

NHS Healthcare provision to Police Custody Suites

Healthcare services to the Scottish Prison Service, provided by the NHS for over two years, have now been extended to include all police custody suites across Scotland from 1st April. In NHS GGC, this is a nurse-led service with 18 nurses supporting the Forensic Medical Examiners (FME). The nurses are based at a new hub within Cathcart Police station and triage calls where a prisoner requires healthcare treatment for all of the 10 custody suites across GGC.

Depending on the severity of a patient's condition, a nurse or an FME will examine the prisoner, providing appropriate advice or any prescribing requirements identified. Opiate substitution therapy is not prescribed but may be administered using the prisoner's own supply from their community pharmacy.

A small quantity of stocked drugs supplied by NHS GGC is stored on each site for use by nurses. These are supplied under fourteen PGDs for minor ailments or detox regimes. An extended drug list is available for the FMEs to prescribe for prisoners. All other medicines identified for patients during their custody stay will be prescribed using HBP pads for dispensing at a convenient community pharmacy. Medication is then dispensed into a compliance aid device for administration to prisoners during their stay in custody.

Existing arrangements for collection of methadone requirements for prisoners in custody remain as currently. Further work is ongoing to formalise a communication process between custody suite healthcare staff, community pharmacies and prescribers for patients who have their methadone dispensed in custody to ensure continuity of supply on release.

Community pharmacy staff should be aware that they may receive calls from nursing or medical staff in relation to a prisoner and your help and co-operation in this matter

Instalment Dispensing

A number of calls have been received in the past month seeking clarification on what is meant by the term 'Dispense Weekly'. Most contact has been from GPs querying why, having been requested to endorse a script accordingly are aware that the patient receives supplies at monthly intervals. Pharmacists should be aware that the pattern of supply should mirror that requested on the prescription. Any alteration should be notified to the prescriber and the endorsement amended to reflect the actual situation.

Saline Steripoules[®] on ScriptSwitch[®]

Following a recent review of sodium chloride 0.9% nebuliser solution 2.5ml ampoules used in acute care, the Board has opted for Saline Steripoules[®] as the product of choice with this change becoming effective from 1st Feb 2014.

Saline Steripoules[®] are also the most cost effective sodium chloride 0.9% nebuliser solution in primary care. Prescribers are being made aware of this change via ScriptSwitch[®] software and will start to prescribe this more cost-effective preparation. Community pharmacies should be aware of the potential increase in the prescribing of Saline Steripoules[®] and monitor stock levels appropriately

Advice on use of Relvar Ellipta[®] (fluticasone furoate and vilanterol)

This recently launched product has both COPD and asthma indications but has only been added to the Total Formulary for use in treating COPD. A review is currently underway to determine whether this product will be added to the NHSGGC Formulary for asthma. The purpose of this article is to ensure that community pharmacists are sufficiently aware of the practical prescribing and dispensing issues so they can advise patients at the point of supply:

- this preparation contains fluticasone furoate, a high potency inhaled corticosteroid - 92microgram once daily is approximately equivalent to fluticasone propionate 250microgram twice daily or 1000mcg standard beclometasone daily
- a steroid card should be given to the patient when dispensed
- the name and/or colour (grey and blue) of this device may inadvertently lead patients to confuse as a 'reliever' so careful counselling is required to avoid inadvertent overuse
- the device has a 6 week expiry once removed from the foil pouch packaging which needs to be highlighted to the patient when supplied
- Only 92 / 22 microgram strength is licensed for COPD and has been added to the NHSGGC Total Formulary. Relvar Ellipta[®] remains non formulary within NHSGGC for an asthma indication
- Please refer to the NHSGGC Formulary and NHS GGC COPD guidelines and Primary Care COPD Inhaler Device Guide for preferred options

Commonwealth Games

Updated details on roads likely to be affected during the Games have been circulated and also added to the CPD website. Information can be accessed on the site via the following link - <http://www.staffnet.ggc.scot.nhs.uk/Acute/Division%20Wide%20Services/Pharmacy%20and%20Prescribing%20Support%20Unit/Community%20Pharmacy/Pages/CommonwealthGames.aspx>

