

Update Community Pharmacy



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Congratulations to.....

A number of winners from NHS Greater Glasgow & Clyde were recognised on 7 March at the prestigious Scottish Pharmacist Ball and Awards ceremony organised by Community Pharmacy Scotland.



Barry Houston from Hughes Chemist in Glasgow claimed the Pharmacy Support Staff Member award for his considerable efforts in ensuring the smooth running of this busy pharmacy. Over the past 19 years whilst working in this pharmacy, he has gained an unrivalled knowledge of the business and been recognised as a valuable asset to the community in helping to shape pharmacy services to better suit the healthcare needs of the local population

The **MacMillan Pharmacy Service** scooped the Innovation & Change in Pharmacy Practice award with judges praising the genuinely innovative approach taken to develop this community pharmacy based service for palliative care patients. As a consequence, the standard of palliative care provided by staff in community pharmacies continues to advance to the considerable benefit of patients and carers

Joanne Malloy, New Life Pharmacy, was acknowledged as the Pre-Registration Student of the Year. Battling fierce competition, Joanne teamed up with Lindsay Lockhart of Carer's Trust Scotland to develop the concept of a 'Carer's Champion' in the pharmacy. Joanne's enthusiasm for this role has brought her into contact with community workers, the Local Authority and a number of schools local to the pharmacy. Her interest and knowledge in public health has helped to promote pharmacy as an important participant in improving the wellbeing of the local population

.....and last but not least. Congratulations to **Eric & Pauline Brown and their team** at Catterson's Pharmacy, Pollokshaws who recently won the Smokefree Pharmacy of the Year for 2014 award based on the very impressive quit rate of 53% at four weeks.

Stock Shortages

Community pharmacies will be well aware of the difficulties encountered in trying to obtain adequate levels of stock to meet prescription demand. The supply situation remains erratic and not uniform causing added frustration to pharmacists, prescribers and patients alike.

A recent incident serves to illustrate the risk to patient care if communication between the pharmacist and the prescriber on these issues is not maintained. A patient on a variety of medicines in an MCA including digoxin and other cardiovascular drugs along with Rivaroxaban post surgery had no access to any of her medication for over a week.

The pharmacist had encountered problems in obtaining supplies of some of her medication and withheld the MCA completely. The pharmacist had explained the situation to the elderly patient who said she would collect the tray when all the medicine was available. The pharmacist had assumed that the patient would have had back up supplies at home which was not the case

Similar incidents have been reported elsewhere within the Board. Although the continuous out of stock issue presents considerable challenges to community pharmacists, the situation is often exacerbated when no contact has been made with the prescriber to advise them of the problem. Hopefully this might be an isolated incident but failure to communicate effectively placed the patient at considerable risk of preventable harm which the prescriber was unaware of.

Medicines Management LES

The current Medicines Management LES will cease at the end of March 2015 with **Thursday 9th April 2015** set as the deadline for submission of the final reporting tool

The LES has been beneficial, providing community pharmacies and GPs with important information about patients supplied with a Multi Compartment Compliance Aid (MCA). Although the LES will not continue into 2015/2016, we would recommend that community pharmacies continue to use the **Appendix 2** form within the specification to provide GP practices with annual updates on patients registered with them who receive an MCA service from your pharmacy

Additional Pharmaceutical Services Review of Gluten Free Food (GFF) Service

The Gluten Free Food Service was introduced as an additional pharmaceutical service on a trial basis in April 2014 with this initial period subsequently extended to 30 September 2015 to allow for a review of the clinical benefit and cost effectiveness of the revised arrangements before determining the future direction of the service.

NHS Circular PCA (P) (2015) 5 Additional Pharmaceutical Services Review of Gluten Free Food Service ([http://www.sehd.scot.nhs.uk/pca/PCA2015\(P\)05.pdf](http://www.sehd.scot.nhs.uk/pca/PCA2015(P)05.pdf)) contains full details of the review and information on the each of the three surveys. In addition to the SurveyMonkey format, community pharmacies will also receive copies of an A5 flyer and a postal version of the patients' survey for distribution to those using the GFF service. Completed copies of the patient and community pharmacist surveys require to be submitted before 31 March. The GP survey is available between 7 April and 1 May

Community pharmacists are encouraged to participate in the survey and also to promote participation amongst those patients who already use this service.

Continuity of Patient Preference for Inhaler Device

A number of instances have occurred recently where patients have been prescribed a generic inhaler and been supplied with a device they are not familiar with. To ensure consistency of supply and compliance with therapy when a generically written prescription is received for a inhaled device, community pharmacists should establish which inhaler the patient is expecting to receive. Where any potential dispensing changes to the intended device are identified, the pharmacist should -

- where possible, discuss and agree any changes with the GP and Practice Nurse
- provide feedback to the GP practice where prior discussion is not possible
- demonstrate how to use any new device before supplying to the patient

Safe prescribing of corticosteroid eye drops

Community Pharmacists are asked to note the article recently published in the GGC Medicines Update Bulletin. This relates to the prescribing and supply of corticosteroid eye drops which is often time limited.

If you are presented with a prescription for these items please check with the patient and prescriber if the treatment is to continue longer than the recommended 4 weeks post-surgery.

Insulins available in two strengths – care needed to minimise risk of error

Pharmacists are asked to note that two insulin's are now available in a higher strength of 200 units/ml in addition to the regular strength of 100 units/ml.

Insulin degludec 200 units/ml (Tresiba® FlexTouch®) was licensed in 2013 and insulin lispro 200 units/ml (Humalog® Kwikpen™) more recently in 2015. Both products continue to be available in the 100 units/ml strength.

Pharmacists should ensure that the correct strength of these insulin's is dispensed. There are differences in the packaging and pen colours to distinguish between the different strengths of each product. Pharmacists should ask patients to visually identify the type and strength of insulin to be dispensed, and check they are able to read the dose counter on the pen device. The prescriber should be contacted should there be any doubt on the strength required.

Novo Nordisk and Lilly have issued Direct Healthcare Professional Communications on the correct use of their higher strength insulin – please see attachments.

Update on risk of error with similar sounding names

Details of medication incidents arising from similar sounding drug names were previously circulated. A recent episode highlights the value and importance of community pharmacy intervention and scrutiny. A patient previously on mercaptopurine had been issued with a GP10 for mercaptamine which had been presented to their local pharmacy for dispensing. In collaboration with hospital colleagues and reference to the patient's PMR, the pharmacist verified the request with the prescriber who confirmed that mercaptopurine was what had been intended. Thanks to the vigilance of the pharmacists involved, particularly on noting unexpected changes to an anticipated supply, a potentially serious error was prevented and recorded as a near miss instead.

Advice to Patients on Storage of Vaccines

I am obliged to remind community pharmacists of the need to ensure they advise patients to store vaccines appropriately when these are dispensed prior to administration. This follows a number of episodes when patients, in the absence of any advice to the contrary, have stored vaccines at room temperature rendering the product unsuitable for use. As GPs are unlikely to issue replacement scripts in these circumstances, the costs of supplying such vaccines may be borne by the pharmacy. To avoid any delay in patient care and avoidable expenditure, please ensure patients are given the most appropriate advice on the storage requirements relevant to the vaccines they have been supplied with.