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Infection Control Self Audit

Thank you to all those pharmacies who have returned the results of their Community Pharmacy Infection Control self audit which accompanied the guidelines sent out earlier this summer.

Early analysis of the results suggests that community pharmacies are demonstrating good compliance with the guidelines. Some criteria where improvement could still be made include:

Availability of a blood and body fluids spillage kit. Most (83%) of responding pharmacies told us they didn't have one or thought one wasn't necessary. However, an article in the Pharmaceutical Journal recently highlighted the importance of their use when necessary. 'Dealing with accidents in the pharmacy' Pharmaceutical Journal, 2011;286:69-70

Use of a lined lidded foot operated pedal bin for disposal of paper towels. Most (72%) pharmacies didn't have one of these. The use of such a bin is a key to containing the spread of infections such as influenza or Norovirus. They are not expensive and a wide variety of these are available from high street retailers.

Display of the current hand washing guide at the sink area. Few (28%) pharmacies did not display the hand washing guide. Those who don't have a copy can access it on line at http://www.nhsggc.org.uk/content/default.asp?page=s710_6

Staff training on the management of needle stick injuries. Only 39% of pharmacists said their staff had training and 22% thought that this was unnecessary. This type of injury can occur in any pharmacy not 'injecting equipment suppliers' and their appropriate management is very important. A copy of the NHS GG&C policy which explains their management is at http://library.nhsggc.org.uk/mediaAssets/Infection%20Contro/nhsggc_Guideline_for_the_management_of_exposures_to_bloodborne_viruses_2007_10.pdf

If you haven't submitted an audit yet please do so by faxing your response to Val Reilly at 0141 2014949
If you haven't got a copy of the Infection Control Guidelines for Community Pharmacy please contact Val at val.reilly@ggc.scot.nhs.uk

Glasgow Addiction 4- Shared Care Agreement

A recent audit of the Social Care components of the opiate substitute prescribing programme has indicated that greater use should be made of the 4-way Shared Care Treatment Agreement.

The UK guidelines on clinical management in drug misuse state that "as part of the service, there should be systems in place to ensure information about patients can be fed to and from the prescriber and key worker, as well as agreement from the patient that confidential information can be shared between the pharmacist and named members of the multidisciplinary team".

The 4-way Shared Care Treatment Agreement has been in existence for a number of years and is designed to facilitate this information sharing. It has been endorsed by the Area Pharmaceutical Committee and is recommended in the Scottish Government's drug strategy document, "The Road to Recovery"

It is likely that you may be approached by members of the multidisciplinary team as part of their review process and it would be helpful if pharmacists could ensure that this is in place for new patients and reviewed for existing patients.

If you require any further information or advice please contact any member of the Addictions pharmacy team on 0141 276 6600.

Access to Viread® (tenofovir 250mg tablets)

Recently a change in the formulary status of Tenofovir has resulted in difficulties for community pharmacists to access supplies of this medicine for patients and subsequent delays for patients. While previously Viread® (tenofovir 245mg) was a hospital only product, it may now be prescribed on a GP10 for dispensing by community pharmacists. When used to treat hepatitis B, therapy is initiated by hospital specialist but subsequent care and management is transferred to the GP. Patients receiving treatment for HIV will continue to receive their supplies from the hospital pharmacy.

Difficulties have arisen because large wholesalers either do not stock this drug or have it listed as hospital supply only. Community pharmacists should order stock of Viread® from the manufacturer via Central Homecare. All the national multiples have a head office account already set up with Central Homecare (see below). However, independent contractors will require opening an account before orders can be processed.

Refusal to supply is not an option as the patient is receiving NHS treatment. If you are presented with a GP10 for Viread/ tenofovir, please fax an order along with an anonymised copy of the script to Central Homecare on 01420 895940. Orders received before 2pm should be processed that day and delivered within 2 working days.

“Free Condoms” – condom distribution service



The Free Condoms service aims to provide an accessible, quality free condom distribution service across the NHS Greater Glasgow and Clyde area. The service aims to identify appropriate target groups based on identified need around the prevention of HIV, STIs (preventable through barrier methods) and unintended pregnancy. Free Condoms was launched with range of advertising and marketing beginning in June 2011. You may have seen the Free Condoms – Ready to Roll campaign advertising around the health board area.

The service has been designed with user confidentiality in mind. Service users can collect condoms without registration or the need to provide any personal details. The service design also recognises that distributors require a simple, low maintenance method of distribution. Therefore, services involved are not required to monitor distribution or complete paperwork. Training has also been simplified; short staff training sessions can be delivered at distributors premises.

Ordering condom stock is also simple. A simple phone call or e-mail to order stock is all that is required. Condoms are delivered direct to distributors pre-wrapped into packs of 12 ready to be distributed. Additionally, resources such as ‘choice cards’, posters and window vinyl stickers are available. The service is supported by a web-site - www.freecondomsglasgowandclyde.org. Condom ‘pick-up-points’ are advertised on the web-site and this includes information on opening hours, address and map location.

