

- | | |
|---|---|
| <ul style="list-style-type: none"> • Scottish Action Plan for Tuberculosis • Discontinuation of Calamine containing products from Tayside Pharmaceuticals • Implementing Chronic Medication Service • Delivery of Stock of CDs to GP practices • Change in Advice Regarding Additional Contraception for Women Taking Antibiotics | <ul style="list-style-type: none"> • Calling all Technicians: Are You Ready For The Pharmacy Technician Registration Deadline? • Important Information regarding Prescribing of Risperidone Consta® and other Antipsychotic depot injections in Primary Care • New Stoma Regulations from 1 July • Sip feeds are changing |
|---|---|

Scottish Action Plan for Tuberculosis

Tuberculosis (TB) is a global issue and it is estimated that this disease continues to kill approximately 1.8 m people worldwide annually.

Although the incidence in Scotland was lower than in other parts of the UK the incidence is rising and is now catching up with the rest of the UK. As a result the Scottish Government and Health Protection Scotland (HPS) have developed an action plan to improve diagnosis, surveillance and clinical services. NHS GGC accounts for almost half of all cases in Scotland.

The main risk factors for infection are being born in a country with high incidence of the disease and problem alcohol use. GPs and primary care teams (including pharmacists) have a crucial role in the early detection of TB and, in collaboration with others, the overall care and treatment of their patients.

Further information about the action plan is available at <http://www.scotland.gov.uk/Publications/2011/03/18095603/0>

Delivery of Stock of CDs to GP practices

When the CD Team inspects GP practices, one of the roles is ensuring that all CDs ordered on GP10A can be accounted for at the practice. Where there are discrepancies, it is important that we are able to follow the audit trail to see where the stock was last known to be in place. If a GP disputes that the stock was received, often the only records available are the copy of the GP10A form which can be retrieved from NSS, the copy which should be kept at the pharmacy and the record of supply in the

pharmacy CD register. There are a number of gaps in the existing audit trail. The pharmacy often does not have a signed delivery note which confirms that the stock was received by the practice. The GP practice often does not have any record of delivery from the pharmacy.

Recommendations for Community Pharmacies

- If a member of the GP practice staff who is not already known to the pharmacy collects the medication, make sure that person provides identification.
- Keep a record of which person collected the supply and the time / date.
- If the person collecting the stock is not a GP, ensure they have written permission to collect a CD on behalf of the GP who is legally allowed to have a CD in their possession.
- If delivery is made to the practice, give the CD to the doctor named on the GP10A or another member of clinical staff who has been authorised to possess CDs.
- Ensure that the practice know that the supply includes a CD which must be put into safe storage.
- Ensure that there is record of delivery.
- In either case, ensure the CD register is completed appropriately.

The CD Team are advising GP practices to ensure that appropriate staff authorised to be in possession of CDs are available to take delivery of any CD stock delivered from community pharmacies.

Important Information regarding Prescribing of Risperidone Consta® and other Antipsychotic depot injections in Primary Care

There have been a number of incidents recently in Primary Care where patients have had Risperidone Consta® depot injections prescribed by GP practices and issued by the community pharmacy.

This has resulted in significant events where a patient has potentially self-administered or an untrained family member has done so. Under these circumstances it has not been possible for the Community Psychiatric Nurse to ascertain whether the depot has or has not been administered. It is also not possible to ensure the depot injection has been maintained in the cold chain. This has significant implications for patient safety and care.

This is to highlight that supply of Risperidone Consta® and other antipsychotic depot injections in Primary Care should be prescribed and supplied by Community Mental Health Teams (CMHT) only. Supply via GP practice and community pharmacy should only be in exceptional circumstances (or where there is an established local agreement to supply).

Colleagues within Mental Health are also being alerted to make discharge information clear for patients discharged on Risperidone or other antipsychotic depot injections that supply will be made via the psychiatrists/CMHT.

Calling all Technicians: Are You Ready For The Pharmacy Technician Registration Deadline?

