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Medication for People in Police Custody

The Controlled Drugs Team has been working with Strathclyde Police and other Health Boards within the Strathclyde Police area to agree a form that can be used for police officers to collect prescribed medication for people in custody. Form 5 20 20 "Prescribed Medication Request" will be linked to the police standard operating procedures for prisoner management.

Although the RPS has not issued guidance on this matter, there was guidance issued by RPSGB in 2007 which states:

- *Where a patient already has a prescription held at a community pharmacy, he may request the police to collect it on his behalf when in custody, if the Forensic Physician has approved its continued use. The pharmacist, on receiving such a request from a patient held in a police custody suite should request a letter of authorisation from the patient, authorising the police officer to collect their medication on their behalf. A letter of authority from the patient should be obtained on every occasion a representative collects the prescription on the patient's behalf and such letters should be kept in the CD register. This could also include a collection request for a POM, so the pharmacist has an audit trail in these circumstances.*

- *The pharmacist should confirm that the request from the police is genuine and that the Forensic Physician is prepared to take responsibility, and if satisfied the pharmacist could then supply the Controlled Drug to the police officer.*

A request for supervision is not a legal requirement and therefore whilst it would not be unlawful to supply the Controlled Drug, the pharmacist would have to consider the professional and ethical issues of not supplying in accordance with the prescribers wishes in relation to supervision, bearing in mind the best interests of the patient. The pharmacist may contact the prescriber so that he is aware the pharmacist is not supervising the consumption.

The prescription for that day should be endorsed as dispensed but not supervised. Any medication that is

collected by the police will be taken or administered under the supervision of a doctor.

The form has an area for the pharmacist to record whether or not the medicines requested were supplied, and if not, the reason for refusing such a supply. Although not a legal requirement, it is good practice to keep a copy of the form for audit purposes.

Contact the Controlled Drugs Team on 0141 201 5348 or the Glasgow Addictions Service Pharmacy Team on 0141 276 6600 for more details.

Medicines Management Locally Enhanced Service for GP Practices – Update

The medicines management LES is now underway. Practices in NHS GG&C have started working on actions to improve repeat prescribing processes. This work includes removing duplicate or obsolete repeat prescription items, adjusting quantities to align number of days treatment and checking concordance.

Where a patient receives medication via a compliance aid, the LES aims to ensure that these MDS patients receive 7 or 28 days prescriptions. To assist the practices with the identification of MDS patients it would be helpful if you could annotate repeat prescription re-order slips with 'MDS' when re-ordering repeats on behalf of a patient. This will enable the practice to better communicate changes to prescribing or circumstances for these patients. The LES is funded through to April 2012.

Changes to MAS following abolition of prescription charges

With regard to the community pharmacy Minor Ailment Service (MAS), the Scottish Government intends that following abolition of prescription charges, the same groups will be able to register for and use the service. The groups are: people aged 60 years or over, those under 16 years of age, 16-18 year olds in full time education, those with medical and maternity exemption certificates and those with income related exemptions. There are no plans to extend MAS to additional groups at this time.

Smoking Cessation Claims – Annex E v local paperwork

There remains some confusion over which patients accessing the GG&C smoking cessation services which can be claimed for treatment fees on the Annex E form. The Annex E form is for those patients who access the pharmacy service ie where a CPUS form is written for the products. Do not claim for any week zero patients until they receive treatment. Also ensure that you “move” patient paperwork through the system appropriately to avoid duplicate claims for patients who default from the 12 week programme. In summary:

1. Patient walks in off street, no prescription, signs up to Pharmacy Smokefree Service. Pharmacist completes GGC paperwork (white form), fills out a CPUS from week 1 Onwards and **includes** as Annex E patient.
2. Patient comes in with Group form for NRT . Pharmacist completes GGC paperwork (blue form), fills out a CPUS and **includes** as Annex E patient.
3. Patient comes in with prescription from nurse or GP for NRT. Pharmacist completes GGC paperwork (ie blue form). This is **NOT** Annex E claim as pharmacist has not completed a CPUS ie someone else has prescribed the product.
4. Patient comes in with prescription from nurse or GP for varenicline. Pharmacist completes GGC paperwork (ie yellow form). This is also **NOT** an Annex E claim as pharmacist has not completed a CPUS ie someone else has prescribed the product and varenicline is not part of the national contract.

