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Novel Coronavirus (2019N-CoV) – Updated Information and Case Definition

With every news bulletin covering this storyline in increasingly graphic detail, you will be fully aware of the threat this infection poses to the global population if not effectively contained to minimise the risk of transmittance. Following release of more accurate information from the epicentre, the World Health Organisation (WHO) has declared the outbreak as a Public Health Emergency of International Concern thus prompting the UK Chief Medical Officers to increase the UK risk level from a low to a moderate state of readiness. 2019N-CoV is a new and emerging infectious disease threat with a clinical presentation ranging from mild-to-moderate illness to pneumonia or severe acute respiratory infection.

Although highly unlikely at this stage, it

would be prudent to have an awareness of the presenting symptoms should a patient attend your pharmacy in person or seek advice on how to treat someone at home.

At present people who have respiratory symptoms - including at least one of shortness of breath, cough or sore throat - **AND** have either travelled from an at risk area or been in contact with a known 2019N-CoV case in the 14 days prior to the onset of symptoms will be deemed as potentially infectious. Contact is defined as living in the same household **OR** direct contact with the case/ their body fluids / their laboratory specimens **OR** within 2 metres of the case in any setting for any length of time. You should be alert to the possibility of atypical presentations in patients who are immunocompromised. The following interim guidance is based on the key principles developed to manage patients with symptoms and the epidemiology compatible with 2019N-CoV who make contact or attend a GP practice:

- Patient requested to remain at home whilst appropriate next steps are identified
- Future contact will be by telephone
- Inform the local Health Protection Team (0141 201 4917 in hours & 0141 211 3600 OOH)
- Patient advised NOT to attend the pharmacy
- Should they attend the pharmacy - keep exposure to the absolute minimum
- Isolate the patient to a confined area – e.g. a toilet
- Close the door and do not re-enter this room
- Seek specialist advice

The above is offered as an interim measure until full guidance specific to the community pharmacy setting, currently in development, has been agreed.



ScriptSwitch Changeover from Buprenorphine to Espranor®

Addiction Services have confirmed their intention to switch from the buprenorphine product currently used in Opioid Substitution Therapy (OST) to Espranor®, a rapidly disintegrating formulation requiring less observation time when supervising consumption in a community pharmacy setting. The switch is anticipated to commence from mid to late February onwards and you may wish to reassess stock-holding of buprenorphine products in light of this change.

Presented as a wafer, the fast melt formulation dissolves on the tongue in approximately 2 minutes and cannot be removed intact within 15 seconds of administration with the active ingredient rapidly absorbed by the oral mucosa. Pharmacokinetic studies found substantially increased bioavailability of buprenorphine following use of **Espranor®** reinforcing the message that **Espranor® is not interchangeable with other buprenorphine products** due to the variance in bioavailability across the product range. The prescribing guidelines for NHS GGC, which will advise on dose changes, are currently being developed and will be issued following approval by the Substitute Prescribing Management Group.

Community Pharmacists will play a key role in counselling patients on the main points and are asked to note the following major changes to current practice -

- The route of administration for **Espranor®** is **on the tongue** (oromucosal) and not under it. (If the oral lyophilisate, or saliva containing buprenorphine are swallowed, the buprenorphine will be metabolised and excreted and have minimal effect).
- **Espranor®** is reported to have a bioavailability 25-30% higher than s/l buprenorphine.
- The oral lyophilisate should be taken from the blister unit with dry fingers, and placed whole on the tongue until dispersed, which usually occurs within 15 seconds, and then absorbed through the oromucosa.
- Swallowing should be avoided for 2 minutes (see above).
- The oral lyophilisate should be taken immediately after opening the blister.
- Patients should not consume food or drink for 5 minutes after administration.
- Maximum daily dose specified in the SPC is 18mg.
- To contact the prescriber if initiation doses appear lower than expected.

Varenicline Patient Group Direction (PGD)

You may already be aware that the current PGD for varenicline is due to expire at the end of March 2020. Due to a related exercise to rationalise the expiry dates and distribution of all the community pharmacy PGD's to a single point of reference, the Sub group of the Board's Area Drug & Therapeutic Committee, having delegated responsibility for the PGD process, has extended the expiry date for the time being to a date as yet unknown until nearer the completion of this exercise.

