

# Pharmacy News

## Child Protection Referrals

All healthcare professionals have a responsibility to make a child protection referral when there are concerns about a child.

If you decide to make a referral to Social Work please telephone the relevant Social Work Department (please find telephone numbers below) and ask to speak to the Duty Social Worker. You should state clearly that you want to make a child protection referral.

**Clackmannanshire—01259 225000**  
**Falkirk—01324 506400**  
**Stirling—01786 471177**  
**Out of Hours Social Work—01786 470500**

Alternatively phone the police on 101 and ask to speak to the Duty Police Officer.

After your telephone conversation you should complete a CP1 Referral Form, which can be found on the Forth Valley section of the community pharmacy [SHOW page](#) under Child Protection/Vulnerable Adults, and forward this form to the Child Protection Department Mailbox: FV-UHB.nhsfvchildprotect@nhs.net.

Lastly, a copy of the CP1 Referral Form should be retained in the pharmacy.

- All child protection referrals should, in the first instance, be made by telephone to the relevant duty social worker or police officer.
- Complete a CP1 Referral form, found on the [SHOW page](#), and send to the Child Protection Department Mailbox. A copy of the form should also be kept in the pharmacy.

## Healthy Start Vitamin Scheme

Please note the Healthy Start Vitamins national community pharmacy pilot trial scheme will formally come to an end on 30th September 2015.

A review of the pilot has been undertaken by Scottish Government which will inform the next steps. There will be an update on the future arrangements for the supply and distribution of Healthy Start Vitamins in the coming months.

All contractors who signed up for the second year pilot will automatically be paid a remuneration fee of £50 for this extension of the scheme until 30th September. Vitamin prescription claims will continue to be reimbursed and wholesaler arrangements unchanged until the 30th of September.

- The Healthy Start Vitamins pilot trial scheme will formally come to an end on the 30th September 2015.

## NHS Mail encryption feature

NHS Mail now contains an encryption feature which means that users can now communicate securely across the entire health and social care community.

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Please Circulate to All Staff

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### Key Points of interest:

- All child protection referrals should be made by telephone to the relevant duty social worker or police officer. Afterwards a CP1 Referral Form should be completed and sent to the Child Protection Department. An additional copy should be kept in the pharmacy.
- The Healthy Start Vitamins pilot scheme will end on 30th September 2015.
- New NHS Mail encryption feature.
- From 1st June 2015 temazepam will no longer be exempt from CD prescription writing requirements.
- Ketamine will become a Schedule 2 CD in November 2015.
- New regulations and directions on prescriptions issued and dispensed in different EEA member states have been released. Please see DL (2015) 06.
- There have been changes to the prescribing rights of physiotherapist and chiropodist/podiatrist independent prescribers.

# Temazepam - Controlled Drug Legislation Changes

Please note that temazepam is no longer exempt from Controlled Drug prescription writing requirements. Prescriptions for temazepam will be required to meet full prescription requirements for Schedule 2 and 3 controlled drugs.

From now all prescriptions for temazepam must have:

- The drug form and strength e.g. temazepam 10mg tablets.
- The total quantity to be supplied; written in both words and figures e.g. 28 (twenty eight).
- Legally acceptable dosage instructions which must include the actual dose to be taken e.g. ONE to be taken when required. 'As directed' is not legally acceptable, but 'ONE as directed' would be as it specifies the dose.
- Any instalment directions must include the amount to be supplied and the interval to be observed between supplies e.g. Supply 7 tablets every Monday.
- All other prescription requirements e.g. Date, patient details and prescriber's signature must also be included.

## Dispensing prescriptions for CDs which do not meet the legal requirements

Medicines, Ethics and Practice Edition 38, July 2014 states that if a prescription is received which otherwise meets the legal requirements of a CD prescription but has a minor typographical error or only has the quantity in words or in figures, a technical amendment can be made to allow dispensing.

A pharmacist may add either the words or the figures to the CD prescription if they have been omitted or can correct a typographical error. All other errors must be rectified by the prescriber before dispensing. Any corrections made by the pharmacist must be indelible so as to be attributable to the pharmacist.

The pharmacist must be satisfied beyond reasonable doubt, having exercised due diligence, that the prescription is genuine and that they are supplying the drug in accordance with the intention of the prescriber.

