

Community Pharmacy Newsletter - Aug 09



Note from the Editor

Welcome to the latest edition of the Tayside Community Pharmacy Newsletter. Firstly I would like to say a warm hello to everyone and introduce myself. As most of you are aware I come from a community pharmacy



background (22 years), have experience of working in GP practices as a practice pharmacist and I am the local NES postgraduate tutor for pharmacists in Tayside. I am still currently a practice pharmacist based in Wallacetown Health Centre and I still work a few Sundays in community pharmacy. However in July this year I took up a new post in NHS Tayside – Community Pharmacy Development Pharmacist. I will be based out of Kings Cross three days a week (Tuesdays, Wednesdays and Fridays). Hence I am now producing this newsletter for you to help with communication and updates.

What will I be doing?

In this new role I will be responsible for ensuring the delivery of the Community Pharmacy contract and services associated with it, including the Chronic Medication Service. I will co-ordinate the work of the community pharmacy champions with the local implementation of the contract and will work closely with Catriona MacDonald - Community Pharmacy IT Facilitator. The role will also involve organising training and co-ordinating educational events to ensure all pharmacies can deliver the components of the pharmacy contract as it progresses.

I will also be involved in the development, implementation, monitoring and evaluation of additional and new services delivered by community pharmacies and provide pharmaceutical expertise for NHS Tayside in relation to community pharmacy developments.

Other projects will include progressing PGDs involving community pharmacy, (e.g. unscheduled care), and the development of the new roles of supplementary and independent prescriber within community pharmacy.

So far ...

This past month I have been concentrating on updating the chloramphenicol PGD, the eMAS formulary and producing this quarterly newsletter. I am still trying to get my head around the 'ins and outs' of the portable oxygen service and we will be reviewing this service, the compliance aid service and the residential homes service throughout 2009/10.

I am looking forward to working with you all and welcome any feedback, suggestions and advice regarding issues involving community pharmacy. I hope you'll find the newsletter as interesting as it was to produce.

It's your newsletter so be sure to feedback comments as well as any contributions or suggestions for future editions. Please feel free to contact me by phone or email. Next issue will be around October/November.

Contact Details

Tuesday, Wednesday and Friday – Tel 01382 835151, Pharmacy Department, East Day Home, Kings Cross. Email dianerobertson3@nhs.net.

**Diane Robertson, Principal Pharmacist
Community Pharmacy Development**

eMAS Formulary

Our pharmacoeconomics team, Jan Jones and Margaret Weir, have recently built PRISMS queries to enable NHS Tayside to extract data from the PRISMS data base looking at eMAS prescribing for each contractor and individual formulary compliance.

Our overall eMAS formulary compliance for last year was 79.8% (range 60.2% -91.7%).

The most recent survey from GP practice shows their formulary compliance in the region of 83%.

I thought I'd give you all a few instances whereby this could be vastly improved if we look at which product we are prescribing:

- Most if not all of the oral liquid preparations in the formulary are **sugar free**. From the data I have looked at, a lot of us are using normal paracetamol suspension, pholcodine linctus, ibuprofen suspension and simple linctus.
- Gaviscon advance liquid is the only gaviscon liquid preparation in the formulary. Gaviscon liquid, gaviscon cool and gaviscon double action are non-formulary.
- Calgel and anbesol are formulary but many of us have prescribed bonjela. Recent MHRA advise will obviously resolve this.
- Many of us have prescribed the non-formulary product the nitty-gritty comb instead of the bug buster kit.
- Vitamins and items with no product license are not in the formulary. Prescribing items with no product license is not recommended.

Having looked at this data and comparing it to the TAPG I have discovered that we have a few anomalies which have brought our overall compliance down. I have therefore taken the decision to update the formulary using this data to incorporate items such as peptac, magnesium hydroxide, sodium bicarbonate ear drops and almond oil into the formulary all of which are in the TAPG used by GP's.

The eMAS formulary also requires updating overall because of the recent introduction of Part 7B of the drug tariff which came out in July.

Part 7B of the drug tariff has been developed in order to clarify the pricing of certain items when prescribed generically on CP2 forms. It is not meant to be a 'white list' for MAS. It is hoped that this will reduce the number of items which are disallowed on MAS forms. The items listed in part 7B should now therefore be prescribed generically. Our formulary compliance data in the future will reflect this new guidance and encourage generic prescribing where possible.