Circular CEL 08 (2014) – The Commonwealth Games 2014 – Provision of Necessary Treatment for the Accredited Commonwealth Games Family was issued on 21 May and gave guidance on the entitlement to free healthcare for those designated as members of the Accredited Commonwealth Games Family. Further clarification has been requested on the status of members normally resident in England and eligible to pay prescription charges. It is expected that members of the Games Family ordinarily resident in England requiring NHS treatment and medication in the event of illness or accident while visiting Scotland for the Games, will receive a Scottish prescription form (GP10) from a GP or A&E etc. entitling them to medication at no charge, assuming their prescription is dispensed while they are in Scotland.

However, if they present an English NHS prescription form (FP10), unless they are covered by an exemption, they should be charged the current English rate - £8.05 per item

Novel Oral Anticoagulants (NOACs)

NOACs (dabigatran, rivaroxaban, apixaban) have been added to the NHS GGC Formulary for use in existing patients with non-valvular atrial fibrillation (AF) who are intolerant of, or poorly controlled on warfarin. Supporting guidance is available on the [GGC Prescribing website](#) and includes information to guide choice of NOAC and how to manage the transition period although to date there has been cautious uptake of these new agents. Potentially suitable patients, with poor INR control (time in target range <60%), will be identified and highlighted to general practice by the Glasgow & Clyde Anticoagulation Service (GCAS).

The role of NOACs in the management of new patients has been under consideration and the Heart Managed Clinical Network (MCN) is undertaking a review of the NHS GGC AF guideline. This will include a change which will support the option of prescribing a NOAC as a first-line alternative to warfarin where anticoagulation is indicated in patients newly diagnosed with non-valvular AF and an increase in use of the agents is anticipated. However, patients who are well controlled on warfarin should remain on warfarin; a switch to NOAC in these patients is discouraged and remains non-Formulary.

The NOACs are licensed for a range of indications and the dosing schedule differs by indication; please refer to the BNF or SmPC for more detailed information. The MCN are working on developing generic patient information for NOACs but in the meantime attention can be drawn to the package inserts for further advice.

Community Pharmacy LES Programme for 2014/2015

Please find below details of payments made in May to those community pharmacies participating in the LES programme for 2014/2015:

Medicines Management LES - Opt-in Fee: £50.00
Patient Fee: £4.00 x Identified number of patients on MDS
Asthma LES - Opt-in Fee: £50.00

Community Pharmacy LES Programme for 2013/2014

In June 2014, the Board will make a corrective payment/clawback in relation to the Medicines Management LES for 2013/2014.

Pharmacies who have recorded an average number of patients higher than the level used to calculate payment will receive an additional payment in recognition of the increased activity.

Pharmacies who did not submit the required reporting tools for all four quarters will incur a clawback which will be calculated on the number of reporting tools not submitted.

Pharmacy Champion - Glasgow City - North-East Sector

We are pleased to advise that Gordon Dykes has been appointed as the second Pharmacy Champion for the Glasgow City North-East Sector.

Gordon will work with David Henry (Lead Community Pharmacist) and Joan Miller (Pharmacy Champion) to support community pharmacies in all developing areas of service provision. He brings with him considerable expertise in community pharmacy through his role as Superintendent Pharmacist for Bannerman's Pharmacy and his involvement with General Pharmaceutical Council and the National Pharmacy Association.

Gordon can be contacted by e-mail at: dykesgordon@yahoo.co.uk and full contact details can be found on the CPD intranet site (link below for those with access to N3).

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

Changes to Prescriptions

A recent medication incident highlighted the importance of communicating any changes to prescribed therapy to patients or carers when they collect completed prescriptions. Although these would normally be highlighted by the prescriber, it may be inappropriate to assume this may have occurred on each occasion. Community pharmacists are well placed to reinforce the prescriber's message particularly when a patient has been issued with a new medicine or the strength or dose of an existing one has changed.