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Childhood Vaccinations and MAS

Community pharmacists are sometimes asked by other healthcare professionals to prescribe paracetamol under the MAS for children who are about to receive childhood vaccinations. As pharmacists are professionally responsible for prescribing under the MAS, the pharmacist requires to be in a position to decide whether it is appropriate to prescribe a product for a condition that is presented to them.

The Department of Health's Immunisation against infectious Diseases book, (the Green Book), advises that routine use of ibuprofen or paracetamol to prevent a fever following vaccination is not recommended as there is some evidence that prophylactic administration of antipyretic drugs around the time of vaccination may lower antibody responses to some vaccines. This information can be found in Chapter 8 of the Green book:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_133109.pdf

Pharmacists should also note that paracetamol is not licensed for use for children under 2 months of age, and ibuprofen is not licensed for children under 3 months of age.

Updated doses for paracetamol for infants are found on the MHRA website <http://www.mhra.gov.uk/Safetyinformation/DrugSafetyUpdate/CON123113>

PHS Campaign "Action on Hearing Loss." 21st May-1st July 2012.

Greater Glasgow and Clyde Clinical Governance have recently sent an information pack to highlight the relevance of this campaign to provide insight to deaf awareness, describe adaptations and techniques for people who are deaf or hard of hearing and to also highlight the Equality Act 2010.

This information pack will be part of a series of support information on how to reduce the impact of known communication barriers for specific patient groups in order to achieve safer and more effective use of improved patient care, and a reduction in medicines wastage.

Induction loops that are fully functional are required by law to be available for patients with a hearing impairment. Without these devices patients with hearing aids find it very difficult in a busy environment with background noise and distractions to understand complex and important information about medicines.

However a recent phone questionnaire conducted involving all of the 314 community pharmacies within Greater Glasgow and Clyde revealed

- **1 in 4 pharmacies do not have a hearing loop available,**
- **9 in 10 of those who had a hearing loop were not using it**
- **1 in 2 not recharging the loop.**

All pharmacies (both hospital and community) and any other area providing information to patients with who potentially have a hearing impairment should have induction loops available and adequate signage to inform patients requiring this service that it is available. All staff should be trained on their use and that use should take into account patient sensitivities, their right to privacy and treatment with dignity.



Dispensing and Preparing Extemporaneous Methadone

A marketing authorisation, or product license, defines a medicine's terms of use. A licensed medicine has been assessed for efficacy, safety, and quality and has been manufactured to appropriate quality standards. A product with a marketing authorisation is always preferable to the same unlicensed product. NPI Prescribers have been cautioned to think carefully whenever they decide to prescribe an unlicensed medication. (MHRA Drug Safety Update April 2009) The Royal Pharmaceutical Society guidance issued in September 2010 on the preparation and dispensing of extemporaneous methadone, an unlicensed product, requires that all pharmacies preparing extemporaneous methadone:

- **Must** have a robust Standard Operating Procedure in place.
- All staff involved **Must** be trained and competent.
- All ingredients **Must** be measured accurately regardless of the stated quantities listed by the Manufacturer.
- Appropriate high accuracy class 2 devices and British Standard 1922 dispensing measures **Must** be used in the preparation.
- Stock bottles **Must** be labeled appropriately and not reused.
- Complete records of all ingredients, quantities, source, batch numbers, expiry dates **Must** be maintained.
- The identity of the persons involved in the process and of the responsible pharmacist **Must** be recorded for each batch prepared.
- Register entries **Must** be made to comply with Misuse of Drugs regulations including the powder and the resulting mixture including running balances.
- All prescribers and patients **Must** be informed that the product supplied does not have a marketing authorization.
- Adequate indemnity insurance **Must** be in place to cover the increased liability linked to extemporaneous methadone.

"You must only dispense methadone extemporaneously if the quantity which you dispense on a regular basis makes it practically impossible to store sufficient quantity in safe custody"

It should also be noted that where errors occur in the preparation of extemporaneous methadone, the resultant mixture may be indistinguishable from correctly prepared stock. This increases the risk of supplying an incorrect product.

All preparations remain as part of the pharmacy stock and may only be disposed of in the presence of the authorised witness. The Accountable Officer **Must** be notified of any errors in preparation. Further Information can be found in the "Dispensing and Preparing Extemporaneous Methadone Quick Reference Guide" at <http://www.rpharms.com/law-and-ethics/dispensing-and-preparing-extemporaneous-methadone.asp>

Alternatively contact the Controlled Drug Governance Team on 01412015348

Controlled Drug Governance Team
Pharmacy Practice Support Unit
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NHSGGC Wound Formulary and Urinary Catheter Formulary

NHS GG&C have recently launched their newly revised wound dressing formulary and urinary catheter formulary. These are designed to streamline the types of products that are supplied within primary care so that the most cost-effective preparations are used. In addition, nurse colleagues are being asked to prescribe a maximum of 14 days quantity of dressings in order to reduce waste of dressings that are supplied for named patients and not used, resulting in pharmaceutical destruction.

