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## Aggression & Violence

Regrettable that on occasion, community pharmacists and their staff have to deal with acts of violence and aggression from members of the public. Such behaviour is unacceptable and may well constitute a criminal offence. Most organisations have policies in place to protect staff. The Health & Safety Executive defines work-related violence as 'Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work'. Any misdemeanour is potentially a breach of the Health & Social Care Work Act 1974 although there is significant under reporting of incidents. Helpful information and guidance can be downloaded from the following links to the Staffnet and the Healthy Working Lives websites.

<http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/Health%20and%20Safety/ViolenceandAggressionReduction/Pages/default.aspx>

<http://www.healthyworkinglives.com/advice/Legislation-and-policy/employee-issues/violence-aggression>

Posters for display in your pharmacy indicating that acts of violence and aggression towards staff will not be tolerated and could lead to prosecution can be obtained by contacting this office

## NHS GGC Urinary Catheter Formulary 2015

The Urinary Catheter Formulary lists those products along with their relevant ordering codes that should be used in preference within NHSGGC. There have been some reports that Quofora urinary catheters and L.I.N.C supra pubic catheters are not available. All products in the formulary are listed in the Scottish Drug Tariff and we are advised stock has been available from local wholesalers for the last 8 months. The Formulary can be viewed at [click here](#) or <http://www.ggcprescribing.org.uk/urinary-catheter-formulary/>

### Addition to Formulary - extension to Quofora urology product range:

Quofora open ended catheters have recently been added to the Formulary as a cost effective choice for supra pubic catheterisation.

Quofora All Silicone open ended catheters	MacGregor Health Care Ltd	34230212 – CH12
		34230214 –CH14
		34230216 –CH16
		34230218 –CH18
		34230220 –CH20

Please contact Lynne Watret should you experience difficulties in obtaining a Formulary product -  
Lynne Watret, Non Medical Prescribing Advisor, PPSU, Glasgow G42 9TT  
Telephone Number 0141 201 5152 (65152):  
Mobile 07772 628 925

## Changes to the Guidance on Supply of Direct Acting Antivirals (DAA's) from Community Pharmacies

This service is now well established with an increasing number of community pharmacies involved in the supply of DAA's to treat patients with Hepatitis C. Very much pioneered within GGC, a further refinement to the service has been made following feedback and an awareness of some overly burdensome administrative procedures. Major changes include authorisation of an advance payment as a lump sum to cover the entire treatment period - rather than by monthly instalments as previously - and that all payments are managed in-house by the Community Pharmacy Development Team. Full details of the current Guidance can be downloaded from the following link - <http://www.staffnet.ggc.scot.nhs.uk/Acute/Division%20Wide%20Services/Pharmacy%20and%20Prescribing%20Support%20Unit/Community%20Pharmacy/Pages/PharmaceuticalCareofPatientsRequiringSupport.aspx>

## Support in Bereavement

Sadly too many people in Glasgow die prematurely each year through drug and alcohol misuse often in tragic circumstances. Some of those who die may be well known to pharmacy staff who can be affected by a loss of this nature. The following link gives access to helpful guidance on how to handle such difficult situations sympathetically.

<http://www.bath.ac.uk/cdas/documents/bereaved-through-substance-use.pdf>

A press release from University of Bath is also available at: <http://www.bath.ac.uk/news/2015/06/23/bereavement-guidelines/>

Further information is available from the Scottish Families Affected by Alcohol & Drugs, Stirling House, Third Floor, 226 St Vincent Street, Glasgow, G2 5RQ

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## Warning To Drug Injectors As HIV Infections Increase

NHS GGC Public Health officials are urging drug injectors to take the necessary precautions to protect themselves as the number of new HIV infections in this risk group has increased significantly in the last year. On average, 115 new cases of HIV are reported in Greater Glasgow and Clyde each year with the majority being sexually transmitted. The number of cases thought to be transmitted through injection drug use is on average 10 new cases per year with 17 new cases having been reported in the past 6 months. By taking precautions, drug injectors can protect themselves from HIV and other infections which can be transmitted through the sharing of needles or unprotected sex. People injecting drugs are being made aware of the risks and reminded to use fresh equipment every time they inject and condoms for sexual intercourse. They are also being encouraged to take up testing for HIV and other blood borne viruses. Clean needles are readily available from the network of Injecting Equipment Providing (IEP) pharmacies and other outlets including the 24 hour Drug Crisis Centre at West Street.

