

PostScript - Primary Care

June 2010

PHARMACIST ORAL CONTRACEPTIVE CLINIC:

A new pharmacist independent prescriber (IP) oral contraceptive clinic commenced in Boots, Central Station on the 8th May in collaboration with Sandyford Services. It aims to compliment the services provided by Sandyford by providing a walk in and appointment based clinic twice monthly on a **Sat 12-4pm and Thurs 6-8pm** when Sandyford does not provide such a service. The clinic intends to extend its access times depending on demand. The IP pharmacist can both initiate oral contraceptives and provide repeat prescriptions and will carry out BP checks and other necessary monitoring. A letter will be sent to the patient's GP informing them of the contraceptive prescribed. The pharmacist will work with Sandyford and GPs by referring those patients who cannot be seen due to medical conditions, medical history or medication. For more information please contact 0141 221 7107.

GP10A ORDERS FOR CONTROLLED DRUGS:

It is a legal requirement to keep full records of all CD stock movements. Inspections within GP practices show that this is not happening and that it can be extremely difficult to track movement of stock. This has often been compounded by practices having little control over GP10A forms, not keeping copies of orders and therefore being unable to account for who has ordered stock.

QUININE FOR NOCTURNAL LEG CRAMPS:

The MHRA have recently advised that Quinine should **not** be routinely prescribed for nocturnal leg cramps, that it should only be prescribed:

- If cramps cause regular dysfunction of sleep
- If cramps are very painful or frequent
- When other treatable causes of cramp have been ruled out
- When non-pharmacologic measures such as stretching have failed

They advise that after a trial of four weeks treatment, if of no benefit it should be stopped.

Quinine has been associated with thrombocytopenia and patients should stop taking if signs of this occur eg bleeding, bruising. Other serious side effects include impaired hearing, tinnitus and disturbed vision. Prescribers should review their patients currently prescribed quinine for leg cramps, and review whether it is required. See:

<http://www.mhra.gov.uk/Publications/Safetyguidance/DrugSafetyUpdate/CON084655>

The following options may be used:



1. Each GP requiring CDs should order on their own GP10A and make records in their own register of stock received and used.
 - This is the easiest option for tracking stock movement, but is often impractical as use is low so could lead to increased wastage and difficulties in storage.
2. One GP orders stock for a central shared stock holding / emergency bag.
 - This central stock has a register showing the stock received and then all outwards transactions to the individual GPs. The GPs' own registers show the stock received from the central stock holding.
 - Any emergency bag containing CDs should also have a CD register which documents all stock movement.
3. One GP orders stock which is then shared between the partners.
 - There must be appropriate records showing receipt by the GP who ordered the stock and then records of transfers to other GPs.

Regardless of the system used, where stock is ordered for non-principals, eg registrars, locums or others who do not have their own GP10A the transfer must be recorded to allow full audit trail to be kept. Transfers to practitioners who are not part of the practice should ideally include the GMC reference number.

COMMUNITY PHARMACY CHRONIC MEDICATION SERVICE

The fourth and final component of the new community pharmacy contract, Chronic Medication Service (CMS), commenced its roll out across Scotland in May. CMS has been developed to support patients with long term conditions by improving their pharmaceutical care and for the community pharmacists to work more closely with general practice staff in a patient centred approach. Main drivers for the service are:

- ❖ Designed to improve patient journey, reduce errors, increase/improve compliance and concordance and help contribute to reduction in hospital admissions/readmission due to medication errors
- ❖ Will focus upon pharmaceutical care planning to improve patients' compliance, concordance and understanding of their medicines in a documented fashion
- ❖ Future capacity to incorporate serial dispensing for suitable patients in partnership with the patient's GP.

Initially, community pharmacists will be registering and providing CMS care to up to 50 patients. This is to enable all parties and stakeholders to become familiar with new ways of working and software changes. It is anticipated that GP systems will not receive any registration messages until end of July/early August but confirmation is still to be given from SGHD.

It comprises three stages:

1. **Patient registration** with a community pharmacy of their choice. Each patient must meet three eligibility criteria and sign an explicit consent form as part of this process. Each registered patient will complete a patient profile with the community pharmacist which will help identify prioritisation for care planning. GP systems will receive a message alerting them to a patient registration for the service.
2. **Pharmaceutical care planning** stage identifies any care issues and provides the opportunity for the pharmacist and patient to agree outcomes to addresses these issues. At present, the focus is on compliance and concordance of patients with their medications. Both the patient profile and care planning will be carried out using a web-based tool, Pharmacy Care Record (PCR), which has been developed to support the service.
3. Therapeutic partnership involves **serial dispensing component**. GPs will have the option to produce a serial prescription for registered CMS patients for 24 or 48 weeks duration. The GP will also state the dispensing interval for these items and there will be an electronic message into the GP system to alert them once a dispensing episode has occurred. This will update the patient record and Emergency Care Summary data. Initially, it will only be patient exempt from prescription charges based on age and medical exemptions who will be eligible for serial scripts (until NHS charges are abolished in April 2011, thus removing any potential changes in income exemption status)

An end of care summary will be produced once the 24 or 48 week period is over so that the GP is aware of the care provided to the patient during this time. It may also contain an alert/prompt for another serial prescription.

The service will be supported by a suite of disease protocols for the pharmacist to use during their care planning.

Some exception cases are being developed eg dealing with when required medications, housebound patients so further detail is still awaited.

In addition to NES events, some local sessions with GP forums, PLT events etc are also being organised to share information regarding the service. NES will also be producing resource packs for GPs and Practice Managers which will be available shortly.