

PostScript - Primary Care

February 2009

DRUGS FOR ERECTILE DYSFUNCTION:

Drug treatments for erectile dysfunction (ED) may only be prescribed on the NHS under certain circumstances. They may be prescribed in primary care to treat ED in men who:

- ✓ have diabetes, multiple sclerosis, Parkinson's disease, poliomyelitis, prostate cancer, severe pelvic injury, single gene neurological disease, spina bifida or spinal cord injury
- ✓ are receiving dialysis for renal failure
- ✓ have had radical pelvic surgery, prostatectomy (including transurethral resection of the prostate), or kidney transplant
- ✓ were receiving Caverject, Erecnos, MUSE, Viagra or Viridal for ED at NHS expense on 14th September 1998.

These prescriptions must be endorsed 'SLS'.

ED treatments may also be prescribed on the NHS if the condition is causing severe distress by **specialist centres** only. The BNF gives criteria to consider when assessing distress. GPs may not prescribe for severe distress but may consider referral to a consultant.

We are often asked for advice on recommended quantities to prescribe for ED. Health service circular HSC 1999/148 advises

that one treatment per week will be appropriate for most patients, however prescribers may exercise their clinical judgement should a patient request more than this. Drugs for ED may have a street value and the issue of diversion should be borne in mind when considering prescription quantities.



OSTEOPOROSIS GUIDELINES:

Alendronate is the drug of first choice on the NHS Greater Glasgow and Clyde [Osteoporosis Prescribing Flowchart](#) for patients requiring treatment or prophylaxis of osteoporosis. For patients who cannot tolerate alendronate due to dyspepsia (after addition of a PPI) risedronate is the second-line drug recommended. Post-menopausal women over 75 years or women at equivalent risk who cannot tolerate either bisphosphonate may be prescribed Strontium Ranelate as a third-line treatment.

Patients who may be referred to the Direct Access DEXA Service (DADS) to screen for osteoporosis include:

- ✓ ≥50yrs with previous or new fracture
- ✓ ≥60yrs female with menopause ≤45yrs
- ✓ ≥60yrs with kyphosis
- ✓ ≥60yrs with family history in 1st degree relative of fracture ≥50yrs /osteoporosis/kyphosis
- ✓ Patient on prednisolone 5mg or more daily for 3 months or more
- ✓ Female on Depo-Provera for 5 years or more if DEXA will influence use

Patients with and at risk of osteoporosis should also be prescribed a calcium and Vitamin D supplement. Formulary choices are: Adcal D3 tablets, Calcichew D3 Forte tablets, Calceos or Calfovit D3 Sachets.

COUNTERFEIT MEDICINES: The MHRA together with several health charities and Pfizer have launched a publicity campaign to raise awareness of the problem of counterfeit medicines. The World Health Organisation (WHO) definition of counterfeit medicines:

“deliberately and fraudulently mislabelled with respect to identity and/or source. Counterfeiting can apply to both branded and generic products. Counterfeit products may include products with the correct ingredients or with the wrong ingredients, without active ingredients, with insufficient active ingredients or with fake packaging”

The WHO estimates that about 10% of all medicines available around the world are counterfeit. In the UK only a small number of counterfeit medicines have reached the legitimate supply chain since August 2004 with the vast majority outwith. The MHRA will take regulatory action where breaches are identified which may result in revoking licences or instigation of criminal proceedings. If a counterfeit medicine is suspected contact the MHRA on 0207 084 2574.

COMMUNITY PHARMACY CONTRACT DEVELOPMENTS

The new contract for community pharmacy came into effect in April 2006 and was the beginning of a change for the way community pharmacy services would be delivered and remunerated. The contract itself consists of four core elements which are delivered from every pharmacy in Scotland. In addition, there remains a facility for local Boards to negotiate and secure additional, or locally negotiated services including provision of oxygen services, substitution therapy and needle exchange. The four core elements are:

- Minor Ailment Service (commenced July 2006)
- Public Health Service (commenced July 2006, updated August 2008)
- Acute Medication Service (IT roll out commenced April 2008, work ongoing)
- Chronic Medication Service (timelines to be announced by Scottish Government in near future)

MINOR AILMENT SCHEME (MAS): Patients can register with a community pharmacy of their choice for MAS if they are eligible for free prescriptions due to age or income, are registered with a GP in Scotland and not resident in a care home. This includes a consultation with the pharmacist who can give advice only, provide advice and prescribe an item, or if appropriate, refer the patient to a GP. Patient expectation is managed within the pharmacy and any supply made is recommended to be in line with local formulary guidance.

Some medical practices offer a triage service for patients who request an emergency or same day appointment. MAS offers an additional alternative to consider for eligible patients with an option for referral to a community pharmacy of their choice. This service requires the pharmacist to consult with the patient where a diagnosis will be made and a suitable formulary product may be supplied. In all instances, patients presenting with a more serious condition which would not be considered as minor would be referred to their GP.

If the patient has had a consultation in the surgery with a GP or nurse, then referral to the community pharmacist is not appropriate. Leaflets detailing the service are available for display in your medical practice. Glasgow practices should order these from Annette Robertson at Primary Care Distribution, Clutha House; Clyde practices can order direct from Banner Business Supplies Ltd on 01506 448410, fax 01506 448400 or email Eleanor.russell@bbslimited.co.uk

PUBLIC HEALTH SERVICE (PHS): This was developed to support community pharmacists' role as public health practitioners and originally consisted of participation in national public health campaigns; health advice areas within the pharmacy and provision of health promotion/awareness advice. In August 2008, this was expanded to include the provision of smoking cessation and sexual health services. The previous Smokefree Pharmacy service has now been amended to incorporate the changes brought by the national service though patients will see no difference in the service they receive.

In terms of sexual health, the majority of community pharmacies are now able to offer free provision of emergency hormonal contraception to females aged 13 and over using a Patient Group Directive. Early indications have been encouraging and work will continue to monitor and support these new services.

ACUTE MEDICATION SERVICE (AMS): In its simplest terms, this service involves the electronic transfer of prescriptions from GP practices to community pharmacies. When prescriptions are printed at the medical practice, an electronic message is sent to PSD and a barcode is added to the face of the prescription. When the prescription is presented for dispensing, the barcode is scanned and the electronic message is retrieved.

Please note - If an item is deleted from a patient record a message is sent to the store. When the message is downloaded by a pharmacy they will be informed of the cancellation. It is therefore important that if a script requires amendment eg an additional item, the user should delete the original prescribed entries from the patient record, destroy the script and re-prescribe and give the replacement GP10 to the patient. This will ensure that the correct instance includes the cancellation message and the script can be dispensed without delay. Whilst the GP10 form remains the legal document for the prescribed items, the underpinning IT will allow for faster processing of prescriptions and may reduce transcription errors.

CHRONIC MEDICATION SERVICE (CMS): Details of this service are still awaited from Scottish Government. Early indications suggest that this will be a phased introduction incorporating a managed repeat element and a pharmaceutical care component, again being supported with underpinning IT linking to the GP practice and community pharmacy.

Further details of community pharmacy services can be obtained from the Community Pharmacy Development Team by emailing us at: GG-UHB.cpdevteam@nhs.net or contacting the office on 0141 201 5528.

Produced by The Prescribing Team, NHS Greater Glasgow & Clyde,
Pharmacy and Prescribing Support Unit, Queen's Park House,
Victoria Infirmary, Langside Road, Glasgow G42 9TT
Tel: 0141 201 5214/5215/5216 Fax: 0141 201 5217
email: prescribing@ggc.scot.nhs.uk