It is anticipated that the updated eMAS formulary will be available electronically in a browser format by the end of August.

I have updated the chloramphenicol PGD and we are just waiting for it to go through the PGD sub-group. Please note this is the only active PGD for the minor ailments service. Since fluconazole is not in part 7B of the tariff, we would recommend you prescribe this by brand at the moment.

**Diane Robertson, Principal Pharmacist
Community Pharmacy Development**

Palliative Care Model Scheme

This scheme was established in Tayside in 2002 and was developed in response to concerns expressed in accessing palliative care medicines for patients being cared for at home. Fifteen community pharmacies throughout Tayside form the Tayside Community Pharmacy Palliative Care Network. Network pharmacies are available as a resource within their locality. They may be contacted to assist with the supply of palliative care medicines and can provide information regarding these medicines to patients, carers and healthcare professionals.

This year NHS Tayside has received an allocation of increased funding for palliative care model schemes from the Scottish Government. These monies will be used to align the Network with the direction of travel of the Scottish Government document, *Living and Dying Well – a national action plan for palliative and end of life care in Scotland*. The main focus of these plans will be the provision of palliative care education sessions open to staff from all community pharmacies in Tayside and supporting Network pharmacists to undertake learning within the NHS Tayside Specialist Palliative Care Service.

Shirley Kelly, Macmillan Lead Principal Clinical Pharmacist (Palliative Care)

Healthy Start Vitamins for Women - Supply

The womens' vitamins which have been unavailable for quite some time are now available to order from wholesalers. The childrens vitamins are available through Area Pharmacy Stores at Ninewells. Tel 01382 632024 Fax 01382 633841.

Jackie Duncan – DCHP Public Health Pharmacist

Unscheduled Care Update

Community Pharmacists should have received the Unscheduled Care Pharmacy Guide, version 7.

All Tayside pharmacists, managers, relief managers and locums should have read the 'Patient Group Direction for the Urgent Provision of Current Repeat Prescribed Medicines and Appliances listed in the BNF and BNFC, to NHS Patients by Pharmacists' and signed the authorisation form for any supply on CPUS to be legal. One copy of the authorisation form for each premise should be completed and returned to the Health Board by fax to Doreen Melville, on 01382 527875 or by post to Doreen Melville, Office Manager, Primary Care Division, NHS Tayside, Ashludie Hospital, Monifieth, DD5 4HQ.

The Unscheduled Care Pharmacy Guide is updated and new versions sent out on a 6 monthly basis.

Superintendent Pharmacists should ensure that all pharmacists working in their pharmacies have read and signed the current version on an ongoing basis.

Guidance on Steroid Treatment Cards with Inhaled Steroids

The Respiratory MCN (Managed Clinical Network) recently approached me regarding this topic. A forthcoming edition of "Tayside Prescriber" will provide updated recommendations about the risks of steroid therapy and the indications to issue a steroid warning card.

The BNF 57 page 149, gives a good summary of inhaled steroid dosages, standard and high. The Respiratory MCN classifies high dosages as anything above the normal standard range. The dosages listed on page 149 are for CFC containing MDI's, dosage adjustments may be required for other inhaler devices so you should refer to the dosage guidance for individual preparations.

Steroid Treatment Cards are available to order free of charge via the usual order form GP30B. A copy of this is included in the stationary section of this newsletter.

Guidance from the Scottish Government highlights the importance of steroid treatment cards, and reaffirms that **pharmacists** dispensing systemic corticosteroids OR high doses of inhaled steroids should check that the patient have been given a steroid treatment card and, if not, issue one if they consider it appropriate. It is also important to consider whether patients being treated with steroids by other routes e.g. oral, topical or nasal.

[http://www.sehd.scot.nhs.uk/cmo/CMO\(2006\)10.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2006)10.pdf)

**Diane Robertson, Principal Pharmacist
Community Pharmacy Development**

Community Pharmacy Stationery – where to obtain

This can be obtained using form GP30B which can be sent to Stationery Department, Tayside Primary care NHS Trust, Primary care Services, Ashludie Hospital, Monifieth, Dundee DD5 4HQ, by post or it may be faxed on 01382 527875. A copy of this form is incorporated in to the newsletter.