With just over 5 weeks to go until registration becomes a legal requirement for pharmacy technicians on the 1st of July 2011, the GPhC is encouraging all pharmacy technicians who haven't registered yet to do so now.

Applicants seeking GPhC registration status will have to provide evidence of qualifications, work experience and applications will have to be signed off by a registered pharmacist or pharmacy technician.

Why should I register now?

The GPhC has a mechanism in place known as a "grandparent clause" that allows pharmacy technicians with "old style" qualifications to register based on their work experience. This transitional phase ends as of the 30th June, after which time GPhC registration becomes mandatory and GPhC approved qualifications will be required to register. If you are one of these pharmacy technicians, failure to register during this time could mean that that despite any previous experience and qualifications you possess, you will be required to undertake a new training programme in order to continue to work as a pharmacy technician. Details of all GPhC approved qualifications can be found on the GPhC website www.pharmacyregulation.org

Does this really apply to me?

The GPhC has provided a detailed list of the duties that a pharmacy technician undertakes as part of their role and responsibility. If you are known as a pharmacy technician or carry out these duties then you must register in order to continue to practise.

Under pharmacist supervision, pharmacy technicians:

- Supply medicines to patients, whether on prescription or over the counter
- Assemble medicines for prescriptions
- Provide information to patients and other healthcare professionals

Pharmacy technicians also:

- Manage areas of medicines supply such as dispensaries
- Supervise other pharmacy staff
- Produce medicines in hospitals and the pharmaceutical industry
- Are involved in areas such as medicines management; manufacturing; aseptic dispensing; quality control; training and development; procurement; information technology; clinical trials; medicines information.

Next Steps

If you have not begun the application process then it is strongly advised that you do so now, as leaving your application until nearer the deadline could result in you missing the cut off date if any issues or problems arise around your application.

To try to avoid this happening, make sure you do the following:

- Submit the correct documents to support your application, i.e. your qualification certificate.
- Read the guidance notes and then complete each section as fully as you can.
- Include a statutory declaration, where appropriate
- Ensure that your supporting documents have been countersigned correctly by the appropriate person, i.e. a Solicitor.
- Have you given evidence of a name change, i.e. a marriage certificate?

Further information on pharmacy technician registration can be found at www.gphc.org.uk

Implementing Chronic Medication Service

The Chronic Medication Service has been in place for a year and the implementation of the service is progressing steadily. NHS GG&C continues to increase numbers of patient registrations and the subsequent creation of Pharmacy Care Records (PCR).

Pharmacists are reminded of the need to complete the two stage patient risk assessment within the PCR for each registered patient. Version 4 now includes a tick box that should be annotated once part 2 (risk assessment) has been finalised. The tick box falls within part 1 (patient profile) which is an editable function within the PCR. The risk assessment is not editable once the commenced. If the patient has any change in status which would affect the risk assessment, a new one must be opened and completed. The Home page will then show both entries in date order.

Some hints which may help pharmacists when completing their PCR for patients that you may wish to think about incorporating into practice:

- Gain as much information for the patient profile and risk assessment as you can at the point of registration. Missing information can be discussed with the patient at another time if this is more suitable.
- Use of crib sheet as a memory prompt to asking questions.
- Use a diary/ NHSnet calendar to plan workload for PCR. Version 4 has two reports which can be run off to help target completion of patient profile and care issues.

The next therapeutic area for clinical support will be Diabetes and will be held on Thursday 9th June, 7pm Campanile Hotel. Any pharmacist wishing to attend should contact Bridie McCallum, Community Pharmacy Development Team, by fax to 0141 201 5637 or by email to GG-UHB.cpdevteam@nhs.net

Discontinuation of Calamine containing products from Tayside Pharmaceuticals

Tayside Pharmaceutical are experiencing growing problems obtaining suitable quality raw materials for the manufacture of Menthol 0.5% and 1% in Calamine Creams, and Calamine Cream that community pharmacists currently obtain from them. They have tried to source the raw materials from alternative suppliers but have failed to be successful, and the resultant product is unacceptable.

