PostScriptCommunity Pharmacy

NHS Greater Glasgow and Clyde

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Reminder: Voluntary Ban on Methotrexate 10mg tablets

The NHSGGC Safer Use of Medicines Group together with the support of the LMC, APC and APCC are requesting that all hospital pharmacies, specialist clinics, inpatient wards, General Practitioners and Community Pharmacies prescribe and supply the 2.5mg tablet strength of methotrexate only. GP practices are being asked to identify all patients taking methotrexate 10mg tablets in order to change patients to the 2.5mg strength tablets.

Community pharmacies, with immediate effect, are being asked to run down stock levels of methotrexate 10mg tablets and to only order methotrexate 2.5mg tablets to support this initiative. It is the intention that all patients will have been changed to 2.5mg tablets by the end of March 2012.

From the 1st April 2012 a voluntary ban status will be implemented where the 10mg strength tablets will no longer be prescribed and supplied with the 2.5mg tablet strength supplied instead.

Community pharmacists will be advised to contact prescribers for any patients that continue to be prescribed 10mg methotrexate tablets after the 1st April commencement of this voluntary ban.

Electronic Claim Training Module

As part of a previous NHS PCA Circular, Scottish Government made funding available to pharmacy contractors for an online electronic claim training module which needs to be completed by all staff who are involved with endorsing and electronic claiming of prescriptions. One of the requirements within the original Circular is for pharmacy contractors to ensure that all staff who undertake endorsing and claiming complete the training - this also includes locum pharmacists, relief managers and second pharmacists.

The module will be available in early March and you can access it via the SHOW website: www.communitypharmacy.scot.nhs.uk

The deadline for completion of the training module to receive the one-off payment has been removed. Therefore, the previous requirement to submit a claim form for this payment is no longer valid.

In addition, there will also be an automatic payment for those contractors who met the 80% electronic claims rate target. All contractors who meet the target rate of 80% in December 2011 will receive the £400 payment with their January 2012 dispensing, paid in March. Remaining contractors will receive their payment as soon as their electronic claims rate crosses the 80% threshold provided this is achieved no later than 30 April 2012. Further details of the payment schedule can be found in NHS Circular PCA (P)(2012)03.

CMS: Implementation Support Payment

NHS Circular PCA(P)(2012)02 contains details regarding a one off payment of £400 which will be paid automatically to any pharmacy contractor who has already registered at least 50 patients; assigned with a priority for a care plan and indicated that the assessment is complete in the patient's Pharmacy Care Record by 31 March 2012.

This payment is intended to support the provision of additional professional input and/or another enabling initiative to help implement CMS.

Community Pharmacy Scotland has a document available ready to help contractors. It would enable you to calculate (on the calculator tab) how many PCRs you need to have risk assessed to ensure you get back at least what you contributed to the CMS pool. Please click on the link below to access this:
http://www.communitypharmacyscotland.org.uk/_resources/files/Contractor%20Services/Endorsing%20Guide/ReadyReckoner_ContractorsInTransition.xls