In terms of community pharmacy, this means you may be presented with a prescription for dressings which will require you to split a box as part of the dispensing process. PSD will accept Broken Bulk endorsement on dressings, but Community Pharmacy contractors must be aware that BB should only be used for those items where they do not expect to dispense the remainder of the pack. Pharmacists are reminded that the Drug Tariff contains details on the use of BB endorsement and when it should be used. Pharmacists should consider whether they are likely to use the remainder of the box within the next 6 months and if so, then BB endorsement is not appropriate.

Generic Community Pharmacy Risk Register

Risk Registers are important clinical governance documents used by NHS and other organisations to qualitatively and quantifiably define and manage risk. In NHS GGC, PPSU has worked with community pharmacists to develop a Community Pharmacy Risk Register which focuses on community pharmacy risks that may be moderated by input from the managed sector.

The Community Pharmacy Development and Clinical Governance Audit facilitator teams regularly review the document and ratify amendments with the Local Implementation Group as a control.

Please find the latest iteration of the Community Pharmacy Risk Register at:

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

(Available for access via our intranet site for independent contractors and Co-Op pharmacies)

The Audit facilitator team welcomes any comments or suggestions which may be returned to GG-UHB.auditfacilitator@nhs.net



Smokefree awards

Two pharmacies have recently been awarded "Pharmacy of the Year" awards for their Smokefree Pharmacy Services. The successful pharmacies are:

Lloyds Pharmacy, Unit 38 Shandwick Square – Pharmacy of the Year for Highest number of Quit attempts in 2011

Lloyds Pharmacy, 263 Alderman Road, Knightswood – Pharmacy of the Year for Highest number of 4 week quitters in 2011

Congratulations to both teams in achieving these results.

APC meeting – 20th June

The APC noted that their paper 'Making Older People Feel Better' had been well received by the Area Clinical Forum and would await feedback from other advisory committees. Positive comment had been gained from nurses who felt it was an informative document. The paper has been submitted to the Nurse Director and the will be taken to the Quality Policy Group by the Board Head of Policy.

Discussion was undertaken around the Board's initiatives Facing the Future Together and Clinical Services Fit for the Future. The APC will return comment to the Board through the Area Clinical Forum, highlighting the ways in which pharmacy is already attempting to implement the FTFT approach and exploring the ways in which pharmacy can contribute to clinical services planning for the future.

The meeting also discussed work strands supporting the Charter of Patient Rights and Responsibilities, particularly management of patient complaints and agreed to undertake further work around this in support of community pharmacy. It was also agreed review and respond to the consultation on the Integration of Adult Health and Social care in Scotland.

Not Collected items

It has been brought to our attention that community pharmacy staff appear not to be using the "not collected" electronic endorsement function within the PMRs for items which are made but never transferred to the patient. It is good practice (especially in preparation for CMS), that dispensary staff establish a new routine of sending the electronic claim at the point of collection by the patient and not at the point of labelling. For those items which are then not uplifted by the patient, the dispensary staff must ensure that the electronic claim and the paper copy are both endorsed NC. For any items which are not collected but when the electronic claim has been submitted more than 14 days previously, then the paper copy should be hand endorsed, and a line drawn through the barcode, forcing the paper to be processed by a keyer.

Monitored Dosage System – change in contract

Community pharmacy colleagues will be aware of the outcome from a recent re-tendering exercise for the supply of compliance aid products to the NHS in Scotland with both Venalink and MTS approved as suppliers. From 1 June 2012, contractors will only be reimbursed for the supply of approved products, from these companies, listed in the national contract. These are now limited to the following items –

Venalink

Supplier Code	Description
PB1QUBE	Pill Bat Single CS (foam) Qube
T12230	Qube Card Blister
T12F195	Qube Card Trifold
ROL1	Roller for cold seal card

MTS

Supplier Code	Description
200-46PLA	Additional blisters
200-56	Extra deep blisters
657-28	Filling templates
660-10	Pillbobs
Pluspak patches	Pluspak repair patches
3328-10	Pressure sensitive 2 piece Trifold card
660-00	Roller
710 Flap	Spare label flaps

Where pharmacies have opted to use corporately branded cards, e.g. Lloydspharmacy, NPA, etc., and these match the specifications in the national contract, reimbursement will be based on the cost of generic style with the additional cost incurred being met by the pharmacy contractor. Full details have been included in a separate mailing and David Thomson can be contacted on 0141 210 5311 and david.thomson@ggc.scot.nhs.uk should you have a particular concern