Tayside Pharmaceuticals have now informed NHS GG&C that they shall have to discontinue the above products with immediate effect. Any outstanding orders will be cancelled.

In line with the British Association of Dermatologists (BAD) document – "Preferred Unlicensed Dermatological Preparations (Specials) List" which Dermatologists have

signed up to either via BAD or Scottish Dermatologist Society (SDS) the preferred alternative would be Menthol 0.5% or 1% in Aqueous Cream, both of which remain available from Tayside Pharmaceuticals.

However, a suitable alternative may be to order Dermacool® which is stocked by the main wholesalers. The range has various strengths of menthol and pack sizes, with an unopened shelf life of 18 months.

Change in Advice Regarding Additional Contraception for Women Taking Antibiotics

In their latest [guidance on Drug Interactions with Hormonal Contraception](#), the Royal College of Obstetricians and Gynaecologists no longer advises that additional precautions are required when using combined hormonal contraception (CHC) with antibiotics that are non enzyme inducers i.e. most commonly used choices. The advice to use additional precautions does however apply if vomiting or diarrhoea occurs as a result of the antibiotic or underlying illness.

For patients on enzyme inducing agents new contraceptive advice has been issued that takes into consideration the length of treatment with the inducing agent.

New Stoma Regulations from 1 July

Community Pharmacy Scotland (CPS) recently mailed out details of the new regulations governing the supply of stoma services which come into force on 1 July 2011. Contractors wishing to provide this service are required to send a completed registration form to Scott Angus at National Procurement as soon as possible to ensure inclusion in the list of providers from 1 July. In June, CPS will send a copy of the Stoma Appliance Claim Form for use in claiming fees for customisation and delivery. Completed forms should be sent to Moira Hanley at PSD for processing. Pharmacists are recommended to familiarise themselves with the content of the document and contact David Thomson on 0141 201 5311 or david.thomson@ggc.scot.nhs.uk should you have any queries regarding these new arrangements.

Sip feeds are changing



As you may be aware NHS Scotland has just completed a review of the provision of sip feeds and a new contract has been awarded to Abbott who manufacture the Ensure® Plus range of products.

The NHS Scotland contracts team assessed the range of products available and agreed that the Ensure Plus range:

- Provides flexibility of product choices to meet patients needs
- Provides a wide range of flavours
- Demonstrates an improved taste preference over other sip feed ranges
- Is nutritionally comparable to other similar products

The contract had previously been with Nutricia who supply the Fortisip range of products so any of your patients prescribed these sip feeds will be switched to an equivalent Ensure® Plus product with the support of the prescribing support team. If any of your patients are on sip feeds manufactured by other nutrition companies such as Fresenius or Nestle they will also be switched to comparable Abbott products. If any of your patients are on a sip feed where there is no directly comparable product they will receive a review from the prescribing support dietitian. Patients will be sent a letter detailing any change to their prescriptions.

Sip Feed Comparison

Previous Fortisip® Range	New Ensure Plus® Range
Fortisip Bottle	Ensure Plus Milkshake Style
Fortijuice	Ensure Plus Juice
Fortisip Yoghurt Style	Ensure Plus Yoghurt Style
Fortisip Multifibre	Ensure Plus Fibre

The table below highlights the variety of flavours available.

Ensure Plus Milkshake Style	Ensure Plus Fibre	Ensure Plus Juice	Ensure Plus Yoghurt Style
Banana	Banana	Apple	Orange
Blackcurrant	Chocolate	Fruit Punch	Peach
Caramel	Fruits of the Forest	Grapefruit	Pineapple
Chocolate	Raspberry	Lemon & Lime	Strawberry
Coffee	Strawberry	Orange	
Fruits of the Forest	Vanilla	Peach	
Neutral		Pineapple	
Peach		Strawberry	
Orange		Ensure Plus Savoury	
Raspberry		Chicken	
Vanilla		Mushroom	
Strawberry			

In order to prevent waste of NHS resources it is important that patients use up any stock of their current supplements before requesting a prescription for the Ensure Plus products.