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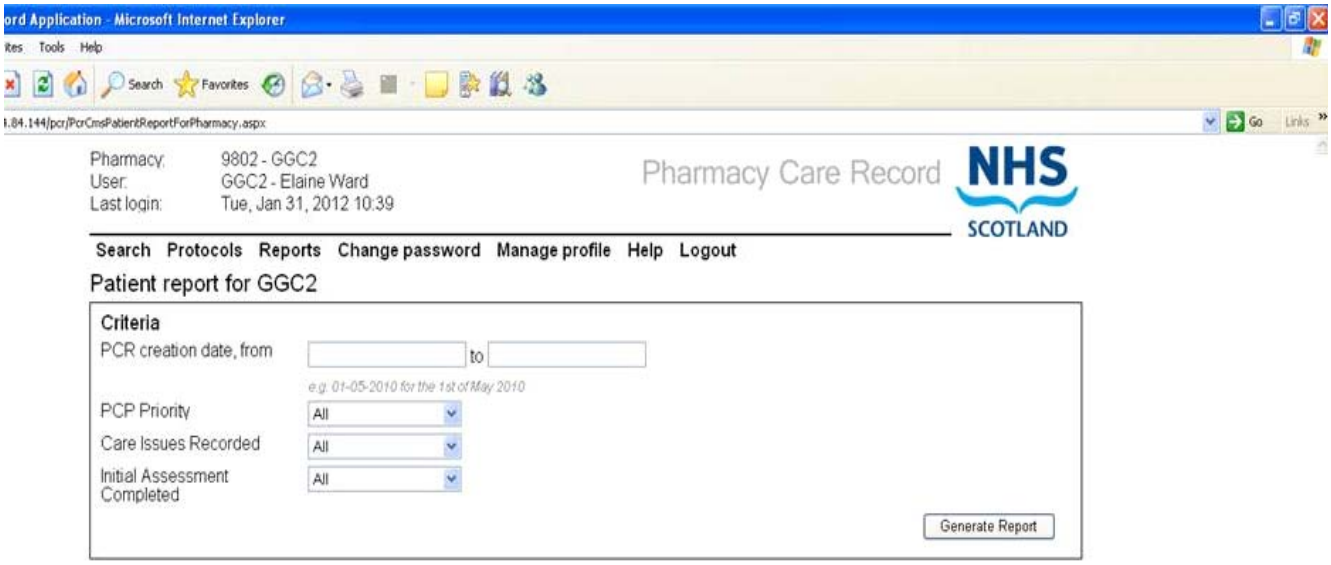
PCR Initial Assessment Complete Report

A new report functionality is now available on the PCR to help identify those patients who have had completed initial assessments carried out by the pharmacists as part of CMS. From the search page, click on "reports" : click "patient report for associated pharmacy" and then you will see the screen below with an additional filter available. This should help you to manage the patients who still require the initial assessments to be carried out (remember to tick the little box to confirm when it has been done!)

Further information is contained within the PCR supplementary user guide version 5 available from Community Pharmacy website: http://www.communitypharmacy.scot.nhs.uk/core_services/PCR_Supplementary_User_Guide_for_Version_5.pdf



MAS formulary non- compliance

Following the recent mailings that were sent to all contractors regarding their MAS quarterly reports, all pharmacists are reminded of the need to adhere to the local formulary where possible. Whilst overall, compliance to the MAS formulary is excellent (86.56%), there still remains repeated prescribing for non-formulary items. The Top 10 non-formulary choices are provided in the table below along with a rationale for their exclusion. All pharmacists are asked to review their prescribing choices in line with the local formulary and avoid using the products listed below:

	Item BNF Description	Non Formu-lary Items	Rationale
1	Tyrozets® lozenges	903	No evidence for use of lozenges
2	Anbesol® liquid	606	Bonjela® teething gel is preferred product
3	Glycerol,lemon, honey & Glucose syrup	571	No evidence for use
4	Gaviscon® advance liquid (aniseed) s/f	468	Peptac® is preferred product
5	Gaviscon® advance liquid (peppermint) s/f	464	Peptac® is preferred product
6	Canesten® oral & cream duo	439	Supply as separate items, more cost effective
7	Ibuprofen gel 5%	425	Board policy not to use topical NSAIDs
8	Calamine lotion	421	Calamine and aqueous cream is preferred product
9	Bazuka® gel + applicator	398	Occlusal® and Salatac® on formulary
10	Tixylix® toddler syrup	348	No evidence for use

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CMS clinical support training events

The programme of clinical support events has almost concluded. There are two remaining:

Wednesday 14th March, Premier Inn, Ballater St: Osteoporosis. This is a joint event with NES and all bookings should be made via the NES portal; www.portal.scot.nhs.uk (Please note that as this is a NES event, there will be no catering available prior to the training)

Thursday 22nd March, Campanile Hotel, Tunnel St: Mental Health. This final event will cover the use of lithium and the new High Risk Medicine Tool now available on the Pharmacy Care Record as well as clozapine. Booking for places is available via the CPDT team and invitations will be sent shortly. Catering will be available for this meeting.

