dose.

Recommended actions

- Be aware that a number of preparations are available in different strengths, some of which are licensed and some not.
- Where possible, only prescribe a formulation recommended by the specialists.
- If you have to supply a different strength, ensure the parents/ carers are aware of the formulation change and the correct volumes to be given.
- If an unfamiliar drug is recommended by secondary care, or appears on a prescription, take steps to familiarise yourselves with the drug.
- Take care when selecting preparations on computer systems.

And finally

- For prescribing, ensure you state the dose of liquid medicines in terms of the dose required, i.e. as the number of micrograms, milligrams or grams rather than the volume.
- For dispensing, ensure you state the dose in volume so parents/ carers know much is to be given.
- Ensure communication for ongoing prescribing by GPs or others in primary care includes clear information on the strength of the preparation, the intended dose and the required volume.
- Ensure that a range of oral syringes are stocked to facilitate safe and accurate administration of liquid preparations.

Hepatitis C Treatment - ***Submit Those Scripts***!

Analysis of dispensing figures of scripts for treatment of Hepatitis C indicates that a number of contractors have not submitted prescriptions for payment. In considering the very high cost of drugs used to treat hepatitis C, contractors are requested to submit prescriptions as soon as possible after the last instalment is dispensed.

The recoveries of advance payments made to independent contractors are set at the outset and are unrelated to the submission of completed prescriptions to NSS. Prompt submission of completed prescriptions would avoid the situation of contractors being left considerably out of pocket due to late submission of completed prescriptions

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TheiCal-D3®

TheiCal-D3® chewable tablets (containing 1000 mg of calcium and 22 micrograms of colecalciferol per tablet) have recently been added to the NHSGGC *Formulary* preferred list. The higher content of calcium and vitamin D per tablet compared to other brands confers the advantage of once-daily dosing. The tablets can also be halved if needed.

TheiCal-D3® is licensed for the prevention and treatment of Vitamin D and calcium deficiency in the elderly and as an adjunct to specific osteoporosis treatments of patients at risk of vitamin D and calcium deficiency.

ScriptSwitch® messages will be active from the end of October to alert prescribers to the formulary choices, giving the opportunity to switch patients' calcium and vitamin D supplements when initiating a new acute or repeat prescription, or re-authorising a repeat.

Community Pharmacists are advised to be aware of a potential reduction in prescribing of other brands of calcium and Vitamin D supplements, and to monitor demand and stock levels of products accordingly.