PostScRxipt Community Pharmacy

NHS Greater Glasgow and Clyde

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Pandemic Flu Preparedness and response: Lessons learned from GGC Pharmacy Perspective

WHO announced on 10 August 2010 that we are now in a post pandemic phase but the occurrence of the 2009 pandemic has not reduced the likliehood of a further pandemic and there is no way to predict when that might occur.

National pandemic preparedness arrangements have been reviewed. In GGC documentation prepared prior to the pandemic and maintained throughout the response was reviewed together with debrief discussions with key pharmacy personnel. A questionnaire was also distributed to all pharmacy staff in April 2010. This was similar to a previous questionnaire circulated to the same locations in Jan 2008.

All hospital and managed sectors had business continuity plans (BCPs) except for pharmacologistics. Knowledge about completion of BCPs in primary care had significantly increased from 5 pharmacies (1.6%) in July 2008 to 259 (83%) in March 2010. All the multiples now have BCPs but the challenge remains for those still not engaged. While these plans were useful for the initial response, many aspects of the pandemic were not anticipated in plans. The largely mild nature of the illness and the occurrence of isolated 'hot spots' put strain on selected parts of the service.

The principal problem was the timescales involved to implement novel models of antiviral distribution. Other specific concerns related to the difficulties experienced utilising hospital transport to distribute antivirals including between primary and acute care. Concerns were also expressed regarding use of PGDs to dispense antivirals when the professional involved had not assessed the patient directly. The production of 'Frequently Asked Questions' and regular status reports was reported to be particularly useful although there was a concern regarding information overload. Less than half of all community pharmacy respondents believed that establishing buddy/ mutual aid networks or service prioritisation worked well and appeared not to have been really implemented. This was in contrast to responses of CHCP staff most of who believed that these networks worked well. With regards to immunisation, there was a greater level of satisfaction with more than 70% respondents believing information on priority groups, access to the vaccine and patient information was good.

Improvements were observed in the confidence of pharmacy staff in responding to their role in the pandemic.

Specific recommendations included

1. Strong leadership via a small responsive team with representation from acute, community pharmacy development, public health and CHCP
2. Review of BCPs
3. Regular updates and maintenance of Frequently Asked Questions during an emergency
4. Generic mailboxes for all functional areas and acute sites.
5. IT solutions rather than manual data collection.

Pharmacy staff throughout PPSU made an essential, distinctive contribution to the frontline NHS Board response which has been acknowledged at the highest levels. Staff were flexible in their approach, willing to provide support when requested and generous with their time. The key lesson learned from the pandemic is the need to constantly monitor the situation and retain flexibility of response.

Thanks are due to all pharmacy staff involved.

References

The 2009 Influenza Pandemic - An independent review of the UK response to the 2009 influenza pandemic is available at http://www.cabinetoffice.gov.uk/ukresilience/ccs/news/100701-flu-pandemic-review.aspx. accessed 30.9.10

The Pandemic of Influenza A(H1N1) Infection I Scotland 2009-2010. A report on the Health Protection Response. Dec 2010

Generic Prescribing of Immunosuppressants in renal patients.

During the last 12 months a number of drugs used in renal disease have come off patent. The emergence of generic alternatives could have considerable cost benefits but concerns surround the non bioequivalence of generic versions of immunosuppressants and possible clinical risks especially when critical-dose drugs are involved.

Tacrolimus and Ciclosporin

- These are critical dose drugs where therapeutic drug monitoring is required.
- Different formulations are widely recognised to have distinct pharmacokinetic characteristics and thus may not be interchangeable.
- Inadvertent switching in primary care is an issue if prescribers do not specify brands.
- Small changes in bioavailability may reduce its efficacy (risking transplant loss) or cause drug toxicity (including renal impairment, hepatic dysfunction and high blood pressure).

The renal transplant unit at the Western is advising that tacrolimus and ciclosporin should be prescribed by brand and NOT be changed without hospital monitoring.

Mycophenolate Mofetil

The patent for mycophenolate mofetil (Cellcept) expired at the beginning of November 2010 and a large number of generics are anticipated.
Whether mycophenolate mofetil is a critical-dose drug is under clinical debate. The unit at the Western Infirmary does not routinely undertake therapeutic drug monitoring and adjusts doses according to side-effects (diarrhoea or decreasing white blood counts).
No real evidence indicates that the different formulations are not interchangeable; it is advisable, however, to be cautious in transplant patients and the unit will monitor patients for problems.

Conclusions

Tacrolimus and ciclosporin are critical dose drugs and brands should not be interchanged without careful monitoring by the transplant unit. Inadvertent switching in primary care is an issue if prescribers do not specify brands. Patients are key and should be fully informed of the issues, including what to do if a different formulation is prescribed or dispensed. Our unit issues formulation identification cards to all new transplant patients.
Generic mycophenolate mofetil may not have the same issues but our unit is keen to monitor patients for problems.

Care should be taken to ensure that the same product is supplied to patients to reduce problems mentioned above. In the event of a problem in sourcing a particular brand, especially with current quotas and “direct to pharmacy” arrangements, the pharmacist should contact the hospital renal pharmacy team or renal consultant for advice.

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Unscheduled Care CPUS forms

Some medical practices have highlighted issues regarding patients who order repeat prescriptions and then access the CPUS service to obtain their supply. This can happen if the request to the medical practice is made late and the prescription cannot be supplied before the medicines are required.

Community pharmacists are reminded to fax the CPUS to the patient's GP as soon as possible after dispensing. If prescriptions are subsequently received for items that have already been provided on CPUS forms, community pharmacist are also asked to contact the GP practice to agree the arrangements for dealing with these e.g. dispensing at a later time.

Smoking Cessation Training

In order for a Community Pharmacy to become an accredited Smokefree Pharmacy it is mandatory to attend a one day training programme.

We presently have some places available for the event on the 22nd March 2011. **Hollybush Centre, Dykebar Hospital , Grahamston Road, Paisley PA2 7DE**

The training will include key elements from the NES Smoking Cessation training pack, together with brief intervention techniques and NRT products. It is open to all pharmacists and support staff. Regular locums are particularly encouraged to attend, therefore please pass this message on where appropriate. Fees will be paid to the pharmacy contractor to cover the costs of staff attending, (as pre-reg students are paid through NES, no need to claim).

Please contact Annette Robb – Smokefree Pharmacy Services by phone on 0141 201 4945 as soon as possible if you wish to attend. Places will be allocated on a first-come basis and will be confirmed in writing.

Lunch will be provided. Please inform Annette if you do not require lunch or you have special dietary requirements.

Please note the change of venue for this Training Session. Travel instructions will follow with confirmation letter.

CDRF Form for pharmacies supplying other pharmacies with CDs

PSD have updated the pharmacy requisition form to now ask for GPhC number rather than RPSGB number. The new form is at

http://www.psd.scot.nhs.uk/professionals/pharmacy/documents/CDRF_2011_3.pdf