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CMS Toolkit

Community pharmacies across in Scotland have been sent the national CMS toolkit developed by NES. This document is based upon the GGC resource that was circulated to our contractors in September 2012.

Please note that the NES document does not contain specific GGC guidance, advice and training materials that was included in our folder.

Whilst the NES resource is very useful for most components, **you are encourage to always refer to the GGC material** which is relevant to the guidance agreed in GGC in conjunction with CP, GP and IT colleagues.

CMS Payments – Check A

The “Check A” CMS phasing payments were made to contractors who had assessed 95% of their CMS who were registered by 31 October 2012.

Separate checks were made at the end of January and February and we have already provided feedback to individual contractors.

Overall results for the Health Board and Scotland are shown below.

Percentage of contractors achieving Check A payments:

	NHS GGC	Scotland
31 January 2013	47%	52%
28 February 2013	68%	65%

CMS Training

Serial Prescriptions

The last CMS training event in a programme of four was held in March and was aimed at contractors in Glasgow South and East Renfrewshire CH(C)Ps.

We have had favourable feedback from these sessions. However, we are conscious that some pharmacy staff have not been able to attend.

A further event is therefore planned for May and we will distribute information in due course.

Covert Administration

Covert medication is the administration of any medical treatment in disguised form. This is likely to be prompted by a refusal to take medication when it is offered, but where treatment is necessary for the person’s physical or mental health.

Covert administration can be appropriate under certain circumstances and the Mental Welfare Commission advises that pharmacist input is essential if administration involves crushing tablets or combining medication with food and drink. However the care pathway does not specifically require pharmaceutical advice to be recorded and retained by the pharmacist, GP practice or care home (where Relevant).

The NHSGGC Care Home Pharmaceutical Care Group has developed a template for recording the pharmaceutical advice provided by community pharmacists to support covert administration of medication. The group recommend the use of this template, which can be completed and retained by the pharmacist, GP practice and care home staff where relevant to support an effective audit trail.

This good practice guidance document will be sent to community pharmacies by email and is also located on our website.

Patient’s Rights Act 2011

We wrote out to contractors last year regarding the above act.

Arrangements have now been agreed and on the 29 April 2013 contractors will receive details of how to complete a consolidated return for complaints received in the year April 2012 - March 2013.

Domiciliary Oxygen – Transfer to Dolby Vivisol - Rollout Programme

As previously intimated, the provision of domiciliary oxygen services will move from community pharmacy to a single supplier for Scotland.

In NHS Greater Glasgow & Clyde, this process started in February but the rollout was delayed.

I have now been advised that National Services Scotland (NSS) is in the process of transferring patients in East Renfrewshire, East Dunbartonshire and West Dunbartonshire and that the process is almost complete in those areas.

Letters to patients in Inverclyde, Renfrewshire and Glasgow City are in preparation and will be sent out soon.

It is important that contractors continue to provide an oxygen service to patients during the transfer process to enable this to go as smoothly as possible. The agreement that CPS has obtained with NSS and BOC requires contractors to cooperate with Dolby Vivisol during the changeover period. I would therefore request that contractors continue to provide the oxygen service to patients until such times as Dolby Vivisol confirm that they have completed the transfer exercise and all patients have been safely moved across to the new service.

We are hopeful that the transfer process will be complete by the end of May 13. Updates will be provided as the transfer progresses.

Lost Cylinders

The agreement negotiated between NHS, CPS and BOC mean that community pharmacy oxygen contractors will not be liable for any cylinders that have been lost whilst providing this service. BOC will continue to charge community pharmacists for "lost" or "missing" cylinders for a two month period following formal completion of the oxygen transfer process. This two month period will commence once NSS has declared the transfer process "complete". This will allow BOC time to recover cylinders and get them back into their system. After this time, the national agreement will kick in and BOC will assume responsibility for all lost cylinders. I can confirm that we will reimburse cylinder rental for a period of 2 months after the transfer process has been completed.

Delays in completing the transfer exercise will not result in contractors being penalised for the loss of cylinders. Any appropriate charges levied by BOC in respect of cylinder rental will be met by the Health Board.

Coronavirus

A new case of confirmed novel coronavirus was confirmed in the UK in February (12th case reported world wide including 4 in UK) but the risk to UK residents remains very low. However residents of, or recent visitors to, the Middle East who are investigated in the UK with an unexplained severe acute respiratory illness (SARI) warrants further investigation. Further information available <http://www.hps.scot.nhs.uk/ewr/article.aspx>

Update on Typhoid Supplies

Supplies of typhoid vaccine remain problematic. Currently no single antigen typhoid vaccine is available and practices may want to consider using Viatim® but ensure at least 1 year has elapsed since any previous Hepatitis A vaccination to reduce risk of local reaction.

Note:

Injectable typhoid vaccine provides protection for 3 years. Cruell produce oral vaccine but this is not the preferred preparation. In exceptional circumstances, the PDC may be able to supply a GP practice. If required they should contact pharmaceutical public health on **0141 201 4464** to make arrangements.

Comfifast® tubular retention bandages and garments

Comfifast® tubular bandages protect those areas where creams have been applied and for the retention of wound dressings. Since the introduction of Comfifast there has been a gradual reduction in the use of Tubifast. For the first time in the last quarter of 2012 Comfifast accounts for 60% of cost of tubular bandages. Whilst, increases in the use of Comfifast have continued, overall annual spend has reduced demonstrating the cost effectiveness of this product.

It is evident that further cost efficiencies can be made if this trend continues, whilst maintaining quality of patient care.

All patients who are new to the case load should have the Comfifast range prescribed in preference to other proprietary names. All patients currently on the caseload should be reviewed to ensure that subsequent prescriptions are for Comfifast® tubular bandages and garments.

Conotrane® barrier cream

Conotrane® silicone barrier cream is the only proprietary barrier preparation included in the GGC Formulary, and is more cost-effective than Sudocrem or Cavilon Durable Barrier Cream. Conotrane can help to maintain skin integrity when included in a structured skin care programme for those patients who are incontinent (SSKINS care bundle).

Conotrane® contains dimeticone, and when applied to the skin creates a barrier between the skin and any other water soluble skin irritants. It also contains Benzalkonium chloride, effective against a wide range of bacteria and fungal infections.

Based on current prices, efficiency savings of £50,000 per annum across NHS GGC can be achieved by switching Sudocrem® and Cavilon™ Durable Barrier Cream to Conotrane®.

New patients should be prescribed Conotrane® when a barrier cream is required for the prevention of incontinence dermatitis. A review of patients currently on the caseload who are receiving other proprietary named products should be carried out and changed when appropriate.