PostScriptCommunity Pharmacy



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Smokefree Services

Many congratulations to Douglas Miller and his team at Lightburn Pharmacy in being awarded the title of Smokefree Services Pharmacy of the Year in recognition of their tremendous efforts in achieving an amazing 4 week quit attempt success rate of 43% attained by an impressive 288 customers attending his pharmacy. In selecting an overall winner, judges took into account the demographics of the local population and compared the pharmacy's performance to previous years.

Competition remained fierce however with over 27% of GGC pharmacies achieving a quit rate of over 40% at four weeks. These pharmacies will be receiving a certificate to mark this significant achievement in the near future. Individualised pharmacy reports will also be delivered by the Public Health Pharmacy Facilitators over the next few weeks.

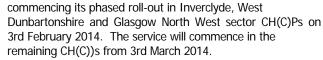
In adding her congratulations to the winners, Public Health Pharmacist, Liz Grant commented 'I would like to thank everyone who supports patients through their journey to be non-smokers. Your support and encouragement is so important and should never be under-valued. Thank you."

Drug alerts & recalls

Drug alerts/recall are routinely issued to advise practitioners of concerns over the quality or effectiveness of a pharmaceutical product or device. These are classified depending on how quickly they need to be actioned in minimising the risk of harm to the public. In ensuring these are handled effectively in primary care, community pharmacists are strongly advised to have a Standard Operating Procedure in place that accurately describes the actual process which is then adhered to in practice.

Gluten Free Foods Additional Pharmaceutical Service (GFF AEP)

Many community pharmacy contractors within NHSGGC have already opted into this new service with the Board



The service, operating on a trial basis until March 2015, is only available to eligible patients, i.e. those with a confirmed diagnosis of Coeliac Disease / Dermatitis Herpetiformis; registered with a GP in Scotland and not resident in a care home.

Patients who choose to opt in will be issued with a registration form by their GP for presentation to their preferred community pharmacy. The form will also contain a note of their maximum monthly unit allowance. Patients who previously received sweet biscuits on prescription will be allowed to continue to order these products, but must present a GFF patient service form to the pharmacy staff to increase the monthly unit allowance by 2 units. These patients can order a maximum of 2 units of sweet biscuits per month.

Community pharmacists are reminded that a unit allocation is not necessarily 'a per' product pack equivalent and should refer to the GGC gluten free foods formulary issued separately.

Further details are contained in NHS Circular PCA (P)(2013) 29 and on the Community Pharmacy Development Team intranet site at

http://www.staffnet.ggc.scot.nhs.uk/Acute/Division% 20Wide%20Services/Pharmacy%20and%20Prescribing% 20Support%20Unit/Community%20Pharmacy/Pages/ GluttenFreeFoodService.aspx .

Further advice and support can be obtained by contacting the Community Pharmacy Development team on 0141 201 5311 or Prescribing Support team on 0141 201 5427 for pharmacy queries or 0141 201 5213 for dietetics advice

Communicating effectively with patients and prescribers

Community pharmacies in GGC routinely dispense close on 2 million prescriptions each month without incident. On occasion patients may have cause to raise a concern with poor communication being one of the most common causes of complaint made to health services or professional regulators. A recent phone call from a GP highlights some of the difficulties that can occur.

A patient visited his GP to complain about a change in medication. This patient has been prescribed sodium valproate for epilepsy for the last 3 years. He has a complex medical history and some difficulties in comprehension. The initial recommendation from the specialist to the GP was for the generic drug and the prescriptions have always been issued as sodium valproate. The patient has always attended the same community pharmacy and until this dispensing, has always been supplied with Epilim.

On the latest prescription, generic sodium valproate was supplied with the patient receiving no counselling as to any change. On realising the product was different, the patient firstly queried this with the pharmacist who advised they had supplied what was on the prescription but gave little further explanation. The patient was upset by what he perceived to be a change to his medication made by his GP without any discussion and was worried about the possible implications for his seizure control. The GP had a difficult consultation trying to explain the clinical implications, attempting to give reassurance that his seizure control should not be affected, and also trying to explain where the breakdown in communication had occurred.

