

- Patient consent for CMS
- Automation of Short Supply
- Coronavirus
- CPUS
- Domiciliary Oxygen
- Discharge Prescriptions
- Update from APC
- Measuring Nystatin

Patient Consent for CMS

CMS and the use of serial prescriptions are becoming part of daily life for community pharmacists in NHS GG&C. The issue of patient consent has come to our attention and, although the arrangements have not changed, we would like to offer guidance for community pharmacists.

When a patient registers with the pharmacy for CMS there are four declarations that they must agree to and then sign. If they don't agree with any of the declarations then the registration should not proceed.

The 1st declaration requires explicit consent from the patient to allow information to be shared between the pharmacy and the patient's medical practice. As such, only the patient can give permission to share their data.

The only situation where someone other than the patient should sign the CP3 form would be if the patient is physically unable to sign the form e.g. through disability or injury. In these rare cases, explicit permission must be obtained before the CP3 form is signed. In addition, we would strongly recommend that where possible this should not be a member of the pharmacy staff.

Where form has to be signed on behalf by the patient, this should be annotated with the reason and name of the signatory (in capitals).

Automation of Short Supply

We recently sent you the following link to PSD's guidance on the Automation of Short Supply from 1 July 2013.

This could have an impact on your payments and if you have any doubts about how to endorse electronically please contact the Pharmacy IT Facilitators.

<http://www.communitypharmacy.scot.nhs.uk/index.html>

CPUS – Length of supply

The use of CPUS forms through the unscheduled care service offers community pharmacists an opportunity to assist patients when they are unable to access their GP practice for repeat medication.

Although the service allows the supply of up to one complete cycle of the patient's repeat medication, this may not always be appropriate. In some cases, for example, the GP may have intended to review or alter the treatment. GPs have raised concerns about individual cases and we would want to offer the following advice.

Length of treatment

By the nature of the service, the GP may not be contactable and pharmacists have to assess the risk benefit of supplying a full prescribing cycle. In general, we would recommend that no more than one month's supply should be given.

DMARDs

In cases where a patient requests the supply of a DMARD such as methotrexate, or for other high risk drugs, we would recommend that the Pharmacist contacts the patient's GP where possible. Where this is not possible, the patient should be supplied with only the minimum quantity until the ongoing supply is confirmed. In the case of DMARDs, quantities for more than a week's supply should NOT be supplied unless extremely exceptional circumstances.

Coronavirus

Middle East Respiratory Syndrome Coronavirus (MERS-CoV), formerly called novel coronavirus was first identified in September 2012. Since then 64 confirmed cases have been reported worldwide of whom 38 have died. All cases are linked to four countries, Jordan, Qatar, Saudi Arabia and the United Arab Emirates. There have been no new cases of MERS-CoV in the UK since February 2013 and therefore there is currently no change to the risk assessment for the UK issued by HPA (4 cases in the UK). No cases as yet have been reported in Scotland. GPs and hospital staff have been alerted to consider the possibility of MERS-CoV in any cases of severe respiratory illness associated with the travel history to affected countries above.

Further information is available at <http://www.hps.scot.nhs.uk/resp/coronavirus.aspx?subjectid=CA>

Domiciliary Oxygen

The general provision of the Domiciliary Oxygen Service through community pharmacy ended on 30 June 2013 when the service transferred to Dolby Vivisol.

Some patients continue to be identified and, although numbers are small, we have decided, as an additional safety measure, that oxygen will continue to be available from some community pharmacies.

In discussion with the Area Contractor's Committee, it has been agreed that the following pharmacies will hold limited stocks of oxygen for at least the next two months.

This provision is only for exceptional cases. If the service is accessed, steps will be taken to ensure that the supply for the patient is transferred to Dolby Vivisol as soon as possible.

Pharmacy		Telephone	CH(C)P
Lloydspharmacy,	Alderman Rd,	0141-959-1914	Glasgow City CHP - North West
Boots,	St Enoch Sq	0141-248-7387	Glasgow City CHP - North West
Bannerman,	220 Saracen St	0141 336 8114	Glasgow City CHP - North West
Rowlands,	185 Springburn Way	0141-558-5259	Glasgow City CHP - North East
Fergusson,	Wallacewell Rd	0141-557-2121	Glasgow City CHP - North East
Lightburn,	Carntyne	0141-774-2900	Glasgow City CHP - North East
Lloydspharmacy,	Croftfoot	0141-637-0377	Glasgow City CHP - South
Houlihan,	Darnley	0141-621-2970	Glasgow City CHP - South
Catterson,	Pollokshaws	0141-632-1149	Glasgow City CHP - South
Stuart Chemist,	Giffnock	0141-638-0150	East Renfrewshire
Lloydspharmacy,	Kirkintilloch	0141-776-1950	East Dunbartonshire
Boots,	Alexandria	01389 752606	West Dunbartonshire
Boots,	Rutherglen	0141-647-6089	South Lanarkshire
Boots,	High St Paisley	0141 889 3897	Renfrewshire
Boots,	Greenock	01475 720805	Inverclyde

Hospital Discharge Prescriptions

Increasingly community pharmacies are being sent copies of patients' hospital discharge prescriptions. Feedback that we have received is that these are welcomed by community pharmacists as they help to ensure that, where appropriate, changes made in hospital are continued after discharge.

Whilst this is very useful information to community pharmacy, it is important to note that hospital discharge prescriptions have to be reviewed by the prescriber.

The discharge prescription details the list of medications that a patient was receiving at the point of discharge. Following review, further changes may be made by the GP. The hospital discharge should therefore only be used as a source of information to aid communication between the pharmacy and the medical practice to support medicines reconciliation.

In addition, community pharmacists may often receive the discharge prescription before the GP practice and it is therefore vital that any issues are discussed with the practice.

The role community pharmacy play, particularly at the "high risk" times when patients move between healthcare settings, is vital and we appreciate your ongoing support.

Update from the APC

At its last meeting on June 19th the APC:

- Ran an informal session to define and focus work plan items for the next two years. Agreed key issues were the Scottish Patient Safety Programme, the new undergraduate training courses and addictions work among others.
- Discussed the representation of pharmacy technicians on the APC and will undertake further discussion with relevant bodies to see if this can be taken forward.
- Agreed that they will undertake work highlighting how community and primary care pharmacists support patients to empower themselves to undertake self management of their conditions.
- Agreed to investigate a register of services to assist pharmacists when they are signposting patients.

Measuring Nystatin

When dispensing nystatin suspension, could you please check that the pack includes a measuring device? We understand that some packs do not have this, in which case an oral syringe will have to be provided.