

December 2017 ♦ Produced by the Prescribing Team

What is Pharmacy First?

Pharmacy First will provide new treatment pathways for patients with **uncomplicated urinary tract infections in women aged 16-65 years and impetigo for those aged >2 years** under Patient Group Directions (PGDs). Patients will be able to access these from **4th December 2017** at their local community pharmacy. This will help to improve access for people requiring assessment and treatment for these conditions, reduce pressure on GP practices and out-of-hours services, and maximise the skills of pharmacists.

Our aim is to have all pharmacies in NHSGGC participate. Patients should normally attend the pharmacy in person and the pharmacist will assess their symptoms and provide advice, NHS treatment (with no charge to the patient) or referral as appropriate. GPs will be notified of any products supplied and given written information to support referral for assessment or treatment by the GP if the patient cannot be treated under the PGD.

Who is eligible for treatment for uncomplicated UTIs under this PGD?

- **INCLUSION:** Women aged 16 – 65 with dysuria and frequency; or 3 or more of dysuria, frequency, suprapubic tenderness, urgency, polyuria
- **EXCLUSIONS** include: men, women outside the age 16-65 years, patients on prophylactic antibiotics for UTIs, those with signs and symptoms of an upper UTI, those with >3 UTIs in last 12 months, patients who are confused, dehydrated, catheterised, pregnant, breastfeeding, with vaginal discharge, haematuria or who have diabetes



Who is eligible for treatment for impetigo under this PGD?

- **INCLUSION:** Patients aged two years and over who have minor skin infection limited to a few lesions in one area of the body
- **EXCLUSIONS** include: children aged under 2 years, multiple site infection, repeated infection within 3 months, other skin conditions in the same site as the lesions

What should you do if someone with one of these conditions wants to see a GP?

- Ask if the patient has been to their community pharmacy for advice or treatment for their current condition.
- Tell them about the Pharmacy First and that this will provide another way for them to have their symptoms assessed.
 - Do not tell them to request a specific product or treatment. This is a decision for the pharmacist who assesses the patient. Our suggested wording is “That sounds like something one of the local pharmacies could deal with. You could ask the pharmacist for advice about your symptoms. They will be able to decide if you need treatment.”

What should you do if you are a GP or nurse prescriber and diagnose one of these conditions?

- If you have seen the patient, please prescribe as normal rather than referring them for a second consultation.
- You could raise awareness of the service for any future requirements (however, note the UTI PGD excludes repeat supplies within 1 month and the impetigo PGD excludes repeat treatment within 3 months)

Controlled Drug Instalments

Prescribers are reminded of the need to follow instalment advice for prescribing controlled drugs over the holiday period. Prescriptions for controlled drugs in Schedule 2 (e.g. methadone, diamorphine, morphine, pethidine), Schedule 3 (e.g. buprenorphine, temazepam, midazolam, tramadol or Schedule 4 (Part 1) (eg, diazepam, nitrazepam, zaleplon, zolpidem and zopiclone;

- Should not exceed more than 30 days of supply, unless otherwise justified.
- Are valid only for 28 days after the appropriate date (the date on the prescription or some other indicated start date).

Any prescription for a schedule 2 or 3 CD to be given in instalments must have the Home Office approved wording "Please dispense instalments due on pharmacy closed days on a prior suitable day" to adjust for bank holidays. More information is available in the 2015 blog [HERE](#)

Levothyroxine Liquid Solution

The Effective Prescribing Programme (EPP) NHS Scotland has identified a quality neutral and cost saving opportunity to **switch from licensed levothyroxine liquid solution to tablets.**

Prescribing data for Scotland shows a significant percentage of patients prescribed levothyroxine solution are also co-prescribed other medicines as tablet formulations. Comparison of health board data across Scotland shows that GGC not only has the highest spend for levothyroxine liquid but also has the **greatest number of patients being co-prescribed levothyroxine liquid and other medicines as tablets.**

As a result NHS Boards across Scotland have been asked to review patients on levothyroxine solution for their individual clinical suitability to switch from the liquid to tablet preparation as this is more cost effective.

MHRA reclassifies Dovonex® Psoriasis Ointment.

Dovonex® Psoriasis Ointment 50mcg/g is now available through pharmacies without a prescription. Click [HERE](#)

The Commission on Human Medicines (CHM) advised in favour of the product being available in pharmacies for the treatment of mild to moderate plaque psoriasis which has been previously diagnosed by a doctor in adults aged 18 years and over. The treatment is for application once daily, with maximum duration of use of 12 weeks and maximum pack size of 60g of ointment.

Melatonin use in Children

The Shared Care Agreement has been updated in response to a national effective prescribing initiative to change to a preferred formulation. More details can be found here. [Melatonin Shared Care Agreement for use in children](#)

Existing patients prescribed BioMelatonin® tablets can be safely switched to the same dose of immediate release melatonin 3mg capsules for their next prescription.

Drug Shortages (Staffnet)

For information on known drug shortages click [here](#). Please contact your local prescribing support team if further information is required

☹ For my last time----

FESTIVE WISHES TO OUR
READERS FROM ALL AT THE
PRESCRIBING TEAM