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## Diagnostic Testing for Sexually Transmitted Infections (STIs)

Several community pharmacies already provide access to diagnostic testing for STIs in response to patient interest and demand. This may range from hosting a clinician within the pharmacy conducting a test to supplying self test kits directly or on line. In all situations it is important the patient has access to specialist support and advice and particularly if a test is positive. Within GGC, it is expected that support materials contained in the GGC Guidance (<http://library.nhsggc.org.uk/mediaAssets/PHPU/NHSGGC%20BBV%20Testing%20Guidance.pdf>) are available to patients and those seeking more specialist advice are referred to a Sexual Health Advisor at Sandyford on 0141 211 8634

## Availability of Hepatitis A Vaccine

Clinicians are being advised to prescribe Hepatitis A vaccines generically to avoid delays caused by the current intermittent supply difficulties. The following table indicates which vaccines a pharmacy might supply under a generic prescription. These are presented as a 0.5ml volume dose, with the exception of Havrix® and Vaqta Adult® which are 1ml. Not all the vaccines are licensed for administration to children. Prescriptions for children should be clearly endorsed by the clinician 'Please supply vaccine suitable for child age' and the SPC consulted.

Age	Product
Adult	Havrix, Vaqta Epaxal Avaxim* (from 16y)
Child >1 y	Havrix junior Vaqta paediatric Epaxal

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## Availability of Fosfomycin 3g Sachets from Community Pharmacies

The recent availability of a licensed product has prompted a review of previous arrangements for the supply of Fosfomycin 3g Sachets from community pharmacies. With effect from 1 July 2015, the following network of pharmacies will hold stock of the product for supply against a HPB or GP10 prescription –

ASDA	Parkhead Shopping Centre	G31 4EB	0141 414 1510
ASDA	Monument Mall, Robroyston	G33 1AD	0141 557 6210
ASDA	Phoenix Retail Park, Linwood	PA3 3AB	0141 842 8520
Boots	Central Station,	G1 3SQ	0141 221 7107
Boots	Silverburn Shopping Centre	G53 6AG	0141 881 6967
Boots	Clydebank Shopping Centre	G81 2TL	0141 952 2217
Boots	43 Hamilton Way, Greenock	PA15 1RQ	01475 729 173
Lloyds	263 Alderman Rd,	G13 3AY	0141 959 1914
Lloyds	1851-1855 Paisley Rd West	G52 3SX	0141 882 1513

Although these scripts could be dispensed in any NHS pharmacy, it is important that the treatment is initiated as quickly as possible. Currently wholesalers are quoting a 48hour time lag in supplying the product. Therefore, pharmacies unable to dispense the script that day are requested to direct the patient to a convenient pharmacy on the above list. All are open extended hours over a 7 day period

## Meal Makers

Meal Makers is a free, local neighbourhood food-sharing project that uses an online platform to connect volunteers of any age who have a passion for cooking and want to be active in their communities (Cooks), with older neighbours over the age of 55 (Diners) who appreciate a home cooked meal. Once a Cook and Diner have been matched the cook will prepare an extra meal and deliver it to their Diner at a time agreed by both parties. This can be as often as the Cook and Diner would like and could be weekly, fortnightly or just now and again.

The project aims to reduce food poverty and malnutrition, improve diets and combat social isolation by breaking the barriers that lead to loneliness. We are also hoping that the project will help to strengthen connections within communities and provide a flexible way for people to volunteer their time and skills locally in a way which suits them.

