

Issue 78, March 2012 Produced by NHS Greater Glasgow and Clyde Community Pharmacy Development

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Chronic Medication Service – Common Issues

As the Chronic Medication Service is rolled out across Greater Glasgow NHS & Clyde several common themes have been identified. While the service is new to both Community Pharmacy and General Practice staff, there are bound to be a few snags. These can be mainly addressed between pharmacy and medical practice. Below is an outline of some of the issues and guidance on how to handle them.

Duplicate Scripts

While medical practice staff and patients familiarise themselves with the service inevitably there will be times when a patient orders a repeat prescription direct from the practice while the current CMS prescription is still live, and this is issued in error. In our training, we encourage practices to identify whether an request by the patient is valid or not (this should only occur for the initial CMS prescription). If a patient is ordering in error they are asked to speak to the patient directly or the registered pharmacy. The aim being that the patient should interact directly with the pharmacy regarding repeat supplies.

If a duplicate prescription is received by your pharmacy, you should complete the original scripts on your system, send any outstanding claims and submit the paper copy to PSD. The replacement scripts can then be used for future dispensings. Pharmacies should also ensure that they explain the correct procedure to the patient.

Should you find that particular medical practice produces additional scripts on a regular basis, please advise the Pharmacy Facilitators who will contact the practice to offer further assistance.

Common issues made when modifying quantities are:

1. Wrong quantity to cover the script duration
2. Frequency not modified to ensure full packs/devices

'PRN' Quantities

When calculating "When Required" quantities such as

inhalers, pain killers etc. GPs are advised to review usage over last 6 to 12 months of usage to determine the average quantity.

Analgesic Example:

If a dosage is 'TWO TO BE TAKEN FOUR TIMES A DAY AS REQUIRED FOR PAIN' the maximum quantity per day is 8, which over a 24 week script is 1344. The GP having reviewed the patient's history may decide that they do not require the full quantity and prescribe a lower quantity.

Inhaler Example:

A GP who generally issues 8 week prescriptions decides, to issue a 48 week CMS prescription.

This would normally equate to 6 dispensings over the duration of the prescription.

After reviewing the patients usage over the last year, it is determined that the patient requires 4 inhalers.

To allow for this quantity the GP must modify the dispensing frequency to 12 weekly ($48/12 = 4$). This will mean that when scanned in to the pharmacy system, the quantities for each instalment will result in a full inhaler.

Claiming at Point of Collection

When pharmacies submit their claim electronically, this triggers an electronic message to the GP practice. This date will then be shown within the GPs patient record as the date of collection. Importantly, this information is included in the Emergency Care Summary. It is therefore vital that claims are submitted at the **point of collection** and not the point of labelling to avoid any possible confusion. Should you omit to submit a claim electronically on the appropriate date, please ensure that you advise the practice to allow them to note the correct date in their records.

New Medicines and High Risk Interventions

Community pharmacies are required, as a minimum to complete four New Medicines and High Risk interventions respectively to receive the payments as detailed in circular PCA(P)(2012)18. For clarification this means that each of the core elements of the intervention must be fulfilled and an overall complete status recorded.

Clearly, for some patients, there will be ongoing care issues. In these cases, as long as the overall complete status is recorded, the target will be achieved. This does not mean that all care issues and follow up identified by the intervention have been completed.

If you have any further questions regarding this issue please contact the IT Facilitator Team.

Short Supply

We are aware that there are difficulties in the supply of some generic medicines. In some cases, it appears that where a particular product is temporarily unavailable, patients have been asked to return to the prescriber to obtain a fresh prescription for a different strength or a branded equivalent.

When products are recognised as being in short supply, specific arrangements are in place to help maintain continuity of supply to patients whilst ensuring that contractors are not financially disadvantaged. When medicines in short supply are listed as below, community pharmacists have additional flexibility which might avoid the need to request a new prescription from the prescriber*. The rules allow community pharmacists, for example, to claim the cost of a branded product against a generic prescription. In addition, contractors could, if required substitute a different strength and alter the dose instructions and quantity e.g. 2 x 10 mg isosorbide mononitrate against a prescription for 1 x 20 mg isosorbide mononitrate. However, in cases where the drug formulation changes from conventional to sustained release, a new prescription will be required.

* In the case of CMS scripts, contact your IT Facilitator for further advice.

More information regarding actions to be taken when dispensing a prescription for medicine on the short supply list are printed below and can be found at :

http://www.communitypharmacy.scot.nhs.uk/endorsing_guide/Section2/2.2.10.html

2.2.10 Short Supply

Short supply is used on a Part 7 item only where the pharmacist has had difficulty in obtaining supply of a particular item. Short supply is subject to agreement between CPS and SGHD.

Where short supply is endorsed, information must also be provided to indicate either the proprietary product (and pack size if needed) or the generic price for the total quantity dispensed.

If you do not endorse an invoice price or brand name of a proprietary product you will be paid the current DT Part 7 price.

Electronic claim – the CP must apply a Short Supply (SHS) endorsement **and** either apply a Special Price endorsement (SPE) detailing the **NHS net cost price for the quantity dispensed, excluding VAT** or select a brand name of a proprietary product.

