PostScRipt Community Pharmacy

NHS Greater Glasgow and Clyde

Issue No 55 Date February 2011

2010/11 Seasonal Flu Update

The most recent HPS Influenza update (available at http://www.documents.hps.scot.nhs.uk/respiratory/seasonal-influenza/flu-update/2011-01-20.pdf demonstrates that community transmission of influenza is now below baseline activity although pressure for hospital admissions and ITU beds remain high. From previous flu seasons' experiences the level of flu activity will probably gradually decline over the next four to six weeks.

Antivirals continue to be used for the treatment of patients with seasonal influenza and are available from your normal routes of supply. There is no evidence to support the preferential use of zanamivir and either oseltamivir or zanamivir may be used in pregnancy. Since we are not in a pandemic situation normal prescription charges apply.

Immunisation remains the most effective protection from the complications of flu for an individual and GPs have been advised that efforts should be increased to ensure those in the "At Risk" and "Over 65" categories are immunised. Pregnant women are a priority group for seasonal flu vaccination and they should be encouraged to be immunised at any stage during pregnancy and up to 14 days after birth. Immunisation is not recommended for children unless in "at risk" group based on the data that most of these children if infected would have mild to moderate symptoms and recover fully, despite some tragic cases in England.

Additional vaccines have been supplied to the UK Market via the pharmaceutical wholesaler network and community pharmacists may be able to place additional top-up orders for GP practices. However any GPs experiencing difficulties in obtaining additional seasonal flu vaccine can contact the NHS GGC Pharmacy Distribution Centre (PDC) for vaccine from the Scottish Government contingency supply.

New Contact Details—Elaine Ward

Elaine's email accounts have changed

- Elaine.Paton@ggc.scot.nhs.uk
- elainepaton@nhs.net

All other details remains the same.

Pharmaceutical Waste

The arrangement whereby community pharmacies continue to accept unwanted medicines for destruction remains in place. This had been agreed previously with the Area Pharmacy Contractor's Committee who continue to endorse the arrangement. The facility is widely recognised by patients as an effective mechanism for the safe removal of unwanted medicines from circulation.

Although the majority of items will be returned to the issuing pharmacy, waste medicines should be accepted at all sites irrespective of the point of supply.

If you wish to discuss this, please contact David Thomson on 0141 210 5311.

Amendment to Egg allergy article – December edition

With reference to the article in the previous edition regarding egg allergies, although the Guidelines suggest ways in which egg may be reintroduced into the diet we would like to make it clear that this is work which should be undertaken in a specialist clinic and not by a community pharmacist. The guidelines should be used only as a reference.

Patient registration for CMS

All contractors are reminded that the registration process for CMS is based entirely on the electronic message. This is different from MAS. Under MAS, if there is no electronic message, the scanned image of the MAS CP3 registration form eventually makes its way to PRS who then deal with it under manual corrections. For CMS this can't happen as unless there is an electronic message, and the patient is eligible for Serial Prescribing, the flag can't be sent to the practice (when this becomes live).

However, all pharmacy staff must ensure that a paper registration form is also submitted with the Prescription

bundle as it provides the legal aspect and the written patient consent for participation in the service.

A ten-fold error in opioid dose

An 80-year-old man with lung cancer, living at home, was receiving input for symptom control from a hospice Clinical Nurse Specialist (CNS). He had a troublesome cough, not controlled by codeine l inctus; the CNS advised his GP to prescribe Oramorph® oral solution 10mg/5ml. As he was strong opioid naïve, she advised the patient's wife to give him "a quarter to half a teaspoonful" for the first dose, to see how he responded and tolerated it. The prescription was issued on a Friday.

The patient's daughter took the prescription to her father's usual community pharmacy, which did not have the medicine in stock and referred her to another pharmacy which holds an agreed list of palliative care medicines. They did not have it in stock either and ordered it for the next day. The prescription was dispensed on Saturday morning and given to the patient's daughter. The patient took a quarter of a teaspoonful as recommended for the first dose and was very sick; the sickness lasted all weekend. No further doses were taken.

On Monday morning, the patient's wife contacted the CNS. On questioning, the CNS established that the Oramorph was pink and immediately knew it was Oramorph concentrate 100mg/5ml. She advised his wife to give no further doses and contacted the GP. The GP found that the computer-generated prescription had been incorrectly issued for the concentrate.

Why did it happen?
A number of failings can be attributed to systems failures, lack of knowledge and inadequate communication between professionals, for example:

- The patient's usual community pharmacy did not recognise or question the inappropriate dose when only codeine linctus had previously been prescribed.
- The dispensing pharmacy did not recognise the unusual nature of the prescription.
- Nobody from the pharmacy spoke to the patient's daughter about the prescription or asked if the gentleman had had this before.
- The GP was unaware that two strengths of Oramorph existed.
- The concentrate is the top item in the drop-down list of morphine preparations on GPASS and was chosen in error.
- The recommendation from the nurse to prescribe was verbal, with no written back-up and no caution about the two strengths.

What can we learn?
The ability to highlight high strength products on GP prescribing systems may help reduce the potential for errors. This was not possible on the system used in this case, but is available for the EMIS roll out across the majority of NHSGGC GP practices.
A lack of knowledge about the two strengths was a key factor. The NPSA issued advice in 2008 on reducing errors in opioid dosing. By following their recommendations, this incident could have been prevented.

The recommendations are pertinent for all healthcare professionals dealing with unusual or potentially dangerous medicines:

When prescribing, dispensing or administering these medicines:

- **confirm any recent opioid dose, formulation, frequency of administration and any other analgesic medicines prescribed for the patient,**
- **check the usual starting dose, frequency of administration, standard dosing increments, symptoms of overdose, and common side effects of that medicine and formulation.**

First childhood immunisation at 9 weeks

Previously, infants were called for first childhood immunisation at 8 weeks of age. However, a baby presenting for immunisation a few days prior to its being two months of age, is below the licence - age for prescription of paediatric paracetamol for post - pyrexia immunization. To avoid this, children will now be called for vaccination from the age of 9 weeks.

The NHSGGC Screening Department will implement this change from Monday, 7th February 2011. There will, however, be a very small number of children who may need paracetamol following neonatal immunisations (e.g. BCG or Hep B vaccines) and in these cases, it can be prescribed *off - licence* by GPs.

Seasonal Influenza Vaccination Programme: 2011-12: vaccine supply arrangements

The arrangements for ordering vaccine for the seasonal flu programme for 2011/12 commencing was outlined in the circular http://www.sehd.scot.nhs.uk/pca/PCA2011(P)01(M)01.pdf dated 5th January 2011. The usual arrangement where community pharmacy contractors divide their orders amongst at least three independent sources of supply remain. In addition, community pharmacy contractors should ensure that when placing orders, the licensing arrangements are considered. This is to ensure that GP practices receive stock of vaccines which is suitable for all potential patients including children under the ages of 4 or 5.

The lists of vaccines in Annex A show the license status in 2010-11 but **contractors should re-check the licence status for 2011-12 once these are available**.

2011/12 Vaccine Supply Arrangement order deadlines:

- GPs advise details of 'generic influenza vaccine **by 28 January**
- Contractors complete the processing of orders **by 25 February**
- Send Annex C to Community Pharmacy Development **and** Moira Hanley **by 25 February**
- Send Annex A to Community Pharmacy Development **before 4 March**