In summary, only complete Annex E if the pharmacist is filling out a CPUS. Local payment is over and above the national and is paid for full completion of the GGC Paperwork ie white, blue or yellow form regardless of whether an Annex E has been completed or who prescribes the product.

Furthter information can be obtained from Liz Grant, Public Health Pharmacist

Update on Pharmacy Technician Registration

Email communication between GPhC and NHSmail (nhs.net) accounts.

It has come to light that the GPhC have sent emails through NHSmail (nhs.net) accounts seeking further information or requesting initial retention fees as part of the registration process from pharmacy technician applicants. Unfortunately many of these applicants have reported that they did not receive these emails, due to NHS information systems security.

It is accepted that a large number of staff, especially those working in Primary Care & Community Pharmacy use NHSmail accounts and may be affected by this. More importantly, this problem could also have a significant impact on the date of registration for the affected applicants.

After bringing this issue to the attention of the GPhC, they have confirmed that they are no longer emailing NHSnet

accounts. Unfortunately we are unable to assist those affected by obtaining further information, as the GPhC will only provide such details directly to individuals involved due to data protection.

It is therefore highly recommended that individuals who submitted their registration application prior to November 2010, giving an NHSnet email address, who to date have had no communication on the progress of their application, get in contact directly with the GPhC.

Registration Application Delays.

There have been a number of queries over the last few weeks regarding the delays pharmacy technicians are currently encountering when registering with the GPhC. Many are obviously concerned and because of this the GPhC have been contacted for further clarification on what happens to pharmacy technicians who submit their application but do not receive notification they are officially registered before 1st July 2011 and whether they can continue to work as a pharmacy technician thereafter.

The response from the GPhC was:

“ We can confirm that our guidelines state that all technicians must have applied to register by 30th June 2011. As long as an application reaches our offices by 30th June at the very latest, they will be able to continue working as a pharmacy technician while their application is being processed. We do not consider the date of postage as evidence, so you need to ensure that all applications are submitted with plenty of time for them to arrive by this date.

Any applications received after this date will be returned immediately and the pharmacy technician will not be able to continue working until their application has been fully processed and are registered with the GPhC. ”

Pulmicort Cfc Free Inhaler Discontinued

AstraZeneca UK Ltd has discontinued production of Pulmicort® CFC-free Inhaler 100 & 200micrograms and NebuChamber Spacer® with immediate effect due to complex manufacturing issues. The NebuChamber spacer® is only licensed for use with these two inhaler presentations. This issue does not apply to any other AstraZeneca inhalers or components which will remain in normal supply and use.

Patients can continue using Pulmicort CFC-free Inhaler 100 & 200 micrograms until their current supply is finished. At that time, patients should be changed to an appropriate alternative inhaled corticosteroid treatment for their specific medical condition. Guidance on equipotent doses of alternative inhaled corticosteroids can be found in the BTS/SIGN British Guideline on the management of asthma.

New Nicorette® Product – Nicorette QuickMist®

You may be aware that Nicorette® are in the process of launching a new NRT product, Nicorette QuickMist® 1mg/spray mouthspray. Please note that at present this should **not** be prescribed as part of the Smokefree Services programme until we have examined the price comparison, the product information sheet and its place in therapy.