The project, sponsored by the Scottish Government and the Rank Foundation, went live in Dundee on 4 August 2014 and is currently being rolled out in Glasgow. More information is available at [www.mealmakers.org.uk](http://www.mealmakers.org.uk) or contacting Emma Black, Project Leader at [emma@mealmakers.org.uk](mailto:emma@mealmakers.org.uk) or 01413876390

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## Recording Telephone Numbers on PCR for Smoking Cessation

Monitoring of the data recorded on PCRs indicates that many pharmacies are recording the pharmacy telephone number rather than the patient's on the record file. In addition the contact number recorded is incorrect. This combination of factors means that follow up is extremely difficult and particularly important when we cannot contact approximately 20% of patients who access the service and are then counted as smokers. This reflects on the outcome and gives the impression that the pharmacy service is poor in comparison to the Group service which we know is not the case. The office (0141-201-4945) is keen to assist you in contacting patients should this be proving difficult as busier times.

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## Oral Liquids and Doses less than 2.5ml

One of the Respiratory Clinical Nurse Specialists within the Rehabilitation and Enablement Service has highlighted an issue which occurs with patients who are being treated for end stage chronic obstructive pulmonary disease and interstitial disease. Morphine solution 10mg/5ml is often used as a palliative treatment for breathlessness. The doses are often very small, e.g. 1ml, 1.25ml or 2ml. There have been a number of cases where prescriptions have been dispensed and an oral syringe has not been supplied. This causes problems for the patient or carer as the doses are too small to accurately measure using a spoon. Please check requirements for administration of liquid medicines during the dispensing process and ensure an oral syringe is supplied where this need is identified.

## Pharmaceutical Care 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<sup>1</sup>).

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 PEG tube

It is recognised that the use of unlicensed, off-label, or specials may be necessary in order to provide the optimum treatment for some patients. Use of off-label/off-licence 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-licence 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 often 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>

## Varenicline PGD Training for Pharmacists in NHS Greater Glasgow and Clyde

Current distribution of staff who have completed the required training in order to prescribe Varenicline is not uniform across the Health Board area and in some areas is extremely limited. If you have previously attended an NHS GGC Pharmacy Smokefree Service training day then you can complete varenicline training by viewing the varenicline training webinar.

- To access the webinar log on to [www.neswebinars.co.uk](http://www.neswebinars.co.uk) (you will need to create a webinar username and password, if you have not done so already)
- Next click on [Eventcasts](#)
- Then click on [Smoking Cessation](#) and you can view the webinar.

After viewing the webinar, there are 3 further steps you need to complete:

1. Complete the MCQs and then e-mail to Annette Robb at [annette.robb@ggc.scot.nhs.uk](mailto:annette.robb@ggc.scot.nhs.uk)
2. Print off the NHS GGC varenicline PGD, read through and then complete page 11 of PGD and fax back to the Community Pharmacy Development Team on 0141 201 5637
3. Print off the NHS GGC varenicline policy document, read through and then complete page 4 of policy document and fax back to the Community Pharmacy Development Team on 0141 201 5637

If you have never attended an NHS GGC Pharmacy Smokefree service training day then you must complete this training before signing up to prescribe varenicline through the PGD. There is now a varenicline PGD training workshop available at the training day for pharmacists.

### Locums

If you locum and work across different Health Board areas then you will need to sign the varenicline PGD and relevant paperwork for each Health Board area you work in. The information above applies only to NHS Greater Glasgow and Clyde and may differ to that issued in other Board areas.

Please contact Liz Grant on 07711 001 502 or [liz.grant@ggc.scot.nhs.uk](mailto:liz.grant@ggc.scot.nhs.uk) should you have any questions on prescribing varenicline

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## Metoject® PEN Dispensing Errors Safety Alert

Please be alert to the risk of dispensing errors between **Metoject® PEN** and Metoject® Prefilled Syringes. Under current Rheumatology Managed Clinical Network (MCN) arrangements within NHS GGC, **Metoject® PEN** is the appropriate product to be prescribed and dispensed for patient self administration.