Since launching, the number of agencies involved in distribution has increased greatly (from 120 in January 2011 to a current total of 220). 15 pharmacies were involved in the previous condom distribution scheme and since the change to the new service an additional 56 pharmacies have become involved in distribution. New distributors are being sought in a range of areas.

If you would like further information or would like to sign up as a distributor please contact Sarah Graham, Free Condoms Manager on 0141 232 8440/8444 or sarahgraham1@nhs.net.

GGC Prescribing Website

The Prescribing Team are very pleased to announce the launch of the new GGC Prescribing Website (www.ggcprescribing.org.uk) which replaces the old ADTC website and the previous printed editions of the GGC Formulary. It is a dedicated website aimed at providing key information on prescribing and medicines use for prescribers in NHS Greater Glasgow and Clyde and can be accessed from any device with an internet connection.

Key features of the website include:

- Live integrated GGC Adult Formulary Database that is searchable by drug name or by navigating by BNF classification
- Dedicated mobile site for accessing Formulary information on mobile phones
- A link to *Therapeutics: A Handbook for Prescribing In Adults*.
- GGC policies and procedures on the management of medicines links to the Clinical Guidelines portal on StaffNet.
- Access to PostScript range of bulletins and the option to subscribe electronically to these bulletins via email or a RSS feed
- A designated patient information area allows members of the public to obtain information about the access to new medicines on the NHS
- A discussion forum for prescribers from within NHS GG&C (initially aimed at non-medical prescribers) to share best practice and discuss issues of relevance to their practice.

Prescribing for HIV

All patients, even newly registered or short term, should be referred to the Brownlee Centre at Gartnavel General Hospital for specialist management of their condition. Specific surrogate markers (CD4 cell count and viral load) need to be regularly monitored to provide an indication of clinical response to treatment. Drug interactions with anti-retroviral drugs are often complex and difficult to predict and require specialist involvement.

GPs are aware of this, but there have been a small number of cases where prescriptions have been issued in error through GP practices. Community pharmacists are asked to check with the prescriber before ordering in any of these expensive products.

Caution: Calcium & Vitamin D Supplements

A number of prescribing and dispensing errors have been reported recently with calcium & vitamin D3 supplements, where Calcichew D3 chewable tablets have been given instead of Calcichew D3 500mg / 400iu caplets.

Calcichew D3 500mg / 400iu caplets are a new formulation of calcium and vitamin D3, which have recently been given formulary approval for osteoporosis prevention and treatment. These contain 500mg Calcium + 400iu Vitamin D3, which is the minimum strength recommended for osteoporosis, and contains the same strength of vitamin D3 as other formulary preparations (Calcichew D3 Forte tablets, Adcal D3). They are NOT the same as Calcichew D3 chewable tablets, which contain only 200iu of vitamin D3 (+ 500mg calcium). These should not be used for osteoporosis treatment and prevention.

Calcichew D3 500mg / 400iu caplets are currently the only available formulation which can be swallowed whole, and have been added to the NHS GGC Formulary as an alternative for people who cannot tolerate the chewable tablets. To avoid confusion, this new preparation should always be prescribed as Calcichew D3 500mg / 400iu caplets. Please ensure the correct formulation is dispensed.

The current formulary choices for osteoporosis treatment and prevention are:

Name	Formulation	Calcium content	Vitamin D3 content
Adcal D3	Chewable tablets	600mg	400iu
Adcal D3	Dissolving tablets	600mg	400iu
Calcichew D3 500mg / 400iu	Caplets	500mg	400iu
Calcichew D3 Forte	Chewable tablets	500mg	400iu
Calceos	Chewable tablets	500mg	400iu
Calfovite D3	Powder	1.2g	800iu

NB Adcal D3 caplets are now also available (non-formulary) - each caplet contains 300mg calcium/200iu vit D ie equivalent to half a chewable Adcal D3 chewable tablet!

Care Home – Homely Remedy Guidance

While many care home organisations have very clearly defined policies and procedures around Homely Remedies, the prescribing teams across NHS Glasgow and Clyde have been contacted on a number of occasions for advice on how to establish a Homely Remedy Policy. The availability of a Homely Remedy Policy reduces the need for some 'PRN medicines' to remain on a patient's repeat medication list for very occasional use for the management of minor ailments. In addition it is recognised that there are benefits if homes were encouraged to stock a supply of simple dressings for first aid purposes.

In response to these queries, NHS GGC advice has now been developed and ratified which aims to give guidance to any care home organisation who plans to develop or review their Homely Remedy Policies.

The information in the guidance pack is as follows

- Overarching guidance notes
- A template training pack for staff
- A flowchart to describe the key steps in the process
- A template for Homely Remedy medicines
- A template for Homely Remedy dressings
- A sample GP cover letter
- A sample stock book

It is important to clarify that the information provided in the guidance notes suggests best practice; however, each care home organisation assumes sole responsibility for content and implementation of a Homely Remedy Policy within their own care setting in line with their existing company policies.