Smokefree Pregnancy Service Telephone number

There is now one central telephone number for the Smokefree Pregnancy Service based at the Southern General Hospital Maternity Unit **0141 201 2335**. From the 28th of March, this will be manned by the service administrator. In addition an answer machine will be in place. **All referrals/enquiries will now be directed to this number.**

Referral process

- All pregnant smokers who want to stop smoking should be referred into the Smokefree Pregnancy Service as per the service protocol, a risk/benefit analysis carried out (NICE 2010)
- All women are referred into the Smokefree Pregnancy Service via CO testing carried out at booking visit. The Smokefree Pregnancy Service will contact them and at this stage they will have to opt out from the service (this is in keeping with the NICE Guidance (2010) & the Guide to Smoking Cessation in Scotland (2010)
- Health professionals can refer into the service via the above telephone number
- In addition women can self refer again via the above tel phone number
- If there is a smoking cessation clinic at their booking visit they can drop in and see the advisor

Service model

The service model will not change and will continue as follows:

- Referral via CO testing at booking (this is now carried out electronically by the booking midwives)
- All self reported smokers will be contacted by telephone and offered support to stop smoking, a face to face appointment will be made
- The service is planning set clinics that will offer smoking cessation clinics across GGC. Once this is confirmed CPs will be informed.
- Face to face appointment, info/preparation/quit date set/risk benefit analysis/NRT request/NRT accessed via the Smokefree Pharmacy Service
- Follow up telephone support until **at least**, the client reaches the 4 week post quit point

We anticipate that the addition staffing resource, referral process and clinic model will facilitate us to provide a service that is accessible for all women who want to or are considering stopping smoking.

We plan to keep you updated on how the service is progressing.

Literacy input for Guidance

Taking medicines can be a problematic task for people experiencing difficulties literacy or numeracy. One person in 28 in Scotland faces serious challenges with literacy and/or numeracy. Around one quarter of the population may face occasional challenges. Difficulties with taking medicines include keeping track of what to take and when; being unsure of changes in

brands, names or packaging; and understanding patient information.

To determine if someone experiences difficulties, ask "how often do you need to have someone help you with understanding forms, letters, or medicine labels?" If their response is either "sometimes" or more often than sometimes, this is a positive indicator of some degree of difficulty with literacy and/or numeracy.

You can help by:

- Using a teach back approach to check understanding e.g. say "I want to be sure I explained this clearly. Can you explain it back to me so I can be sure I did"
- Limiting the amount of information provided: focus on the two or three most important ideas. Break this into short statements.
- Highlighting key areas in information such as labels
- Providing personalised information and instructions: People are more likely to understand Instructions with explicit times periods (i.e. morning) or precise times of day compared to instructions stating times per day (i.e. twice) or hourly intervals. A medicine reminder chart could support this.
- Providing support for literacy tasks such as the Compliance Self Assessment Form (e.g. ask the question and fill in the answers for the person)
- Visual images may help some people to remember more from your discussion.

For further information, please contact
Catriona Carson, Health Improvement Lead for Literacies
Direct line: 0141-201 4924
E-mail: catriona.carson@ggc.scot.nhs.uk
Public Health Resource Unit
NHS Greater Glasgow and Clyde
West House (1.05) - Gartnavel Royal Hospital
1055 Great Western Road
Glasgow G12 0XH
<http://www.phru.net/literaciesandhealth>

CP2 and CP3 registration forms for MAS and CMS

All pharmacy contractors are reminded that they must submit signed registration forms to PSD with their prescription bundle for new patients signing up for Minor Ailment Service and Chronic Medication Service. Registration forms are counted as one form, zero items on the GP34 form.

CPUS forms

Pharmacists are reminded to add the GP prescriber codes to the correct box for any CPUS forms written for Unscheduled Care PGD before faxing to the practice and submitting to PSD for payment. For local GPs, this information is likely to be known locally in the pharmacy or via the Medical List on the CPDT website. However, for those pharmacists who are working out with their normal area or for patients resident in a different part of Scotland, this information is available on the Community Pharmacy website along with GP practice fax numbers:
http://www.communitypharmacy.scot.nhs.uk/unscheduled_care/GP_Practice_Fax_Details_160311.xls