For use in rheumatology, patients are started on parenteral methotrexate in secondary care and trained in self administration by Rheumatology Nurses at hospital clinics, but ongoing prescribing and blood monitoring is undertaken in primary care. Last year, the manufacturer replaced the previously used Metoject® Prefilled Syringe with **Metoject® PEN**, a single use pre-filled auto-injector device for self administration. Further information is available from the manufacturer <http://metoject.co.uk/patient/metoject-is-switching/>.

As this change came into effect last year, affected patients should now have been changed over to the **PEN** device and will have been issued with a copy of the manufacturer's patient leaflet and a letter from the Rheumatology MCN Clinical Lead with contact details for Rheumatology Nurses if they require more training or support.

Community Pharmacists should be alert to the potential for dispensing errors between the new **Metoject® PEN** and Metoject® Prefilled Syringes. The packaging for the two products is very similar as they are both produced by the same manufacturer, so please be alert and check it states **PEN** on the pack. There have been recent reports of near misses in which Metoject® prefilled syringes have been supplied in error, when the patient should have received **Metoject® PEN**.



Community Pharmacists should also be alert to any prescriptions received for Metoject® prefilled syringes, or any other form of injectable methotrexate. In such circumstances it would be prudent to speak with the patient and/or the prescriber to check if it is for use in rheumatology and if so, check if it is the **PEN** that they were expecting to be supplied.

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## Changes to Sandyford Morning Walk-in Services

Community Pharmacists are asked to note changes to the morning walk-in clinic arrangements should they have occasion to refer patients to the sexual health service at Sandyford. From Monday 8 June, this facility has been replaced by a phone-in system with patients required to call **0141 211 8130** to arrange an appointment.

Clients with urgent care needs are seen on the same or next day with non-urgent cases scheduled for a more appropriate date and time. If you have a patient who has a sexual health concern and you want to advise them on their best option, e.g. in an EHC consultation, please call the

**Sandyford professional helpline on 0141 211 8646**

## New Strength Prednisolone Preparations

Please be aware that prednisolone tablets are now available in 1mg, 5mg, 10mg, 20mg and 25mg strengths. Branded as Pevanti<sup>®</sup>, AmCo have recently launched 10mg and 20mg standard release prednisolone tablets in addition to the 2.5mg, 5mg and 25mg tablets already available from them and other manufacturers.

Packaging for prednisolone tablets from the same manufacturer may be very similar with little to distinguish between the different strengths. Pharmacists should ensure that the correct strength of these tablets is selected for dispensing.

Prednisolone tablets are often prescribed in short course regimens of eight 5mg tablets once a day to treat acute conditions. Prednisolone 10mg and 20mg are now listed on GP clinical systems - please be aware of this and double-check prescriptions when picking and dispensing the tablets to avoid errors. Patients and/or carers may also find the regimen different to what they have had before if the higher strength tablets have been prescribed i.e. fewer tablets need to be taken each day.

**To avoid accidental overdose**, please ensure patients and carers are counselled appropriately.

The table below shows the currently available prednisolone preparations:

Prednisolone Formulation	Licensed Agents Available	Listed in Scottish Drug Tariff
Prednisolone Standard Release Tablets	1 mg 5 mg 10mg (Pevanti <sup>®</sup> ) new to UK market 20mg (Pevanti <sup>®</sup> ) new to UK market 25 mg	Yes Yes No No No
Prednisolone EC Tablets	2.5 mg 5 mg	Yes Yes
Prednisolone Dispersible Tablets	5 mg (as sodium phosphate)	No
Prednisolone Oral Solution	10 mg/ml	No
Oral Solution Single Dose Units	Prednisolone Dompé 1mg/ml Oral Solution available in 5mg/5ml single dose units (packs of 10)	No

### **Medicines Management LES - 2014/2015**

The Medicines Management LES came to an end in March 2015, and as previously communicated will not be repeated for this financial year. Contractors should be aware that details of the final payment/clawback have been circulated with information on any residual payment or clawback made in June. Corrective payments are made on the basis of additional patients taken on during the course of the specification and clawbacks are applied where contractors have not fulfilled all the requirements set out in the specification i.e. not submitted all four reporting tools.