Change of NRT provider

Following a tendering process, GlaxoSmithKline (GSK) has been awarded the contract to provide Nicotine Replacement Therapy and related services to NHS GGC for the next three years, replacing the previous providers Johnson and Johnson. As a consequence of this, there will be a change to the NRT product range of choice that can be prescribed to people who want to quit smoking in NHS GGC, moving from Nicorette to NiQuitin products.

In addition, on the 5th March 2012 there will be 2 meetings (one in the afternoon and one in the evening) at the Campanile Hotel in Glasgow to discuss the implications and the benefits associated with the change in NRT provider. Further details will follow.

Amendment to MAS formulary Version 4 2011

Following a review of the skin section of the main NHS GG&C formulary, we have now updated and revised some of the products that are included in the MAS Version 4 2011 formulary for Section 6; Skin.

Replacement pages were emailed to all pharmacies with the updated guidance. Please refer to these instead of pages 20 and 21 in the wee booklet that was sent to each pharmacy in September of last year.

There are some spare copies of the MAS version 4 2011 formulary remaining. If anyone wishes an additional or replacement copy, please contact the team via email (GG-UHB.cpdevteam@nhs.net), stating your contractor code (or postal details for locums and relief managers)

Strategies for safer prescribing

The National Prescribing Centre has published 'Top tips for GPs – Strategies for safer prescribing' . The document reviews strategies to help improve aspects of medicines management in primary care.

A recent systematic review found a prescribing error rate of around 7.5%, and showed that around 1 in 15 hospital admissions are medication related, with two-thirds of these being preventable. A UK care homes study showed that 70% had one or more medication errors, and a US study showed that patients have a roughly 50% chance of having a preventable adverse drug event each year.

Whether prescribing errors result in harm depends on a range of factors, but certain patients are at particularly high risk and it is important to be aware of the drugs that are commonly linked with morbidity in general practice:

Patients most at risk	General practice drugs commonly linked with preventable harm
elderly, particularly when frail	Drugs with narrow therapeutic index e.g. Digoxin, methotrexate, warfarin
Multiple serious morbidities	
taking several potentially hazardous drugs	
have acute medical problems	Other commonly used drugs e.g. antithrombotics such as aspirin; cardiovascular drugs including diuretics, beta-blockers and ACEs; CNS drugs including antiepileptics, opioid analgesics and psychotropics; NSAIDs; systemic corticosteroids
ambivalent about medication taking, have difficulty understanding or remembering to take medication	

Contributing factors in errors include:

- not knowing enough about the patient or the drug - contraindications, caution or history of allergy in patient, side effects of drugs
- slips or lapses when prescribing - the wrong Medicine e.g.selecting penicillamine rather than penicillin; the wrong dose e.g. selecting the wrong strength from a drop down menu or the wrong instructions.
- communication with patients – lack of patient knowledge of their medical condition and their medicines (may be exacerbated by missing or incomplete directions on prescriptions)
- communication between primary and secondary care – incomplete, inaccurate or a lack of information; or failure to act upon information (failure to prescribe new or routine medicines, failure to supply discharge medicines).
- Medication monitoring and review – failure to monitor or test patients for the effects of medications, particularly for high-risk drugs in high-risk patient groups. Inadequacies in patient monitoring accounts for around a quarter of preventable medication-related hospital admissions.
- Repeat prescribing - there are safety risks at various points in the process.

All of the above could be equally applicable to community pharmacy in terms of the dispensing and pharmacy staff are reminded to review their SOPs and processes with the above to reduce the risk of dispensing errors. Commmunity pharmacists are also reminded of the risk associated with the prescribing and clinical checking for the above and are asked to be aware of where/ how some prescribing errors can occur. Some of these patient groups may be appropriate to register for CMS and provide a formal care plan to help reduce the risk to the patient.