

Issue 70, June 2012 Produced by NHS Greater Glasgow and Clyde Community Pharmacy Development

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## Pharmacy Care Record – user accounts and password.

The ePharmacy help desk has dealt with ~1300 calls from pharmacists within NHS GGC in the past six months. Nearly 25% of these calls relate to pharmacists who have lost or forgotten their Pharmacy Care Record (PCR) password.

All pharmacists are reminded of the need to keep their passwords safe as they remain valid for 60 days before they need to be changed. Pharmacists can also set up security questions within the PCR which will allow the system to reset the password, rather than logging a call with the Help Desk.

Please ensure that you know your password and use it to associate to the PCR daily during this bedding in period for CMS.

## Electronic Endorsement Guide

Copies of the above guide were posted to every pharmacy in Scotland last summer. As more and more items become automated for ePay purposes, and the increasing use of serial prescriptions for CMS, pharmacy dispensing staff are reminded of the need to be familiar with the electronic endorsement rules to ensure that the paper copy and electronic messages are correctly annotated. Additional copies of the guide can be downloaded from the Community Pharmacy Scotland or PSD websites.

Care needs to be taken especially when endorsing "Special Prices" as often this is often being incorrectly added to the electronic endorsement as "Expenses". Similarly, when using the Special Price function, the price that is annotated should be exclusive of VAT.

In addition, pharmacy staff are reminded that if they use their own "home made" or short codes for internal dispensary use, this should be annotated in the bottom left

corner of the prescription form and not in the endorsement column. Extra annotations in this area may cause mis-payment due to the ePay functionality.

## Patient Rights (Scotland) Act 2011 – Secondary Legislation and the Charter of Patient Rights and Responsibilities

The above Act received Royal Assent on 31<sup>st</sup> March 2011 and made provision about the rights of patients when receiving health care, specifically that such care should: -

- be patient focused;
- have regard to the importance of providing the optimum benefit to the patient's health and well-being;
- allow and encourage the patient to participate as fully as possible in decisions relating to the patient's health and well-being; and
- have regard to the importance of providing such information and support as is necessary to enable the patient to participate in decision making by ensuring that the patient is supplied with information and support in a form that meets their needs.

Health Boards are now required to collate and review complaints information quarterly and feedback, comments, and concerns information annually and to demonstrate what learning and improvement has taken place as a result of such interaction.

To facilitate this each community pharmacy is required to appoint (nominate) a Feedback and Complaints Officer who will take responsibility for providing this information to the Board on behalf of their pharmacy. It is important that your Feedback and Complaints Officer is aware that in addition to anonymised annual information in respect of patient feedback, comments, and concerns, the Board will also require the following information in respect of complaints on a quarterly basis:

- the number of complaints received;
- the number of complaints received where alternative dispute resolution was used;
- whether the response period of 20 working days was met;
- a summary of the key themes of complaints received; and
- a summary of what action has been taken to improve services as a result of complaints.

## Controlled drugs : data security

We have received an unconfirmed report that an old style controlled drug register was being passed around a group of substance misusers in Lothian. One of them handed it back into a community pharmacy and it was then passed to the police. It is not clear where the register came from or whether this is an isolated incident. Remember that old CD registers do contain sensitive personal information, as classed by the Data Protection Act, including patients' names, addresses, details of prescribed medication plus information about their doctor and whether they collected medication themselves. Old CD registers must be kept for at least two years from the date of the last entry and after that any disposal should be via a confidential waste stream.

## Palliative Care Pharmacist Update

As many of you are aware, Janet Trundle recently retired from her post as Macmillan Specialist Pharmacist in Palliative Care. Arrangements have been put in place with other members of the team providing support to GPs, community pharmacists and hospices until Elayne Harris returns from maternity leave.

Community pharmacist requiring help, support or advice from the Palliative Care team should call one of the numbers below:

Palliative Care Pharmacists( GG & C) contact details	
Macmillan Lead Pharmacist	07876 478140
Palliative Care Pharmacists in Primary Care	
Specialist Pharmacist Palliative Care	07880 786659
Specialist Pharmacist Palliative Care	07775 012560
Marie Curie Hospice	0141 557 7400 page 24 (Mon/ Wed/ Fri)

## 10 Golden Rules for Safe CD Use

Anyone who has an incident involving a controlled drug is required to report it to the Accountable Officer. We have tried to pick out a few themes from these reports to highlight common problems. Think about whether you need to review your practice to reduce the chance of making a similar error.

1. Received CDs? Record what, when, where from and how many. And record it in a legally compliant CD register.

2. Used or supplied a CD? Record who got it, how much and when. Do this as soon as possible.

3. If you are supplying a CD to a patient and something seems a bit strange, stop and double check. If the Oramorph® is pink instead of clear you should pause and wonder why. It's pink because it's 100mg/5ml rather than 10mg/5ml. You don't want to be responsible for a ten-fold overdose. Oh, and that's also why the original pack is a different size and the label is a different colour from what you expected.

4. Prescribing or ordering CDs on computer? Check you've picked the right item from the drop down menu. Oxycodone capsules and tablets are very different and have different dosing schedules. Buprenorphine patch 20mcg/hour is changed every seven days; the 35mcg/hour patch is changed every 4 days.

5. If you are giving out methadone check you have the right patient. It sounds simple, but you'd be surprised how often people get given the wrong person's dose. Why not ask the patient what dose they expect?

6. A new patient getting very high doses of MST® or another opioid? Check with the person collecting the prescription if they have had it before and the dose if possible. Prescriptions aren't always right.

7. Don't destroy stock CDs without the presence of an authorised witness. It doesn't matter who the stock belongs to. GPs and pharmacists are subject to the same rules. Phone the CD team to arrange destruction.

8. Patients or their representatives can return dispensed CDs no longer required to community pharmacies. Pharmacists should keep records of what is returned and when it is destroyed. This doesn't need an authorised witness.

9. If you have stocks of CDs on your premises or in your possession, you are legally required to have written standard operating procedures covering every action with CDs. Make sure that you have read and understand them and that you follow the processes. SOPs aren't there to inhibit your freedom of expression. They are there to minimise risks and safeguard patients. Most of the incidents reported can have the causes traced back to someone not following the SOPs. If the worst happens, how could you defend that?

10. Got problems with CDs such as missing stock or do you have concerns about something you have seen related to CD use? Phone the CD team on 0141 201 5348 for calm, helpful and proportionate advice.