Could this have been handled differently?

As both the GP and the pharmacist are aware, when a prescription is written generically, the dispensing pharmacist has the discretion to decide which product is supplied. Unlike some other anti-epileptics, there is no compelling reason to always prescribe sodium valproate by brand. However, in some cases; stability of product may be desirable. Treatment history and seizure control will be factors in any decision to maintain a patient on the same product.

Careful counselling of this patient at the point of dispensing, explaining that the products are identical and that the doctor had not specified that Epilim was to be supplied may have reduced the patient's anxiety. An explanation that there has been recent guidance on when it is safe to switch antiepileptic brands, and that there are no known risks of switching between valproate products would have helped explain why the supply had changed. We will never know for sure, but a few minutes spent with the patient, centred on their needs and expectations could have saved time for the patient and their GP by averting another appointment, and may also have saved time overall for the pharmacy team who then had to dispense another prescription.

Dispensing of Hepatitis B virus (HBV) drugs in community pharmacies

In 2009, a change to the ADTC formulary resulted in four drugs previously used to treat HIV in secondary care being used to treat patients with Hepatitis B in primary care. Adefovir, entecavir, lamivudine or tenofovir treatment is initiated by, or on the advice of a specialist although prescribing may be continued by a GP on a GP10. Therefore, there is potential for community pharmacy staff to receive a request to dispense these drugs on a GP10.

Although the number of patients being treated in the community with these drugs is relatively small, with most receiving their dispensed medication without any problems, some difficulties occasionally occur with supply to patients.

Any patient initiated on treatment and transferred to GP care will be given a letter explaining how to obtain further prescription supplies. Letters will also be sent to the patient's GP and nominated community pharmacy for information. These drugs should not be ordered by the pharmacy until a GP10 is received. The letter to the pharmacy is for information only at this stage to allow staff time to set up any necessary arrangements to obtain stock, e.g. open an account etc.

Difficulties have arisen in the past when wholesalers either do not stock these drugs or have them listed as hospital only supply. Community pharmacists can order stock of Adefovir, entecavir and tenofovir directly from the manufacturers via Alcura UK (formerly Central Homecare) on 01420 540608. Lamivudine can normally be ordered from main wholesalers.

Refusal to supply is not an option as continuity of provision is essential in ensuring that patients have good access to this type of NHS treatment. If you are presented with a GP10 for these drugs and have contacted Alcura UK, you may be asked to fax the order along with an anonymised copy of the script. Orders received before 2pm should be processed that day for delivery the next working day.

Healthy Start Vitamins

Some contractors have expressed concern over stock of the Healthy Start Children's drops being supplied with a short shelf life resulting in the product becoming out of date

Arrangements have now been put in place with wholesalers for contractors experiencing this problem to be reimbursed for any returned out of date stock. Contractors should return any affected stock to the relevant wholesaler who will then arrange for full reimbursement of the purchase cost of the product currently £1.92 for Children's Drops and £0.91 for Women's Tablets. This arrangement will remain in place for the one year trial period and further details regarding a review of the Healthy Start Vitamin Scheme will be issued in due course

Macmillan Pharmacy Service

Following the successful evaluation of the Macmillan Pharmacy Facilitator Project (2009-2012) involving four CHPs in NHS GGC, the Board and Macmillan Cancer have jointly agreed to fund the transition of the project from this initial pilot phase to a Board-wide facility. This expansion commenced in October 2013 and sees the establishment of a new Macmillan Pharmacy Service, the first of its kind in Great Britain.