The information will be available at under the Advice to Care Home section on the CPDT intranet site at <http://www.staffnet.ggc.scot.nhs.uk/Acute/Division%20Wide%20Services/Pharmacy%20and%20Prescribing%20Support%20Unit/Community%20Pharmacy/Pages/>

Safe storage of methadone

Pharmacy staff are asked to remind methadone users of the need to keep any take home doses in a safe place and out of the reach of children. A recent incident resulted in a 3 year old being admitted to hospital having consumed some of her father's methadone. This is especially necessary during the Festive period when take home doses are in greater use during the public holiday closures. Patient leaflets on the safe storage of methadone are available from normal distribution centres or direct from Glasgow Addiction Services but key points for patients is that methadone should be kept out of reach, out of sight and preferably in a locked cupboard or storage facility.



*Seasons Greetings from all the Team at
Community Pharmacy Development and
the very best for the 2012*

APC Meeting- October 2011 feedback

As part of the APC commitment to sharing and encouraging two way communication with the wider pharmacy audience, it was agreed to provide an overview of the key points discussed or decided at each meeting for dissemination. From the meeting held on the 22nd October, the key action and discussion points from the last APC meeting are provided below.

There was an approval of a proposal to follow the example of other health board areas and introduce a voluntary ban on the use of the methotrexate 10mg tablet form in NHS GGC. Discussion continued on the development of a report on Pharmaceutical Care of the Elderly. The Committee would welcome suitably anonymised examples of thank you letters from all areas of pharmacy practice. The APC had a presentation from John Hamilton Board Director of Administration. John described the health board structure and discussed some of the challenges faced by the health board in delivering reports under the Freedom of Information Act. In addition, the Committee had returned comments to the consultation on Royal Pharmaceutical Society Professional Standards for the Use of Monitored Dosage Systems and Compliance Aids.

Any pharmacist who wishes to contribute to the discussions of the APC, or would like consideration given to an issue where the APC should advise the Health Board on matters relating to pharmacy, are encouraged to approach a member of the Committee - details of each member were provided in the October bulletin.



Just a reminder from the Controlled Drug Governance Team

The Inspection Officers from the NHSGGC controlled drug governance team continue to visit community pharmacies on a regular 6 – 9 monthly basis. Their role is to support the safe management of controlled drugs and this includes the witnessed destruction of controlled drugs from stock. In addition they provide advice and support and may perform an audit

The CDGT works to SOPs and this means that a competent member of staff from the premises must accompany the Inspection Officer throughout their visit. This staff member will perform the disassembling/destruction process, measure any liquids and provide adequate destruction kits. The staff member will be responsible for removing controlled drugs from storage and their security at all times

If you wish to arrange a visit from the CDGT please contact us. You will be asked to provide details of the nature of the request, of any unsuitable days or times, and to ensure that a member of staff and adequate destruction kits, if required, will be available.

We are also available for advice and support on any matter involving controlled drugs

Contact Anna McKinnon on 01412015348

Voluntary Ban on Methotrexate 10mg tablets

In 2009 the NHSGGC Area Drug and Therapeutics Committee advised that only the 2.5mg methotrexate strength tablets be prescribed and supplied across primary and secondary care. This decision is designed to eliminate the possibility of patients being prescribed, dispensed or taking the wrong strength of methotrexate tablets in error.

The NHSGGC Safer Use of Medicines Group together with the support of the Glasgow and Clyde Local Medical Committee (LMC) are requesting that all hospital pharmacies, specialist clinics, inpatient wards, General Practitioners and Community Pharmacies only prescribe and supply the 2.5m tablet strength only. GP practices are being asked to identify all patients taking methotrexate 10mg tablets during the months of November 2011 and February 2012 in order to change patients to the 2.5mg strength tablets.

GPs have been asked to prescribe 2.5mg tablets instead of 10mg tablets whatever the dose for these patients.

Community pharmacies, with immediate effect, are being asked to run down stock levels of methotrexate 10mg tablets and to only order methotrexate 2.5mg tablets to support this initiative. It is the intention that all patients will have been changed to 2.5mg tablets by the end of March 2012. From the 1st April 2012 a voluntary ban status will be implemented where the 10mg strength tablets will not longer be prescribed and supplied with the 2.5mg tablet strength supplied instead.

Community pharmacists will be advised to contact prescribers for any patients that continue to be prescribed 10mg methotrexate tablets after the 1st April commencement of this voluntary ban.

Travax and fitfortravel

Two recent articles have outlined the travel health service provided by HPS through its TRAVAX® and fitfortravel® websites. In summary we would like to highlight two important elements of the TRAVAX service.

The revised TRAVAX site now includes a comprehensive list of frequently asked questions (FAQs). These were produced using examples of queries that the travel team respond to on the TRAVAX support line for healthcare professionals and are robustly referenced. There are FAQs for many travel related diseases, most vaccinations and malaria. Find this at

<http://www.travax.nhs.uk/a-z-of-faqs.aspx>

When an answer can't be found from the website and the FAQs alone. The **'TRAVAX support' line** is available for further help and clarification. The line is run from 14:00 – 16:00 on Monday, Wednesday and Friday (0141 300 1130).

Remember registration with the TRAVAX service is free for healthcare professionals providing an NHS service in Scotland