### **Bisphosphonate LES - 2015/2016**

All contractors wishing to participate in the above LES were required to submit their pro-forma by the end of May. A reminder has been sent out. If you have not already indicated your intention to participate and still want to take part, please contact **Karen Armstrong on 0141-201-5210**. Those contractors who have opted in will shortly (first week in July) receive a communication providing details of the number of patient's dispensed bisphosphonates by their pharmacy.

## General Practice & Community Pharmacy Locally Enhanced Service (LES) Programme 2015/16

The main elements of the General Practice (GP) and Community Pharmacy (CP) local enhanced service (LES) activities for 2015/16 are provided to give you fuller information on both arrangements and are summarised as follows:

Proposed 2015-2016 General Practice LES activity

### Repeat Prescribing LES

GPs are asked to:

- Choose one of the following:
  - \* Complete three significant event analyses in relation to repeat prescribing
  - \* Undertake a review of acute prescribing systems and processes
  - \* Complete a patient medicines awareness campaign (medicines adherence or wastage)
- Maintain a register of patients resident in a care home, and a register of patients who receive medication via a multi-compartment compliance aid (MCA); patients to be on a 7 or 28 day supply
- Practice to have a process / protocol in place for communicating MCA and Care Home changes to community pharmacy
- 85% of patients with at least one drug on active repeat prescription to have a level 1 medication review within the previous two years
- Review of patients ordering all medication as a single order (e.g. on a single date) for the most recent three issues

### Polypharmacy LES 2015/16

- Nominated GP from practice to provide a case study then attend an external polypharmacy small group learning session
- Nominated GP from practice to subsequently lead an internal reflective learning session to share best practice in managing the clinical and practical challenges of undertaking medication review
- Practice to undertake polypharmacy medication review in maximum 1.5% of practice list (excluding ACP patients, nursing home patients readcoded 13F61, patients who had polypharmacy review 2014/15)

### Medicines reconciliation

- Practice to complete and submit a reflective template on 2015/16 medicines reconciliation activities
- Practice to complete and submit one enhanced significant event in relation to discharge medication ('positive' or a 'negative')
- Identify priority patient group and carry out medicines reconciliation 'care bundles'
- Record and report compliance against care bundles for a random sample of 5 patients monthly
- Review data monthly to identify areas for improvement
- Undertake the secondary care medicines reconciliation "care bundle" (optional)

## Proposed 2015-2016 Community Pharmacy LES activity CPs have been invited to participate in two/three\* LES for 2015-2016

### Respiratory LES

CP's are asked to:

- Review any consenting patient diagnosed with asthma or COPD on an inhaler
- Assess inhaler technique
- Perform initial review with follow up review after up to 8- 16 weeks
- Review 40 patients per pharmacy
- Send a copy of both reviews to the GP/ practice nurse (with consent) after follow up

### Bisphosphonate LES- CPs are asked to:

CP's are asked to:

- Provide patient information on falls prevention to all patients on bisphosphonates
- Undertake level 1 falls intervention conversation with consenting patients
- Refer appropriate patients to the NHSGCC Community Falls Prevention Programme (CFPP)
- Where patients are not present or do not consent, provide information on the open access nature of the CFPP (for patients who meet the inclusion criteria)
- Routinely counsel all patients on a bisphosphonate therapy
- Use best practice for patients on a bisphosphonate issued with a MCA
- Record such CMS interventions within the care planning screens
- Consult with  $\geq 75\%$  of patients they dispense bisphosphonate to

### \*Chronic pain LES (Renfrewshire and West Dunbartonshire Only)

CP's are asked to:

- Review patients (who agree to participate and are not currently being reviewed for their pain) who have received 2 prescriptions for either co-dydramol, co-codamol or NSAID in the previous three months.
- Optimise current therapy and signpost patients to possible non-pharmacological self-management strategies.
- Review and follow up 40 patients per pharmacy
- Assess patient, complete where appropriate an MSK START tool and care plan, provide information on chronic pain and signpost to other services (e.g. Pain Education Class)
- Inform GPs or Practice Nurses of outcomes (with patient consent)