Smoking Cessation Stationery, carbon monoxide monitor mouth pieces and health promotion leaflets can be obtained from Health Promotion, Kings Cross, Alan Buick Tel 01382 424040.

Tayside Prescribing Initiatives 2009/10 – Tayside Prescriber 105

Community Pharmacists are advised to familiarise themselves with the contents of the above document, as it is recognised that patients often seek advice and views from community pharmacists regarding any changes in medication. Community Pharmacists are in the ideal position to help support prescribers and reassure patients about any medication changes.

Community pharmacies may wish to monitor their stock levels of the lines highlighted.

Tayside prescriber 105, outlines the nine initiatives that have been supported by the DTC and the NHS Tayside executive team. The majority relate to implementation of cost effective treatment choices recommended by the TAPG (Tayside Area Prescribing Guide).

Summary of the changes just in case you can't track down a copy are as follows:

- Efexor to **venlafaxine**
- Rationalisation of PPI's to formulary **omeprazole** and **lansoprazole capsules**
- Atorvastatin 10mg changed to **simvastatin 40mg**
- Risedronate changed to **alendronate**
- Lormetazepam changed to **zopiclone**
- Escitalopram changed to **citalopram**
- Atorvastatin 20mg changed to **rosuvastatin 10mg**
- Lamictal to generic lamotrigine
- Diabetic monitoring strips to formulary

Prescribers have been encouraged to support these initiatives by reviewing patients and where clinically appropriate changing to the TAPG choice or first-line choice. Prescribers are being encouraged to prescribe/recommend the TAPG choice for new patients where possible.

Many practices are already taking forward the implementation of these initiatives with the support of their practice pharmacists.

**Diane Robertson, Principal Pharmacist
Community Pharmacy Development**

Community Pharmacy Tayside Nursing Home Pilot – 2008/2009

The community pharmacy Tayside Nursing Home Pilot was launched in November 2008. The pilot involves community pharmacists working with a service level agreement (SLA) between the contractor and the nursing home they serve. The SLA comprises of two parts:

1. A 6-monthly audit conducted by the pharmacy technician. This looks at systems and processes - efficient ordering of medication, storage of medication and oxygen, correct use of MARR charts/Kardex and training issues.
2. A 6-monthly audit conducted by the pharmacist. This addresses the latest Care Commission report of the home. The pharmacist will work with the home to action any medication issues the Care Commission have highlighted. The audit also encourages the pharmacist to link with the GP practice(s) serving the home.
3. A 12-monthly medication review. This is a level 1 or 2 review as described in the document 'Room for Review'. The pharmacist must review the patient in the nursing home and may work with the patient's carer and/or relative to achieve the best outcome from the review. The pharmacist will then link with the patient's GP practice to ensure the patient's medication is reviewed in full.

The pilot covers 45 nursing homes served by 16 pharmacies, 17 pharmacists and 12 pharmacy technicians.

The community pharmacy pilot is working alongside the GP Locally Enhanced Service pilot, which encourages the nursing homes to align with one GP practice. Early results have shown better communication within the primary care nursing home team, which has resulted in better patient care. The pilot will be evaluated in November/December 2009. Watch this space for the results.....

**Elaine McIntyre
Nursing Home Pilot Facilitator**



Update of Antimicrobial Prescribing

In April the Scottish Government set new targets for reduction of *C. difficile* associated disease in over 65s both in community and hospital settings. Targets have also been set for improvement in antimicrobial prescribing which is obviously very closely linked to the increase in *C. difficile* infections. The initial antibiotic indicator for primary care is a reduction in the seasonal variation of quinolone prescribing. Essentially this means reducing their inappropriate use in the winter season for respiratory tract infections. NHS Tayside are high prescribers of quinolones compared to other Healthboards within Scotland. However, this is an opportunistic time to not only reduce quinolone use but improve overall antibiotic prescribing and reduce use of other broad spectrum antibiotics e.g. cephalosporins and co-amoxiclav which are implicated in *C. difficile*.

In response to national advice the NHS Tayside Antimicrobial Management Group has reviewed the primary care antibiotic policy and a new version has been issued recently to all GPs throughout Tayside.