Pharmacists may make the following amendments to a CD prescription which otherwise meets the legal requirements:

- Add either the total quantity in words or figures to the CD prescription if one of these details has been omitted.
- Correct a typographical error

**\*All other errors must be rectified by the prescriber before dispensing.\***

## Reclassification of ketamine

The Home Office has announced that ketamine will become a schedule 2 Controlled Drug (CD POM) in November 2015 with full requirements for safe storage, record keeping, requisitions etc. More details will follow nearer the date of implementation.

# European Cross Border Healthcare Directive

*The National Health Service (Cross Border Health Care) (Scotland) Amendment Regulations 2015 and The National Health Service (Cross Border Health Care) (Scotland) Directions 2015* came into force on the 31<sup>st</sup> March 2015.

This article details guidance on the above Regulations and Directions. Fuller information can be found in **DL (2015) 06** which has been circulated to community pharmacies previously.

The 2015 Regulations amend the principle Regulations in relation to measures to be taken to facilitate the recognition of medical prescriptions issued in another EEA member state to the member state where they are dispensed.

- Patients resident in Scotland should be advised that while NHS prescriptions are free in Scotland they may need to pay for the prescription in another EEA country (please note in Wales and Northern Ireland prescriptions will be free) and that reimbursement on return, if appropriate, will be limited to the actual cost of the medication to the NHS had it been dispensed in Scotland. Any claim for reimbursement by such patients should be made to their local NHS Board.
- Incoming patients from other EEA countries who wish to have a prescription filled by a pharmacist contracted to the NHS, under Cross-border prescription recognition arrangements, are not entitled to free prescriptions while in Scotland and should be charged the actual cost of the medication to the NHS. Prescriptions from England should be charged at the current rate and prescriptions from Wales or Northern Ireland are free.

## Elements that must be included in a prescription issued in a member state other than the member state where it is intended to be used:

### 1. The Patient's:

- (a) surname(s);
- (b) first name(s) (written out in full); and
- (c) date of birth.

### 2. The date on which the prescription is issued.

### 3. The prescribing professional's:

- (a) surname(s);
- (b) first name(s) (written out in full);
- (c) professional qualification;
- (d) direct contact details including:
  - (i) email address;
  - (ii) telephone or fax number with the appropriate international prefix;
  - (iii) work address;
  - (iv) Member State in which the professional works; and
  - (v) signature (either written or electronic depending on the medium chosen for issuing the prescription).

### 4. The details of the prescribed product, including, where applicable the:

- (a) common name as defined by Article 1 of Directive 2001/83/EC; and
- (b) brand name if:
  - (i) the prescribed product is a biological medicinal product as referred to in point 3.2.1.1.(b) of Annex 1 (Part 1) to Directive 2001/83/EC; or
  - (ii) the prescribing professional deems it medically necessary for that product to be dispensed and, in that case, the prescribing professional's reasons justifying the use of the brand name;
- (c) pharmaceutical formulation (such as tablet, solution etc.);
- (d) quantity;
- (e) strength as defined in Article 1 of Directive 2001/83/EC; and
- (f) dosage regimen.

# Non-Medical Independent Prescribers—Changes to CD prescribing rights

As of the 1st of June 2015 **physiotherapist independent prescribers** are now able to prescribe the following controlled drugs:

- Diazepam, lorazepam and temazepam by oral administration;
- Dihydrocodeine and oxycodone by oral administration;
- Fentanyl by transdermal administration;
- Morphine by oral administration or by injection.

**Chiropodist/podiatrist independent prescribers** are now able to prescribe the following controlled drugs:

- Diazepam, lorazepam and temazepam by oral administration;
- Dihydrocodeine by oral administration.

National guidance for new NHS Independent Prescribers in Allied Health Professions currently being prepared.

Physiotherapist independent prescribers are now able to prescribe diazepam, lorazepam, temazepam, dihydrocodeine and oxycodone for oral administration and fentanyl transdermal patches.

Chiropodist/podiatrist independent prescribers are now able to prescribe diazepam, lorazepam, temazepam and dihydrocodeine for oral administration.

National guidance for new NHS Independent Prescribers in Allied Health Professions are currently being prepared.

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