The Macmillan Pharmacy Service team is comprised of both pharmacists and pharmacy technician facilitators located within the following CH(C)Ps:

CH(C)P	Pharmacists	Pharmacy Technicians
West/ East Dunbartonshire	Jane Stuart	Raina Morris
Inverclyde/ Renfrewshire	Sandra Reynolds	Anne McGowan
Glasgow South / East Renfrewshire	Alex McMillan	Carol Pettigrew
Glasgow North West	Pauline Brown	Raina Morris
Glasgow North East	Nadia Afzal	Leighanne Bee

The service is committed to supporting palliative care patients, whether in hospices or living at home, by improving the standard and availability of these services from within the local the community.

The Macmillan Pharmacy Facilitator team aim to achieve this by driving a quality improvement programme which engages community pharmacies and the wider multi-disciplinary primary care team.

Key service objectives include: increased awareness of specialist and baseline palliative care services provided by network and non-network pharmacies; facilitating timely access in OOH to palliative care medication; delivering palliative care training to pharmacy support staff and GP practice managers & receptionists; developing palliative care information resources for patients; facilitating appropriate prescribing and timely dispensing of palliative care medicines.

FOR MORE INFORMATION

Visit: http://www.palliativecareggc.org.uk/index.php?action=cms.comm_pharm

Email: Service Lead, Kate McCusker, catherine.mccusker@nhs.net

Highlights from the December 2013 meeting of the Area Pharmaceutical Committee

- * The Committee welcomed Alison Devlin, representing Community Pharmacy Technicians, and Ellen Melland, representing pharmacists from the Acute Sector as new members to their first meeting.
- * Sharon Adamson presented on the Clinical Services Review and gave details of an exciting new project in Renfrewshire aiming to support the timely discharge of patients from hospital back into the community.
- * Members discussed the Prescription for Excellence

strategy document and agreed to respond to the Scottish Government with comments and questions on how the policy will be rolled out over the next 10 years.

* The Committee also agreed to respond to 2 current consultations, namely – 'Applications to provide NHS Pharmaceutical Services and Dispensing GP Practices – A Consultation' and 'Developing Guidance to support the safe and effective supply of Pharmacy (P) medicines'.

GGC to switch from using BD Luer-Lock syringes to Braun Omnifix Luer-Lock syringes.

For your awareness, community pharmacists are advised that a Board wide changeover plan has been developed to switch from using BD Luer-Lock syringes to Braun Omnifix Luer-Lock syringes. Acute sites started switching from 27th January and all Mental Health sites and Primary Care sites will be switched over from 10th February.

The decision has been made following an increasing awareness of a substantial number of clinical incidents (a number potentially significant or life-threatening) where infusion systems have failed to deliver essential medicines to patients.

Although unlikely to involve most community pharmacists directly, practitioners should be aware that this changeover will affect equipment used in syringe pumps which may involve staff involved in the Palliative Care Pharmacy network. Elayne Harris can be contacted on 0141 427 8248 and at Elayne.harris@ggc.scot.nhs.uk for more details

Complaints Reporting

Independent contractors should be aware that the next survey cycle for the Patient Rights Scotland Act 2011 information relating to complaints will be distributed week commencing 3 February 2014.

The response rate for community pharmacy returns over the last three quarter's has been excellent and we would encourage contractors to maintain this high level of response by ensuring they complete the next return within the required timescales.

The survey seeking information for complaints received during the quarter **October – December 2013** will open on 3rd February and will close on **28th February**.

Please note that alternative arrangements exist for multiple contractors. If you have any issues regarding any aspect of the process, please contact **the Community Pharmacy Development Team on 0141-201-5638 or 0141-201-5207**. Alternatively, information can be accessed via the CPDT intranet site (for those with access to an N3 connection) on the following link:

http://www.staffnet.ggc.scot.nhs.uk/Acute/Division% 20Wide%20Services/Pharmacy%20and%20Prescribing% 20Support%20Unit/Community%20Pharmacy/Pages/ PatientsRights.aspx