The updated policy recommends use of narrower spectrum antibiotics e.g. doxycycline, trimethoprim, nitrofurantoin, penicillin V, amoxicillin and co-trimoxazole. The summarised version 'GP Antibiotic Man' and the full version can be found at <http://www.nhstaysideadtc.scot.nhs.uk/TAPG/html/Section16/Section16selection.htm>

If you would like your own A4 poster version of the GP Antibiotic Man please contact: moragbrown@nhs.net with details of where it should be sent.

Other areas of work currently underway includes:

- developing training materials for nursing homes about antibiotics and infections that those of you involved in the locally enhanced services may wish to use.
- posters and leaflets for patients with information on why they may not receive antibiotics and implications of resistance
- NES have included antimicrobial prescribing as a core topic in this years educational programme for pharmacists and a local session is being planned

More information on these will be circulated in due course.

Kirsteen Hill
Lead Clinical Pharmacist Antimicrobials



Community Pharmacy Managed Repeats

In using their Community Pharmacy to manage the ordering of repeat medications, it essential that these patients receive only the medications that they require and that there is a focus on avoiding the waste associated with unnecessary prescribing.

The provision of such a service has clear benefits for many patients and is a valuable service to many in the community. It is important, however, to establish from the patient the need for re-ordering many items such as "when required" painkillers, GTN sprays, diabetic sundries and various external preparations. Many items may be on a patient's repeat list which are no longer required and it is recognised that this also may contribute to overall overprescribing. Please help by letting the practice know if this is the case.

The development of the Chronic Medication Service will undoubtedly underpin this service in the future and we should use this as an opportunity to start applying these principles to the re-ordering of items for patients as soon as possible.

Kenny McPherson
Chairman of APC

Technician Education, Training, and Development

Monica Hunter is the lead Pharmacy Technician for Education, Training and Development. If you are looking for pharmacy technician and support staff development advice or want to access funded training programmes, please contact Monica. Training programmes currently funded are:

- Accredited Dispensing Assistants Course (ADAC)
- NVQ level 2 Pharmacy Services
- NVQ level 3 Pharmacy Services
- Accuracy Checking Technician (ACT)
- Boots Top-Up course
- Smoking Cessation

E-mail:- monicahunter@nhs.net or tel 01738 473586

Controlled Drugs (CDs)

The CD Team was established about a year ago and an introductory Newsletter containing lots of useful background information was distributed in September 2008. Further copies can be obtained from the CD Team.

A few common topics have been noted during both RPSGB inspections and CD inspections of GP practices. A recent meeting with members of the public also highlighted a few issues with respect to CDs, so a few reminders are listed below:

- If CD stock is being transferred from one pharmacy to another with a signed requisition, the supplying pharmacy should stamp, copy and submit the original to PSD for processing.
- Pharmacies should keep a copy of all requisitions for CDs, including GP10As.
- Patients/carers should be provided with information about their medicines, in particular dosage instructions, how they should be stored and how to return unwanted medicines. They should be encouraged to raise any concerns they may have.
- All unresolved incidents or concerns involving CDs should be notified to Lucy Burrow, Pharmaceutical Adviser for CDs or one of the Accountable Officers, Angela Timoney or Alistair Jack; this is in addition to any form of internal recording.

Destruction of CDs

Duncan Brooksbank, Inspection Officer for CDs, is the Board's 'Authorised Witness' for the destruction of stock CDs and is based at Kings Cross, Dundee. If you have stock CDs to be destroyed - then you need him to be there (unless your pharmacy is part of a multiple chain with your own 'Authorised Witnesses'). However, you do not need an 'Authorised Witness' to be present for the destruction of any CDs returned from patients.

Duncan asks that you take a little time to prepare for his visit. Pharmacies are busy places and they very point of CD destruction is not the best time to discover that you can't find the product in the CD register..... or that the balance doesn't tally ... or that you don't have enough denaturing kits.

To help a little, the CD Team can email you a blank destruction form. Complete it when you have the time, cross check it with your CD Register - and either email the form back to the CD Team or present it to Duncan when he visits. The destruction process will be smoother, quicker - and less likely to tie you up trying to sort things out on the spot. Please don't hoard unwanted CDs - regular 30 minute visits by Duncan make more sense than occasional half day sessions.