Insulin e-learning module

Through a series of initiatives there is a drive to improve insulin prescribing in hospitals. The e learning module "The safe use of insulin" is accessible to all health care staff and is aimed at all healthcare professional, who prescribe, dispense or administer insulin. Insulin safety and reducing harm from insulin is a strand of the current SPSP work, community pharmacists may find this course useful, as well as providing a good CPD opportunity! the resource can be accessed from http://www.diabetes.nhs.uk/safe_use_of_insulin/safe_use_of_insulin_elearning_module/elearning_course/

Medicines Management Community Pharmacy LES

Community Pharmacies are reminded that the next quarter's information and submission for the Community Pharmacy Medicines Management LES is due shortly. The reporting tool for the second quarter will be sent to all pharmacies for completion within the next week. Submission of this information is required as part of the MM LES. Please ensure that the necessary information is also shared with GP practices for them to fulfil their part of the LES.

Pharmacy SmokeFree Services: onwards and upwards with electronic recording

In May, we launched the e-database thus allowing electronic recording patient details for the Pharmacy Smokefree Service in some pharmacies in the North West of Glasgow. Throughout July, this will be extending the programme to Inverclyde, Renfrewshire and the North East.

Unfortunately if you work in Boots, Lloyds or Rowland's the programme is not currently available due to firewall restrictions...although we are forever hopeful!!

If you are in one of these areas previously mentioned, you will shortly be receiving the User's Guide (84 page document, but it comes with a 4 page summary, so don't be alarmed).

The system is very straight forward to use. Our current users all agree with that, so please don't be worried.

Any problems, feel free to call the office on 0141-201 4948 or email liz.grant@ggc.scot.nhs.uk

Substitute Prescribing – data request

The Scottish Government is currently in the process of developing outcomes-based data on the impact of care and treatment in supporting an individual's recovery through the Scottish Drug Misuse Database (SDMD). This information is complemented by the new drug treatment waiting times database, which was rolled out across Scotland on 1 April 2011 which records access to a range of interventions, including substitute prescribing. However, up to date data on the actual number of individuals receiving substitute prescriptions in Scotland is currently not known.

NHS GG&C has received a request from the Government to provide data on substitute prescribing. Contractors were asked to submit information regarding the total numbers of patients the pharmacy has dispensed either Methadone or Buprenorphine to, between the 1st and 30th April 2012. You will be able to provide this information by counting the number of individual entries recorded in the specific sections of your Controlled Drug Register over the

specified time period. In the event that a patient has received more than one supply of a treatment over the month (e.g. two prescriptions for 14 days) then they should be counted only once.

Contractors are reminded that this information is required to be sent to CPDT office by Wednesday 4th July 2012, latest.

Optometry Referrals for Eye Problems

Recent changes to the General Optometry Services (GOS) contract states that optometrists are the first port of call for eye problems. This includes any minor eye problems which may be presented within a community pharmacy. To help facilitate these changes and encourage two-way referrals, Community Pharmacy Scotland and Optometry Scotland had previously produced a referral form for use when patients presented in a community pharmacy with an eye problem but who needed to be seen by an optometrist. Pharmacists should complete the form, give to the patient and ask them to attend their optometrist where their eye will be examined and a treatment recommendation made. Some of these treatments will be available using MAS. Copies of the form and eye products available on MAS are available from the CPS website (<http://www.communitypharmacyscotland.org.uk/resources/files/NHSCareServices/Pharmacy%20-%20Optometry%20Referral%20Form.pdf>) and will also be placed shortly on the CPDT intranet site (independent and Co-Op pharmacies access only)

Two CHCPs (Inverclyde and West Dunbartonshire) are piloting a direct product supply by optometrists to patients of a small list of drugs suitable for eye problems. Pharmacies in these two areas are specifically asked to use the CPS/OS referral form to facilitate this pilot. On these occasions, if the end result of the optometry consultation is the supply of one of the medications on the supply list, then the form will be retained in the optometrist and not sent back to the Pharmacy (it will only be sent back if there is any action required by the community pharmacist).

Prescribing of capecitabine

A recent Datix report highlighted an incident whereby a patient in the community was able to obtain a GP10 script for capecitabine which was then dispensed by her community pharmacist. The patient's treatment programme continues to be managed by secondary care and the additional quantity supplied could have placed her at unnecessary risk. Although capecitabine is technically not a hospital only product, community pharmacists and GPs are reminded that prescribing of capecitabine within GGC is initiated and maintained in secondary care. Treatment cycles are patient specific and can be part of a complex care programme. It is inappropriate for the product to be added to the list of routinely repeated items and any request for additional supplies in the community should be referred back to secondary care colleagues for clarification.