Paper claim - the CP must indicate Short Supply (SHS) **and** either endorse the code SP to indicate special price, followed by the **NHS net cost price for the quantity dispensed, excluding VAT**, of the product in format 'pppp' or endorse the brand name of a proprietary product. Any documentary evidence (normally the invoice or a legible copy of it) should be submitted with the prescription form.

Recording and Collection of Dispensed Schedule 2 and 3



Controlled Drugs from the Community Pharmacy
Where a Schedule 2 Controlled Drug is collected from a pharmacy, the pharmacist is legally required to determine and record in the register whether the person collecting it is the patient, their representative, or a healthcare professional acting in their professional capacity on behalf of the patient.

Except where that person is already known to the pharmacist, evidence of the identity should be requested of the person collecting the controlled drug. Where a health care professional is collecting the controlled drug on behalf of a patient, evidence of identity should also be sought if they are not known to the pharmacy. In addition, their name and work address should be recorded in the Controlled Drug Register.

All prescriptions should be signed on the back of the form in Part B either by the patient themselves or by their representative. This effectively confirms that their medication has been dispensed and should ideally be signed on collection of the medicine.

It is also important that for all Controlled Drugs in Schedule 2 and 3, that the person who collects the prescription also signs the GP10 form. The relevant section is located on the reverse of the prescription on the right hand side within Part C. This **additional** signature is of the person who collects the dispensed medication and it may again be that of the patient or of their representative.

On occasions where a Healthcare professional collects dispensed Schedule 2 or 3 Controlled Drugs for patients, they must also sign in this area on the reverse of the prescription form

Payment Verification

A review has highlighted that some prescriptions are being submitted without the required signatures. Problems also arise where one or both of these sections are completed by pharmacy staff who have signed on behalf of the patient. By doing so, pharmacy staff take responsibility for both the dispensing of and for the collection of these drugs.

There is a requirement to ensure the safe management of controlled drugs in the Health Board and this includes all of the processes of prescribing, dispensing and supply and a clear audit trail should be maintained.

For Further information refer to Endorsing Guidance from the Practitioner Services Division
http://www.psd.scot.nhs.uk/professionals/pharmacy/docs/PSD_V1.1_Final_Endorsing_Guidance_for_Electronic_and_Paper_Prescriptions_2011.pdf
or the Community Pharmacy Scotland website
http://www.communitypharmacy.scot.nhs.uk/endorsing_guide/Section1/introduction.html
Alternatively contact the Controlled Drug Governance Team on 0141 201 5348

ScriptSwitch® Software Rollout

ScriptSwitch, a prescribing decision support software, has been successfully piloted within GP practices in East Dunbartonshire CHP and Inverclyde CHCPs since September. 2012. From March 1st the opportunity to use Scriptswitch software has been extended to all NHSGGC practices

What Does It Do?

ScriptSwitch provides automatic messages to prescribers on their clinical system at the point of prescribing. Recommendations are health board specific and a database of recommendations has been built up by the central prescribing team during the pilot.

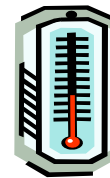
Benefits of ScriptSwitch to GP Practices ;

- improve patient safety especially when high risk medications are prescribed
- increase formulary compliance and aid implementation of local and national guidelines
- raise awareness of shared care agreements and clinical responsibility alert prescribers when drugs are not available due to supply issues

As ScriptSwitch supports the NHSGGC formulary and existing prescribing efficiency activity the impact on community pharmacy is likely to be minimal. This decision support tool will allow all practices to respond to changes to the NHSGGC formulary or local preferred agents. *Due to this rapid alert system it is worth noting that a change in a GP practice prescribing habits may be rapid.* Formulary updates are published on the formulary website www.ggcprescribing.org.uk

For further information please contact the central prescribing team at scriptswitch@ggc.scot.nhs.uk

LearnPro NHS



LearnPro NHS is an online system supporting e-learning for NHS staff or staff who are contracted to deliver services to the NHS at <http://nhshelp.learnprouk.com>

There are many modules which offer general learning for all healthcare professionals such as the '**Cold Chain Management**' module which may be completed in 20 to 30 minutes

Community Pharmacy staff with responsibility for management of cold chain items are encouraged to complete this. A certificate is offered to support evidence of CPD.

The registration process for Community Pharmacists and staff in NHS GGC requires the selection or entry of:

Location

Select – NHS Scotland – NHS GGC – CH(C)P area * – Community Pharmacy *n.b. Glasgow CHP options are split into North West, North East and South sectors

Role

Select – Other therapeutic – Pharmacy – Pharmacy Services

National Insurance number

LearnPro administration assure that their system is secure with full protection of data but if staff have reservations about sharing this information they may use an alternative personal identifier number such as a staff number.

Directorate

Select – Community Health Partnerships.



NHS
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Cold chain e learning

Introducing a new online course '*Cold Chain Management*'

Test users of the module including Pharmacists, Practice Managers and Nursing Staff said

"This is a great resource which should be part of a mandatory training framework"

"Took less than 30 minutes - definitely very useful"

Each year thousands of pounds of vaccine are destroyed because of problems with vaccine storage. This short course provides practical advice how to avoid this

To access the course visit <http://nhs.learnprouk.com/> and register. Click on more learning and the module is listed under Pharmacy tab.
Any enquiries call Carol McCafferty 0141 201 4464 Carol.McCafferty@ggc.scot.nhs.uk