To arrange a CD destruction appointment or to obtain the destruction form (Excel spreadsheet) please contact the CD Team.

A date for the diary

A NES Pharmacy session to update pharmacists and pharmacy technicians on controlled drug issues, with an emphasis on the implications for practice, is planned for the evening of 25 January 2010.

CD Team Website –

A website is under development and any suggestions for inclusion should be passed to Carol, the CD Team's PA.

CD Team Contact - Carol Chalmers, PA to CD Team
E-mail: cdteam.tayside@nhs.net or Tel: (01382) 835153.

Lucy Burrow

Pharmaceutical Adviser for Controlled Drugs

Immunisation Events Training

An immunisation training session has been planned for Monday 24th August (details in events diary). This evening will cover the training for the influenza A H1N1 immunisation programme that is currently on-going for NHS Tayside staff. It is planned that the evening will consist of a brief presentation and an opportunity to watch an experienced immuniser demonstrate good practice. Pharmacists who have not attended immunisation training previously are the target group for this training but others are welcome as a refresher course. If you wish to attend this session please contact myself by email to book your place. dianerobertson3@nhs.net

Also for information – Pharmacists who have previously been involved in flu immunisations over the past few years have also been invited to participate in HPV immunisation. Participating pharmacies will be involved in the immunisation of patients who have not completed the course of HPV immunisations. Patients will be sent letters informing them that they have not completed the course and inviting them to attend a pharmacy listed on the reverse of the letter to arrange this.

Diane Robertson, Principal Pharmacist Community Pharmacy Development

Events

24/08/09 – NES pre-registration pharmacist scheme. Induction event and e-portfolio. For pre-registration students and tutors. 6.30 – 7.30 pm at Sensation, Greenmarket, Dundee

24/08/09 – Flu immunisation training. To register please email dianerobertson3@nhs.net by 17/08/09. 7.30 pm – 9.30 pm at Sensation, Greenmarket, Dundee

28/09/09 – Palliative Care – Living and Dying Well NES event in NES programme

19/10/09 – Bereavement. NES event in NES programme

16/11/09 – Antimicrobials. NES event in NES programme

NHS TAYSIDE REQUISITION FOR SUPPLY OF FORMS

Please forward supplies of forms as indicated.

Chemist Address Stamp

Notes:

1. **PLEASE ORDER ONCE PER MONTH ONLY.** Do not wait until the last minute before ordering.
2. This form should be sent to: - **STATIONERY DEPARTMENT, TAYSIDE PRIMARY CARE NHS TRUST, PRIMARY CARE SERVICES, ASHLUDIE HOSPITAL, MONIFIETH, DUNDEE, DD5 4HQ.**
3. Orders may be faxed on 01382 527875. *(NOTE: Priority will not be given to faxed orders.)*
4. **NO ORDERS WILL BE ACCEPTED BY TELEPHONE.**
5. All orders will be despatched within 14 days of receipt of the order. Please allow 14 days for delivery.
6. If you have any queries regarding an order, please telephone Dundee 01382 527911.

Form	Description	No. Req'd
CP1(4)	Prescription Form (PAD)	
CP2	Prescription Forms (Laser) (BOX)	
CPUS(5)	Prescription Forms (PAD)	
EC92A	Claim for prescription charge exemption certificate. (SHEET)	
EC95	Application for prepayment certificate. (CARD)	
HCS(R)	Receipt for NHS prescription charges and claim for refund (PAD)	
GP30B	Requisition for supply of forms.	
GP34	Community Pharmacist's Declaration of Prescriptions submitted to PPD.	
GP64	Supply of Domiciliary Oxygen Equipment.	
GP64A	Oxygen delivery forms.	
HCS2	Leaflet : NHS charges.	
MAS Form	Patient Registration or Withdrawal Form (SHEET)	
PC70	Instalment/Supervised Doses Dispensing Claim Form. (SHEET)	
Steroid Cards	Steroid warning cards.	
PCDADM13	Interpretation, Translation & Communication Support Services form	
3552247	Multi-Donor cards. (CARD)	
3552210	Anticoagulant Therapy Record Booklet.	
-	Pharmacist Referral Form (PAD)	
-	Levonelle – Client Profile Forms (A3 PAD)	