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Reminder—Warfarin LES

The Community Pharmacy Warfarin Local Enhanced Service Les 2013-2014 is due to finish on 30th September 2013

Please ensure you are continuing to check and record that patients are receiving their anticoagulation monitoring whilst receiving Warfarin

*Payment was made to CPs in March 2013 based on the aspirational achievement that 95% of patient's dispensed warfarin between Monday 1st April 2013 and Monday 30th September 2013 would be asked by their CP if they were receiving anticoagulation monitoring at least once in this time period.

*Payment was based on the number of patients each CP issued Warfarin to from April 2012 to September 2012 extracted by the Central Prescribing Team (CPT) from Prescribing Information System Data

If service outline actions (items 4a. to 4e in the contract specification) are not completed within the specified time frame then fees will be subject to the process of payment recovery

Payments adjustments will be made to CPs in December 2013 based on projected numbers of patients paid in March 2013, compared against recorded numbers of patients dispensed Warfarin between Monday 1st April 2013 to Monday 30th September 2013

SIGN 133

In July 2013, SIGN published the following guideline, listed below. SIGN guidelines describe recommended practice for use within NHS Scotland and are taken into account when services are being developed. SIGN 133 – Management of Hepatitis C <http://www.sign.ac.uk/pdf/sign133.pdf>

Herpes Vaccine

A shingles immunisation programme has been introduced in Scotland from 1 September 2013 ([http://www.sehd.scot.nhs.uk/cmo\(2013\)15.pdf](http://www.sehd.scot.nhs.uk/cmo(2013)15.pdf)). As the vaccine (Zostovax®) is in limited supply from the manufacturer until August 2014, only sufficient vaccine is available to immunise the routine cohort (those aged 70 on 1 Sept 2013) and one catch-up cohort (those aged 79 on 1 Sept 2013). The vaccine for the national programme is being provided centrally with GPs ordering their requirements, along with their routine childhood immunisations, from the PDC. Under exceptional circumstances, prescribers have the discretion to provide immunisations via an NHS prescription to patient's outwith the national programme. Due to the cost of this vaccine, GPs have been made aware of the importance of maintaining the cold chain and been advised on the need to secure adequate storage, undertake twice daily temperature monitoring and an annual audit of storage requirements to preserve the effectiveness of this vaccine

NICE Guidance

Your attention is drawn to the recent publication of the following NICE Clinical Guidelines

Myocardial infarction with ST-segment elevation
<http://guidance.nice.org.uk/CG167>

Varicose veins in the legs
<http://guidance.nice.org.uk/CG168>

Although NICE Guidelines have no formal status in Scotland, the content is often considered and referred to in developing services

Community Pharmacy Development Appointment



Following a redesign of the Community Pharmacy Development Team, we are pleased to announce that David Thomson has been appointed to the role of Lead Pharmacist for Community Pharmacy Development and Governance, reporting to the Lead Pharmacist, Community Care. David took up his new appointment at the beginning of September and all wish him every success in his new role.

Supervision of Methadone in Community Pharmacy



There have been a number of incidents in NHS GGC where patients have refused to consume all of their prescribed medication, choosing instead to reduce their dose in an effort to withdraw from therapy. In some cases this has continued over a period of a number of days.

In these instances the Responsible Pharmacist has failed to make contact with any of the other professionals involved in the treatment of the patient

The pharmacist is not in a position to enforce compliance with a patient's medication but they do have a duty, as a healthcare professional, to provide advice and support to the patient and if necessary to liaise with prescribers and healthcare workers on any matters relating to patient welfare.

When a patient refuses to comply with their treatment they should be counseled by the pharmacist and advised to speak to their care worker or prescriber. They should be informed of the intention of the pharmacist to make contact with the prescriber.

The sharing of such information is facilitated by the Greater Glasgow and Clyde Addiction Services 4 Way Treatment Agreement

If following contact the prescriber agrees on a reduction in dose, then a new prescription would be required before any further doses can be administered.

Many patients have chaotic lifestyles and responsibilities for family members and children and changes in therapy need to be managed cautiously to avoid unexpected complications arising. In some cases patients may revert to illicit drugs as a substitute for treatment.

Treatment doses should be tailored carefully, administered and supervised appropriately and followed up in accordance with a designated plan. Pharmacy staff should ensure that the whole dose has been consumed

Clinically - tinkering with a patient's medication in an ad hoc way is inappropriate and potentially dangerous

Legally - Methadone is a Schedule 2 Controlled Drug and a legally valid prescription must include a stated dose. The pharmacist has no discretion in the alteration of that dose. Failure to comply exactly with the instructions of the prescriber is an offence under the Misuse of Drugs Act 1971

Details of all interventions with patients and professionals should be recorded in an appropriate "diary" including details of all contacts, dates and decisions made. For further information please contact the Controlled Drug Governance Team on 01412015348

Patient Identifiable Material

Pharmacists are reminded to exercise caution in circulating patient identifiable material and to observe Data Protection Act requirements in all instances. In particular, patient names on MMy claim forms must be blacked out before these are submitted for payment.

Flu- so what's new?

The annual seasonal flu vaccination programme begins on 1 October and as in previous years, is recommended for all patients over 65 years, healthcare workers with direct patient contact, pregnant women and those in clinical risk groups.

Uptake figures for over 65 year olds remain consistently high while uptake for other patient categories including pregnant women and those with chronic diseases remain lower than ideal. Staff in community pharmacies are in an ideal position to recommend flu immunisation for these patients as part of their ongoing commitment to pharmaceutical care. Influenza can cause a spectrum of illness range in severity, even amongst people who are previously well. While the impact of influenza was less marked during the 2012-13 season, its impact remains unpredictable and it is hard to forecast the severity of future influenza seasons.

This year seasonal flu immunisation is being extended to include all 2 and 3 year olds and primary school children in around a quarter of schools in NHS GGC in a pilot approach to extending immunisation to all healthy children. The vaccine for this extended programme is the live, intra nasal vaccine, Fluenz® which is being supplied centrally. Fluenz® is also the preferred vaccine for any child aged 4-17 years with a clinical risk condition and orders for these patients should have been placed with community pharmacy. Astra Zeneca has confirmed that once existing orders have been delivered, some stock should be available from wholesalers in October. It should be noted that this vaccine has a very short expiry date.

A special edition of the Public Health Protection Unit newsletter has been produced to cover the common questions arising from the introduction of the new programmes for flu and also for shingles and will be circulated shortly

http://www.nhs.gov.uk/content/default.asp?page=s1843_7

Prescription for Excellence

The Cabinet Secretary for Health and Social Care has approved the Scottish Government's Vision and Action Plan for the future of Pharmaceutical Care in Scotland entitled PRESCRIPTION FOR EXCELLENCE. This has been prepared in response to the review undertaken by Dr Hamish Wilson and Professor Nick Barber and heralds an exciting time for pharmacy in Scotland building on the success of the Right Medicine. The document can be accessed at <http://www.scotland.gov.uk/Publications/2013/09/3025>