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Instalment Endorsement

Community pharmacy staff are reminded of the need for accurate endorsements for instalment dispensing, especially for controlled drug, prescriptions. Recent random sampling as part of the Board's payment verification procedures has alerted regular inaccuracies in endorsements especially when the patient has failed to collect an instalment. Please ensure that the quantity endorsed matches the quantity given to the patient.

If you scan instalment dispensing prescriptions **you must** ensure that the electronic claims include the instalment endorsement. Claims without this which contain sufficient data to be automated will be paid from the claim message. Failure to do so could potentially result in a drop in your transitional payments.

Please ensure that you do not send the claim until you have all the necessary information e.g. Whether the patient has collected all the instalments. You must ensure that all staff who produce dispensing labels are aware of how to:

- a. Park a claim for submission later
- b. How to update a claim prior to sending
- c. Where parked claims are held on the system
- d. How to submit parked claim once all the necessary information is available
- e. How to amend a submitted claim (within 14 days)

If you or your staff are unaware of how to perform these functions please contact your PMR supplier or the pharmacy facilitators for advice.

For further information regarding electronic endorsing please see the PSD electronic endorsing guide: http://www.communitypharmacy.scot.nhs.uk/endorsing_guide/Section1/introduction.html

HPV vaccine 12-13

The national immunisation programme for Human papilloma virus (HPV) to protect against cervical cancer continues to be very successful. Provisional uptake figures

for the schools-based element of the third year of the programme indicate that, by August 2011, uptake of the first dose in S2 reached 92% with 90% achieved for the second dose and 81% for the third dose. It is routinely provided to girls aged 12-13 years in the second year of secondary school but any girls who are under 18 remain eligible regardless of school year.

Recently the Scottish Government announced the change in contract from Cervarix® to Gardasil® from 1st September 2012). Gardasil® protects against the two strains of HPV that cause over 70 per cent of cases of cervical cancer in the UK, and also provides protection against a further two strains of HPV that cause around 90 per cent of genital warts.

Girls who have previously received one or two doses of Cervarix® should however complete their course of vaccination using Cervarix® where possible. The aim should be to complete any Cervarix® courses by April 2013 which is when current Cervarix® stock expires.

It is important that girls receive the full 3-dose schedule in order to ensure maximum protection.

The primary purpose of the national immunisation programme is to protect against cervical cancer. It would not be appropriate, therefore, as part of the NHS programme, to offer Gardasil® to those who have had a full course of Cervarix®

Full details on the vaccine schedule and dosage will shortly be updated and found in the Green Book chapter available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079917

CPD support

As the GPhC have now started recalling CPD entries for review again, community pharmacists (and registered technicians) may find some of the resources available from NES useful to support them getting started.

There are CPD surgeries available at NES offices at 2 Central Quay and can be booked using the NES portal system (www.portal.scot.nhs.uk) or some of you may find it easier to view the CPD webinar. Viewers must first log on to the site (<http://www.video3uk.com/nepharmacy>) and then select the Eventcast option before scrolling down to the CPD documentation option.

Macmillan Pharmacist Facilitator Project update

This 3 year project, funded by Macmillan Cancer Support, to develop the provision of palliative care through community pharmacies, concludes in October 2012. Each community pharmacy will, on average, have around 34 patients each year with palliative care needs - *do you know who yours are?*

A report of the first two years of the project, which contains powerful messages from patients and carers and could help you to improve your service, is available on:

<http://www.palliativecareggc.org.uk/uploads/file/guidelines/Macmillan%20Full%20Report%2031012012%20FINAL.pdf>

The report includes:

- Information resources for patients, community pharmacies, and multidisciplinary teams
- Communication between services and networking
- Skills development in palliative care for pharmacy support staff and pharmacists

The introduction of training for support staff has been one of the most exciting developments, including an introduction to palliative care, dealing with difficult conversations, and supporting carers; one or two further sessions, open to support staff across GGC, are planned for September/ October 2012; details will be circulated to all community pharmacies. Comments from participants reflected the impact on their work:

*'Being able to recognise when the patient or representative may need more support'
'.....look out for nurses as they come in and letting them know we do palliative care'
'I see the absolute benefit of knowledge acquired for days when the regular pharmacist isn't there...'*

A further update to the Palliative Care purple Resource Folder held in every community pharmacy in NHS GG&C will shortly be distributed, and an interactive PDF version posted on the CPDT pages of StaffNet. We have established that some pharmacies have failed to update their purple folder with the previous update pages, which is disappointing bearing in mind the impact on patients and carers of outdated information, and the huge amounts of time spent preparing these updates.

Why not nominate a member of staff to take responsibility for maintaining the folder?

Key updates include:

- Contacts page for specialist advice updated to reflect staff changes (tel numbers unchanged).
- A new pharmaceutical care needs assessment tool for palliative care (reproduced with permission from NES).
- Glycopyrronium 200mcg/ml injection added to stock list for network pharmacies to reflect medication choices for respiratory secretions in the palliative care guidelines.
- Levomepromazine 6mg tablet information updated to reflect change in supplier; new printable PIL for this product in PDF version and on the GGC palliative care website at [http://www.palliativecareggc.org.uk/uploads/file/guidelines meds/Levomepromazine%20Card%20Final%20\(2\).pdf](http://www.palliativecareggc.org.uk/uploads/file/guidelines%20meds/Levomepromazine%20Card%20Final%20(2).pdf).
- New drug monographs for alfentanil and hydromorphone.
- For network pharmacies, new authorisation codes for courier service.

Case report:

Despite all the intensive work in the project and by the specialist palliative care pharmacists over many years, we are frustrated by continuing failures in care reported to us. A recent example told of a daughter who spent 4 hours in the last 48 hours of her father's life, trailing round 4 pharmacies before she finally managed to get prescriptions for midazolam and oxycodone dispensed. One prescription had been written for a strength of midazolam not used in palliative care, an issue we have repeatedly communicated in PostScript bulletins, prescribing aids and at trainings (10mg/2ml is the ONLY strength used). The first pharmacy receiving the prescription should have resolved this. *How would you have felt if you were the carer in this situation.....?*

We do know that there is a lot of good care being delivered, but rarely hear of this – please do let us know of examples that we can share.

The project team can be contacted via Carol Andrews, Project Administrator, carol.andrews@ggc.scot.nhs.uk or 01505 706873; or Janet Trundle, Project Lead, janet.trundle@ggc.scot.nhs.uk or 07825904775.

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