Increased Risk of a Picking error

Your attention is drawn to recent changes to the packaging of benzodiazepine products marketed by Genus Pharmaceuticals and particularly the similarity between the size of the pack, colouration and type face. Use of automated facilities, where these have been installed, application of scanners as part of the stock control system or FMD, will reduce the risk when they are in routine use. However, the risk is greatest at the busiest times when these safeguards are often bypassed in an attempt to save time with the converse often resulting as a consequence.



Access to pharmaceutical care services in the pharmacy

The thorny problem of appearing to place obstacles in the path of patient care has risen to the fore again with critical comment being received from patients, care workers and senior managers within the service expressing concern and disquiet over restrictions on the availability of supervised consumption of Opioid Substitution Therapy (OST). Although an Additional Service, this aspect, as with any pharmacy service, is required to be reasonably available throughout the period of time the pharmacy is contracted to open for.

Particular emphasis is being placed on published evidence highlighting the adverse affect a perceived barrier like restricted access has on patient outcomes. It seems such a pity, that despite our best intentions and our commitment to the OST programme, we undo most of the benefit that patients would hope to gain from the arrangement by restricting access to an essential element of their care. As a matter of urgency where restricted access already operates, please review your current model of practice and make the necessary adjustments to ensure that the service is reinstated to conform to the expectations and needs of patients, and comply with the legal requirements embedded in the NHS Terms of Service governing pharmacy practice. Ideally this should be completed by no later than close of play on 14th February 2020 to re-establish a consistency of approach across the pharmacy network.



Business Continuity Planning

As you will be aware contingency planning for a range of risks is a key business activity to ensure essential services continue to be provided and maintained in an emergency situation.

The adverse weather conditions experienced in the wake of Hurricane Lorenzo in October provides a timely opportunity to remind community pharmacies that an up to date Business Continuity Plan (BCP) should be in place, the content of which should be relevant and reflect the consequences of recent events such as adverse weather.

All contractors are asked to review their individual plans over the next four to six weeks to ensure they remain “fit for purpose” and contain the most up to date information pertaining to that business. There is no need to send a copy to the Board as previously. However, it is strongly recommended that one is retained “off site” for use should access to the pharmacy be denied for any reason, e.g. street closure due to a fire.

More information on Business Continuity Planning, including full guidance on how to construct and review a Business Continuity Plan and providing access to a blank BCP template can be found on the NHS GGC Community Pharmacy website using the following link:

<https://www.communitypharmacy.scot.nhs.uk/nhs-boards/nhs-greater-glasgow-clyde/business-continuity-planning/>

Methadone Warning Labels

Several community pharmacies have requested details of how to obtain supplies of labels to use on take-home methadone containers raising awareness of the need to store these safely and well out with the reach of children. Supplies can be obtained by contacting the Pharmacy Team at Glasgow Addiction Service (GAS) on 0141 303 8931 and laura.wilson5@ggc.scot.nhs.uk on 07557 012 875.



**This methadone is
for your use only.**

**It is illegal and dangerous
to give to someone else.
Small amounts can kill;
store safely.**



A date for your diary – an opportunity to gain a better understanding of Epilepsy – what matters to you in the care & safety of people with epilepsy?

Tuesday 11 February, 7pm – 9pm, Glynhill Hotel, Renfrew, PA4 8XB (Tea & coffee from 6.30pm)

The impact of epilepsy is multifaceted and extensive. Seizures can be unpredictable and often dangerous, increasing the risk of injury, hospitalisation and mortality. Seizures can also result in stigmatisation and social exclusion. In addition, many of the medicines used to treat epilepsy have significant side effects that need careful management e.g. the Sodium Valproate Pregnancy Prevention Programme (part of GPhC pharmacy premises inspection). A joint event has been organised by RPS Glasgow & Clyde, BPSA and Epilepsy Scotland to help you gain a better understanding of the condition by:

- Hearing from people with epilepsy about the impact of their condition and how you could support improvements in their care
- Identifying and sharing best practice in managing risks associated with medication e.g. sodium valproate, cannabis and CBD oil.
- Learning more about the resources available that you can use to help people with epilepsy, their family and carers

The event is open to all Pharmacists, pre-reg. trainees, stage 4 and 5 students and is free to RPS members whilst a fee is payable by non-members. Find out more & book your place here - <https://events.rpharms.com/website/1350/>